

Title	Opioid toxicity	Version	10.1
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors	Clare Linkins, Nazima Hoque, Paul Wilder, Udesch Naidoo, Mark Loughrey	Last review	4/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

Brief Summary

This scenario involves an 80 year old woman one day after surgical repair of a fractured neck of femur. She develops opioid toxicity. She should be assessed by a student nurse who should call and handover to a foundation doctor using SBAR. The FY doctor should make a correct diagnosis and design a management plan.

Educational Rationale

Foundation doctor trainees should be able to work within and lead a team to safely assess and treat patients in a timely manner. Recognition and management of opioid toxicity is extremely important in order to prevent hypoxia, airway compromise and reduced consciousness.

Learning Objectives: Nurse

- ABCDE assessment and initial management of a patient with altered conscious level
- Knowledge of how to report a serious untoward incident
- Communication with patient and SBAR handover to colleagues

Learning Objectives: Doctor

- ABCDE assessment and initial management of a patient with altered conscious level
- Differential diagnosis and investigation in a patient with reduced conscious level
- Management of opioid overdose
- Appropriate escalation and concise transfer of information
- Knowledge of how to report a serious untoward incident

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	Surgical ward
---------	---------------

You are performing your routine observations on F4 patients when you come to assess Mrs Edith Jones, an eighty-year-old lady who has been admitted for one day following a fractured neck of femur. Her observations to date have been unremarkable.

If you wish to speak to anyone or call for assistance then use the grey telephone sited on the back wall. Just pick it up and press the button and you will be connected to the 'operator', of whom you can ask to speak to whoever you wish.

You should interact with everyone else in the room as you would in real life. For example, if you strongly disagree with a colleague's management then feel free to question them, stating your reasons.

Candidate Briefing: Doctor

Setting	Surgical ward
---------	---------------

You are on call for surgery. Please wait as directed, until you receive a call from the surgical ward, and then act as you would in real life.

Technical set-up

Setting	Surgical ward		
Simulator	High fidelity manikin / actor		
Gender	Female	Age	80

Initial monitor parameters

RR	O2 sats	Pulse (HR)	BP	ECG rhythm
9	92% on air	55	120/70	Sinus rhythm
Cap Refill Time	Blood glucose	Temp.		
3sec	4.8	36.7		

Initial patient set-up

Airway	Obstruction	Airway adjunct
	Soft tissue obstruction and snoring	No

Breathing	Chest sounds	O2 supply
	Quiet	Air

Circulation	Heart sounds	Cannula	BP cuff	Peripheral pulses
	Normal	Yes - left arm	none	present

Disability	Eyelids	Pupils	AVPU/GCS
	Closed	Pinpoint	V / GCS 9

Exposure	Posture	Moulage	Bowel sounds
	Lying in bed	None	Normal

Specific equipment / prop requirements

- Completed CAS card & NOF paperwork
- Completed drug chart
- Completed blood results
- Completed obs chart
- Wrist band
- Pre-op ECG
- Pre-op X-ray

Hardware required

- Manikin eyeballs with pinpoint pupils
- Naloxone injection (labeled 400mcg in 1ml syringe- candidate should ideally dilute this into either 4 or 8mls of saline- so needs a further 5 or 10 ml syringe and 10mls saline) placed in the crash trolley, preferably in a red drug box
- Copy of Hospital guidelines on Management of Opioid Overdose and flow charts of Opioid-naïve patients and Regular Opioid users
- Hospital continuation sheet
- Fentanyl patch on back of shoulder

Facilitator Briefing

Telephone advice as Pharmacist:

- Advice regarding opiate toxicity treatment
- Pharmacist should advise doctor that there are hospital guidelines
- Pharmacist can ask the doctor if the patient is opiate naïve
- Ask about patient's weight and hepatorenal function

Telephone advice as Medical Registrar

- To consider infusion of naloxone
- If not called pharmacist ask their advice and look at hospital guideline
- Where to manage patient i.e. HDU / MADU / SADU
- Involve night nurse practitioner or out-reach team
- Regular patient review

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

Briefing for doctor when a nurse is not available:

You are on call for surgery. You receive a call from ward F4 as they are concerned about the lack of responsiveness from Mrs Edith Jones, an eighty-year-old lady who has been in hospital for one day following a fractured neck of femur.

Patient Briefing

Setting Surgical ward

Name Edith Jones

Age 80

Gender Female

What has happened to you?

You had surgery for a left neck of femur fracture yesterday. Initially you were well with only mild hip pain, but now you are very drowsy, your eyes are closed and you moan in response to voice.

How you should role-play

- Initially drowsy- only groans to voice
- Pin point pupils
- After 400mcg IV naloxone patient appears more responsive

Your background

Past Medical History

- Chronic back pain
- OA

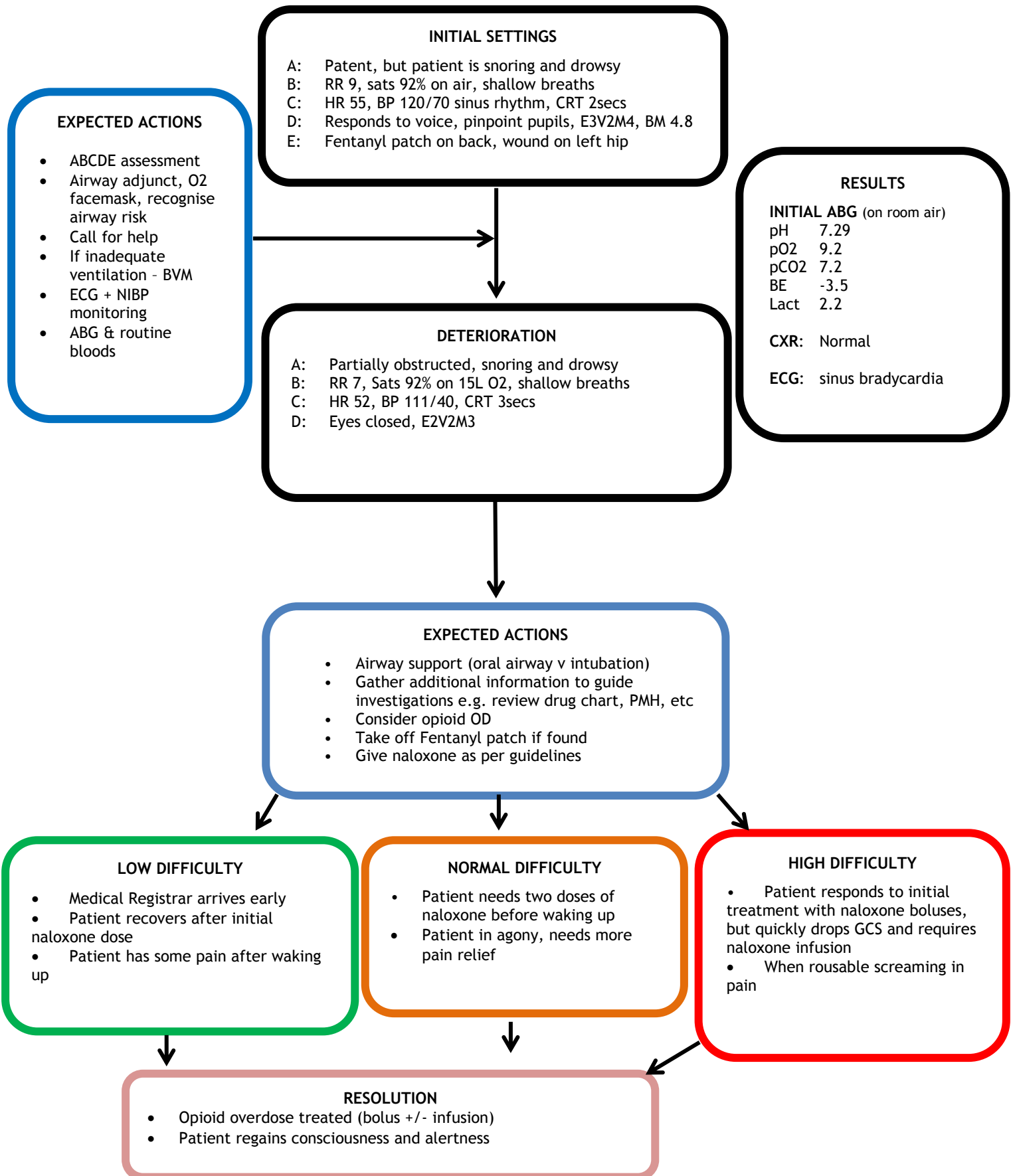
Social History

- Lives alone
- Independent
- Bungalow
- Non smoker
- Minimal alcohol

Regular Medication

- Paracetamol (1g QDS)
- Adcal D3 (1 tablet BD)
- Alendronic Acid 70mg weekly (every Sunday)
- Fentanyl patch (25mcg per hour, changed site every 72 hours)

Scenario flowchart



References

- Local hospital guidelines on Management of Opioid Overdose
- Scottish Palliative Care Guidelines Naloxone, updated June 2015
<http://www.palliativecareguidelines.scot.nhs.uk/guidelines/medicine-information-sheets/naloxone.aspx>
- PCF5, Palliative Care Formulary 5th Edition, Twycross et al. 2014
www.palliativedrugs.com

Clinical props

RADIOMETER ABL800 FLEX

Identifications

Patient ID	789987
Patient Last Name	Jones
Patient First Name	Edith
Sex	F
Date of birth	
FO ₂ (I)	%
T	36.6 C
Sample type	Arterial
Operator	TEMP FPH 1

Blood Gas Values

↓ pH	7.290 50]
↑ pCO ₂	7.20 00]
↓ pO ₂	9.2 ^{1.4}]
Hct _c	0.35	

Oximetry Values

ctHb	95.0	
FO ₂ Hb	96.0 ^{3.0}]
sO ₂	97.0	
FCOHb	1.0 5]
FHHb	3.5 0]
FMetHb	1.0 5]

Calculated Values

cBase(Ecf) _c	-3.5	
cHCO ₃ ⁻ (P) _c	22.2	

Electrolyte Values

cNa ⁺	140 46]
cK ⁺	4.0 5]
cCl ⁻	100 06]
cCa ²⁺	1.20 45]
Anion Gap _c		

Metabolite Values

cGlu	4.8 8]
↑ cLac	2.2 6]
↑ cCrea	175 7]

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)

NEWS - OBSERVATION CHART



Frimley Health
NHS Foundation Trust

Surname: **Jones** First name: **Edith**
Hospital number: **12345** D.O.B: **1.1.1939** Date of admission: **yesterday**

	TE	TE								DATE										TIME	
A+B Respirations Breaths/min	≥25									3										≥25	
	21-24									2										21-24	
	18-20																			18-20	
	15-17																			15-17	
	12-14																			12-14	
	9-11		9								1										9-11
≤8										3										≤8	
A+B SpO2 Scale 1 Oxygen saturation (%)	≥96									1										≥96	
	94-95																			94-95	
	92-93		92							2										92-93	
	≤91									3										≤91	
SpO2 Scale 2' Oxygen saturation (%) Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure † ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O ₂									3										≥97 on O ₂	
	95-96 on O ₂									2										95-96 on O ₂	
	93-94 on O ₂									1										93-94 on O ₂	
	≥93 on air																			≥93 on air	
	88-92																			88-92	
	86-87										1										86-87
	84-85										2										84-85
≤83%										3										≤83%	
Air or oxygen?	A=Air	A																		A=Air	
	O2 L/min									2										O2 L/min	
	Device																			Device	
C Blood pressure mmHg Score uses systolic BP only	≥220																			≥220	
	201-219																			201-219	
	181-200																			181-200	
	161-180																			161-180	
	141-160																			141-160	
	121-140																			121-140	
	111-120																			111-120	
	101-110									1										101-110	
	91-100									2										91-100	
	81-90																			81-90	
	71-80																			71-80	
	61-70										3									61-70	
	51-60																			51-60	
≤50																			≤50		
C Pulse Beats/min	≥131									3										≥131	
	121-130									2										121-130	
	111-120																			111-120	
	101-110									1										101-110	
	91-100																			91-100	
	81-90																			81-90	
	71-80																			71-80	
	61-70																			61-70	
	51-60																			51-60	
	41-50										1									41-50	
31-40																			31-40		
≤30										3									≤30		
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert																			Alert	
	Confusion																			Confusion	
	V	✓								3										V	
	P																			P	
E Temperature °C	≥39.1°									2										≥39.1°	
	38.1-39.0°									1										38.1-39.0°	
	37.1-38.0°																			37.1-38.0°	
	36.1-37.0°																			36.1-37.0°	
	35.1-36.0°										1									35.1-36.0°	
	≤35.0°										3									≤35.0°	
NEWS TOTAL										6								TOTAL			
Monitoring frequency																		Monitoring			
Pain score																		Pain score			
Initials																		Initials			

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

Version: 201807_004

Product Code:

FENTANYL
100 mcg/hr

FENTANYL
100 mcg/hr

FENTANYL
100 mcg/hr

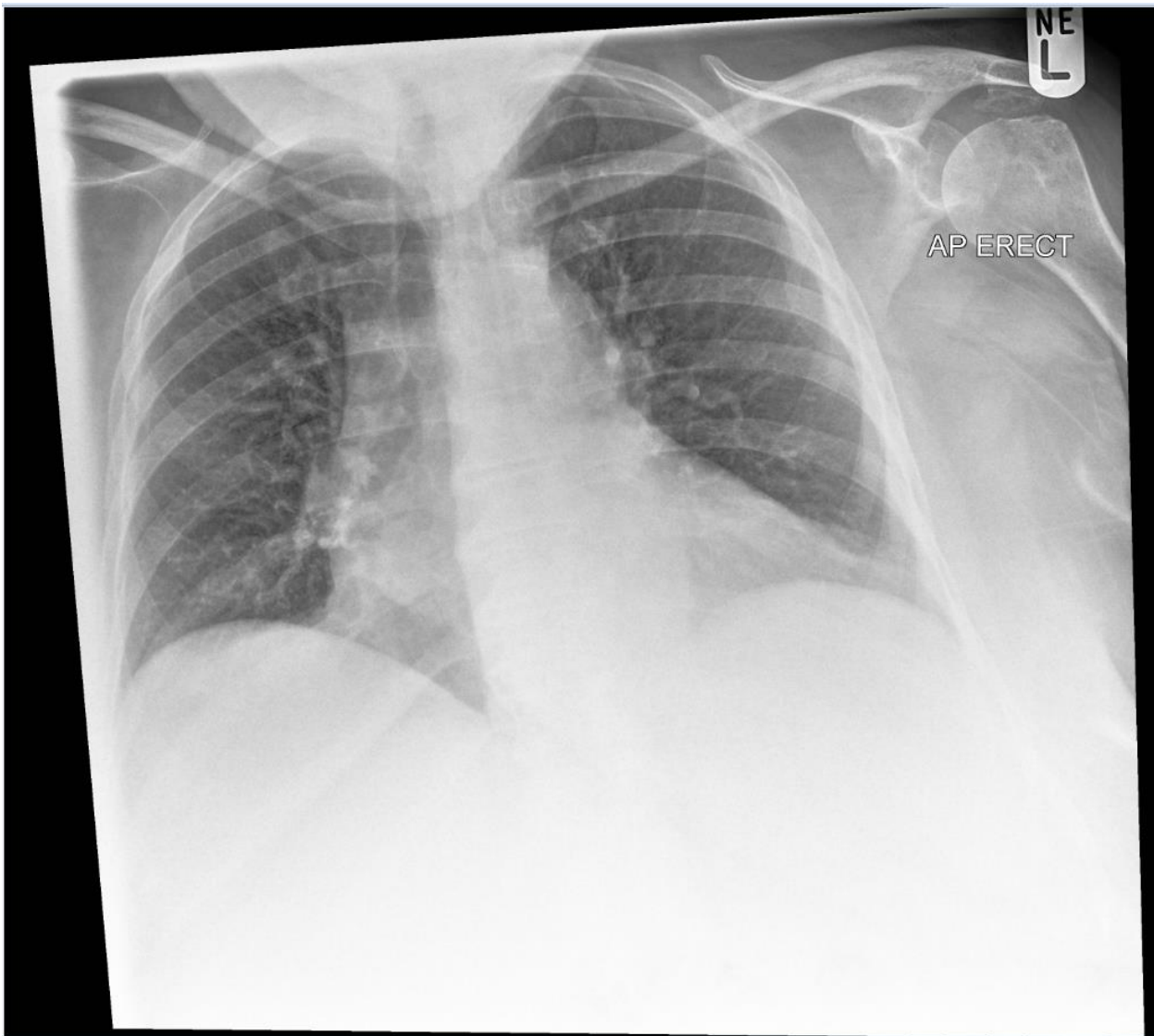
FENTANYL
100 mcg/hr

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100 mcg/hr

FENTANYL
100 mcg/hr



FS

19

Hospital Number: 789987		NHS Number: 123 456 7890	
Title: Sex: FEMALE DoB: Age: 80 Yrs Surname: JONES First name: EDITH Address: Postcode: Tel (H): Tel (M): Employer / Educ. Est: Religion: Unknown Language:		NOK: Address: Relationship: Tel (H): Tel (M): NOK: Address: Relationship: Tel (H): Tel (M):	
Source of Referral: Self Date of Arrival: Time of Arrival: 09:54 Mode of arrival: Own Transport No of Attendances in past year: 0 Previous Attendance Number:		GP: Address: Tel No: Fax No:	
To be seen in: Majors			

SCANNED

Speciality Expected: Speciality:	Time referred to specialty: Time seen:	Duty/On-Call Emergency Department Consultant: Lynsey Flowerdew
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Presenting Complaint: FALL	Assessing Nurse Triage Margaret Parsons
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Triage Nurse: Presenting Complaint: FALL/INJ RHT HIP History of Presenting Complaint: pt fell over on rt hip 0700hrs this am pt trip on slippers fell on rt hip on carpet pt c/o pain in rt hip pt go herself up pt c/o pain in rt hip increased On Assessment: pt weight bearing pt walking with a stick not normal for pt Previous Medical History: Social History:	Time of Triage	
	Triage (ESI)	3
	Pain Score	9/10
	Allergies	None
	Tetanus Status	
	Triage Treatment	
	Triage Notes	PARACETAMOL- 1Grams

Temperature	36.9	Blood Pressure	121 / 58	Nurse Concern	No
Pulse	71	SP O ₂ (Air)	97	GCS	E V M = 15 /15
Respiratory rate	16	Pupils (Left)		Pupils (Right)	
Peak Flow	(Pre/Post)	Blood sugar		Weight	

MET SCORE = 0

Name	Signature	Initials	Position	Speciality	Date	Time

Have you considered the use of a Chaperone when seeing this patient,
Please refer to the Trust and Emergency Department Chaperone Policy.

Chaperone Used? Y / N

Name: _____

Presenting Complaint:

HISTORY: (Please continue on continuation sheets if necessary)

Women of Childbearing age? LMP: Pregnant? Y / N

80[↑]

PMH^o
Med^s:
NKDA.

1045
=

Sound

Independent

Today
tripped & fell
mechanical fall

No LA

No HI

Not K/O

CP^o SOB^o dizzy^o

instant @ top pain.

Came to ED

brought to ED bench.

36⁹
71 bpm
16/mm
121/58
97% SpO₂

G&S ✓

XRAYs

— Pelvis ✓

CXR ✓

IV Access ✓

@ Hip ✓

ECA ✓

Bloods ✓

EXAMINATION

Jaundiced? Anaemic? Cyanosed? Clubbed? Lymphadenopathy?

Temp BM..... GCS..E.....V.....M..... /15

General Impression:

See before

Cardiovascular

HRreg / irreg BP sitting BP lying..... BP Standing

HS..... Murmur? Y N (Remember >2 mins for Postural BPs)

Carotid Bruit? Y N JVP Oedema

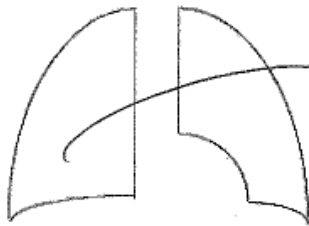
Respiratory

RR Sats on Air Sats on(% / L) O₂

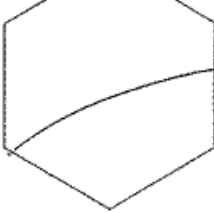
Current PEFR..... Best PEFR Predicted PEFR

Chest Exam

Abdominal Exam

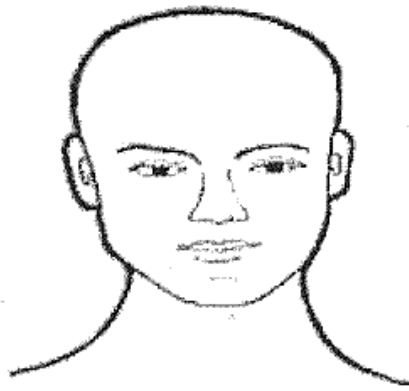
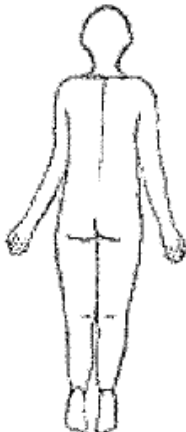
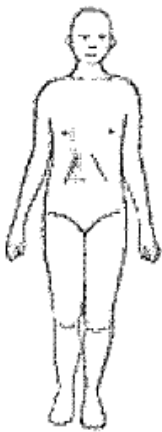


clear



soft

Ascites? Yes / No
PR
PV



Other examination findings / comments

(R) hip pain.
(R) Groin to chest pain.

Initial Impression / Differential Diagnosis:

(R) NOF#

Investigations:

Radiology

CXR
 AXR
 CT Head
 Others: (please list)

Bloods

FBC
 U&Es
 LFTs
 Coag
 INR
 Bone
 CRP
 ESR
 G&S / Match
 Others: (Please list)

Others

ECG
 Urine
 β HCG
 ABG
 Other: (Please list)

Hb		MCV		Na		Bili		AST		Chol	
WCC		B12		K		Alk P		GGT		HDL	
Neut		Folate		Ur		ALT		Amylase		TG	
Plt		PT		Creat		Alb		CK		LDL	
ESR		APTT		Glucose		PO4		Trop (1)		TSH	
		INR		CRP		Cor Ca		Trop (2)		FT4	

ABG:

pH
 pO2
 pCO2
 BE_x
 Bicarb
 Lactate

Urine:

RBCs
 Leucocytes
 Nitrates
 Protein
 Glucose
 Ketones

β HCG

Other Results:

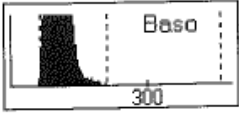
Management Plan:

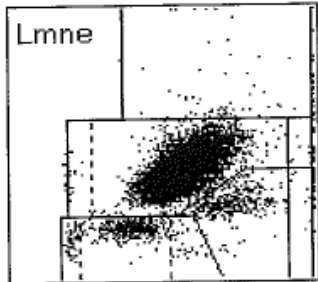
Bloods ✓ G&S ✓ CXR ✓ FIB
 IV Anes ECG XRAY ✓

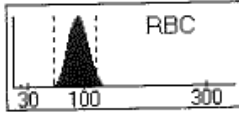
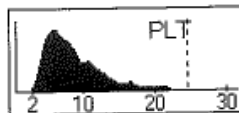
For CPR? Yes / No (DNACPR form filled?)

**Frimley Park Hospital
Accident and Emergency**

Patient Name : JONES EDITH				Collect Date :	
Patient Number :		Operator : ABX		Department :	
Seq.# : 17	Sample ID :		Physician :		
Birthdate :	Age : 80	Gender : F	Running Date :		Blood Type : Standard
Comment :					

	WBC	9.5	!	10 ⁹ /l	Range	4.0	...	11.0
								
	%			#				
	NEU	86.7	!	8.21	ff	0.0	...	99.0 1.00 ... 7.50
	LYM	6.8	!	0.64	ll	0.0	...	99.0 1.50 ... 4.00
	MON	5.0	!	0.47	!	0.0	...	99.0 0.20 ... 1.50
	EOS	1.1	!	0.10	!	0.0	...	99.0 0.04 ... 0.40
	BAS	0.4	!	0.04	!	0.0	...	99.0 0.00 ... 0.10



	RBC	4.50		10 ¹² /l	Range	3.80	...	6.50
								
	HGB	138	!	g/l		115	...	180
	HCT	0.407		l/l		0.370	...	0.540
	MCV	91		fl		76	...	96
	MCH	30.7	!	pg		27.0	...	32.0
	MCHC	339	!	g/l		320	...	360
	RDW	12.1		%		11.0	...	15.0
	PLT	175		10 ⁹ /l		150	...	500
	MPV	9.0		fl		7.5	...	9.0

Suspected Pathology

LEUKO : nrbc

Morphology Flags	Analyzer Alarms
Leuko : LL, LL1	Analytic : LMNE+

WBC1 7128	WBC2 6941	LYM 458	LL 55	FLN 12	WBC 8609
RBC1 18802	RBC2 18705	MON 337	ALY 29	FMN 15	RA# 7481
HCT1 1641985	HCT2 1625483	NEU 5838	RM 8	FNE 20	DIF# 6704
PLT1 598	PLT2 554	EOS 73	LN 9	RN 6	CO% 90.99
HGBB 3827		NO 29	C127 60	LIC 74	
HGBM 1984					

RAW DATA REPORT FOR INVESTIGATIONAL USE ONLY

> < H/L Limits **XXX**

> < M Limits **XXX**

Reject **XXX**

F: Female, M: Male, U: Unknown

11:23:05

Results Sheet

Please affix all relevant paper test results smaller than A4 firmly to this sheet
Do *not* Use micropore to attach results!

Siemens
Clinite

Serial #

Patient Name:

JONES

Patient ID:

0

Multistix® 8 SG

Lot Number 407063

Expiration date 2016-01

Test date

Time 13:31

Operator RY

Test number

Color Not Entered

Clarity Not Entered

GLU Negative

KET Negative

SG 1.020

BLD Trace-lysed

pH 6.5

PRO Negative

*NIT Positive *

LEU Negative

FS

Name

Hosp no:

DOB:

Date:

Trauma Meeting

History:

neck fall.
PMT: lumbar surgery 2007.

Diagnosis:

(R) NDF#

Plan:

(R) ~~RTS~~ comminuted screws

Post-trauma meeting

Impression

Obs stable, approx 1/2
BP 107/56.

Plan

Am (R) comminuted screws PM

Marked

Consented

✓
✓

Continuation Sheet

FASCIA ILIACA BLOCK procedure record

Date..... Time.....

Site: Left Right

Verbal consent obtained

2% chloraprep to skin

Aseptic technique 1% lidocaine to skin ...2... mls

18g Blunt needle 2 'clicks'

Blood withdrawn Yes/No

Local anaesthetic: 0.25% Bupivacaine...3.0...mls

Complications (list below in notes with actions taken)

Signed: *[Signature]* Print: NWE

Time Date Signature

789987
123 456 7890

Frimley Park Hospital
ED

No CP

Rate 74
PR 173
QRSD 104
QT 413
QTc 459

Iones. Edith

Id for purpose of ECG interpretation
.....normal P axis, V-rate 50- 99

#R HIX

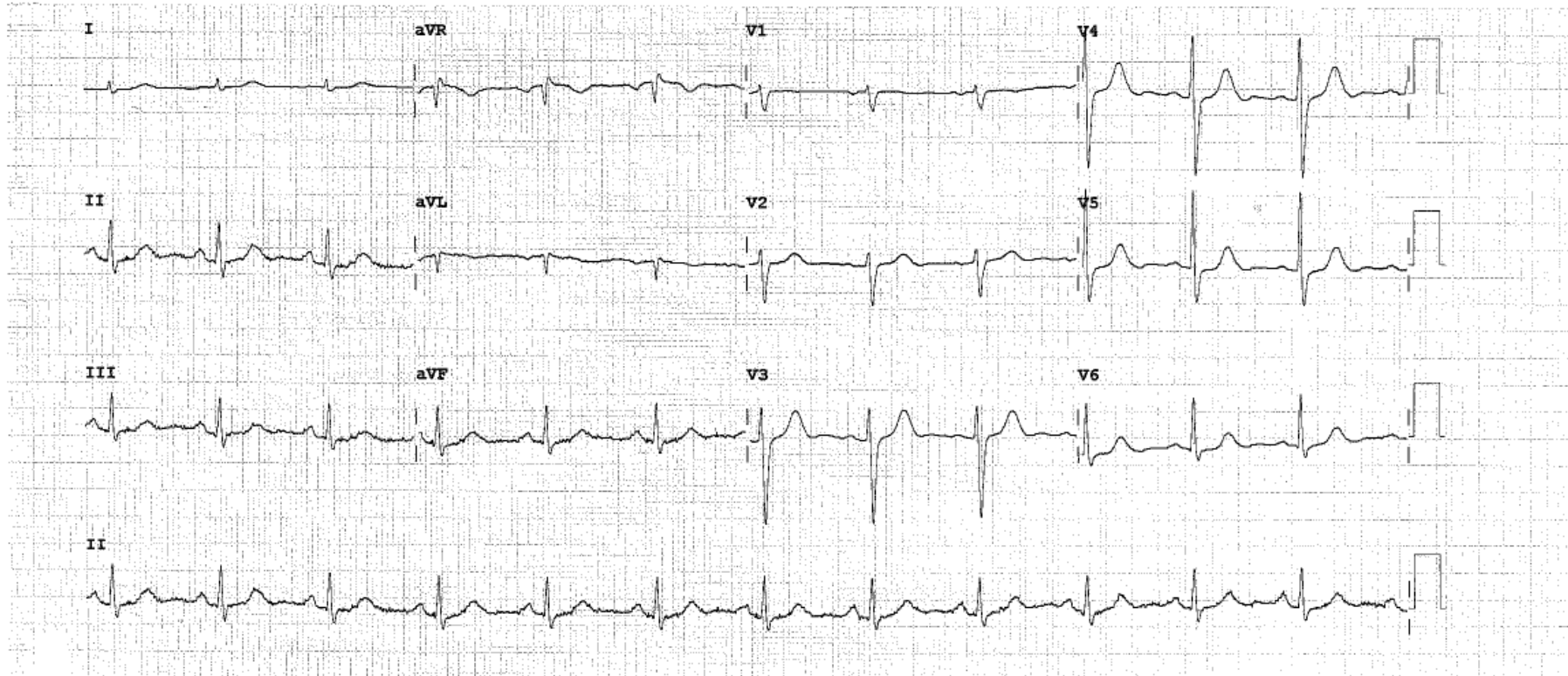
--AXIS--

P 86
QRS 89
T 69

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 6246

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

PH100B CL

P?

Frimley Park Hospital

SIMULATION DRUG CHART
Please use a pencil NOT a pen to prescribe

First Name(s): <u>Edith</u>	W	FS	1 of 1
Surname: <u>JONES</u>			
Hospital Number: <u>789987</u>	Consultant	Doctor bleep number	Date of admission
NHS Number: _____	<u>Hill</u>	<u>[Signature]</u> 1066	<u>2 days ago</u>
Date of Birth: _____			

Date weighed	Weight (kg)	Height (M)	Surface area (M ²)	Ideal Body Weight (IBW)	Body Mass Index (BMI)	Diet
	<u>48kg</u>					

Allergies (write 'none known' and sign if none known). This section must be completed before medication is given.

Drug/substance	Details of reaction
<u>None known</u>	

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

IV heparin infusion chart		Chemotherapy chart		Medicines reconciliation	
PCA		Epidural			

Reminder: Prescriptions must be rewritten not amended
Unclear prescriptions will be challenged

Communication for doctors. Messages must be actioned within 24 hours.

Date	Sign and Bleep No.	Actioned sign and date

Smoking		Alcohol	
Is the patient a smoker	Yes / No	Audit C score	
Is NRT currently in use	Yes / No	Full Audit score (if undertaken)	
		Withdrawal medication required	

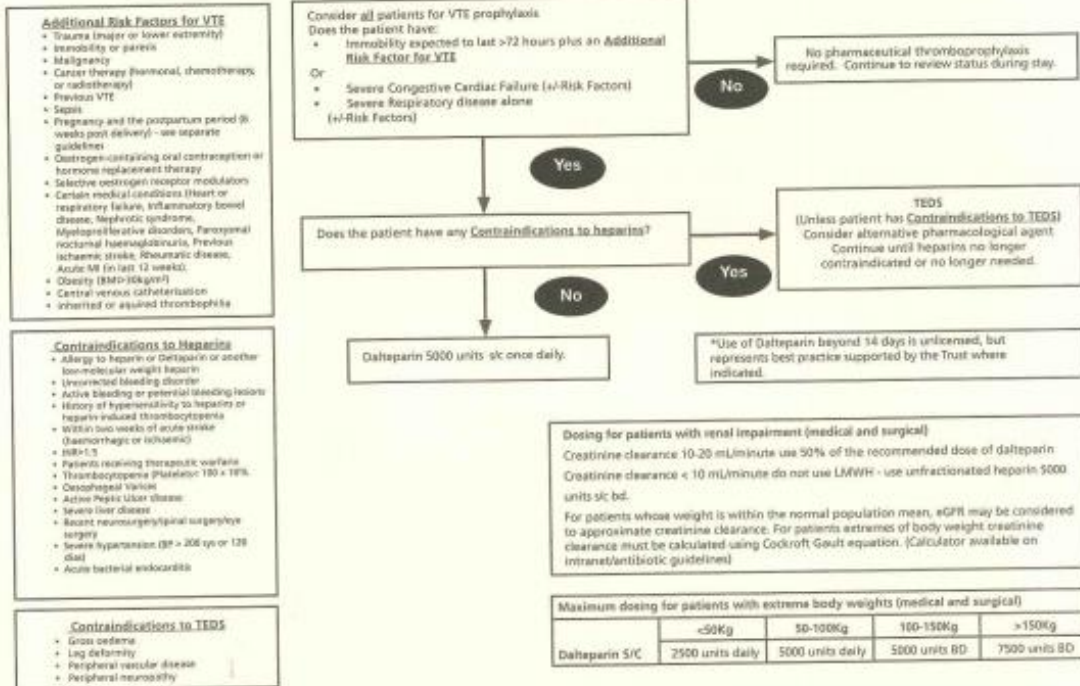
Is patient self medicating: Yes / No
Level 1 / 2 / 3

Date chart rewritten / /

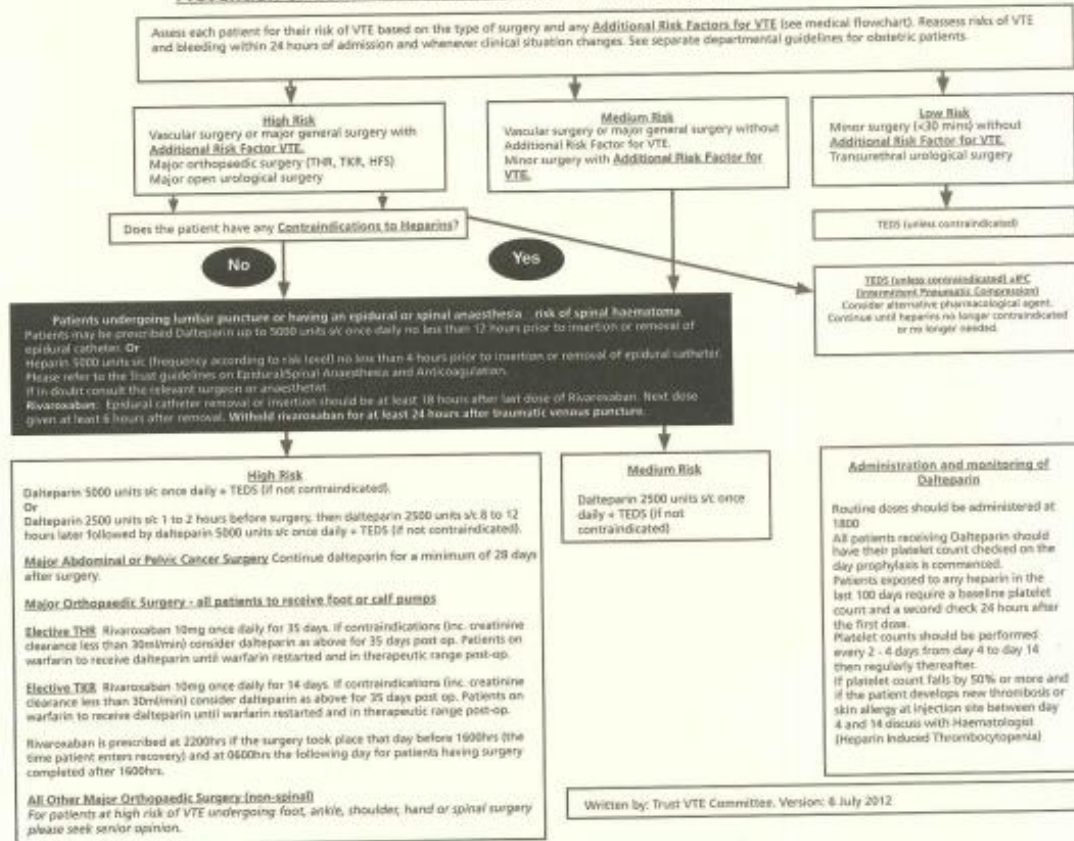
TTO written / /

Needs: Large print PMR card

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 at / /	Assessment at / /		
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				

ONCE ONLY DRUGS AND PREMEDICATION.

Date	Time	Drug	Dose	Route	Prescriber Sig. GMC no.	Batch number (vaccines only)	Time given	Sig.	Pharm.

DRUGS ADMINISTERED UNDER MIDWIFERY EXEMPTION AND PATIENT GROUP DIRECTIONS.

Date	Time	Drug	Dose	Route	Batch number (vaccines and blood products only)	Print name	Sig.

REASONS FOR DRUGS NOT ADMINISTERED AND ACTIONS TAKEN.

Date	Time	Drug (s)	Nurses signature	Reason(s) for non administration and action(s) taken

WHEN REQUIRED MEDICATION

OXYGEN

CIRCLE TARGET OXYGEN SATURATION
88-92% 94-98% Other

DEVICE MAX FLOW RATE (Litres/min) DEVICE

PRESCRIBERS SIGNATURE GMC No. DATE Given by

Date										
Time	02:30	06:00	10:00	13:00	16:15	19:35	22:35			
Dose	10mg	10mg	10mg	10mg	10mg	10mg	10mg			
Route	PO	P	PO	PO	P	P	PO			
Given by	S	S	BS	S	S	S	RM			

PRN #NoF Prescriptions

RAMORPH

- 10 mg (10mg/5mls) 3 hourly / PRN

Signature & GMC NO [Signature] date
Pharmacy

PRN #NoF Prescriptions

BUPIVACAINE 0.25 %

FASCIA ILIACA BLOCK for hip pain only
12 hourly / PRN

To be performed by trained person only

Signature & GMC NO [Signature] date
Pharmacy

Date										
Time	09:00									
Dose	30ml									
Route	Block									
Given by	S									

DRUG (Approved name) DATE

DOSE ROUTE FREQUENCY Time

PRESCRIBERS SIGNATURE GMC No. DATE Dose

INDICATION AND SPECIAL INSTRUCTIONS NEW PRE AD Route

PHARMACY TO CONTINUE ON DISCHARGE YES NO Given by

DRUG (Approved name) DATE

DOSE ROUTE FREQUENCY Time

PRESCRIBERS SIGNATURE GMC No. DATE Dose

INDICATION AND SPECIAL INSTRUCTIONS NEW PRE AD Route

PHARMACY TO CONTINUE ON DISCHARGE YES NO Given by

DRUG (Approved name) DATE

DOSE ROUTE FREQUENCY Time

PRESCRIBERS SIGNATURE GMC No. DATE Dose

INDICATION AND SPECIAL INSTRUCTIONS NEW PRE AD Route

PHARMACY TO CONTINUE ON DISCHARGE YES NO Given by

DRUG (Approved name) DATE

DOSE ROUTE FREQUENCY Time

PRESCRIBERS SIGNATURE GMC No. DATE Dose

INDICATION AND SPECIAL INSTRUCTIONS NEW PRE AD Route

PHARMACY TO CONTINUE ON DISCHARGE YES NO Given by

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

1 INL BY MOUTH
2 REFUSED
3 UNABLE (NEEDS)

REGULAR PRESCRIPTIONS

OXYGEN

Circle target saturation
Adjust flow rate to maintain specified oxygen saturation

Target oxygen saturation
88 to 92% 94 to 98%

TIME	MONTH/YEAR	DATE
0800		
1200		
1800		
2200		

PRESCRIBER'S SIGNATURE: _____ DATE: _____
 Home Oxygen Indicated: YES / NO
 Referral to Respiratory Nurse for HOOF Date: _____
 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

PHARMACOLOGICAL VTE PROPHYLAXIS
 PRESCRIBER'S SIGNATURE: *Dattogam* GMC No. _____
 DOSE: *2500 units* ROUTE: *sc*
 START: *yesterday* REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 Please tick appropriate status
 NEW PRE AD CHANGE
 PHARMACY: _____
 TO CONTINUE ON DISCHARGE: YES NO

MECHANICAL VTE PROPHYLAXIS
 PRESCRIBER'S SIGNATURE: _____ GMC No. _____
 DOSE: _____ ROUTE: _____
 START: _____ REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 Please tick appropriate status
 NEW PRE AD CHANGE
 PHARMACY: _____
 TO CONTINUE ON DISCHARGE: YES NO

Regular #NoF Prescriptions
PARACETAMOL
 i.v. oral 1g (weight appropriate)
 6 hourly / PRN
 Drs Signature & GMC Number: _____ date: _____
 Pharmacy: _____

TIME	HR	DOSE (mg)	PRESCRIBER'S SIGNATURE	GIVEN BY

Regular #NoF Prescriptions
FORTLUCE DRINK
 Oral
 mls 2 hourly
 see guidelines for contra-indications
 up to 2 hours pre-operatively
 Drs Signature & GMC Number: _____ date: _____
 Pharmacy: _____

DOSE	ROUTE	TIME	HR	DOSE (mg)	PRESCRIBER'S SIGNATURE	GIVEN BY

DRUG (Approved Name): *Paracetamol*
 PRESCRIBER'S SIGNATURE: _____ GMC No. _____
 DOSE: *1g* ROUTE: *po / iv*
 START: *yesterday* REVIEW: _____ STOP: _____

DOSE	ROUTE	TIME	HR	DOSE (mg)	PRESCRIBER'S SIGNATURE	GIVEN BY

DRUG (Approved Name): *FENTANYL PATCH*
 PRESCRIBER'S SIGNATURE: _____ GMC No. _____
 DOSE: *25 mcg/hr* ROUTE: *top*
 START: *Admission* REVIEW: _____ STOP: _____

DOSE	ROUTE	TIME	HR	DOSE (mg)	PRESCRIBER'S SIGNATURE	GIVEN BY

DRUG (Approved Name): _____
 PRESCRIBER'S SIGNATURE: _____ GMC No. _____
 DOSE: _____ ROUTE: _____
 START: _____ REVIEW: _____ STOP: _____

DOSE	ROUTE	TIME	HR	DOSE (mg)	PRESCRIBER'S SIGNATURE	GIVEN BY

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

MONTH/YEAR
DATE

Insulins - variable dosing

DRUG (Approved name)		ROUTE	SIG		TIMES	Units	Sig	Units	Sig
		S/C							
PRESCRIBERS SIGNATURE		GMC No.	START	STOP	Breakfast				
DEVICE		Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD			Lunch				
PHARMACY		TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			Dinner				
POD H POD W					Night				
DRUG (Approved name)		ROUTE	SIG						
		S/C			Breakfast				
PRESCRIBERS SIGNATURE		GMC No.	START	STOP	Lunch				
DEVICE		Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD			Dinner				
PHARMACY		TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			Night				
POD H POD W									
DRUG (Approved name)		ROUTE	SIG						
		S/C			Breakfast				
PRESCRIBERS SIGNATURE		GMC No.	START	STOP	Lunch				
DEVICE		Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD			Dinner				
PHARMACY		TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			Night				
POD H POD W									

WHEN REQUIRED INSULINS

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

Q/L	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig

INSULIN SLIDING SCALE

Human soluble insulin (Actrapid)

50 UNITS in 50mL sodium chloride 0.9% IV INFUSION

Date																	
Time																	
Given by																	
Checked by																	

BLOOD GLUCOSE RESULT	INSULIN DOSE TO BE GIVEN (UNITS/HOUR)
PRESCRIBERS SIGNATURE GMC No.	DATE

BLOOD GLUCOSE RESULT	INSULIN DOSE TO BE GIVEN (UNITS/HOUR)
PRESCRIBERS SIGNATURE GMC No.	DATE

BLOOD GLUCOSE RESULT	INSULIN DOSE TO BE GIVEN (UNITS/HOUR)
PRESCRIBERS SIGNATURE GMC No.	DATE

ANTIMICROBIAL PRESCRIPTIONS ONLY

DRUG (Approved name)		DOSE		ROUTE	
PRESCRIBER'S SIGNATURE		GMC No.		INDICATION (MANDATORY)	
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	
REVIEWED BY ⇨					
PHARMACY					
POD H POD W					

DATE ⇨																			
TIMES																			

DRUG (Approved name)		DOSE		ROUTE	
PRESCRIBER'S SIGNATURE		GMC No.		INDICATION (MANDATORY)	
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	
REVIEWED BY ⇨					
PHARMACY					
POD H POD W					

DATE ⇨																			
TIMES																			

DRUG (Approved name)		DOSE		ROUTE	
PRESCRIBER'S SIGNATURE		GMC No.		INDICATION (MANDATORY)	
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	
REVIEWED BY ⇨					
PHARMACY					
POD H POD W					

DATE ⇨																			
TIMES																			

DRUG (Approved name)		DOSE		ROUTE	
PRESCRIBER'S SIGNATURE		GMC No.		INDICATION (MANDATORY)	
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	
REVIEWED BY ⇨					
PHARMACY					
POD H POD W					

DATE ⇨																			
TIMES																			

DRUG (Approved name)		DOSE		ROUTE	
PRESCRIBER'S SIGNATURE		GMC No.		INDICATION (MANDATORY)	
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	
REVIEWED BY ⇨					
PHARMACY					
POD H POD W					

DATE ⇨																			
TIMES																			

DRUG (Approved name)		DOSE		ROUTE	
PRESCRIBER'S SIGNATURE		GMC No.		INDICATION (MANDATORY)	
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	
REVIEWED BY ⇨					
PHARMACY					
POD H POD W					

DATE ⇨																			
TIMES																			

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)

NOTE: DRUGS MUST NOT BE ADDED TO BLOOD PRODUCTS

Does the patient require CMV negative blood? (indicate as appropriate) **Yes / No?**

Does the patient need irradiated blood? (indicate as appropriate) **Yes / No?**

Name: _____
 Hospital Number: _____
 NHS Number: _____
 Date of Birth: _____

BLOOD PRODUCTS TO BE ADMINISTERED (INCLUDING INTRAVENOUS IMMUNOGLOBULINS)

Date and Time to be administered	Blood product	Total volume	Route	Drugs required to cover infusion (must be prescribed on once only section of chart)	Duration / rate of infusion	Signature GMC No.	Batch number/Unit number (Attach sticker)	Start time / stop time	Given by/ checked by	Did patient experience adverse reaction? (Yes/No) ◀
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No
										Yes / No

Complete label attached to blood product. Detach and return bottom portion via the pink wallet (if available, if not please post to Blood bank)
◀IF THE PATIENT EXPERIENCES TRANSFUSION RELATED PROBLEMS THESE MUST BE CONTEMPORANEOUSLY RECORDED IN THE PATIENT'S MEDICAL NOTES, AND A TRANSFUSION REACTION FORM AND INCIDENT FORM COMPLETED.

DRUGS TO BE ADMINISTERED BY INTRAVENOUS / SUBCUTANEOUS INFUSION

Date	Time	Infusion solution	Drugs to be added	Total volume	Route	Complete either or		Signature GMC No.	Start time/stop time	Given by/checked by	Pharm.
						Rate	Duration of infusion				