

Pathway:	Breast Infection
Referral Criteria/Commissioning position:	
<p><i>Refer to secondary care:</i></p> <ul style="list-style-type: none"> • 2 week Wait rule where symptoms are slow to resolve or recurring following primary care intervention <p>Red Flags include:</p> <ul style="list-style-type: none"> • systemically unwell, clear abscess or necrotic compromised skin requires urgent referral • Patient >50 (higher risk of underlying malignancy) <p>Contact Breast unit to speak to Breast Surgeon, if unable consider acute surgical team; If ANY doubt that may not be settling seek advice from Breast Surgeon sooner rather than later</p> <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • None 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Describe symptoms and duration • Recent pregnancy or breast feeding • Details of treatments and measures tried including outcomes • Relevant past medical/surgical history including family history of breast cancer • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p>Patient Information Leaflet:</p> <p>http://www.nhs.uk/Conditions/Breast-abscess/Pages/Introduction.aspx</p> <p>References:</p> <p>SIGN Guideline 84: Management of Breast Cancer in Women</p>	
CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017