Please use I.D. label or block print					
AHC Emergency	Emergency Booking Form			UMRN/MRN	
Theatre Booking Form				DOB	
DATE OF BOOKING	ADDRESS			GENDER	
				TELEPHONE	
CONSULTANT/OPERATING SURGEON PROPOSED DAT				D DATE	
BOOKED BY PROPOSE			D TIME		
THEATRE CO-ORDINATOR AWARE #2488 (Y/N)			NURSE/BED MANAGER AWARE #8224 (Y/N)		
ON-CALL ANAETHETIST AWARE (Y/N) WARD/AD			MITTING POINT/ADMITTING TIME		
OPERATION 1					
OPERATION 2					
ANAESTHETIC GENERAL	LOCAL	REGIONA	AL SEC	OATION	
EMERGENCY CATEGORY 1	2	3	4	5	
POSITION SUPINE LAT	ΓERAL PI	RONE LITH	отому (OTHER	
WEIGHT(kg) BMI		FASTING SIN	CE	ALLERGIES	
CO-MORBIDITIES		1		1	
ALERTS (E.G.: MRSA, VRE PRE CAUTION)					
COMMENTS					

EMERGENCY CATEGORIES

EQUIPMENT

Category 1 – less than 15 minutes – Immediate life, limb or organ-saving intervention. Resuscitation simultaneous with surgical intervention. Normally within minutes of decision to operate. Patient has immediate life-threatening condition, or is shocked or moribund. Appropriate resuscitation is not providing the expected physiological response.

Category 2 – less than 2 hours – Serious condition requiring imminent treatment. Resuscitation simultaneous with surgical treatment. Patient has life, limb or organ threatening condition but is responding to resuscitative measures.

Category 3 – less than 6 hours – Operation is not required immediately but must take place as soon as possible Patient is physiologically stable but may undergo significant deterioration is left untreated.

Category 4 – less than 24 hours – Operation as soon as possible after resuscitation. Patient is physiologically stable, but some risk of deterioration if left overnight.

Category 5 – less than 48 hours – time critical surgery. Patient's condition is stable.

DRAFT