

When to refer

Every child with a suspected tumour must see a specialist within two weeks

Urgent out-patient referral [liaise with specialist and copy to CAS]

- **Abnormal blood count** if reported as requiring urgent further investigation.
- **Petechiae/Purpura** (these findings are always an indication for urgent investigation).
- **Fatigue** in a previously healthy child when combined with either
 - generalised lymphadenopathy or
 - hepatosplenomegaly
 - discuss with registrar on call as could be due to infection and not cancer
- **Bone Pain (in absence of history of trauma)** especially if it is:
 - diffuse, involves the back,
 - is persistently localised at any site, or
 - requires analgesia.
- **Lymphadenopathy** when any of the following characteristics are present (particularly if there is no evidence of previous local infection):
 - Non tender, firm/hard, and greater than 3 cm diameter;
 - progressively enlarging;
 - associated with other signs of general ill health, fever, and/or weight loss;
 - involves axillary nodes (in the absence of any local infection or dermatitis) or supraclavicular nodes;
 - seen as a mediastinal or hilar mass on chest X-ray.
- **Headache** if of recent origin with any of the following features:
 - increasing in severity or frequency;
 - noted to be worse in the mornings or causing early waking associated with vomiting;
 - associated with neurological signs (e.g. squint, ataxia);
 - associated with behavioural change or deterioration in school performance.
- **Soft Tissue Mass:** any mass which occurs in an unusual location should be considered suspicious particularly if associated with any of the following characteristics:
 - shows rapid or progressive growth;
 - size greater than 3 cm diameter;
 - fixed or deep to fascia;
 - associated with regional lymph node enlargement.
 - if a diagnosis of abscess or soft tissue injury is excluded.