


## Attachment 1: Adult ED Observation Chart 'Departure and Discharge from ED' checklists.

	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B. ____/____/____	M.O.	
	ADDRESS		
	LOCATION		
<b>ADULT EMERGENCY DEPARTMENT OBSERVATION CHART</b> COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
<b>MEDICAL ADMISSION AT TIME OF ACCEPTANCE OF CARE</b>			
<b>PROVISIONAL DIAGNOSIS:</b>			
Admitting Consultant name: Delegate name (If applicable): Accepted Care of patient Date: Time:		Clinical Plan explained to patient /carer Yes <input type="checkbox"/> Clinical Plan documented in progress notes Yes <input type="checkbox"/> Admission completed by: ED Medical Officer name: ED Medical Officer signature:	
<b>ED to WARD DEPARTURE CHECKLIST</b>			
<b>NURSING</b> Verified that all documentation is complete • Admission/Transfer forms/eMR <input type="checkbox"/> • Medications charted Yes <input type="checkbox"/> N/A <input type="checkbox"/> • Analgesia charted Yes <input type="checkbox"/> N/A <input type="checkbox"/> • IV Fluids charted Yes <input type="checkbox"/> N/A <input type="checkbox"/> • Fluid Balance up to date <input type="checkbox"/> • Progress notes up to date <input type="checkbox"/> • Risk assessments completed <input type="checkbox"/> Diet: Eat & Drink <input type="checkbox"/> Nil By Mouth <input type="checkbox"/> IVT <input type="checkbox"/> NG <input type="checkbox"/> Infection status: Precautions / Isolation required Yes <input type="checkbox"/> Specify: Contact Precautions / Respiratory Patient belongings sent to ward Yes <input type="checkbox"/> N/A <input type="checkbox"/> Medication sent to ward Yes <input type="checkbox"/> N/A <input type="checkbox"/> Ward accepting care: Ward Nurse accepting care: ED Nurse Transferring name: ED Nurse transferring sign:		<b>MEDICAL</b> Medical Handover given Yes <input type="checkbox"/> No <input type="checkbox"/> Outstanding results and actions handed over: 1. 2. 3. 4. 5. Medical Officer Accepting Care name: ED Medical Officer providing handover Name: Sign: Date: Time:	
<b>AUTHORISATION FOR DEPARTURE FROM ED TO WARD</b>			
<b>NURSING</b> Observations within the last hour Yes <input type="checkbox"/> Is the patient 'Between the Flags' Yes <input type="checkbox"/> No <input type="checkbox"/> If not, clinical reason and plan is documented and signed <input type="checkbox"/>		Alterations to calling criteria charted Yes <input type="checkbox"/> No <input type="checkbox"/> Altered frequency for observations charted Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Authorised as safe for transfer Yes <input type="checkbox"/> NUM/ Senior ED Nurse name: NUM/Senior ED Nurse sign: Date: Time:		<b>MEDICAL AUTHORIZATION</b> Authorised as safe for transfer Yes <input type="checkbox"/> ED Medical Officer name: ED Medical Officer sign: Date: Time:	
<b>AUTHORISATION FOR DISCHARGE FROM ED TO HOME</b>			
<b>NURSING</b> Cannula / ID Band removed Yes <input type="checkbox"/> Discharge / Referral Letter Yes <input type="checkbox"/> Discharge Prescription Yes <input type="checkbox"/> Fact Sheet Yes <input type="checkbox"/> Clothes / Belongings Yes <input type="checkbox"/>		<b>ELDERLY:</b> Does the patient live alone Yes <input type="checkbox"/> No <input type="checkbox"/> Time of discharge appropriate Yes <input type="checkbox"/> No <input type="checkbox"/> NOK/person responsible aware? Yes <input type="checkbox"/> No <input type="checkbox"/> Nursing Home / Hostel aware? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Authorised as safe for discharge Yes <input type="checkbox"/> NUM/ Senior ED nurse name: NUM/Senior ED nurse sign: Date: Time:		<b>MEDICAL AUTHORIZATION</b> Authorised as safe for discharge Yes <input type="checkbox"/> ED Medical Officer Name: ED Medical Officer Sign: Date: Time:	