



Acute Leukemia Referral Package

This package is intended to provide important information about referring patients (inpatient or outpatient) to an Acute Leukemia Service Site.

Initiating the patient referral

Contact your partnering Acute Leukemia Service Site's physician on-call to initiate the patient referral process (**Appendix A: Acute Leukemia Service Site contact information**). Prepare the referral package as instructed by the physician on-call (**Appendix B: Referral Package Checklist**).

The following considerations are to be reviewed as part of the referral discussion to determine if the patient's condition will allow for safe transfer, and if the Acute Leukemia Service Site has the capacity to accept the patient. These considerations should also be used to determine the safest mechanism for transfer and the safest place for the consult to take place (e.g., outpatient clinic, ward, ICU).

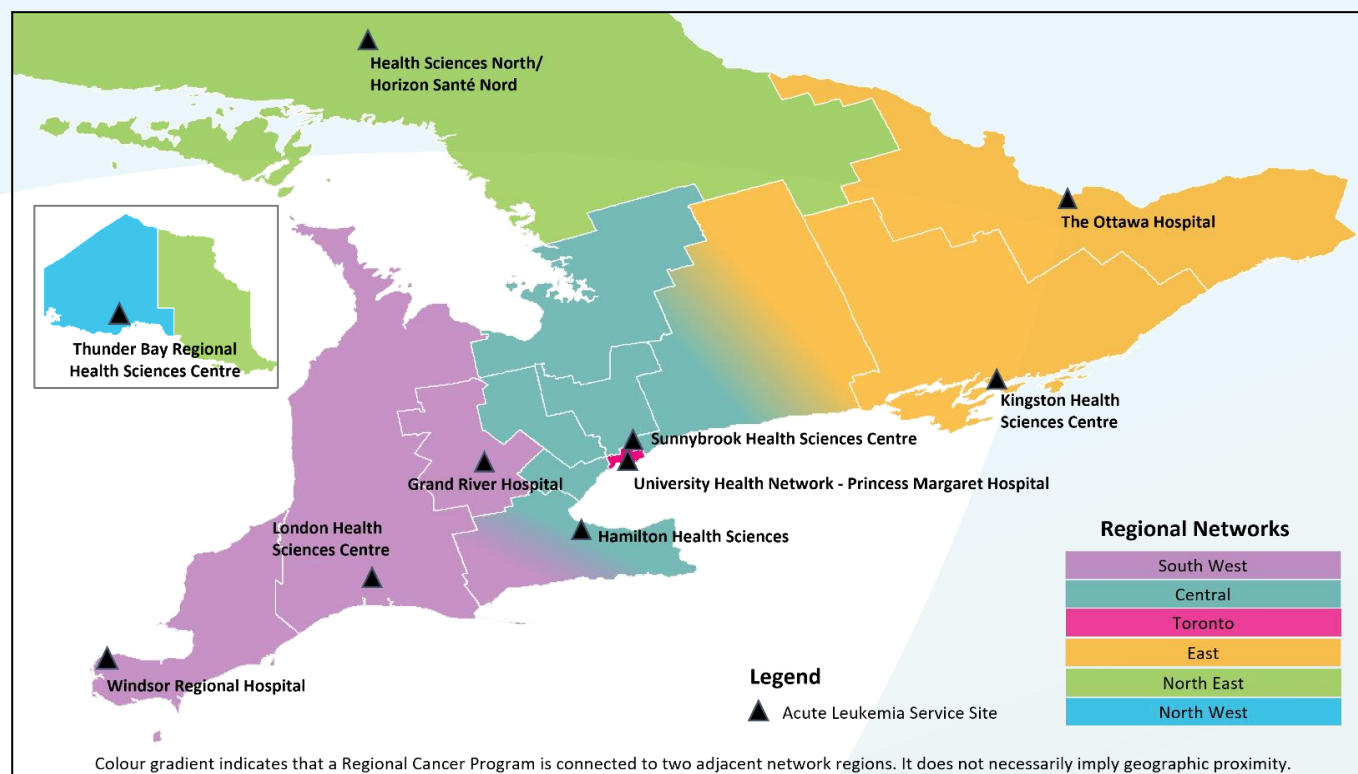
Information to consider as part of the referral and prior to transferring your patient for consultation:

- ☐ Patient stability is appropriate for the ward or clinic:
 - No major bleeding (must be hemodynamically stable)
 - Oxygen saturation greater than 93%
 - Blood pressure stable without the need for inotropes/pressors
 - No new onset chest or cardiac pain unless investigated by the referring facility
- ☐ Review blood counts with referring physician prior to transfer
- ☐ Infectious processes have been considered and appropriate isolation requirements have been made, if applicable
- ☐ Patients requiring more than one person to assist with transfers and mobility should be noted with Service Site physician
- ☐ Abide by local ambulance transfer guidelines; specify which patients require an escort (e.g., nurse, personal support worker) when coming via ambulance
- ☐ Transfers direct from an ICU to ward or ICU to ICU must be reviewed in advance by Service Site physician
- ☐ Communicate the possibility of a transfer to an outpatient consultation to the patient

After the patient has been accepted for transfer to an Acute Leukemia Service Site, please follow directions provided by the Service Site to support the patient's transfer.

Please note: If any further clarification/information is required, regarding what should be in the referral package or what to expect after the referral, please contact the Acute Leukemia Service Site directly.

Appendix A – Acute Leukemia Service Sites Map



Ask for hematologist on call

Windsor Regional Hospital
Windsor Regional Cancer Centre
 1995 Lens Ave., Windsor
 Phone: 519-254-5577

Grand River Hospital
Grand River Regional Cancer Centre
 835 King St W, Kitchener
 Phone: 519 749 4300 Ext. 0

Sunnybrook Health Sciences Centre
Odette Cancer Centre
 T-wing 2075 Bayview Ave TG 260, Toronto
 Phone: (416) 480-4244 Pager ID 9693

Kingston Health Sciences Centre
Cancer Centre of Southeastern Ontario
 25 King St W, Kingston
 Phone: 613-549-6666

Health Sciences North
Northeast Cancer Centre
 41 Ramsey Lake Rd, Sudbury
 Phone: 705-523-7100

Hamilton Health Sciences
Juravinski Cancer Centre
 699 Concession St, Hamilton
 Phone: 905-387-9495

London Health Sciences Centre
London Regional Cancer Program
 800 Commissioners Rd E, London
 Phone: 519-685-8500

University Health Network -Princess Margaret
Hospital - Princess Margaret Cancer Centre
 610 University Ave, Toronto
 Phone: 416-946-2000

The Ottawa Hospital
The Ottawa Hospital Cancer Centre
 General Campus, 501 Smyth Rd, Ottawa
 Phone: 613-737-8222

Thunder Bay Regional Health Sciences Centre
Regional Cancer Centre Northwest
 980 Oliver Rd, Thunder Bay
 Phone: 807-620-8250

Appendix B – Referral Package Checklist

Please submit the below information/documentation, within the referral package, to the Acute Leukemia Service Site (as detailed on referral from or as instructed by the physician on-call):

Administrative Information:

- ☐ Patient demographics (name, address, telephone number, health card number, etc.)
- ☐ Patient emergency contact information
- ☐ Referring physician information

Clinical Information:

- ☐ Admission, consult, and clinic notes (if available)
- ☐ Detailed list of treatments provided

Testing and assessment reports:

- ☐ Assessment of vitals, comorbidities, concomitant medications and allergies, performance status

Blood testing including:

- | | |
|--|--|
| <input type="checkbox"/> albumin | <input type="checkbox"/> fibrinogen level |
| <input type="checkbox"/> blood cultures (if febrile) | <input type="checkbox"/> lactate dehydrogenase (LDH) |
| <input type="checkbox"/> blood smear | <input type="checkbox"/> liver enzyme |
| <input type="checkbox"/> calcium | <input type="checkbox"/> magnesium |
| <input type="checkbox"/> CBC with differential | <input type="checkbox"/> uric acid |
| <input type="checkbox"/> coagulation tests (aPTT, INR) | <input type="checkbox"/> phosphate |
| <input type="checkbox"/> creatine | <input type="checkbox"/> _____ |
| <input type="checkbox"/> electrolytes | |
- ☐ CT scan (if low platelet count and altered mental status)
 - ☐ Transfusion details (if applicable)

Indicate if the following acute leukemia testing has been initiated:

- ☐ Flow cytometry: Yes / No / Unsure
If yes, testing site: _____
- ☐ Molecular (rapid tests (FLT3); myeloid NGS): Yes / No / Unsure
If yes, testing site: _____
- ☐ Cytogenetic (e.g., karyotype): Yes / No / Unsure
If yes, testing site: _____

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca