

GYNAECOLOGY CEPOD PATHWAY

Consultant:	Patient Name: <i>Attach PAS label</i>
Date seen in A&E:	
Date of Admission:	
Presenting complaint:	Hospital number: Date of birth:
	Patient contact telephone number:

F2/REGISTRAR RESPONSIBILITIES

SIRS ASSESSMENT	Yes	No
Is temperature <36° or >38°		
Is heart rate >90 beats per minute		
Is respiratory rate >20 per minute		
If there are 2 or more Yes's then patient must be admitted to level 11		

WORKING DIAGNOSIS	TICK	COMMENTS
Bartholin's Cyst/Abscess		
Vulva Abscess/Haematoma		
Retained Products of Conception		
Possible Ectopic Pregnancy		
Other (Specify)		
PLANNED PROCEDURE		
Marsupialisation		
Incision & Drainage		
Evacuation of retained products of conception (ERPC)		
Diagnostic Laparoscopy		
Other (Specify)		
CHECKLIST		
Acute Gynaecological Proforma completed		
Consent form completed		
Cremation form completed (if applicable)		
CEPOD booking form completed		
Contact CEPOD Coordinator (bleep 8061) to check availability (Fast-track CEPOD days: Tuesday, Wednesday and Friday PM lists)		
If not for op today: <ul style="list-style-type: none"> • Give patient information leaflet. • Inform GAU nurse ext 4013/4022 • Arrange admission with Day Surgery Unit ext 7242 • Take notes to Day Surgery Unit 		
Do you give permission for a nurse led discharge post op?	Yes	No

COMPLETED BY:

BLEEP:

SIGNATURE:

DATE: