

# Guide for referral to Day Oncology Unit

## CRITERIA FOR ADMISSION TO DAY ONCOLOGY UNIT:

- Patient must be admitted under the care of a doctor credentialed at NHW. This may be a VMO or external specialist.
- Patients receiving chemotherapy must be admitted under an NHW credentialed medical oncologist.
- If the doctor requesting admission is not credentialed at NHW, the patient must be referred to an NHW credentialed VMO or medical oncologist for admission under their bed card.
- If a doctor is not credentialed at NHW and wishes to become so, he or she should contact medical administration on (03) 5722 5233 to initiate the credentialing process.
- Referral letter should include patient health summary, identifying diagnosis, treatment required, including frequency of treatments, planned follow up by requesting specialist and contact details for phone advice, or in the case of the referring doctor not being credentialed, a request for a credentialed doctor to be involved in treatment, and to provide assistance if any medical issues arise during the patient's treatment.

## PRIOR TO INITIAL ADMISSION:

- Documentation must include the following for the patient to be accepted for treatment in the NHW Oncology Unit:
- Doctor's referral letter / copy of referral letter to local admitting VMO or medical oncologist if relevant
- Patient health summary, identifying diagnosis / reason for treatment.
- Treatment plan, including frequency of treatment.
- Signed medication/fluid orders - to be completed on one of the following documents:
- CHARM chart (Patients receiving chemotherapy through external oncology services using this program)
- UR 95-05 Day Stay Medication Chart
- UR 90-10 Intravenous Fluid and Additive Order Sheet
- UR 95-05 Medication Chart
- If unable to complete above hospital documentation, a letter clearly identifying IV or drug orders, drug dose, rate of administration and preferred treatment date must be supplied.
- **If a specific treatment date is required or the treatment is urgent please contact the Oncology unit directly by phone on 03 57225194 to ensure that an appropriate appointment is available**

- **If the requested treatment is for a blood transfusion, the crossmatch should only be organised once the appointment time has been confirmed by phone with Oncology on 03 57225194**

- If the requested treatment is non urgent the patient will be contacted by the Oncology Unit to arrange appointment date and time.
- Patients are strongly encouraged to bring a support person with them for their first treatment.

## PROCEDURE IF PROBLEMS ARISE DURING TREATMENT

### For a patient receiving chemotherapy for cancer

If a problem arises, the treating oncologist will be contacted by telephone. If the treating oncologist is not available and a duty oncologist has been nominated, this person will be contacted.

If there is a need to prescribe medications or for fluids, a registrar will be contacted to do so.

If there is a need for direct medical intervention, a registrar will be contacted.

If there is the need for higher level medical involvement, if the medical oncologist cannot be contacted and has not provided an alternative contact, or, possibly admission to NHW is required, the a consultant will be contacted.

### For patients receiving therapy for non-oncological conditions

If a problem arises, the referring doctor will be contacted in the first instance by telephone.

If there is a need to prescribe medications or for fluids, a registrar will be contacted to do so.

If there is a need for direct medical intervention, a registrar will be contacted.

If there is the need for higher level medical involvement, if the referring doctor cannot be contacted and has not provided an alternative contact, or, possibly admission to NHW is required, a consultant will be contacted.

For further information please contact the Day Oncology Unit on:

**(03) 5722 5194**

8.30am- 5.00pm  
Monday - Friday

# Checklist for referral to Day Oncology Unit

**Please ensure that your letter of referral contains the following information:**

- Name and contact details of referring doctor
- Name and contact details of NHW credentialed doctor (if not referring MO)  
*If patient is receiving chemotherapy- NHW credentialed doctor MUST be a Medical Oncologist*
- Patient/ Carer contact details
- Patient health summary
- Diagnosis
- Treatment requested
- Frequency of treatments
- All drugs to be administered
- Drug doses
- Rates of administration
- Preferred treatment dates
- Planned follow up by referring doctor

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