

Title	Fractured neck of femur	Version	1.6
Target Audience	FY doctors & student nurses	Run time	10-15 mins
Authors	Udesh Naidoo, Paul Wilder, Mark Loughrey	Last review	4/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

Brief Summary

An elderly lady presents with acute confusion secondary to UTI and is agitated and distressed. She has a history of wandering and has just flopped back on her bed at the start of the scenario, having an unwitnessed fall.

Educational Rationale

Confusion / delirium is common among acutely unwell patients, and can increase the risk of falls, especially on the ward out of normal working hours. Foundation doctors are expected to be able to assess and manage patients who are confused and those who have unwitnessed falls on the ward.

Learning Objectives: Nurse

- General assessment of a patient who has fallen, using A-E approach
- Appropriate escalation and SBAR handover

Learning Objectives: Doctor

- ABCDE assessment and initial management of a patient who has fallen
- Use of the falls pathway
- Appropriate call for help and concise transfer of information

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	General medical ward
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You respond to a call bell from a patient on a General Medical Ward. They are concerned about the patient in the bed next to them.

Please assess your patient in the position you find them and take necessary actions.

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 can (for example) state to the operator that you are using 'on call ward bleep'.

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	General medical ward
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You are on call for medicine. You have just received a call from the nearby General Medical Ward from the nurse who is worried that an 86 year old female patient has just been found, apparently having had an unwitnessed fall out of bed.

Technical set-up

Setting	Medical ward (daytime)		
Simulator	High-fidelity manikin		
Gender	Female	Age	86

Initial monitor parameters

RR	O2 sats	Pulse (HR)	BP	ECG rhythm
19	96% on air	120	90/60	Sinus rhythm
Cap Refill Time	Blood glucose	Temp.		
3s	6.5	35.5		

Initial patient set-up

Airway	Obstruction	Airway adjunct
	No	No

Breathing	Chest sounds	O2 supply
	Clear	air

Circulation	Heart sounds	Cannula	BP cuff	Peripheries / pulses
	Normal	None	None	Cool

Disability	Eyelids	Pupils	AVPU/GCS
	Open	Equal and reactive	A / E4V4M5

Exposure	Posture	Moulage	Bowel sounds
	Shortened, externally rotated left leg	Wearing socks	Normal

Specific equipment / prop requirements

- Completed CAS card
- Completed drug chart
- Completed blood results
- Urine dip stick
- Falls paperwork (review template, risk assessment tool, care plan)
- Green (falls risk) & red (allergy) & white (name band) wrist bands
- ECG
- X-ray

Hardware required

- Walking stick / zimmerframe
- 12 lead ECG machine
- x-ray
- scoop / hover jack
- glucose meter

Facilitator Briefing

Telephone Advice: as Senior Nurse to junior nurse

- Have you looked at the falls pathway?
- Incident form?
- Bleep the on call doctor
- Phone the Family

- 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. Call back after 1 - 2 minutes

Telephone Advice as: Medical Registrar

- Have you done the basics?
- Call ortho

- The Medical Registrar should sound busy and state they are tied up with another patient
- They should be helpful but press the candidate hard about what assessment has been performed e.g. nature of pain, findings of physical examination, hip x-ray, group and save, analgesia
- If the candidate is not armed with the information, tell them to get the required info and call you back

Telephone Advice as: Orthopaedic SHO

- I'm busy. Is it a definite fracture?
- Have you cross matched bloods?
- Have you given analgesia?
- I'll be down shortly

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 respond to a call bell from a patient on a General Medical Ward. They are concerned about the patient in the bed next to them, who is Doris Smith an 86 year old woman who was admitted with UTI and acute confusion. The patient in the next bed says that Doris appears to be in pain, and has been groaning for the past 15 minutes.

You have called the FY doctor to review the patient because you are worried about her. Please assist the FY doctor who comes to assess the patient.

CONDUCT

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 initiate any treatment on your own. If you are not being effectively instructed by the candidate, you may be prompted via your ear piece by the lead facilitator as to what your next action should be.

If you strongly disagree with management then you are free to question them, stating your reasons.

If asked to give drugs, you should request that they are prescribed on the drug chart. If they are unsure of the dosage please refer them to the BNF or Hospital Guidelines App or via Intranet.

Patient Briefing

Setting Medical ward

Name Doris Smith

Age 86

Gender Female

What has happened to you?

- Fall on the ward
- Left hip pain

How you should role-play

- Groaning, moaning confused
- Complaining of a lot of pain in left hip

Your background

PAST MEDICAL HISTORY

- Vascular dementia
- Falls
- Postural hypotension
- Osteoporosis
- Previous vertebral fracture

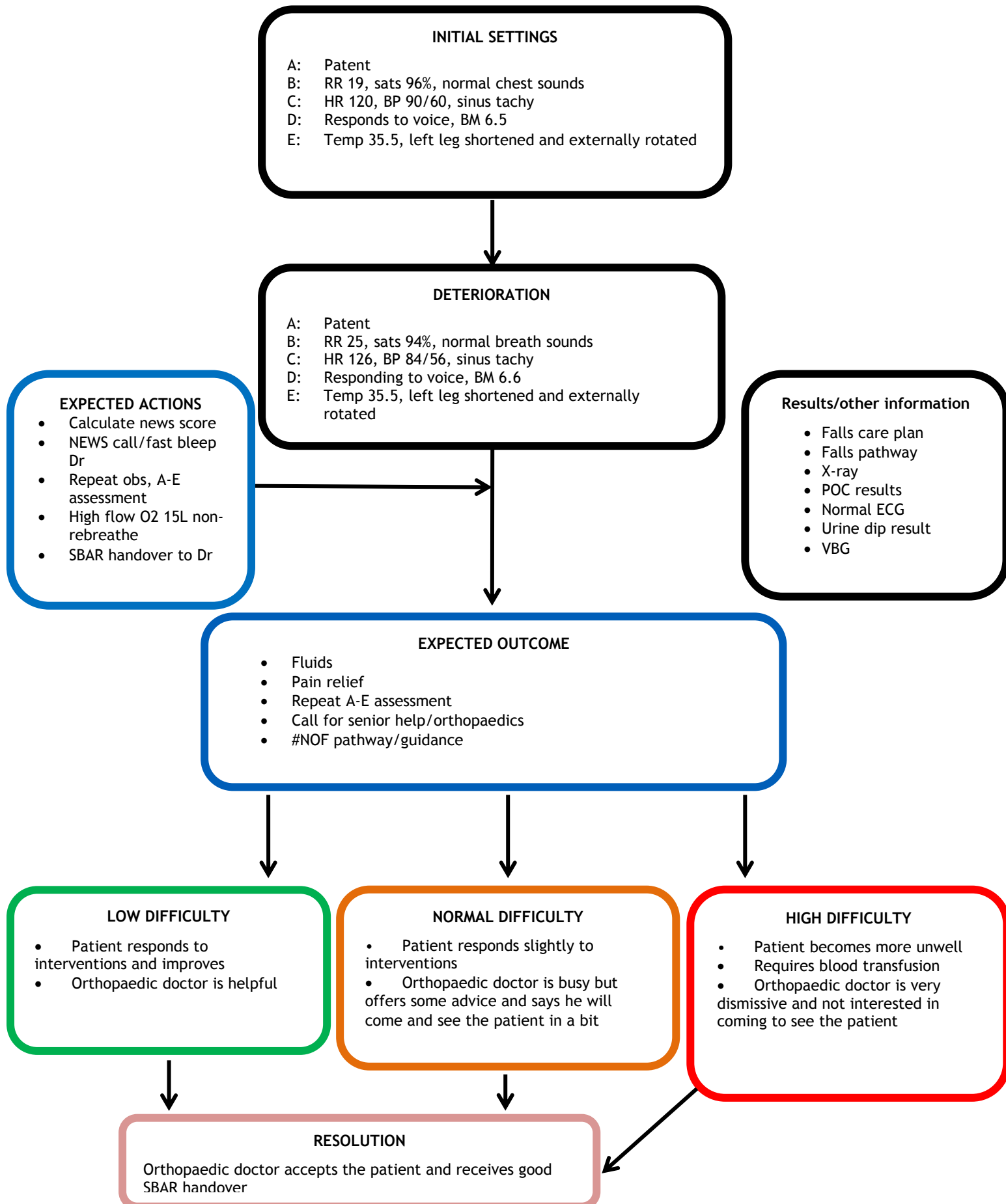
SOCIAL HISTORY

- Lives in warden-controlled flat
- Little terrier dog
- TDS package of care
- Zimmerframe/stick
- No local family

MEDICATION

- Adcal D3 two tablets daily
- Alendronic acid 70mg once weekly
- Clopidogrel 75mg od
- Simvastatin 20mg nocte
- Fludrocortisone 100micrograms od
- Allergy to penicillin

Scenario flowchart

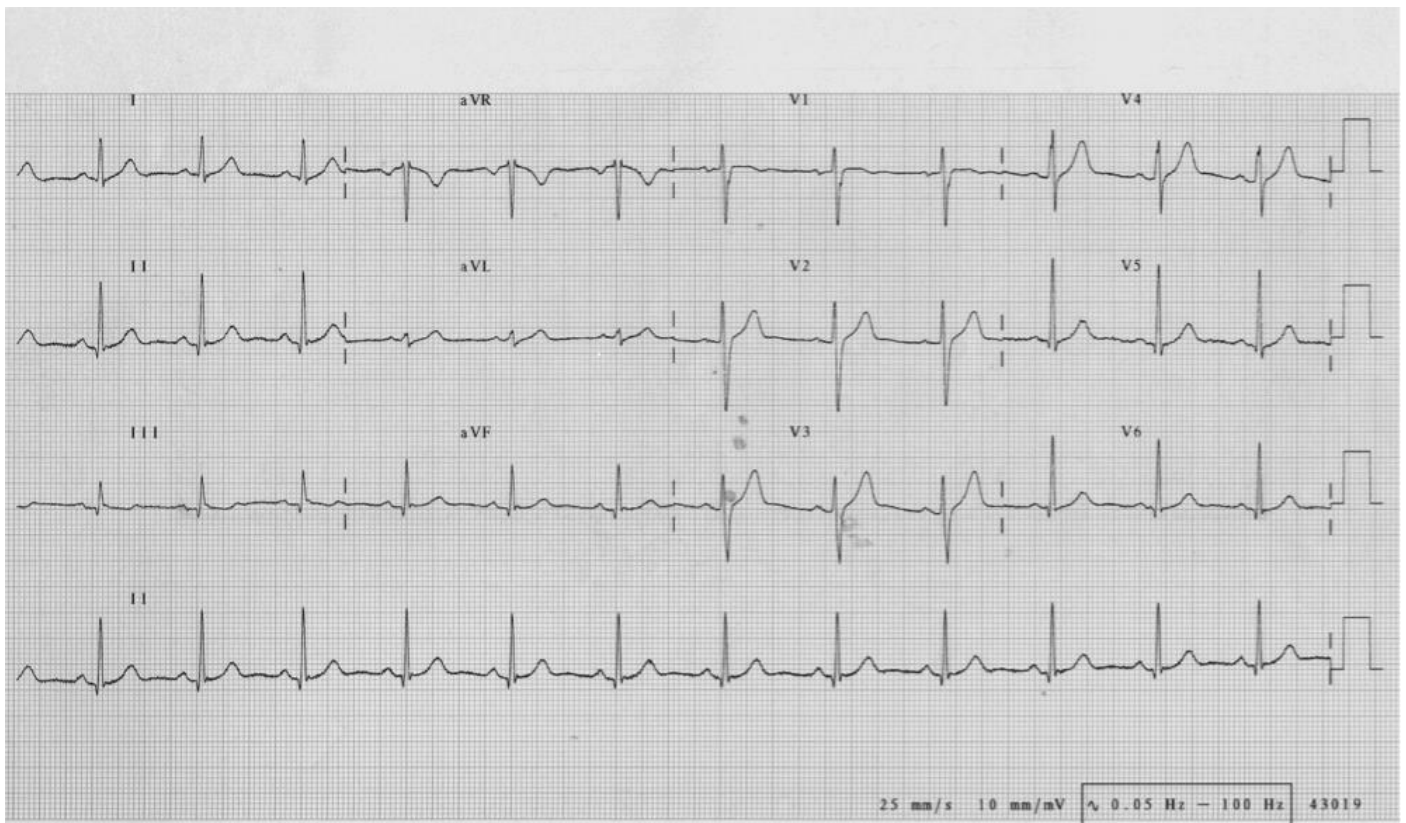


References

- Local Falls Pathway
- NICE Clinical Guideline CG161. Falls in older people: assessing the risk and prevention. <https://www.nice.org.uk/Guidance/CG161>
- NICE Clinical Guideline CG124. Hip fracture: management. <https://www.nice.org.uk/Guidance/CG124>
- Fascia Iliaca compartment block. <http://www.rcem.ac.uk/docs/QI%20+%20Clinical%20Audit/FIB%20guideline%20document%20for%20the%20ED.pdf>

Clinical props

RADIOMETER ABL800 FLEX				
Identifications				
Patient ID	789987			
Patient Last Name	SMITH			
Patient First Name	Uoris			
Sex	Female			
Date of birth				
FO ₂ (I)	21.0	%		
T	35.5	°C		
Sample type	Venous			
Operator	TEMP FHH 1			
Blood Gas Values				
↓ pH	7.234		[7.350 - 7.450]	
↓ pCO ₂	3.40	kPa	[4.70 - 6.00]	
pO ₂	12.5	kPa	[11.1 - 14.4]	
Hct _c		%		
Oximetry Values				
ctHb	10.4	g/L		
FO ₂ Hb	95.0	%	[94.0 - 98.0]	
sO ₂	96.0	%		
FCO ₂ Hb	1.4	%	[0.5 - 1.5]	
FHHb	4.0	%	[0.0 - 5.0]	
FMeiHb	0.1	%	[0.0 - 1.5]	
Calculated Values				
cBase(Ecf) _c	3.4	mmol/L		
cHCO ₃ ⁻ (P) _c	19.3	mmol/L		
Electrolyte Values				
cNa ⁺	143	mmol/L	[136 - 146]	
↓ cK ⁺	2.4	mmol/L	[3.4 - 4.5]	
cCl ⁻	106	mmol/L	[98 - 106]	
cCa ²⁺	2.40	mmol/L	[2.2 - 2.45]	
Anion Gap _c		mmol/L		
Metabolite Values				
↓ cGlu	3.5	mmol/L	[3.9 - 5.8]	
↑ cLac	3.1	mmol/L	[0.5 - 1.6]	
↑ cCrea	226	μmol/L	[44 - 97]	
Notes				
↑	Value(s) above reference range			
↓	Value(s) below reference range			
c	Calculated value(s)			



Sien 3
Clir

Patient Name: **Doris Smith**

Patient ID: **789987**

Multistix® 8 SG

Test date

Time

Operator

P.Smith

Test number

4120

Color

Yellow

Clarity

Clear

GLU **4.3**

KET **-ve**

SG **--**

*BLD **23**

pH **--**

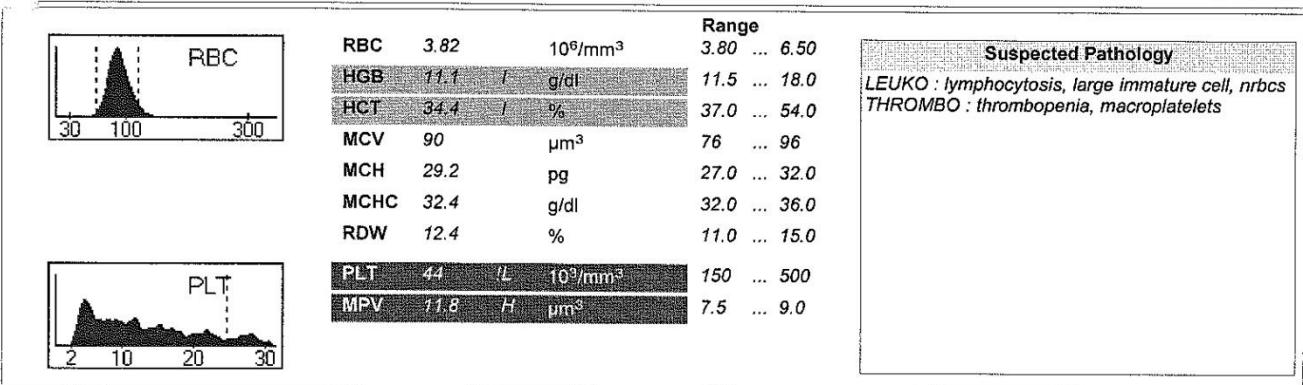
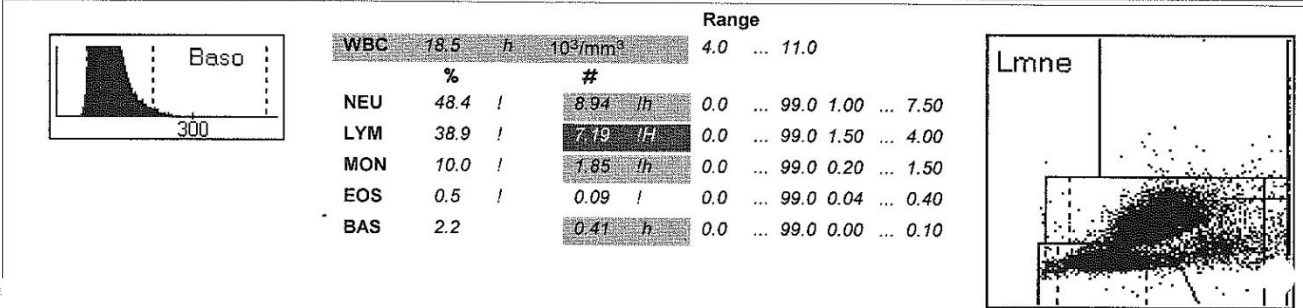
*PRO **0.5g**

*NIT **POSITIVE**

LEU **125**

**Frimley Park Hospital
Accident and Emergency**

Patient Name : DORIS SMITH		Collect Date :	
Patient Number : 789987	Operator : ABX	Department :	
Seq.# : 80	Sample ID :	Physician :	
Birthdate :	Age :	Gender : U	Running Date : 24/04/2013 22:42:57
Comment :		Blood Type : Standard	



Morphology Flags Leuko : LL, NL, ALY, LIC	Analyzer Alarms
---	------------------------

Microscopic Examination

	+	++	+++				
Anisocytosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neutrophils	_____	Metamyelocytes	_____
Hypochromia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Band Cells	_____	Myelocytes	_____
Polychromasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphocytes	_____	Promyelocytes	_____
Poikilocytosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monocytes	_____	Blasts	_____
Microcytosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eosinophils	_____	Atypical	_____
Macrocytosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basophils	_____	NRBC's	_____
Plts Aggregates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment :			

> < H/L Limits **XXX**

> < h/l Limits **XXX**

Reject **XXX**

F: Female, M: Male, U: Unknown

24/04/2013 22:43:00



NEWS - OBSERVATION CHART



Frimley Health
NHS Foundation Trust

Surname: Smith First name: Doris
Hospital number: 12345 D.O.B: 1. 1. 1933 Date of admission: 5 days ago

	DATE	TIME		DATE	TIME	
A+B Respirations Breaths/min	>25		3	>25		
	21-24	19	2	21-24		
	18-20			18-20		
	15-17			15-17		
	12-14			12-14		
	9-11		1	9-11		
<8		3	<8			
A+B SpO2 Scale 1 Oxygen saturation (%)	>95	96	1	>95		
	94-95		2	94-95		
	92-93		3	92-93		
	<91			<91		
SpO2 Scale 2 ¹ Oxygen saturation (%) Use Scale 2 if range range is 28-92%, eg in hyperoxic respiratory failure ¹ 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		
	85-92		1	85-92		
	80-84		2	80-84		
	74-79		3	74-79		
	<70			<70		
Air or oxygen?	Air	A	2	Air		
	O2 (min)			O2 (min)		
	Device			Device		
C Blood pressure mmHg Systolic BP only	>220		3	>220		
	201-219			201-219		
	181-200			181-200		
	161-180			161-180		
	141-160			141-160		
	121-140			121-140		
	101-120		1	101-120		
	91-100	90	2	91-100		
	81-90			81-90		
	71-80			71-80		
	<70	60	3	<70		
C Pulse Beats/min	>120	120	3	>120		
	101-120		2	101-120		
	81-100		1	81-100		
	61-80			61-80		
	41-60		1	41-60		
	31-40		3	31-40		
	<30			<30		
	D Consciousness Score on RASS Level of consciousness score if chronic	4-5		3	Not	
		Confused			Confused	
		V	✓	2	V	
		P		1	P	
U				U		
E Temperature °C	>38.5		2	>38.5		
	38.1-38.0		1	38.1-38.0		
	37.1-38.0			37.1-38.0		
	36.1-37.0	35.5	1	36.1-37.0		
	35.1-36.0		3	35.1-36.0		
<35.0			<35.0			
NEWS TOTAL		4		10/AL		
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:

Fall Number

Post Fall Review Template

Patient Details			
Name		Ward	
Hospital Number		Date of admission	
Date and time of this fall			
Action taken prior to fall			
Was patient identified at risk of falling on admission	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was Falls Care Plan completed on admission			
If patient identified at risk was			
A green wristband worn by patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Patient referred to physiotherapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date
Was the patient mobilising?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is patient able to use call bell when needed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was call bell at hand at time of fall		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO would patient benefit from a falls monitor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was patient's level of mobility?			
Is the patient confused?			
Is confusion due to Dementia?			
Date and Time of last BP recorded prior to falling			
How many falls has the patient had this admission?			
Date and time referred to Specialist Nurse to complete falls assessment if this is second fall			
Date and time referred to Dr or Night Nurse Practitioner for medical review following the fall			
Action taken after fall			
Was any injury sustained during fall?			
Subdural Haematoma	Fracture	Soft tissue Injury	
Lacerations	Other please specify		
Observations: Immediately			
BP Lying	Pulse	Temp	MET score
Observations: 2 minutes later if appropriate to record a standing BP			
BP Standing	Pulse		
The falls care plan must be updated following this FALL			
Was urinalysis undertaken following this fall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was patient's fluid intake being monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes how much fluid had the patient had in the 24hrs prior to them falling? (both oral and IV)			
Had the patient had any medication which may sedate prior to the fall (e.g. morphine and other opioid analgesics, anti-psychotics)? Please state			
Is the patient on diuretic or antihypertensive medication? Please list.			
Has the patients medication been reviewed by the Dr or Pharmacist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Fall Number

If patient has Parkinson's disease has a referral to Parkinson's nurse been considered following fall.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What type of footwear was the patient wearing at time of fall? (please give as much information as possible i.e. socks only, own slippers, high heeled, open backed)			
Were there any hazards in the environment?			
What type of bed was the patient on at time of fall? Bed rails being used? S.A.F.E.T.Y mat?			
How many staff were on duty at the time?			
Was this the correct establishment for current patient dependency.			
If No why not?			
Did the patient have any attachments? E.g catheter, drip stand, how were these being managed?			
Any cause for fall or risk factors identified?			

Actions to prevent further falls

Assess patients position on the ward, could they be moved to more visible position?	
Would the patient benefit from a falls monitor?	
Ensure patient has appropriate footwear, obtain slippers from cupboard (near G7) if necessary?	
Review any medications which may be contributing to patient falls, Use medicines and falls table.	
Commence Lying and standing BP measurements (all patients that have an unexplained fall must have lying and standing BP's recorded)	
Do they need Calcium and vitamin D and Alendronic acid (Bone protection) prescribing?	
Do they need community follow up? If your patient requires a community falls assessment at home please refer to the WALC falls prevention team on 0845 2417201 . Patient information leaflets can be found in the falls resource boxes	

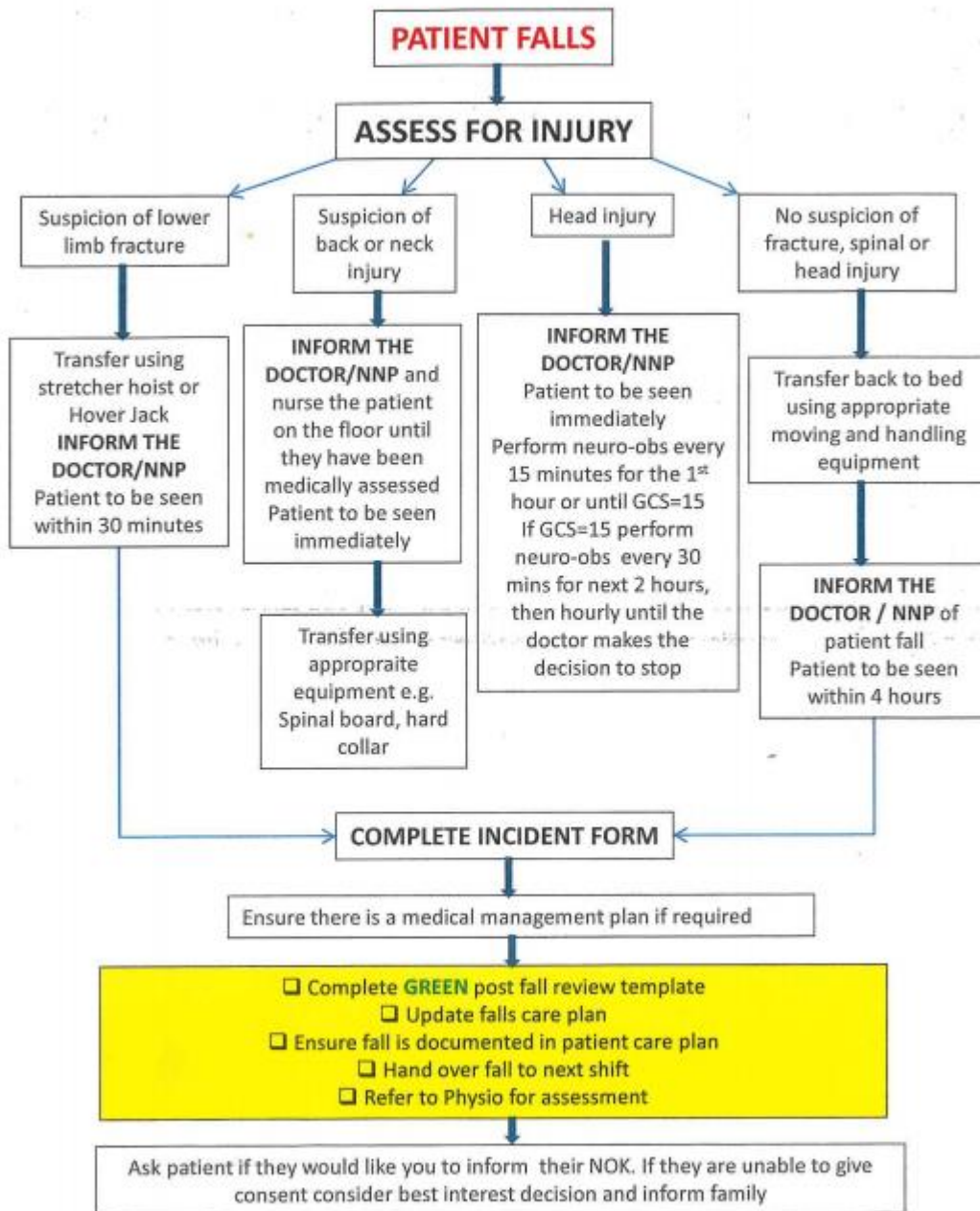
Form completed by Name designation and signature	
Date completed	
Date for reassessment	

If your patient has had two or more falls during this admission please contact on Bleep 251 (Mon-Fri) to come and assess patient and environment.

Please file in the nursing notes at the end of the bed.


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Patient Fall Flowchart



LB,WJ Apr 2016,V3

References: NPSA 2011 Essential care after an inpatient fall

Hospital Number: 789987					
NHS Number:					
Title: <i>MRS.</i> Sex: <i>FEMALE</i> DoB: Age: <i>83 Yrs</i> Surname: <i>SMITH</i> First name: <i>DOLLY</i> Address: Postcode: Tel (H): Tel (M): Employer / Educ. Est: Religion: Language:		NOK: Address: Relation: 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: Previous Attendance Number: To be seen in:		GP: Address: Tel No: Fax No:			
Speciality Expected: Speciality:	Time referred to speciality: Time seen:	Duty/On-Call Emergency Department Consultant:			
Presenting Complaint:					
Triage Nurse: Presenting Complaint: <i>Unwell</i> History of Presenting Complaint: <i>Unwell due to UTI</i> On Assessment: <i>in cerebral confusion</i> Previous Medical History: <i>Vascular Dementia falls</i> Social History:		Time of Triage Triage (ESI) Pain Score Allergies: <i>PENICILLIN</i> Tetanus Status Triage Treatment Triage Notes			
Temperature	<i>36.1</i>	Blood Pressure	<i>139/82</i>	Nurse Concern	<i>No</i>
Pulse	<i>102</i>	SP O ₂ (Air)	<i>95</i>	GCS	<i>EVM = 1/15</i>
Respiratory rate	<i>19</i>	Pupils (Left)		Pupils (Right)	
Peak Flow	(Pre/Post)	Blood sugar	<i>4.9</i>	Weight	
MET SCORE = 3					

Hosp No.: 780987



Name	Signature	Initials	Position	Specialty	Date	Time
The Doctor	<i>[Signature]</i>	TD	sho	Med		

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:

↑ Confusion

HISTORY: (Please continue on continuation sheets if necessary)

83♀
In increased frequency of falls with increased confusion on a background of vascular dementia

Age >65	
3 Coronary Artery Disease (CAD)	
Risk Factors: Family history, raised cholesterol, diabetes mellitus, hypertension, active smoker	
Known CAD stenosis >50%	
Aspirin use in past 7 days	
Recent (<24 hours) severe angina	
Raised cardiac markers (CK)	
ST deviation >0.5mm	
TIMI Risk Score	
Age >80	
BP >140/90	
Clinical features: Unilat weak (2 pts) Speech only (1 pt)	
Duration: >60 mins (2 pt) 10-59 mins (1 pt) <10 mins (0 pt)	
Diabetic	
ABCD2 Score (max 7)	

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

Hosp No.: 789987



Past Medical History

Vascular dementia
falls
Postural Hypotension
osteoporosis
vertebral fracture (old)

- Diabetes
- AF
- 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

Adcal D3 BD
Aletran Acid 70mg Once a week
Clopidra 75mg mane
Furosemide 100mg ~~BD~~ OD
Simvastatin 20mg OD

Allergies

Drug	Reaction	Date
Penicillin	unknown	



Systematic Enquiry:

NO pain mobilising 3 Frame not orientate to place or time

Family History

son now MR SMITH lives 140 miles away

Social History

Alcohol:units/week Smoking: NEVER

Occupation: Retired: Yes/No

Lives in: House / Flat / Bungalow (WCF) Residential Home / Nursing Home/ Barracks

Surrey / Hampshire / Berkshire/ Other/ Not known

Usually able to go out: Yes / No Lives alone: Yes / No Stairs: Yes / No

Mobility: Independent Services: MOW Carer/s: None
 Stick Bathing services Spouse
 Frame District Nurse Other family
 Wheelchair Day Centre Friend/ Neighbour
 Day Hospital OD BD ADS QDS

Drives: Yes / No

Has memory deficit been present for 6 months or more? Yes No

AMT (N/A)

Age Recognition of two persons Time (to nearest hour) Date of Birth
 Address for recall WW2 Year Present monarch
 Location Count backwards 20 - 1

Score3/10

if Score 7 or below commence dementia CQUIN Yes No

Hosp No.: 789987



EXAMINATION

Jaundiced Anaemic Cyanosed Clubbed Lymphadenopathy

Temp

Cap Blood Glucose..... 4.9

General Impression:

Cardiovascular

HR reg / irreg

BP sitting 120/78

BP lying..... 138/82

BP Standing 110/60

(Remember >2 mins for Postural BPs)

HS.....

Murmur? Y

Carotid Bruit? Y

JVP

Oedema

Respiratory

RR 19

Sats on Air 21

Sats on 95% O₂ 21/21

Current PEFR.....

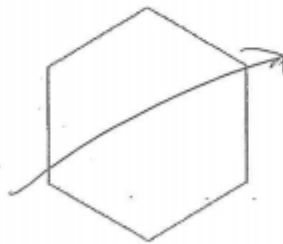
Best PEFR

Predicted PEFR

Percussion / Auscultation



Abdominal



Ascites? Y/ <input checked="" type="checkbox"/> N
PR
PV



Hosp No.: 789987

Neurological

GCS: E 4 V 4 M 6 14/15

Pupils: 3 PEARL

Cranial Nerves: (Not Assessed - tick here: ✓)

Abnormalities:

Peripheral Nerves: (Not Assessed - tick here:)

Table with columns: Power (Right, Left), Reflexes (Right, Left), Tone (Right, Left). Rows include Shoulders, Elbow, Wrists, Hips, Knees, Ankle, etc.

Cerebellar Signs:

- Nystagmus Gait
Finger/Nose Dysdiadochokinesis
Heel/shin Dysarthria
Romberg's test



Initial Impressions / Differential Diagnosis:

*worsen con fusion due to
UTI*

Investigations:

Radiology: CXR AXR CT Head Other.....

Results:

Bloods: FBC Coag / INR ESR
 U&Es LFTs Bone CRP
 Other

Results:

Hb	MCV	Na	Bil	AST	Chol
WCC	B12	K	AlP	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

Others: ECG Urine β HCG ABG Other

Results:

Hosp No.: 789987



Management Plan:

Admission for ~~the~~ opx OT + Physician
SS input

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

Senior Review: Name: Designation:

Time Date Signature

First Name(s): <u>Doris</u>	Ward	Date chart started	Chart number
Surname: <u>SMITH</u>			of
Hospital Number: <u>[Redacted]</u>	Consultant	Doctor bleep number	Date of admission
NHS Number: <u>[Redacted]</u>			
Date of Birth: <u>[Redacted]</u>			

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). This section must be completed before medication is given.

Drug/substance	Details of reaction
<u>PENICILLIN</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 Is the patient a smoker Yes / No Is NRT currently in use Yes / No		Alcohol Audit C score Full Audit score (if undertaken) Withdrawal medication required		Is patient self medicating: Yes / No Level 1 / 2 / 3
Date chart rewritten <u> / / </u>		TTO written <u> / / </u>		
Needs: Large print <input type="checkbox"/> PMR card <input type="checkbox"/>				

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/m ²						
	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			

ANTIMICROBIAL PRESCRIPTIONS ONLY					DATE = 6 TIMES
DRUG (Approved name)		DOSE		ROUTE	Today 6/11/14 7:46 PM
Trimehoprim		200mg		PO	
PRESCRIBER'S SIGNATURE		GMC No.	INDICATION (MANDATORY)		0800 Vn @
AO		123456			
START	48 HOUR REVIEW	2ND REVIEW DATE / TIME	3RD REVIEW DATE / TIME	STOP	2000 An @
6/9/14					
REVIEWED BY =					
PHARMACY					
POD H POD W					
DRUG (Approved name)		DOSE		ROUTE	DATE = 0 TIMES
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					
DRUG (Approved name)		DOSE		ROUTE	DATE = 0 TIMES
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					
DRUG (Approved name)		DOSE		ROUTE	DATE = 0 TIMES
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					
DRUG (Approved name)		DOSE		ROUTE	DATE = 0 TIMES
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					

REGULAR PRESCRIPTIONS

OXYGEN

Circle target saturation
Adjust flow rate to maintain specified oxygen saturation

Target oxygen saturation
88 to 92% 94 to 98%

O TRAYS
0800
1200
1800
2200
Device
for device types refer to

PRESCRIBERS 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.

Other: _____
 ZL Sign

PHARMACOLOGICAL VTE PROPHYLAXIS
 PRESCRIBERS SIGNATURE: *AD* DELTARIQIN GMC No. 123456
 DOSE: 5000 units ROUTE: SC
 START: 6/1/14 REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 PHARMACY: _____
 POD H POD W: _____

Please tick appropriate status
 NEW PRE AD CHANGE
 TO CONTINUE ON DISCHARGE YES NO

MECHANICAL VTE PROPHYLAXIS
 PRESCRIBERS SIGNATURE: *AD* TEDS GMC No. 123456
 DOSE: ii ROUTE: _____
 START: 6/9/14 REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 PHARMACY: _____
 POD H POD W: _____

Please tick appropriate status
 NEW PRE AD CHANGE
 TO CONTINUE ON DISCHARGE YES NO

WARFARIN AND OTHER COUMARIN ANTICOAGULANTS
 PRESCRIBERS SIGNATURE: _____ GMC No. _____
 INDICATION: _____ DURATION: _____ TARGET IIR: _____
 PHARMACY: _____
 POD H POD W: _____

PLEASE TICK APPROPRIATE STATUS
 NEW PREADMISSION
 TO CONTINUE ON DISCHARGE YES NO

DRUG (Approved Name): *AD* ADICAL D3 GMC No. 123456
 DOSE: ii ROUTE: PO
 START: 6/1/14 REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 PHARMACY: _____
 POD H POD W: _____

Please tick appropriate status
 NEW PRE AD CHANGE
 TO CONTINUE ON DISCHARGE YES NO

DRUG (Approved Name): *AD* Alendron u Aciv GMC No. 123456
 DOSE: 70mg ROUTE: PO
 START: 6/1/14 REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 PHARMACY: _____
 POD H POD W: _____

Please tick appropriate status
 NEW PRE AD CHANGE
 TO CONTINUE ON DISCHARGE YES NO

DRUG (Approved Name): *AD* CLOPIDOGREL GMC No. 123456
 DOSE: 75mg ROUTE: PO
 START: 6/1/14 REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 PHARMACY: _____
 POD H POD W: _____

Please tick appropriate status
 NEW PRE AD CHANGE
 TO CONTINUE ON DISCHARGE YES NO

DRUG (Approved Name): *AD* SIMVASTATIN GMC No. 123456
 DOSE: 20mg ROUTE: PO
 START: 6/1/14 REVIEW: _____ STOP: _____

INDICATION AND SPECIAL INSTRUCTIONS: _____
 PHARMACY: _____
 POD H POD W: _____

Please tick appropriate status
 NEW PRE AD CHANGE
 TO CONTINUE ON DISCHARGE YES NO

PHARMACY: _____
 POD H POD W: _____

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

1 NE BY MO
2 REFUSED
3 UNABLE

REGULAR PRESCRIPTIONS

REGULAR PRESCRIPTIONS						MONTHLY DATE
DRUG (Approved name) <i>Lin dro corleson</i>	DOSE <i>100 mcg</i>	ROUTE <i>PO</i>		V TIMES <i>0800</i>		<i>M</i>
PREScriBER'S SIGNATURE <i>[Signature]</i>	GMC No. <i>123456</i>	START <i>6/1/10</i>	REVIEW	STOP		
INDICATION AND SPECIAL INSTRUCTIONS			Please tick appropriate status <input type="checkbox"/> NEW <input checked="" 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		V TIMES		
PREScriBER'S 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		V TIMES		
PREScriBER'S 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		V TIMES		
PREScriBER'S 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		V TIMES		
PREScriBER'S 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		V TIMES		
PREScriBER'S 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		V TIMES		
PREScriBER'S 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		V TIMES		
PREScriBER'S 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			