

Title	Seizures	Version	10.1
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors	James Foxlee, Niamh Feely, Udesch Naidoo, Paul Wilder, Mark Loughrey	Last review	24/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

Brief Summary

This scenario involves a patient who was admitted after a collapse and a witnessed seizure. Foundation doctor candidates are expected to manage the airway, obtain iv access and start appropriate initial treatment. Without basic airway management (head tilt/chin lift), the patient will obstruct their airway and start to desaturate.

Educational Rationale

Prioritisation is extremely important in the initial management of patients with acutely altered levels of consciousness and seizures. FY trainees should be able to work within and lead a team to safely assess and treat these patients in a timely manner.

Learning Objectives: Nurse

- A-E assessment of an acutely unwell patient
- Appropriate escalation of an unstable patient
- SBAR handover

Learning Objectives: Doctor

- A-E assessment of an acutely deteriorating patient
- Basic airway management in status epilepticus
- Medical management of seizures
- Communication with patient and SBAR handover with colleagues

No	CURRICULUM MAPPING	This scenario
1	Acts professionally	✓
2	Delivers patient-centred care and maintains trust	✓
3	Behaves in accordance with ethical and legal requirements	✓
4	Keeps practice up to date through learning and teaching	✓
5	Demonstrates engagement in career planning	
6	Communicates clearly in a variety of settings	✓
7	Works effectively as a team member	✓
8	Demonstrates leadership skills	✓
9	Recognises, assesses and initiates management of the acutely ill patient	✓
10	Recognises, assesses and manages patients with long term conditions	✓
11	Obtains history, performs clinical examination, formulates differential diagnosis and management plan	✓
12	Request relevant investigations and acts upon results	✓
13	Prescribes safely	✓
14	Performs procedures safely	✓
15	Is trained and manages cardiac and respiratory arrest	
16	Demonstrates understanding of the principles of health promotion and illness prevention	✓
17	Manages palliative and end of life care	
18	Recognises and works within limits of personal competence	✓
19	Makes patient safety a priority in clinical practice	✓
20	Contributes to quality improvement	

Candidate Briefing: Nurse

Setting Medical Assessment Unit

You are in MAU - please do a routine assessment of a 30 year old male patient who was found collapsed on a park bench in Frimley. They have been seen by the A&E doctors and sent to MAU for admission under the medics.

NOTES

Due to technical limitations, certain information cannot be ascertained by examining the mannequin (e.g. rashes, skin colour, etc). This may be relayed to you by speaker if you ask

The grey telephone is sited on the back wall. To call, pick it up and press the button

Candidate Briefing: Doctor

Setting Medical Assessment Unit

You are on call as FY for medicine. You have been asked to assess a 30 year old male patient who was found collapsed. He has been accepted by the medical registrar and transferred to the MAU.

NOTES

- Due to technical limitations, certain information cannot be ascertained by examining the manikin (e.g. rashes, skin colour etc). This may be relayed to you by your assistant
- You may inject drugs if a cannula already sited in the manikin - if desired the right arm veins can be cannulated as well
- The grey telephone is sited on the back wall. To call, pick it up and press the button.

Technical set-up

Setting	Medical Assessment Unit		
Simulator	High fidelity manikin		
Gender	Male	Age	30

Initial monitor parameters

RR	O2 sats	Pulse (HR)	BP	ECG rhythm
10	97% on air	66	120/78	Sinus rhythm, muscular artifact
Cap Refill Time	Blood glucose	Temp.		
3sec	4.8	37.9		

Initial patient set-up

Airway	Obstruction	Airway adjunct
	No	None

Breathing	Chest sounds	O2 supply
	Normal	Air

Circulation	Heart sounds	Cannula	BP cuff	Peripheral pulses
	Normal	No	No	palpable

Disability	Eyelids	Pupils	AVPU/GCS
	Closed	PEARL	V / 13

Exposure	Posture	Moulage	Bowel sounds
	Supine	Dressing over abrasion on forehead	Normal

Specific equipment / prop requirements

- Abrasion to forehead (dressed)
- Oxygen and selection of masks inc. non-rebreathe mask
- Monitoring: ECG, non-invasive BP (cuff), pulse oximeter (SpO2), glucometer
- Syringes, flushes, iv fluids and giving sets
- Blood bottles, culture bottles, request forms
- Crash trolley available outside
- *Paperwork*: blank drug chart, Observation chart, medical note paper, wrist-band

DRUGS

- Diazepam (Diazemuls) - 10mg in 2mls x2
- Bag of saline 250mls for phenytoin
- Levetiracetam, antibiotics as per local protocols

Facilitator Briefing

TELEPHONE ADVICE - AS MEDICAL REGISTRAR / ANAESTHETIST

You will be sitting in the control room for the duration

- Answer all calls as switchboard in first instance
- If anaesthetist called:
 - Grill the candidate about what management has been commenced
 - Enquire about airway
 - “What exactly do you want me to do?”
 - State that it is not status epilepticus - suggest trying some anticonvulsants first
 - Don't provide doses
 - Refuse to see the patient until the medical registrar has been to assess
 - Get off the phone as quickly as possible
- If medical registrar called:
 - Delay answering bleep
 - Ask for results of CT (NB this hasn't been done!)
 - Ask what the calcium is and what glucose levels are
 - Busy in resus

RELATIVE

You are the patient's brother / sister:

- Act upset / angry
- Ask what is happening, what are they doing to your brother / sister
- Question everything
- “Has he been doing pills again?”
- Refuse to leave the room

Telephone advice

- You will be sitting in the control room for the duration_
- Answer all calls as “switchboard” in the first instance to allow for realistic delay.

How to run with candidates from only one discipline

An additional member of faculty can play the role of the nurse in this scenario if needed.

Sim Nurse briefing:

You are a nurse working on MAU. A young patient has been admitted having been found collapsed on a park bench in Frimley. They have a minor abrasion on the forehead but this has been cleared by A&E doctors.

Throughout the scenario you should act as a “competent robot” i.e. you should perform all tasks requested to the best of your ability, but should not institute any treatment on your own. If you are not being effectively instructed by the candidate you may prompt them as to what your next action should be.

You should interact with the candidate doctor as you would in real life. The candidate doctor should use a systematic approach during assessment (ABCDE approach).

Due to technical limitations not all information can be ascertained directly from the manikin - the facilitator may communicate with you via the headset to pass on information to the candidate.

Patient Briefing

Setting MAU

Name Sam Smith

Age 30

Gender Male

What has happened to you?

- You don't know why you are here
- You went out with a few friends to the pub

How you should role-play

As scenario starts, you will be asleep with your eyes closed

- Initially you are difficult to rouse, but eventually wake up.
- Be drunk, poorly coherent, and occasionally abusive
- After a couple of minutes, you should start to have a seizure
- Activate "seizure" on manikin - activates tongue fallback / ECG artefact
- Initial seizure can "self-terminate", but recur quickly
- If airway not managed / O2 not applied, start desaturation trend to 85% over 1 minute
- No response to diazepam

Your background

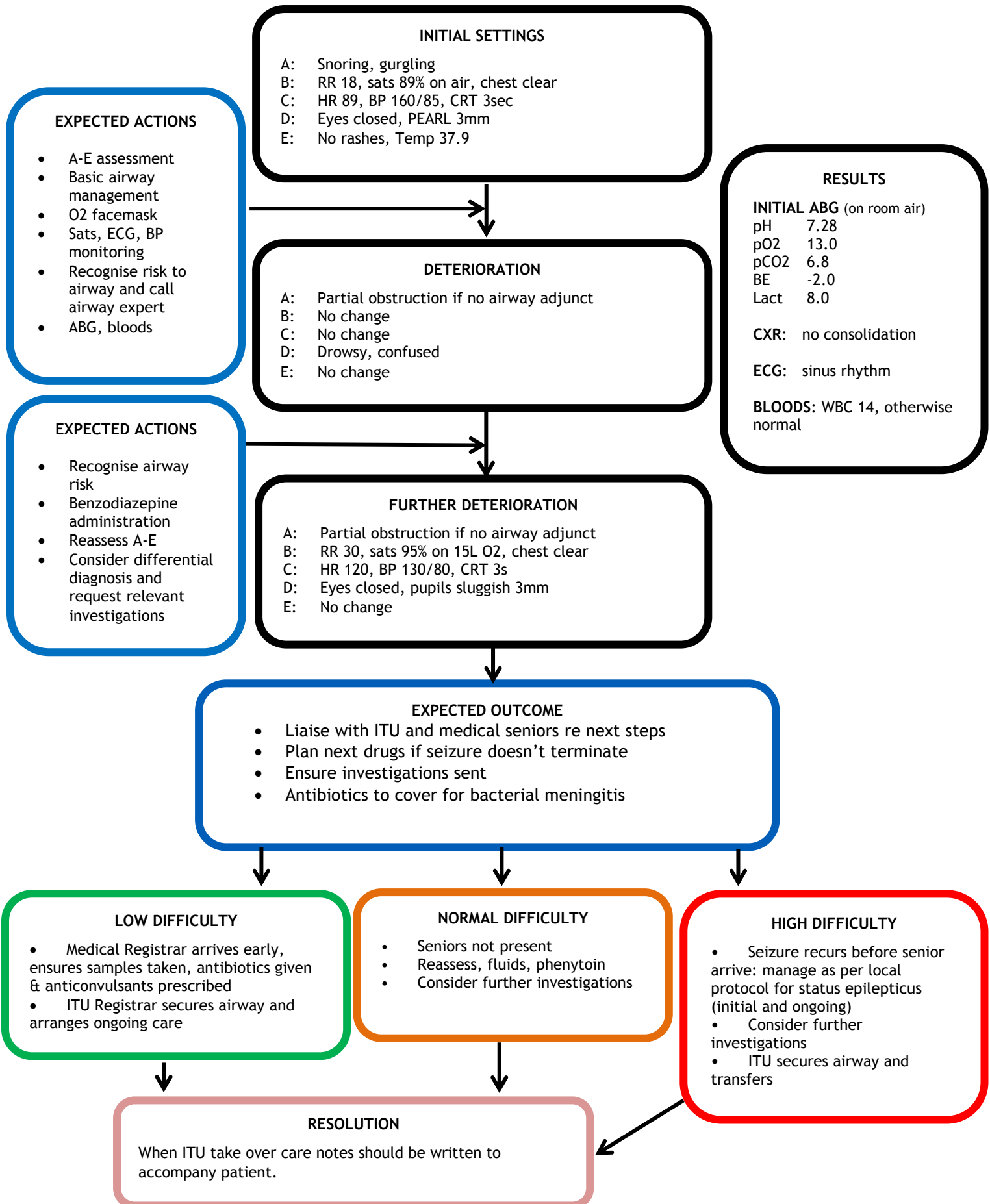
PAST MEDICAL HISTORY

- Appendicectomy
- No known drug allergies

SOCIAL HISTORY

- Trainee cook
- Smoker
- Recreational cannabis and ecstasy (reluctant to give this information)

Scenario flowchart

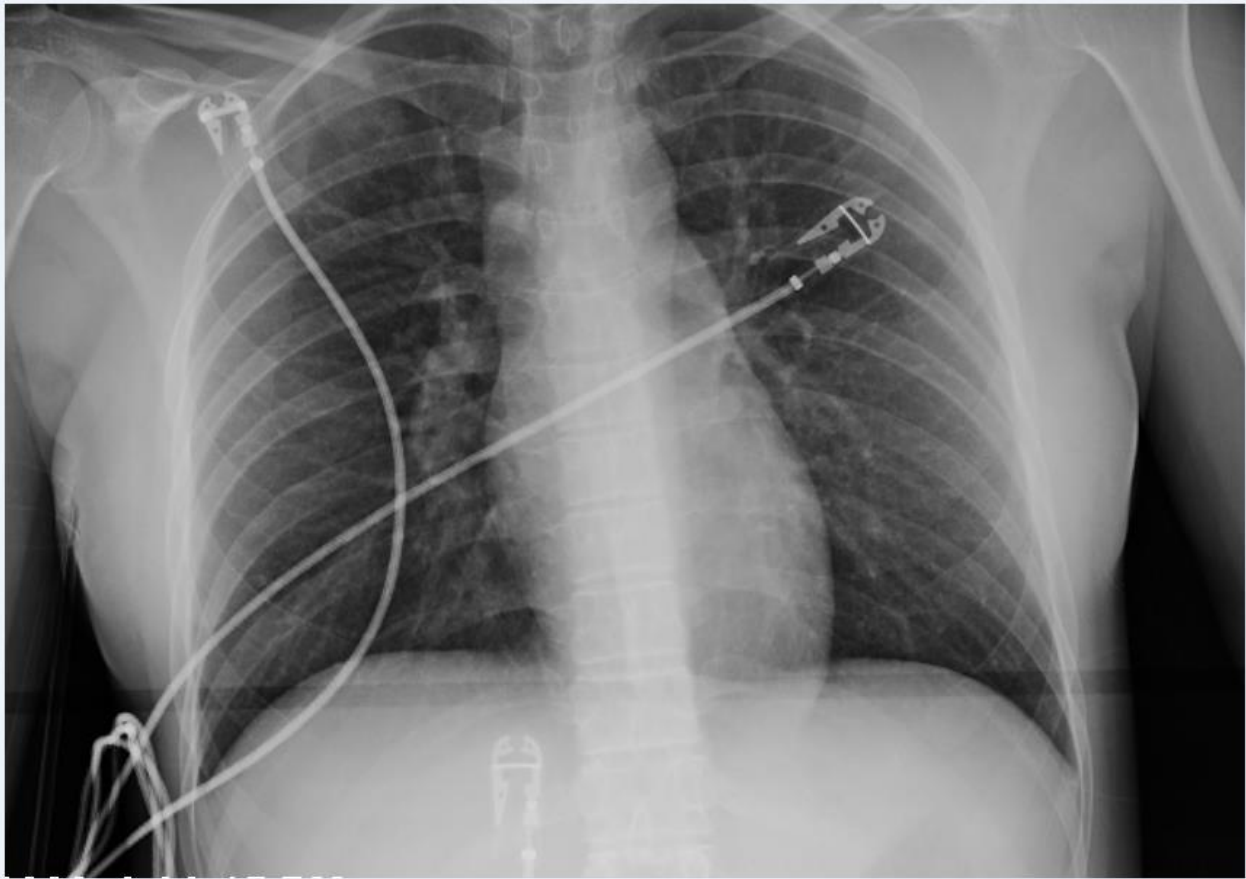


References

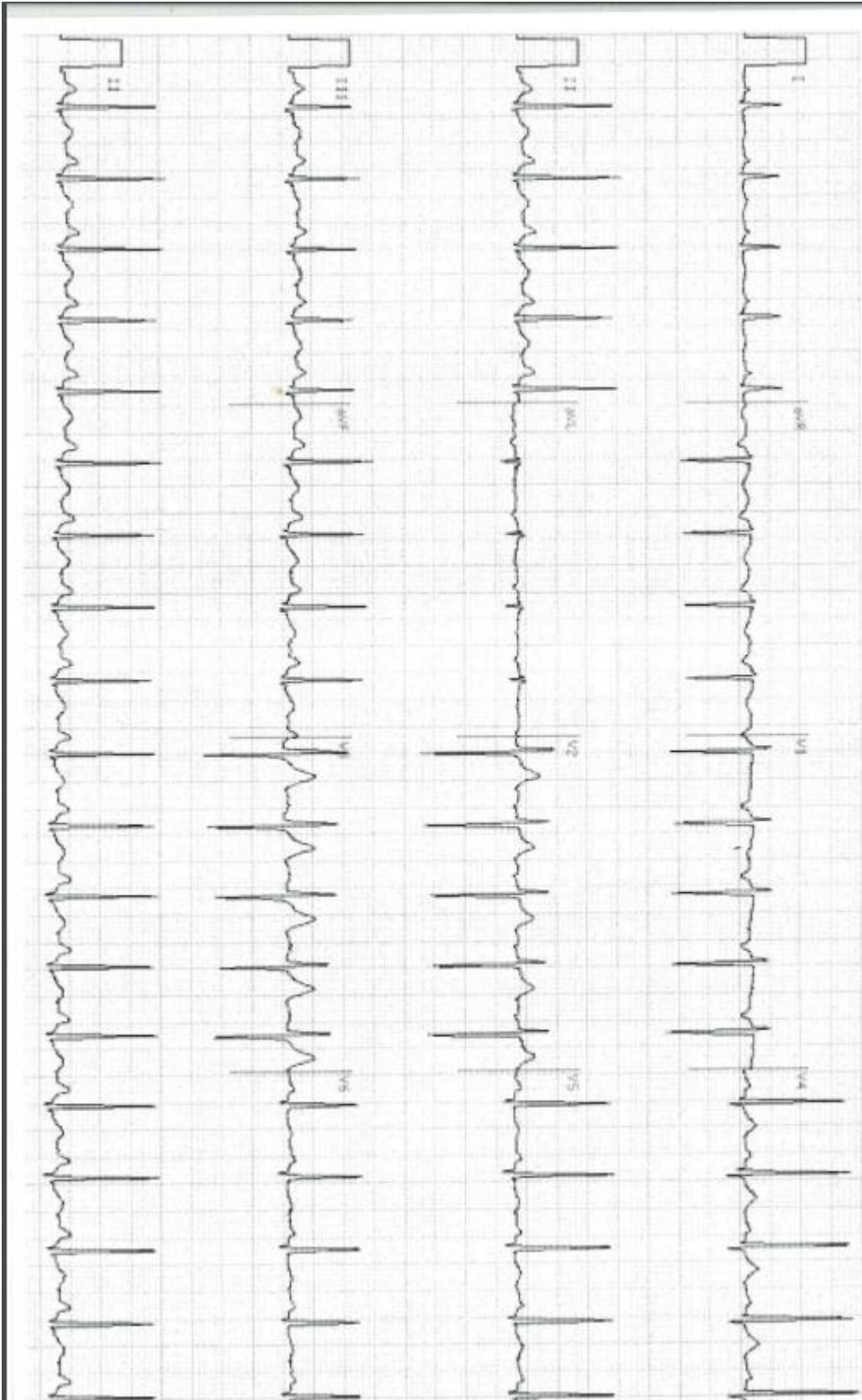
- Local protocol for management of seizures and status epilepticus
- NICE guidance CG137: The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care available at: <https://www.nice.org.uk/guidance/cg137>

Clinical props

RADIOMETER ABL800 FLEX			
Identifications			
Patient ID	789987		
Patient Last Name	SMITH		
Patient First Name	Sam		
Sex	Male		
Date of birth			
FO ₂ (I)		%	
T		°C	
Sample type	Arterial		
Operator	TEMPERH1		
Blood Gas Values			
↓ pH	7.280		[7.350 - 7.450]
↑ pCO ₂	6.80	kPa	[4.70 - 6.00]
pO ₂	13.0	kPa	[11.1 - 14.4]
Hct _c	0.48	%	
Oximetry Values			
ctHb	14.0	g/L	
↓ FO ₂ Hb	89.6	%	[94.0 - 98.0]
sO ₂	90.0	%	
FCOHb	0.7	%	[0.5 - 1.5]
FHHb	0.0	%	[0.0 - 5.0]
FMeHb	0.0	%	[0.0 - 1.5]
Calculated Values			
cBase(Ecf) _c	-2.0	mmol/L	
cHCO ₃ ⁻ (P) _c	19.3	mmol/L	
Electrolyte Values			
cNa ⁺	140	mmol/L	[136 - 146]
cK ⁺	4.5	mmol/L	[3.4 - 4.5]
cCl ⁻	102	mmol/L	[98 - 106]
cCa ²⁺	1.16	mmol/L	[2.2 - 2.45]
Anion Gap _c		mmol/L	
Metabolite Values			
cGlu	4.8	mmol/L	[3.9 - 5.8]
↑ cLac	8.0	mmol/L	[0.5 - 1.6]
cCrea	82	μmol/L	[44 - 97]
Notes			
↑	Value(s) above reference range		
↓	Value(s) below reference range		
c	Calculated value(s)		



SAH SMITH # 989987



Hospital Number:		NHS Number:			
Title: MR DoB: Surname: SMITH First name: SAM Address: UNKNOWN Postcode: Tel (H): Tel (M): Employer / Educ. Est: Religion: Language:		Sex: M Age: 30 yrs		NOK: Address: UNKNOWN Relationship: Tel (H): Tel (M): NOK: Address: Relationship: Tel (H): Tel (M):	
Source of Referral: Date of Arrival: Time of Arrival: Mode of arrival: No of Attendances in past year: 0 Previous Attendance Number: ED-12-051816-1		GP: Address: Tel No: Fax No:			
To be seen in:		Speciality Expected: Speciality:		Time referred to speciality: Time seen:	
Presenting Complaint: found unconscious		Duty/On-Call Emergency Department Consultant:			
Triage Nurse: Presenting Complaint: found on floor Green History of Presenting Complaint: On Assessment: Previous Medical History: Social History: ? Alcohol		Time of Triage Triage (ESI): 3 Pain Score: — Allergies: NKA Tetanus Status: Triage Treatment: Triage Notes:			
Temperature	35.6	Blood Pressure	121/80	Nurse Concern	
Pulse	54	SP O ₂ (Air)	99	GCS	3 E 5 M 5 / 15
Respiratory rate	16	Pupils (Left)	4+	Pupils (Right)	4+
Peak Flow	(Pre/Post)	Blood sugar	3.9	Weight	
MET SCORE =					



Past Medical History

Appendix only

- Diabetes
- AF
- Hx Dementia
- Hypertension
- IHD/Angina
- COPD
- Arthritis
- Epilepsy
- Asthma
- Pacemaker

(Please tick relevant conditions if present)

Drugs

Is the patient on anti-cancer medication? YES/NO If yes, what?
Please contact Lead Chemo Nurse on bleep 277

Allergies

Drug	Reaction	Date
	<i>NKA</i>	



EXAMINATION

Jaundiced *no*

Anaemic *no*

Cyanosed *no*

Clubbed

Lymphadenopathy

Temp *Afebrile*

Cap Blood Glucose..... *4.6*

General Impression:

*Drowsy, difficult to rouse.
Cannot recall the events*

Cardiovascular

HR *✓* / irreg

BP sitting

BP lying..... *5/11*

BP Standing (Remember >2 mins for Postural BPs)

HS..... *u*

Murmur? Y *0*

Carotid Bruit? Y N

JVP *u*

Oedema *no*

Respiratory

RR

Sats on Air

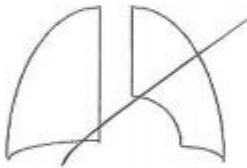
Sats on% O₂

Current PEFR.....

Best PEFR

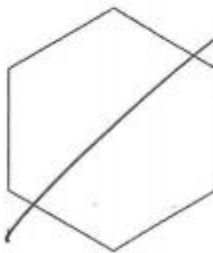
Predicted PEFR

Percussion / Auscultation



*bestial
normal
air entry
no crep
no crrp*

Abdominal



*soft
no fluid*

Ascites? Y/N
PR
PV

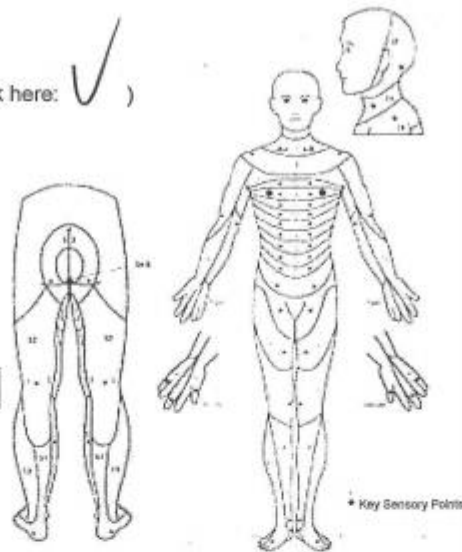


Hosp No.: 789987

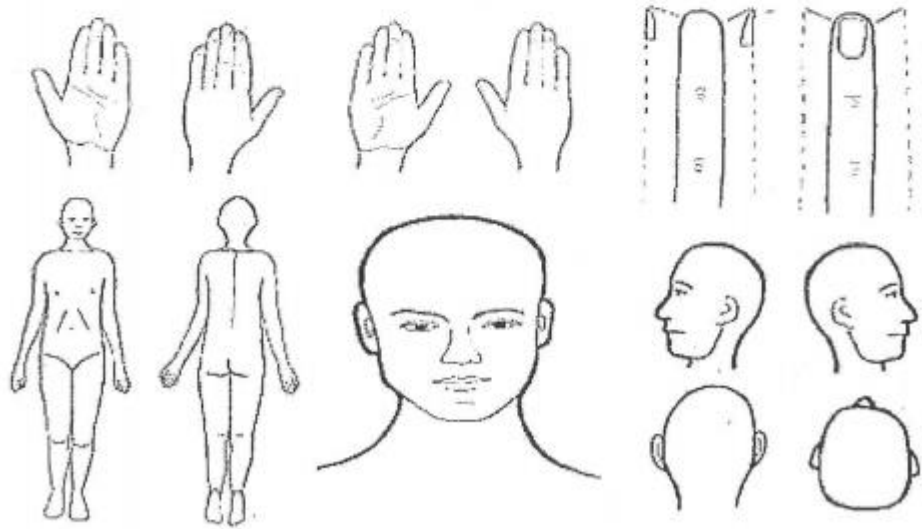
Sensation

(Not Assessed - tick here:)

Anal sensation? Y N



Other examination findings / comments: *No obvious signs of head injury -*





Management Plan:

- IV Fluids.
 - check bloods results / ECG / CXR
 - referred to Steels (no CDU beds -
 pt unsafe for discharge. (GCS 13/15) -

Discharge? Y/N
 Refer? Speciality
 Admit CDU? (consider VTE prophylaxis)
 Decision time

VTE Risk? Please assess on separate risk assessment sheet
 Have you started VTE prophylaxis? Y N
 If not - reasons:

MRSA Status: C. Diff status:
 Met Calls Y N For CPR? Y N
 Orange sticker? Y N

[Signature]

Senior Review: Name: Designation:

Time Date Signature

First Name(s): <u>SAN</u>	Ward	Date chart started	Chart number
Surname: <u>SALIM</u>			of
Hospital Number: <u>209483</u>	Consultant	Doctor bleep number	Date of admission
NHS Number: _____			
Date of Birth: _____			

Date weighed	Weight (kg)	Height (M)	Surface area (M ²)	Ideal Body Weight (IBW)	Body Mass Index (BMI)	Diet

Allergies (write 'none known' and sign if none known)

Drug/substance	Details of reaction

This patient also has the following additional charts (complete and tick relevant box (es))

IV heparin infusion chart	<input type="checkbox"/>	Chemotherapy chart	<input type="checkbox"/>	Medicines reconciliation	<input type="checkbox"/>
PCA	<input type="checkbox"/>	Epidural	<input type="checkbox"/>		<input type="checkbox"/>

Communication for doctors

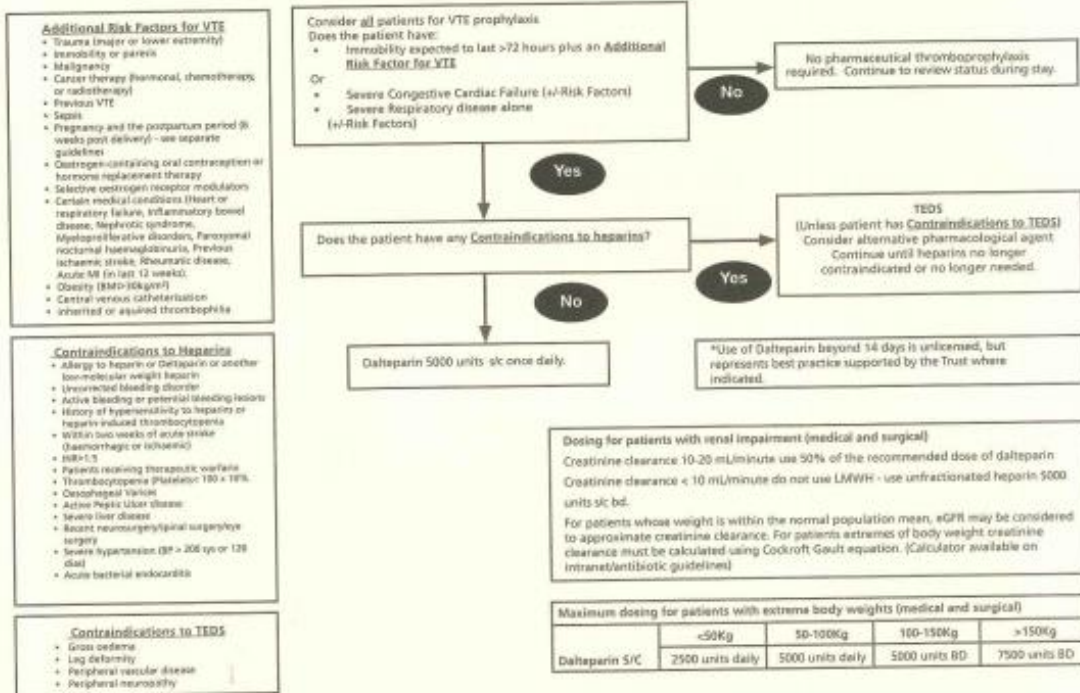
Date		Sign and Bleep No.	Actioned sign and date

Does this patient smoke: Yes / No

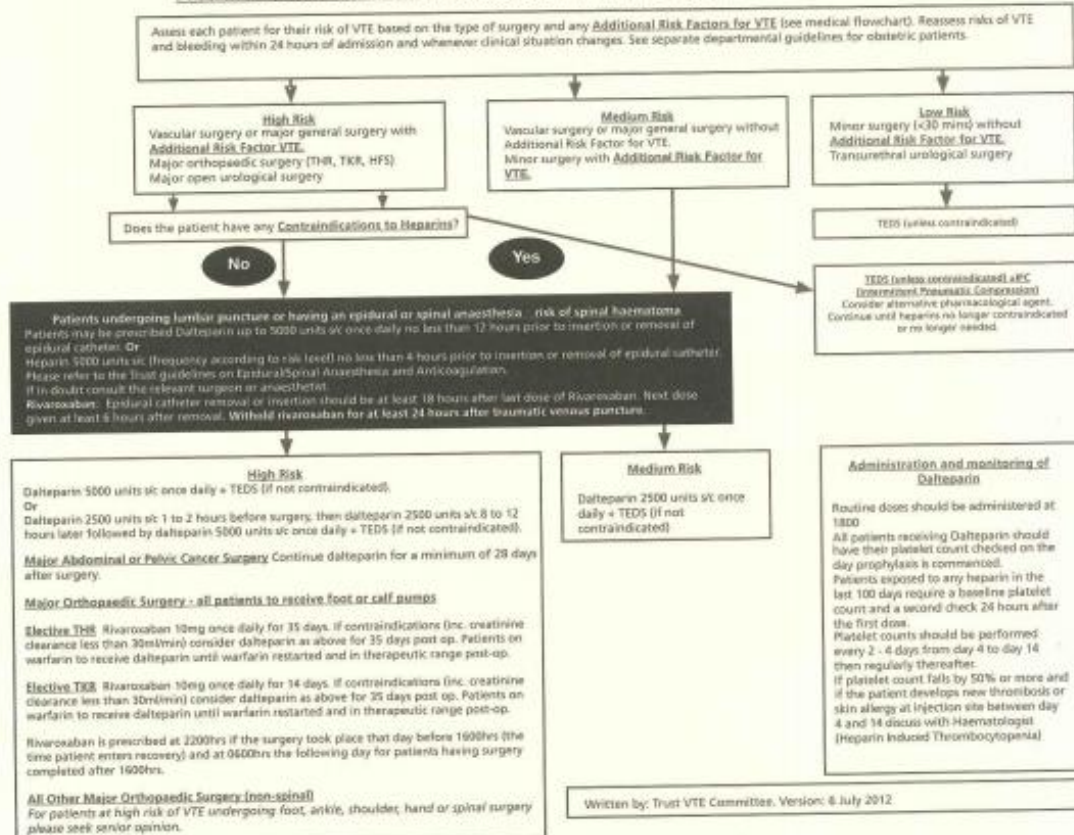
Is patient self medicating: Yes / No

Date of referral to smoking cessation nurse:

Prevention of Venous Thromboembolism in Acutely ill Adult Medical Patients (non-obstetric)



Prevention of Venous Thromboembolism in Adult Surgical Patients



RISK ASSESSMENT RECORD SHEET FOR VENOUS THROMBOEMBOLISM (VTE)

- Please use in conjunction with Trust guidelines overleaf
- Please see separate Trust guidelines for obstetric patients

Thrombosis Risk	Patient Related	Procedure Related	Initial Assessment _ / _ / _	Assessment at 24 hours _ / _ / _	Assessment on _ / _ / _	Assessment on _ / _ / _	
High	Previous VTE						
	Immobility expected to last >72 hours						
	Malignancy						
	Acute or chronic lung disease						
	Acute or chronic inflammatory disease						
	Chronic heart failure						
	Lower limb paralysis (excluding acute stroke)						
	Acute infectious disease, e.g. pneumonia						
	BMI >30kg/m2						
	Inherited or acquired thrombophilia						
	Pregnancy or less than 6 weeks post partum						
			Hip or Knee replacement				
			Hip fracture				
		Other major orthopaedic surgery					
		Surgical procedure lasting >30mins with additional VTE risk factor(s)					
Medium	Oestrogen containing oral contraception or HRT						
	Selective oestrogen receptor modulators						
	Age > 60						
	Dehydration						
	Varicose veins with phlebitis						
		Minor surgical procedure with additional VTE risk factor(s)					
		Surgical procedure lasting >30mins with no additional VTE risk factors					
		Plaster cast immobilisation of lower limb					
Low	None of above	None of above					
Bleeding Risk/Contraindications	Patient Related	Procedure Related					
	Haemophilia or other known bleeding disorder						
	Thrombocytopenia (Platelets < 100 x 10 ⁹ /L)						
	Within two weeks of acute stroke (haemorrhagic or ischaemic)						
	Severe hypertension (BP > 200 systolic or 120 diastolic)						
	Severe liver disease						
	Oesophageal Varices						
	Active Peptic Ulcer disease						
	Active bleeding or potential bleeding lesions						
	Major bleeding risk, existing anticoagulant therapy						
	Severe renal disease						
		Neurosurgery, spinal surgery or eye surgery					
		Other procedure with high bleeding risk					
		Lumbar puncture/spinal/epidural in previous 4 hours or anticipated in next 12 hours					
Risk assessment performed by							
Signature							
Copy of Patient Information Leaflet given to patient			Yes	No			

FOR DRUGS NOT ADMINISTERED ENTER THE APPROPRIATE CODE IN THE ADMINISTRATION BOX AND SIGN

1 NIL BY MOUTH
2 REFUSED
3 UNABLE (NEEDS)

REGULAR PRESCRIPTIONS

						MONTH/YEAR	DATE
						(TIMES	
OXYGEN				Circle target saturation Adjust flow rate to maintain specified oxygen saturation		Target oxygen saturation 88 to 92% 94 to 98%	
PRESCRIBERS SIGNATURE				DATE		0800	
Home Oxygen Indicated: YES / NO Referral to Respiratory Nurse for HODP Date:				Other: _____		1200	
Nurse to initial against time to confirm oxygen is being administered and meeting specified target. Flow rate is to be documented to the left of the column, i.e.				2L Sign		1800	
PHARMACOLOGICAL VTE PROPHYLAXIS/TREATMENT INCLUDING NOACS				DOSE		ROUTE	
PRESCRIBERS SIGNATURE GMC No.				START		REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY POD H POD W				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			
MECHANICAL VTE PROPHYLAXIS				DOSE		ROUTE	
PRESCRIBERS SIGNATURE GMC No.				START		REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY POD H POD W				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			
WARFARIN AND OTHER COUMARIN ANTICOAGULANTS						TIME	INR
PRESCRIBERS SIGNATURE GMC No.						DATE STARTED	DOSE (mg)
INDICATION		DURATION		TARGET INR		PLEASE TICK APPROPRIATE STATUS <input type="checkbox"/> NEW <input type="checkbox"/> PREADMISSION	
PHARMACY POD H POD W		BOOK PROVIDED ON: BY:		DATE COUNSELLED: BY:		TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE GMC No.				START		REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY POD H POD W				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE GMC No.				START		REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY POD H POD W				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE GMC No.				START		REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY POD H POD W				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE GMC No.				START		REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY POD H POD W				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			

WHEN REQUIRED MEDICATION

OXYGEN				Date										
CIRCLE TARGET OXYGEN SATURATION 88-92% 94-98% Other				Time Started										
Flow Rate														
DEVICE	MAX FLOW RATE (Liters/min)			Device										
PREScriBER'S SIGNATURE	GMC No.	DATE		Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										
DRUG (Approved name)				Date										
DOSE	ROUTE	FREQUENCY		Time										
PREScriBER'S SIGNATURE	GMC No.	DATE		Date										
INDICATION AND SPECIAL INSTRUCTIONS			<input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	Route										
PHARMACY POD H POD W			TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	Given by										

Reminder: Prescribe on regular prescription and state "see variable prescription"

Insulins - variable dosing

				MONTH/YEAR DATE	
DRUG (Approved name)				ROUTE S/C	
PRESCRIBERS SIGNATURE		GMC No.		START	STOP
DEVICE				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	
PHARMACY				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
POD H POD W					
DRUG (Approved name)				ROUTE S/C	
PRESCRIBERS SIGNATURE		GMC No.		START	STOP
DEVICE				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	
PHARMACY				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
POD H POD W					
DRUG (Approved name)				ROUTE S/C	
PRESCRIBERS SIGNATURE		GMC No.		START	STOP
DEVICE				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	
PHARMACY				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
POD H POD W					
DRUG (Approved name)				ROUTE S/C	
PRESCRIBERS SIGNATURE		GMC No.		START	STOP
DEVICE				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD	
PHARMACY				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
POD H POD W					

WHEN REQUIRED INSULINS					
DRUG (Approved name)				Date	
DOSE (UNITS)	ROUTE S/C	FREQUENCY		Time	
PRESCRIBERS SIGNATURE	GMC No.	DATE		DOSE (in Units)	
INDICATION AND SPECIAL INSTRUCTIONS				Route	
PHARMACY				Given by	
DRUG (Approved name)				Date	
DOSE (UNITS)	ROUTE S/C	FREQUENCY		Time	
PRESCRIBERS SIGNATURE	GMC No.	DATE		DOSE (in Units)	
INDICATION AND SPECIAL INSTRUCTIONS				Route	
PHARMACY				Given by	
DRUG (Approved name)				Date	
DOSE (UNITS)	ROUTE S/C	FREQUENCY		Time	
PRESCRIBERS SIGNATURE	GMC No.	DATE		DOSE (in Units)	
INDICATION AND SPECIAL INSTRUCTIONS				Route	
PHARMACY				Given by	

MRSA Status

New	Previous Admission

C. Diff Status

New	Previous Admission

ONCE DAILY GENTAMICIN PRESCRIPTION

Use gentamicin calculator or intranet to calculate dose.
Level must be taken 6 to 14 hours after the first dose has been given.

Specify Dosing Regime 5mg/kg 3mg/kg Other

Indication: _____

Date to be given	Time to be given	Dose (mg)	Prescribers signature GMC No.	Date of sig.	Start time of infusion	Given by: (sign)	Date and Time blood level taken	sign:	Gentamicin Levels mg/l

General Guidance

- All antimicrobial prescriptions MUST follow the Trust's Antimicrobial Policies or MUST have been agreed by Microbiology. See full up to date policy on intranet.
- **INDICATION, STOP AND REVIEW DATES MUST BE RECORDED ON THE CHART.**
- CURB 65 score MUST be recorded for all community acquired pneumonia.
- Check previous relevant microbiology results before prescribing antibiotics and check new microbiology results daily. If a patient is not responding to treatment seek advice from a consultant microbiologist.
- Doses need to be adjusted to suit patient's age, size and renal function. To calculate creatinine clearance use calculator on intranet and see dose adjustments for antibiotics.
- All IV regimes MUST be reviewed at 48 hours and switched to oral if appropriate.

IV SWITCH GUIDELINES

IF YES to all, consider change to ORAL	IF YES to any, remain on IV
Patient able to swallow and tolerate oral fluids?	Oral route compromised?
Temperature settling and < 38°C for at least 48hrs?	Continuing serious sepsis?
Heart rate <100bpm for last 12hrs? (no unexplained tachycardia)	Febrile with neutropenia?
WCC between 4-12x10 ⁹ /L?	Specific indication / deep seated infection. (Meningitis, endocarditis, encephalitis, osteomyelitis, neutropenia, cystic fibrosis, septicaemia, haematology/ immunocompromised pts, continuing sepsis, other severe infections as discussed with microbiology.) Seek microbiology advice if unsure.
Oral formulation available?	
Others markers: BP stable Respiratory rate <20 breaths/min CRP returning to normal and less than 100 (adult)	
Absence of mental confusion (when representing symptoms of infection)	No oral formulation available (seek microbiology advice on alternative)

