Brighton and Sussex University Hospitals NHS Trust

Acute Gynaecological Proforma

Hospital No.:

Forename:

Surname:

D.O.B:

Place of initial review:

☐ GAU ☐ EPU ☐ ED ☐ other……..

Contact no:

Leave message on answerphone Yes/No

Consultant		Name of doctor/nurse	
Date of assessment		Grade	
Time of arrival		Signature	
Time of assessment		Bleep no.	
Time of discharge		Referral source	

History

Presenting complaint:	*Age:*

History of presenting complaint:

Gynaecological & Obstetric history			
Menstrual cycle:	Days:	☐ Regular ☐ Irregular	
Nature of bleeding	☐ Normal ☐ Light ☐ Heavy ☐ Clots ☐ Flooding ☐ 'doubling up'		
Intermenstrual bleeding	☐ Yes ☐ No	Post coital bleeding	☐ Yes ☐ No
Last cervical smear		Previous colposcopy	☐ Yes ☐ No
Current contraception			
Deep dyspareunia	☐ Yes ☐ No	Duration	
Previous gynaecological procedures:			
Previous deliveries			
Early pregnancy losses			

Medical history	Surgical history
Smoker? ☐ Yes ☐ No	How many per day? Smoking cessation offered? ☐ Yes ☐ No

Drug history	Allergy history
Family history	**Systems review**

Sexual history			
Part. No.	Date last Sex Intercourse	Duration relationship	Condoms always used?
1			☐ Yes ☐ No
2			☐ Yes ☐ No

No. partners last 3 months		History of previous STIs	☐ Yes ☐ No

Comments:

Pregnancy details			
Pregnancy test today	Positive / Negative	Date first positive?	
Date of LMP		Pt test batch no	
Estimated gestation		Parity	

Pregnancy related bleeding & pain

Duration/timing:

Volume:

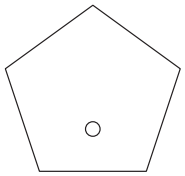
Products passed? ☐ Yes ☐ No

None Very heavy

1	2	3	4	5	6	7	8	9	10

Comments:

Site/duration/timing:



No pain Severe

1	2	3	4	5	6	7	8	9	10

Comments:

Brief Dementia Diagnostic Assessment

To be completed on all emergency admissions aged 75 years and older within 72 hours of admission

Exclusion applicable? *(see below)* ☐ No (*complete Q1*) ☐ Yes (*specify*).....

Q1	Is the patient known to have a diagnosis of dementia?	Yes		✓ Follow BSUH dementia pathway (link via intranet)
		No or unable to ascertain		✓ Proceed to Q2
Q2	Has the patient been more forgetful in the last 12 months to the extent that it has significantly affected his/her daily life?	Yes/unclear		✓ Complete formal dementia assessment tool and add to notes (download from older people & dementia section)
		No		✓ Usual care

Exclusion to step 1 apply if not possible or appropriate to obtain direct or collateral history (e.g. coma, critical illness, severe speech & language difficulties, total lack of family or professional caregiver, palliative care), patient admitted for less than 72 hours, a transfer or if is elective or day case admission. If exclusion present form does not need to be completed

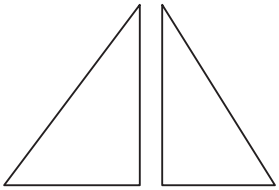
Clinical examination						
Date:		Time:				
Temp:	Pulse:	BP:	RR:	Sats:	BM:	News:

General examination

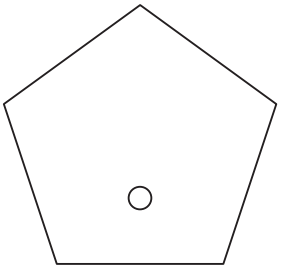
CVS

Heart sounds: I……II +

RS



Abdomen & groins

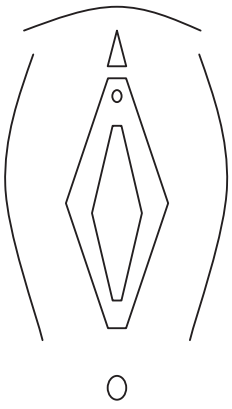


Modified McCormack Score: **Total: / 36**

0 = tenderness absent; **1 =** tenderness described by patient but not manifest by changes in facial expression or muscle tone; **2 =** tenderness resulting in altered facial expression or muscle tone; **3 =** tenderness causing marked observable distress

Upper right	*direct*	*rebound*	**Upper left**	*direct*	*rebound*
Lower right	*direct*	*rebound*	**Lower left**	*direct*	*rebound*
Cervical motion tenderness			**Uterine tenderness**		
Right adnexal tenderness			**Left adnexal tenderness**		

Pelvis



Speculum

Verbal Consent Taken ☐

Chaperone Present ☐

Ultrasound findings

Information given to patient/carers:

Relevant patient information leaflet given? ☐ *Yes* ☐ *No*

Can patient eat & drink? ☐ *Yes* ☐ *No*

Ectopic risk factors	**For suspected PID patients admit if:**
☐ Not applicable	☐ Clinically severe symptoms & signs
☐ Previous ectopic pregnancy	☐ Unable to tolerate oral regimen
☐ History of tubal surgery	☐ No response to oral treatment
☐ IVF pregnancy	☐ Diagnosis uncertain or unable to exclude surgical emergency
☐ IUCD in situ	☐ Tubo-ovarian mass/abscess on USS
☐ Previous sterilisation	☐ Pregnant
☐ History of PID	☐ Immunocompromised
☐ Unilateral pain	
☐ Free fluid on USS	
☐ Adnexal mass on USS	

Name:		Daytime bleep no.	

Investigations requested						
FBC		x-match		Pelvic USS		Other Ix
U&E		Urinalysis		Abdo USS		
LFTs		MSU		CT abdo/pelvis		
Clotting		Serum hCG/P_2		CXR		
G&S				ECG		

Pelvic swabs					
HVS		RESULT ☐ Patient informed	Vulvovaginal (NAAT) swab		RESULT ☐ Patient informed

Investigation results					
Hb (11.5-16.5g/dl)		Na (136-145mmol/L)		Albumin (35-52g/L)	
WCC (4.0-11.0x10^9/L)		K+ (3.2-5.1mmol/L)		Bil (0-21μmol/L)	
Plt (150-450x10^9/L)		Urea (1.7-8.3mmol/L)		ALT (0-33iu/L)	
INR (0.8-1.2)		Creat (44-80μmol/L)		CRP (<1 mg/L)	
APTT (0.8-1.2)		EGFR (>60mL/min)		Blood Sugar	

hCG/Progesterone results			
Date of sample	Progesterone (nmol/L)	hCG (IU/L)	% change

Urinalysis results		Urine residual	
Protein		On bladder scan	if catheterised
Blood			
Ketones			
Leucocytes			
Nitrites			

Anti-D			
Blood group			
Anti-D indicated?	☐ Yes ☐ No	Anti-D prescribed?	☐ Yes ☐ No
Dose given		Date & time	
Patient consent to anti-D ☐ Yes ☐ No		*(woman to sign)*	

For PID patients: antibiotic treatment prescribed				
		1st Line		*IgE-mediated penicillin allergy*
Outpatient				
Non Pregnant	☐	Doxycycline 100mg PO bd 14 days +Metronidazole 400mg PO bd for 5 days +Ceftriaxone 1g IM STAT		Doxycycline 100mg PO bd 14 days + Metronidazole 400mg PO bd for 5 days
Pregnant	☐	Clarithromycin 500mg PO bd for 14 days + Metronidazole 400mg PO bd 5 days +Ceftriaxone 1g IM STAT	☐	Clarithromycin 500mg PO bd 14 days + Metronidazole 400mg PO 5 days # See statement below regarding gonorrhoea
Inpatient				
Non Pregnant	☐	Doxycycline 100mg PO bd + Metronidazole IV 500mg tds 14 days Ceftriaxone IV 2g od 14 days **Oral switch: as per out-patient regime**	☐	Doxycycline 100mg PO + Metronidazole 500mg IV tds 14 days
Pregnant	☐	Clarithromycin 500mg IV bd + Metronidazole 500mg IV tds Ceftriaxone 2g IV od	☐	Clarithromycin 500mg IV bd + Metronidazole 500mg IV tds

IV to Oral Switch
IV antibiotics should be switched to oral equivalents (and complete 14 days) after 48 hours if: - Temperature < 38°c for at least 24 hours. WCC & CRP improving, haemodynamically stable, oral route viable (no evidence of malabsorption, vomiting or unsafe swallow)
For details relating to IgE mediated penicillin allergy please refer to guideline
*UK gonorrhoea resistance to quinolones in heterosexual women is about 15% therefore if patient is high risk for gonorrhoea (patient's partner has gonorrhoea, clinically severe disease, following sexual contact abroad), discuss alternative regimens with GU medicine.
This regime does NOT provide gonorrhoeal cover. If gonococcus diagnosed on NAATs the patient should be seen by GU medicine so cultures can be taken for gonorrhoea & contact tracing carried out.

For PID patients: advice & consent for follow up			
Ensure patient consent is obtained and that proforma is emailed through to bsuh.healthadvisorsshac@nhs.net			
☐	Refrain from sexual intercourse until treatment complete for patient and partner	☐	Advice concerning the need for follow up
☐	Advise to avoid alcohol with Metronidazole & for 48 hours post last dose	☐	Offer information leaflet
☐	Explain importance of compliance	☐	Obtain consent for Health Advisor to proceed with partner notification
I hereby give permission for the health advisors at the SHAC to contact me regarding arranging follow-up.			
Signed		Date	
Woman's name		Contact No.	

Management
Working diagnosis:

Name:		Daytime bleep no.	

Senior/Consultant review			
Date:		Time:	
Senior name:		Consultant:	
Further notes:			
Plan: *Can patient eat & drink?* ☐ *Yes* ☐ *No*			
Name:		Daytime bleep no.	

Subsequent visits & further investigation

Name:		Daytime bleep no.	

Subsequent visits & further investigation

Name:		Daytime bleep no.	

Nursing review			
Date:		Time:	
Nurse name:			

Observations						
Time	Temp	Pulse	BP	RR	Sats	News

Evaluation:

Drug/Fluid prescription & administration (For GAU/EPU patients only)							
Date	Time	Medication	Dose	Route	Dr Sign	Given by	Time given

Date	Time	Fluid	Additions & dose	Rate	Dr Sign	Given by	Batch no.	Time started