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| **The Pennine Acute Hospitals NHS Trust**  **A&E Majors Clerking Sheet**  **PAGE 1** | | | | | | |  | | --- | | **34746646.gif**[trakData.barcode;ope=changepic;from=[val];adjust=samewidth;] |   UNIT No. **[trakData.pas]**  NAME **[trakData.name]** | | | | | | | | |
| DATE | | NAME | | | | | | GRADE | | | | TIME | | |
| Presenting complaint |  | | | | | | | | | | | | | |
| History of presenting complaint |  | | | | | | | | | | | | | |
| Past Medical History |  | | | | (circle if applicable)  Asthma  COPD  NIDDM  IDDM  Thyroid Disoder  CKD | | | | | Hypertension  IHD  AF  CCF  CVA/TIA  Epilepsy | Elderly Falls  Dementia  Depression  Alcohol abuse (Previous)  IVDA (Previous) | | | |
| **Allergies** |  | | | | | | | | | | | | | |
| Medication | | | Dose | Freq | | Medication | | | | | | | Dose | Freq |
| Smoking Hx |  | | | Alcohol HX | | | | |  | | | | | |
| Social circs  (Please circle all that apply) | Lives alone  With spouse  With family  Residential home  Nursing home | | Independent  Help with shopping/cleaning  Help with ADLs  Warden/pendant alarm | | | | | | Normal mobility  Distance……………………..…  Walking aid ?………………  Family carers  Employed carers (freq…………) | | | | | |
|  | | | | | | | Doctor Signature | | | | | | | |

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| **The Pennine Acute Hospitals NHS Trust**  **A&E Majors Clerking Sheet**  **PAGE 2** | | | |  | | --- | | **34746646.gif**[trakData.barcode;ope=changepic;from=[val];adjust=samewidth;] |   UNIT No. **[trakData.pas]**  NAME **[trakData.name]** | | | | | | |
| DATE | | NAME | | | GRADE | | | | TIME |
| Relevant  Examination  Findings | Pulse BP | | | RR Sats | | | | | |
| Differential diagnosis |  | | | | | | | | |
| Plan – D/W A&E senior |  | | | | | | Immediate referral for admission ⁪  Likely admission after Rx and Ix ⁪  Likely discharge after Rx and Ix ⁪  Immediate discharge ⁪ | | |
| Immediate  Ix performed |  | | | | | | | | |
| Immediate Rx /TTO Rx | (Ensure drugs and fluids are prescribed in the correct place) | | | | | | | | |
|  | | | | | Doctor Signature | | | |
| Review  (Name, date, time and sign entrys) |  | | | | | | | Admit MAU ⁪  G1 ⁪  CAU ⁪  STU ⁪  Ortho ⁪  Other ⁪  ………………………  Discharge to GP ⁪  DN FU ⁪  return if SOS ⁪ | |
| Speciality admitting patient / Any FU arrangements made for discharged patients | | | | | | | | Referral /Discharge Time | |