|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name [trakImported.Name]  DoB [trakImported.DOB] ([trakImported.Age])  NHS [trakImported.NHS] PAS [trakImported.PAS]  Date [trakImported.AdmitDate] | | A&E CONSULTANT | |  |
| MEDICAL CONSULTANT | |  |
| A&E CLERKING BY | |  |
| MEDICAL CLERKING BY | |  |
| Presenting Complaint | | | | |
| History of Presenting Complaint including Symptom Review   |  |  |  | | --- | --- | --- | |  |  | Date Referred | | OT | 🞏 |  | | Physio | 🞏 |  | | SALT | 🞏 |  | | Cardiac | 🞏 |  | | Diversion | 🞏 |  | | Respiratory | 🞏 |  | | Diabetes | 🞏 |  |   🞏 Continued | | | | |
| Past Medical and Family History  🞏 Continued | Social History   |  |  | | --- | --- | | Lives: | | | Alone |  | | Family |  | | Residential Home |  | | Nursing Home |  | | Sheltered Accom |  | | Homeless |  | | Stairs: |  | | Yes |  | | No |  | | Carer: |  | | Yes (frequency) |  | | No |  | | | |  | | --- | | Mobility: | |  | | Walking aids: | |  | | Self-care abilities: | |  | | Continence | |  | | Communication | |  | | Occupation 🞏 Retired | |  | | |

EXAMINATION

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Temp | Pulse | Resp/min | BP | | | Cap glu | | SpO2… | | | …on FiO2% |
| °C | /min | /min | / | | |  | |  | | |  |
| General appearance  Cardiovascular | | | | Gastrointestinal | | | | | | | |
| Respiratory | | | | Skin and locomotor | | | | | | | |
| Neurological 🞏 Not tested   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | General | Yes | No |  | Upper limbs | Right | Left |  | Lower limbs | Right | Left |  | Cranial Nerve Abnormalities | | | Neck Stiffness |  |  |  | Power |  |  |  | Power |  |  |  | Pupils |  | | Photophobia |  |  |  | Tone |  |  |  | Tone |  |  |  | Fields |  | | Dysphasia |  |  |  | Co-ordination |  |  |  | Co-ordination |  |  |  | III IV / VI |  | | Swallowing unsafe |  |  |  | Biceps Jerk |  |  |  | Knee jerk |  |  |  | V |  | | Hearing impaired |  |  |  | Triceps Jerk |  |  |  | Ankle jerk |  |  |  | VIII |  | | Eyesight impaired |  |  |  | Brachioradialis |  |  |  | Plantars |  |  |  | IX / X |  | | Gait abnormal |  |  |  | Sensation |  |  |  | Sensation |  |  |  | XI |  | | Romberg abnormal |  |  |  |  |  |  |  |  |  |  |  | XII |  | | | | | | | | | | | | |
| Other | | | | |  | |  | |  |  | |

MEDICATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Drug/Route | Dose | Freq |  | Drug/Route | Dose | Freq |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Allergies (including reported reaction) | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Other therapy issues (O2, home nebuliser, TPN, PEG feeding, dialysis) | | | | | | |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | SMOKING | | | Never smoked |  | | Current smoker (number) |  | | Ex-smoker |  | | |  |  | | --- | --- | | SMOKING CESSATION | | | Accepted |  | | Declined |  | | |  |  | | --- | --- | | ALCOHOL | | | No alcohol |  | | Current drinker (u/week) |  | | Stopped drinking |  | |

INVESTIGATIONS

|  |  |
| --- | --- |
| ECG 1 | CT or other radiology |
| ECG 2 |
| CXR | Urine/Pregnancy Test |

PARAMEDIC/RELATIVE/CARER COMMENTS and COMMUNICATON WITH NOK

|  |
| --- |
| 🞏 Continued |

BLOOD RESULTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  | Date |  |  |  |  | Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Na |  |  |  |  | Bil |  |  |  |  | pH |  |  |  |
| K |  |  |  |  | Alb |  |  |  |  | pO2 |  |  |  |
| Ur |  |  |  |  | **γ**GT |  |  |  |  | pCO2 |  |  |  |
| Cr |  |  |  |  | ALP |  |  |  |  | HCO3 |  |  |  |
| Glu |  |  |  |  | ALT |  |  |  |  | BE |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WCC |  |  |  |  | Ca |  |  |  |  | O2 (%) |  |  |  |
| Hb |  |  |  |  | PO4 |  |  |  |  | pH |  |  |  |
| Pl |  |  |  |  | Mg |  |  |  |  | pO2 |  |  |  |
| MCV |  |  |  |  |  |  |  |  |  | pCO2 |  |  |  |
| CRP |  |  |  |  | CK |  |  |  |  | HCO3 |  |  |  |
|  |  |  |  |  | cTnI |  |  |  |  | BE |  |  |  |
| INR |  |  |  |  | Chol |  |  |  |  |  |  |  |  |
| APTT |  |  |  |  |  |  |  |  |  | Amy |  |  |  |
| D-D |  |  |  |  |  |  |  |  |  | TFT |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  | | | | | | | | | | | | |
|  |

SUMMARY

|  |  |
| --- | --- |
| Differential diagnosis and problem list | Plan  Signed Name |
| SpR Review (includes discussion of resuscitation)  🞏 Continued 🞏 DNAR form completed Signed Name | |

CONSULTANT WARD ROUND

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date and Time |  | Consultant Name | |  | |
| Active problems | | | Inactive problems | | |
| ➊ | | | ➀ | | |
| ➋ | | | ➁ | | |
| ➌ | | | ➂ | | |
| ➍ | | | ➃ | | |
| ➎ | | | ➄ | | |
| New historical or examination findings | | | Abnormal investigations | | |
|  | | |  | | |
| Plan (investiagions/referrals/treatment) | | |  | | |
| ➊ | | | EDD | |  |
| ➋ | | | Transfer to ward | |  |
| ➌ | | | Monitoring required | | 🞏 Per EWS |
| ➍ | | | Resuscitation status | |  |
| ➎ | | | Nurse-led discharge | |  |
|  | | | Quality control | |  |
| Follow-up | |  |
|  | |  |
| Discharge letter | |  |

NURSE LED DISCHARGE

|  |
| --- |
| 🞏 Continued Signed |
| Additional Information |

QUALITY CONTROL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Venous thromboembolism | 🞎 |  | Community acquired pneumonia | 🞎 |
| VTE risk assessment completed |  |  | CURB65 score documented |  |
| Thromboprophylaxis prescribed |  |  | Antibiotic prescribed as per trust policy |  |
| Hypoxaemic patient | 🞎 |  | Blood cultures collected before antibiotic |  |
| SpO2 target range and device prescribed |  |  | First dose antibiotic written as stat dose |  |
| Smoker | 🞎 |  | Antibiotics given within 6 hours of admission |  |
| Smoking status documented |  |  | Acute stroke | 🞎 |
| Smoking cessation offered and documented |  |  | Swallow assessment within 12 hours |  |
| Smoking cessation referral completed |  |  | MUST score completed within 24 hours |  |
| COPD exacerbation | 🞎 |  | Admitted to stroke unit within 4 hours |  |
| COPD checklist completed |  |  | Aspirin 300mg given within 48 hours if no bleed |  |
| Completed COPD care plan given to patient |  |  | CT scan within 24 hours |  |
| FGH: referred to Fiona Dures |  |  | Heart failure | 🞎 |
| HMR PCT: ARAS referral completed |  |  | LV function documented in current admission |  |
| Acute MI | 🞎 |  | Referred to heart failure nursing service |  |
| Aspirin given on arrival or in ambulance |  |  | ACE/ARB prescribed |  |
| ACE/ARB prescribed if LV systolic impairment |  |  | Heart failure leaflet provided |  |
| ß blocker started unless contraindicated |  |  |  |  |

End