

2 Week Rule Referral Guidelines - Children and Young People

Children aged up to and including 16 years should be referred to paediatric services following a discussion with the Consultant Paediatrician.

Young people aged 17 to 25 years should be referred to the relevant adult site-specific Multi-disciplinary Team.

Leukaemia

Immediate referral (via casualty or on call team)

Refer immediately children or young people with either:

- Unexplained petechiae
- Hepatosplenomegaly

Tests

If one or more of the following symptoms are present a blood test should be carried out:

- Paleness
- Extreme tiredness
- Unexplained irritability
- Unexplained fever
- Persistent fever
- Persistent or repeated infections affecting the sinuses, nose and/or throat
- Swollen glands
- Persistent or unexplained bruising
- Persistent back pain

If the results of the tests indicate leukaemia then an urgent referral should be made

Lymphomas

Immediate referral (via casualty or on call team)

Refer immediately children or young people with either:

- Hepatosplenomegaly or
- Mediastinal or hilar mass on chest X-ray
- With shortness of breath and unexplained petechiae or hepatosplenomegaly (particularly if not responding to bronchodilators).

Urgent referral (2 week rule)

Refer urgently children or young people with one or more of the following (particularly if there is no evidence of local infection):

- Non-tender, firm or hard lymph nodes
- Lymph nodes greater than 2cm in size
- Lymph nodes progressively enlarging
- Other features of general ill-health, fever or weight loss
- Axillary node involvement (in the absence of local infection or dermatitis)
- Supraclavicular node involvement

Brain and CNS cancer

Immediate referral (via casualty or on call team)

Refer immediately children or young people with:

- A reduced level of consciousness

Children aged over 2 years and young people with:

- Headache and vomiting that cause early morning waking or occur on waking – signs of raised intracranial pressure

Children younger than 2 years with:

- New-onset seizures
- Bulging fontanelle
- Extensor attacks
- Persistent vomiting

Urgent referral (2 week rule)

Refer urgently children and young people of any age with:

- Abnormal increase in head size
- Arrest or regression of motor development
- Altered behaviour
- Abnormal eye movements
- Lack of visual following
- Poor feeding/failure to thrive
- Squint, urgency dependent on other factors

Tests

A neurological examination should be carried out in children and young people over 2 years who have a persistent headache

Neuroblastoma (all ages)

Immediate referral

In children younger than 6 months with:

- Lump in the abdomen
- Small lumps on the skin

Urgent referral

Refer urgently all children and young people with:

- Proptosis
- Unexplained back pain
- Leg weakness
- Unexplained urinary retention

Wilm's tumour (all ages)

Immediate referral

- If a lump is found

Urgent referral

- Child or young person presenting with haematuria

Soft Tissue Sarcoma (all ages)

Urgent referral

Refer urgently any child or young person presenting with an unexplained mass at almost any site that has one or more of the following features:

- Deep to the fascia
- Non-tender
- Progressively enlarging

- Associated with a regional lymph node that is enlarging
- Greater than 2cm in diameter

Bone Sarcoma (osteosarcoma and Ewing's sarcoma) (all ages)

Urgent referral

Urgent referral in children and young people with:

- Persistent localised bone pain/swelling with X-ray showing signs of cancer
- Rest pain, back pain and unexplained limp

Retinoblastoma (mostly in children under 2 years)

Urgent referral

- White papillary reflex (leukocoria)
- Suspicious new squint or change in visual acuity if cancer is suspected
- Family history of retinoblastoma and visual problems

General

Urgent referral (2 week rule)

Refer urgently when a child or young person persists:

Several times (for example, three or more times) with the same problem, but with no clear diagnosis (investigation should also be carried out).

Persistent parental anxiety is sufficient reason for referral, even where a benign cause is considered most likely. Take into account parental insight and knowledge when considering urgent referral.

There are associations between Down's syndrome and leukaemia, between neurofibromatosis and CNS tumours, and between other rare syndromes and some cancers. Be alert to the potential significance of unexplained symptoms in children with such syndromes.

Please indicate on the referral form whether the patient has been discussed with a consultant

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