| QuES for excellence | Simulation Scenario | Frimley Health NHS Foundation Trust | |
|---------------------|--|--|------------|
| 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

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

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) | ВР | ECG rhythm | | |
| 19 | 96% on air | 120 | 90/60 | Sinus rhythm | | |
| Cap Refill Time | Blood glucose | Temp. | | | | |
| 3 s | 6.5 | 35.5 | | | | |

| initiai patient set-up | | | |
|------------------------|-------------|----------------|--|
| Airway | Obstruction | Airway adjunct | |
| | No | No | |

| Broothing | Chest sounds | O2 supply |
|-----------|--------------|-----------|
| Breathing | Clear | air |

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

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

| | Posture | Moulage | Bowel sounds |
|----------|--|---------------|--------------|
| Exposure | 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

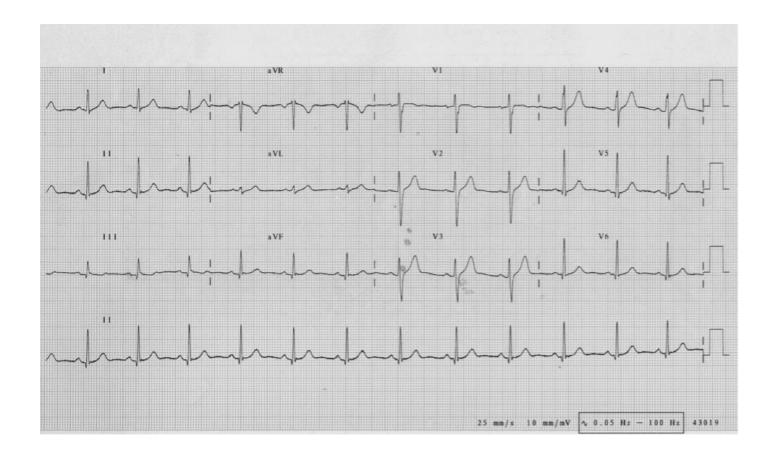
INITIAL SETTINGS Patent B: RR 19, sats 96%, normal chest sounds C: HR 120, BP 90/60, sinus tachy Responds to voice, BM 6.5 Temp 35.5, left leg shortened and externally rotated **DETERIORATION Patent** RR 25, sats 94%, normal breath sounds HR 126, BP 84/56, sinus tachy C: D: Responding to voice, BM 6.6 Temp 35.5, left leg shortened and externally **EXPECTED ACTIONS** Results/other information rotated Calculate news score • Falls care plan NEWS call/fast bleep Falls pathway X-ray Repeat obs, A-E POC results assessment Normal ECG High flow O2 15L non-Urine dip result rebreathe VBG SBAR handover to Dr **EXPECTED OUTCOME Fluids** Pain relief Repeat A-E assessment Call for senior help/orthopaedics #NOF pathway/guidance LOW DIFFICULTY **NORMAL DIFFICULTY HIGH DIFFICULTY** Patient responds slightly to Patient responds to Patient becomes more unwell interventions and improves Requires blood transfusion Orthopaedic doctor is helpful Orthopaedic doctor is busy but Orthopaedic doctor is very offers some advice and says he will dismissive and not interested in come and see the patient in a bit coming to see the patient **RESOLUTION** Orthopaedic doctor accepts the patient and receives good

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

| PE | ntifications stient ID stient Last Name stient First Name | 789987 SMITH Uoris | | | | | | |
|---------------------|--|--------------------------|------------------|---|-------|-----|-------|---|
| Di PO T Si | ate of birth O ₂ (I) ample type perator | 35.5 U Venous | 21.0 % 35.5 C | | | | | |
| Ble | ood Gas Values | 3 | | | | | | |
| 1 | pН | 7.234 | | 1 | 7.350 | -7 | 450 | 1 |
| 1 | pCO, | 3.40 | kPa | 1 | 4.70 | | 00.i3 | 1 |
| | pO ₂ | 12.5 | kPa | 1 | 11.1 | * | 4.4 | 1 |
| | Hctc | 0.4107 | % | | | | | |
| 0 | dmetry Values | | | | | | | |
| | σtHb | 10.4 | g/L | | | | | |
| | FO ₂ Hb | 95.0 | % | [| 94.0 | + | 98.0 | 1 |
| | sO ₂ | 96.0 | % | | | | | |
| | FCOHb | 1.4 | % | [| 0.5 | - | 1.5 | 1 |
| | FHHb | 4.0 | % | [| 0.0 | - | 5.0 | 1 |
| | FMe:Hb | 0.1 | % | 1 | 0.0 | - | 1.5 | 1 |
| Ca | alculated Value | S | | | | | | |
| | cBase(Ecf)c | 3.4 | mmol/L | | | | | |
| | cHCO ₃ -(P)c | 19.3 | mmol/L | | | | | |
| EI | ectrolyte Values | 8 | | | | | | |
| | cNa" | 143 | mmol/L | 1 | 136 | - | 146 | 1 |
| ļ | cK* | 2.4 | mmol/L | [| 3.4 | | 4.5 | 1 |
| | oCl- | 106 | mmol/L | 1 | 98 | - | 106 | 1 |
| | cCair* | 2.40 | mmol/L | 1 | 2.2 | - | 2.45 | 1 |
| | Anion Gap _c | | mmoVL | | | | | |
| | etabolite Values | | | | | | | |
| | cGlu | 3.5 | mmoVL | 1 | 3.9 | - | 5.8 | 1 |
| | cLac: | 3.1 | mmol/L | 1 | 0.5 | - | 1.6 | 1 |
| | cCrea | 226 | µmol/L | 1 | 44 | - | 97 | 1 |
| No | les . | | | | | 000 | | |
| † | | above refere | ence range | | | | | |
| 1 | Value(s) | below refere | | | | | | |
| C | Calculat | ed value(s) | | | | | | |



Sien Clir

5

Patient Name:

Doris Smith

Patient ID:

789987

Multistix® 8 SG

Test date

Time P.Smith Operator 4120 Test number Color Yellow Clarity

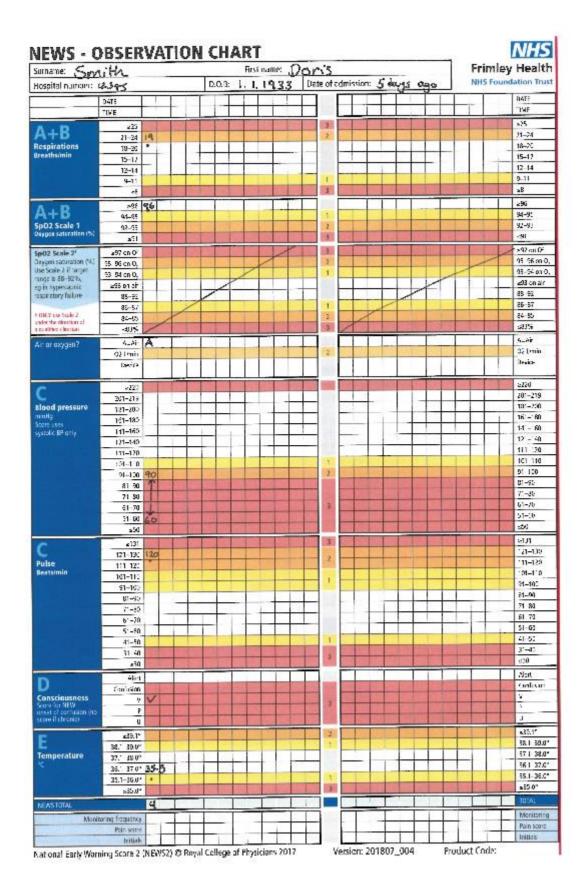
Clear

4.3 GLU KET - ve SG *BLD 23 pH *PRO 0.5 g *NIT **POSITIVE** LEU 125

Frimley Park Hospital Accident and Emergency

| Patient Name: DORIS SM | ІТН | | | Collect Date : | |
|--|--|--|------------------|---|--|
| Patient Number: 789987 | | Operator: ABX | | <u>Departi</u> | ment: |
| <u>Seq.#:</u> 80 | Sample ID : | | | Physici | lan : |
| Birthdate: Age | Gender: | Running Date: 2 | 4/04/2013 22 | :42:57 <u>Blood</u> 1 | Type: Standard |
| Comment: | | | | | |
| The second secon | | R | ange | *************************************** | THE STATE OF THE S |
| Baso : | WBC 18.5 h | | 0 11.0 | | Imag |
| | % | # | | | Lmne |
| 1 | NEU 48.4 ! | 8.94 lh 0. | | 1.00 7.50 | |
| 300 | LYM 38.9 ! | 7,19 IF 0. | | 1.50 4.00 | |
| | MON 10.0 ! | 1.85 !h 0. | 0 99.0 | 0.20 1.50 | 1 3000000000000000000000000000000000000 |
| | EOS 0.5 / | 0.09 ! 0. | 0 99.0 | 0.04 0.40 | |
| | BAS 2.2 | 0.41 h 0. | 0 99.0 | 0.00 0.10 | |
| | | | | | |
| | 7 VV | THE THE BALL | | | |
| I 'A' DDO | RBC 3.82 | | ange 80 6.50 | | Suspected Pathology |
| RBC RBC | HGB 11.1 I | | 1.5 18.0 | LEUKO : Ivmi | phocytosis, large immature cell, nrbcs |
| | HCT 34.4 / | b% 37 | 7.0 54.0 | THROMBO: | thrombopenia, macroplatelets |
| 30 100 300 | MCV 90 | μm ³ 76 | 6 96 | | |
| | MCH 29.2 | pg 27 | 7.0 32.0 | | |
| | MCHC 32.4 | g/dl 32 | 2.0 36.0 | | |
| | RDW 12.4 | % 11 | 1.0 15.0 | | |
| | PLT 44 !L | 10 ⁹ /mm ³ 15 | 50 500 | | |
| PLT | MPV 11.8 H | µm³ 7. | 5 9.0 | | |
| | And the Anti-option of the State of the Stat | | | | |
| 2 10 20 30 | | | | | |
| Morpho | logy Flags | | | Analyze | r Alarms |
| Leuko : LL, NL, ALY, LIC | | Sanatana and Sanat S | | | |
| | | | | | |
| , | V-7364 | | | | THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S |
| | + ++ +++ | Microscopic Exam | <u>iination</u> | | |
| Anisocytosis [| | rophils | | Metamyelocytes | |
| Hypochromia [| | l Cells | | Myelocytes | N |
| Polychromasia [| | phocytes | | Promyelocytes | * |
| Poikilocytosis | | ocytes | | Blasts | |
| Microcytosis | | nophils | *** | Atypical | |
| Macrocytosis [| Baso | | | NRBC's | |
| Pits Aggregates | _ | ment : | 15/100 1000 1000 | | - |
| 2000/00 K (200) | | iicit . | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |





| CADE BUT S D. D. COLO | HEROTOPIC: | working | la dissilação | Facing The | Future |
|-----------------------|------------|---------|---------------|------------|--------|
| Fall | Nin | nhoi | | | \neg |



Post Fall Review Template

| Patient Details | | | | THE WALL STATE |
|-----------------------------------|--|-----------------|---------------|--------------------|
| Name | | Ward | | |
| Hospital Number | | Date of adm | nission | |
| Date and time of this fall | | | 11001011 | |
| Action taken prior to | Fall | VALUE OF STREET | To Carolina V | William Control of |
| Was patient identified at risk | | | 1 81- | |
| admission | 51. P25501.0 #0.02400 550 | S 🗆 | No | |
| Was Falls Care Plan completed | | | | |
| If patient identified a | t risk was | | | |
| A green wristband worn by pat | ient? | Yes D | No o | |
| Patient referred to physiothera | pist? | Yes 🗆 | No 🗆 | Date |
| Was the patient mobilising? | | | Yes | No 🗆 |
| Is patient able to use call bell | when needed? | | Yes a | No 🗈 |
| Was call bell at hand at time of | | | Yes 🗆 | No 🗆 |
| If NO would patient benefit fro | m a falls monito | r? | Yes 🗆 | No 🗅 |
| What was patient's level of mo | bility? | | | |
| Is the patient confused? | | | | |
| Is confusion due to Dementia? | | | | |
| Date and Time of last BP recor | | na | - | |
| How many falls has the patient | | | | |
| Date and time referred to S | | | 1 | |
| falls assessment if this is secon | | to complete | | |
| Date and time referred to Dr | | Practitioner | | |
| for medical review following th | | 1100000000 | 1 | |
| Action taken after fall | | Thorsas Ha | 100000 | Carp Managetty |
| Was any injury sustained during | District Control of the Control of t | | | // |
| Subdural Haematoma | Fracture | | Soft tissue | Injury |
| Lacerations | Other please sp | | ort tissue | Injury |
| Observations: Immediately | Other prease sp | recity | | |
| BP Lying Pulse | Te | mp | ME | Γ score |
| Observations: 2 minutes later | | | | out C |
| BP Standing | Pu | | namy br | |
| The falls care plan must be u | | | | |
| Was urinalysis undertaken folk | | CIIIS FALL | Yes 🗆 | No 🗆 |
| Was patient's fluid intake being | | | Yes 🗆 | No 🗆 |
| If Yes how much fluid had the | | n the 24hrs | 100 0 | 1110 |
| prior to them falling? (both ora | | with a fill of | | |
| Had the patient had any me | dication which | may sedate | | |
| prior to the fall (e.g. me | | | | |
| analgesics, anti-psychotics)? P | | opiola. | | |
| Is the patient on diuretic or a | | medication? | | |
| Please list. | | esiesieiii | | 190 |
| Has the patients medication to | een reviewed b | y the Dr or | Yes n | No n |
| Pharmacist? | | | | |

AB/PH/LB/RM June 09/Reviewed May 2015 Version 24

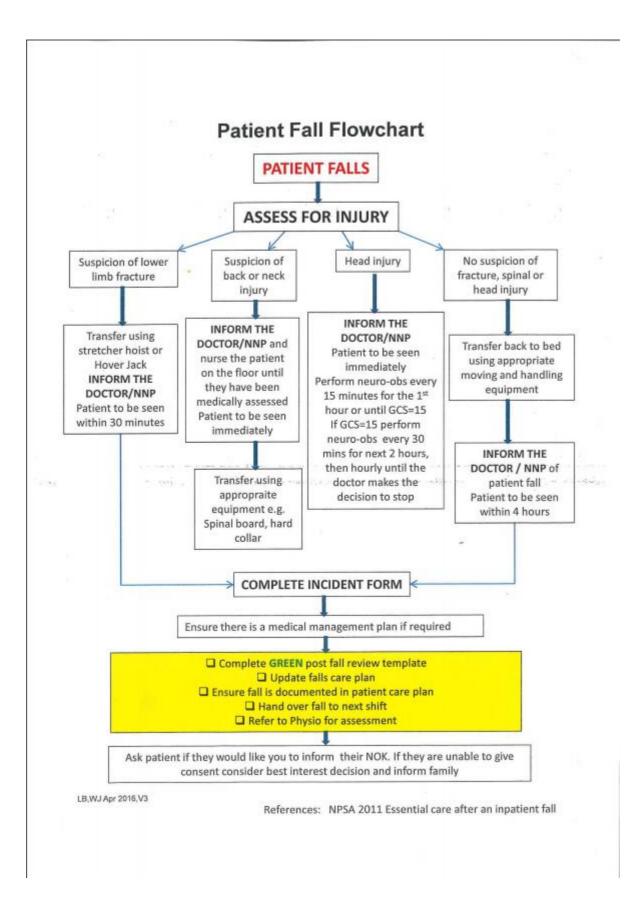
| Committee to excellenge Working Together Facing The Future | Frimley Health 📈 |
|--|--|
| Eall Number | 가 작가 있는데 있는데, (1) 이 전투 (1) 를 하고 있는데 이 분들이 보다 |
| Fall Number | NHS Foundation Trust |

| If patient has Parkinson's disease has Parkinson's nurse been considered following (| | Yes | | No t | 3 | N/A 🗆 |
|---|------------------------------|-----|---|------|---|-------|
| What type of footwear was the patient time of fall? | | | | | | |
| (please give as much information as socks only, own slippers, high heeled, ope | | | | | | |
| Were there any hazards in the environme | | | | | | |
| What type of bed was the patient on at ti 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 cu dependency. | | | | | | |
| If No why not? | | | | | | |
| Did the patient have any attachments? drip stand, how were these being manage | ed? | | | | | |
| Any cause for fall or risk factors identified | 1? | | | | | |
| Would the patient benefit from a falls mo | | | _ | | | |
| Assess patients position on the ward, or moved to more visable position? | | | | | | |
| Ensure patient has appropriate footy | vear, obtain | | | | | |
| slippers from cupboard (near G7) if neces | | | | | | |
| Review any medications which may be co patient falls, Use medicines and falls table | e | | | | | |
| Commence Lying and standing BP measu patients that have an unexplained fall lying and standing BP's recorded) | must have | | | | | |
| Do they need Calcium and vitamin D an acid (Bone protection) prescribing? | | | | | | |
| Do they need community follow up? If yo requires a community falls assessment at refer to the WALC falls prevention team of 2417201. Patientinformation leaflets car | home plase on 0845 | | | | | |
| 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.

AB/PH/LB/RM June 09/Reviewed May 2015 Version 24



Frimley Park Hospital NIIS NIIS Foundation Trust

| Ation (H): (M): K: Irress: ationship: (H): (M): | | | and in Community |
|---|--|------------------------|--|
| ation (H): (M): K: fress: ationship: (H): (M): | | | |
| ress: ationship: (H): (M): | | | |
| (H): (M): | | | |
| Market State | | | |
| iress: | | | |
| | | | |
| Tel No: Fax No: | | | |
| | | | |
| lalty: | Duly/On-Ca | Il Emerger Consulta | ncy Department int: |
| | - | | |
| Tir | me of Triage | | The same of the sa |
| Tri | ne of Triage iage (ESI) | | |
| TI Pa | ain Score | | |
| TI Pa | lergies 1 | PENI | CILLIN |
| | etanus tatus | | |
| | Triage Treatment | | |
| Tr | riage Notes | | |
| | Nursa Con | cem I | No |
| 139 42 | | | EVM = /15 |
| 139/82 | THE RESIDENCE OF THE PARTY OF T | ht) | - 110 |
| 139/82 | GCS | 1 | |
| | 139 62 | 95 GCS Pupils (Rig | 9 5 GCS Pupils (Right) |

Hosp No.: 789987 Position Date Initials Speciality Time 340 med Have you considered the use of a Chaperone when seeing this patient, Please refer to the Trust and Emergency Department Chaparone Policy. Chaperone Used? Y / N Presenting Complaint: HISTORY: (Please continue on continuation sheets if necessary) 3 Coronary Artery Disease (CAD) Risk Factora: Family history, raised cholesterol, diabetes melitus, hyperiension, active smoker Known CAD sterosis >50% Aspirin use in past 7 days Recent (<24 hours) severe angina Raised cardiac markers (CK) ST deviation >0.5mm TIMI Risk Score Age >60 BP >140/90 Clinical features: Unilat weak (2 pts) Speech only (1 pt) Duration: >60 mlns (2 pt) 10-59 mins (1 pt) <10 mins (0 pt) Diabetic ABCD2 Score (max 7) Women of Childbearing age? LMP: Pregnant? Y / N 2

| Past Medical History . | |
|--|--|
| Vascular a | demeler |
| Postural Hy, o steeperosis | 1 /- 2 |
| Dochward Hy | po fentir |
| a stanson | , |
| Vertebrd 1 | Fractive (OLD) |
| Vertesra | (Charles) |
| | |
| | |
| □ Diabetes □ AF | ☐Ax Dementia ☐Hypertension ☐ IHD/Angina ☐Epilepsy ☐Asthma ☐Pacemaker |
| ☐ COPD ☐ Arthritis (Please tick relevant conditions if pre | |
| Drugs | |
| is the patient on anti-cancer medication? | |
| Please contact Lead Chemo Nurse on b | N N |
| Ad cal D3 | BD |
| The state of the s | |
| Aledron A 1 | 70 mm (2) 1 of |
| | 70mg Once a week |
| Clopidia 75% | moine |
| Clopdra 75ms | moine the DO |
| Clopdra 75ms | moine the DO |
| Clopdra 75ms | moine Man 100 |
| Clopdra 75ms | moine Man 100 |
| Clopdon 75mg | moine then 00 |
| Clopdon 75ms Findrocorlas 1 Simunstala 20. | moine Man 100 |
| Clopador 75ms Findrocorlos 1 Simunstala 20. | mone one of the op |
| Clopatra 75ms Findrocorles 1 Simunstala 20. Altergles Drug | Mount Ooming this OD Reaction Date |
| Clopara 75ms Findrocorles 1 Simunstala 20. Altergles | mone one of the op |
| Clopadra 75ms Findrocorles 1 Simunstala 20. Allergies Drug | Mount Oomes the OD Reaction Date |
| Clopadra 75ms Findrocorles 1 Simunstala 20. Allergies Drug | Mount Oomes the OD Reaction Date |
| Clopadra 75ms Findrocorles 1 Simunstala 20. Allergies Drug | Mount Oomes the OD Reaction Date |

| No Pain | mobilisis > | Frame not |
|-------------------------------|--|---|
| | | |
| amily History | i | |
| Son WOU | mr. | SmITH Lives |
| | (19) | 140 miles away |
| 78. 3. 3. | | |
| locial History | 115% | |
| Alcohol:lunits/we | ek Smoking | I NEVER |
| Occupation: | Retired: | Yes /No |
| lves in: House / Flat / Bunga | alow (WCF) Residential Home / | Nursing Home/ Barracks |
| Surrey / Hampshire / Berkshi | | |
| | | St. V. IV. |
| Jsually able to go out: Yes / | No Lives alone: Yes / No | o Stairs: Yes / No |
| Abbility: Independent | Services: ☐ MOW | Carer/s: □ None |
| □/Stick | ☐ Bathing services | □ Spouse |
| ☐ Frame | □ District Nurse | ☐ Other family |
| □ Wheelchair | □ Day Centre | ☐ Friend/ Neighbour |
| | □ Day Hospital | OD OBD OMÓS OODS |
| Orives: Yes / No | | |
| las memory deficit been pre | sent for 6 months or more? | Yes 🗆 No |
| ☑ Address for recall | ition of two persons Trime (to WW2 Wear eackwards 20 - 1 | to nearest hour) Departs of Birth Present monarch |
| THE POCULOTT | | |

| 0 | Hosp No.: 789987 | |
|---|--|--|
| | Jaundiced Anaemic Cyanosed Clubbed Lymphadenopathy | |
| | Temp | |
| | Cardiovascular HR reg / irreg BP sitting 170/79 - BP lying 139/92 BP Standing 1/0 60 (Remember >2 mins for Postural BPs) HS Murmur? Y (N Carotid Bruit? Y (N) JVP Oedema | |
| | Respiratory RR I G Sats on Air Sats on F Sats on F Sats on F Predicted PEFR | |
| | Percussion / Auscultation | |
| | | |
| | Abdominal | |
| | Ascites? Y(N) | |
| | PR | |
| | PV | |
| | | |
| | | |
| | 5 . | |

| Pupils: | E 4 3 PEARL | | | _ | 14 | | | |
|------------|------------------|----------|-----------------|------------------|-------------|--------|-------|----------|
| Cranial N | erves: (Not As | sessed - | tick here: $ u$ | 7 | | | | |
| Abnormal | ties: | | | | | | | |
| | | | | | 20 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Periphera | I Nerves: (Not | Assesse | d - tick here: | .) | | | | |
| | r · · r | | | March 10 Po | FRANCISCO | 20.7.7 | | |
| | | Right | Left | Sector Visit | Ref | Let | To | 11 1 1 1 |
| Shoulders | abd (c5,6) | rogne. | Lett | there's galders. | Right | Lex | Right | Left |
| Chiconia | add (c5,6,7) | | | | | | | |
| Elbow | Bex (c5,6) | _ | | Biceps (c5,5) | - 6 | - | | - |
| | ext (c7,8) | | | Triceps (c7,8) | | | | |
| Wrists | flex (c8,7,8) | | | Supinator (c6) | | | | |
| | ext (c7,8) | | | F | 100 | 2 1 | | |
| Hips | flex (11,2,3) | | | | K | | | |
| - | ext ((5,s1,2) | | | 10.01100 | 0.0 | 1 | | |
| - 4 | abd (I4,5,s1) | | | 275-148 | Sei. | 1200 | | |
| | add (I2,3,4) | | | 100 | 1564 | | | |
| Knees | flex (14,5,s1,2) | | | Knes (I2-4) | | | | |
| 1 1 | ext (12,3,4) | | | X7785-415 | 21.6 | | | |
| Ankles | flex (14,5,s1,2) | | | Ankle (s1,2) | | | | |
| N. | ext (s1,2) | | | Plantar ([5-82) | | | | |
| | 0.000 | | | | | | | |
| Cerebellar | Signs: | | | | | | | |
| Nystagmus | | | | Gait . | | | | |
| | | | | Dysd | iadokoinesi | s | | |
| Finger/Nos | Θ | | | | | | | |

| N | rorsen | can | Forsig | dure | to | |
|--------------|-------------|--|-------------------|-----------------------------|-----|-----------|
| | UTI | 35 | | | | |
| Investigatio | ns: | | * | | | |
| | DCXR D | AXR DC1 | Head D | Other | | ********* |
| Results: | | | 27 | * | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | /. · | 0.772.0027 | | | | |
| | | eg/INR D | | | | |
| E | ru&es 🗆 Li | Ts □Bon | ве бся | R₽ | | |
| E | ru&es 🗆 Li | A COLUMN TO THE PARTY OF THE PA | ве бся | ₹₽ | | |
| Results: | YU&ES II LE | FTs DBon | ie dicr | | | |
| Results: | Other | FTs DBon | BII . | AST | | hal |
| Results: | Other | Na K | BEI AKP | AST GGT | _ H | DL |
| Results: | Other | Na K | BIE AKP | AST GGT Amylase | - H | G G |
| Results: | Other | Na K Ur Crest | BBI Alk P ALT Alb | AST GGT Amylase CK | _ H | G DL |
| Results: | Other | Na K | BIE AKP | AST GGT Amylase | _ H | G G |

8

Senior Review: Name: ______ Designation: _____

For CPR? (Orange sticker?

C. Diff status:

MRSA Status:

Met Calls

Time Date Signature

| Frim | ey | Park | Hospital | NHS |
|------|----|----------|---------------|-----|
| | | MILIC Ex | undation Tout | |

| First Name(s): | mit | H | Ward | | Date | e chart ted | Chart n | |
|---|---|--|----------------------------|------------------------|------|----------------------------------|--------------------------|------------------------------|
| Hospital Number: | | | Consulta | int | Doct | tor bleep ber | Date of admissi | |
| Date of Birth: | , | _ | | | | | | |
| Date weighed Weight (I | (g) Height | (M) Surfac (M²) | | ldeal Bod Weight (I | | Body Mass Index (BMI) | Diet | |
| lergies (write 'none know)rug/substance | | | This section Details of | NAME OF TAXABLE PARTY. | comp | leted before n | nedicatio | n is give |
| PENIC | 166 | N | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| This patient also has the formation of the parin infusion chart | ollowing addit | tional charts (cor emotherapy chart | mplete and | l tick rele | | oox (es)) ines reconciliation | n | I |
| CA | Epi | idural | | | | | | |
| Reminder: Prescriptions m | ptions will be | challenged | d | | | | | |
| | Messages n | oust be actioned | d within 24 | hours | | | | |
| Communication for doctor | s. Messages n | nust be actioned | d within 24 | hours. | | | Sign and Bleep No. | Actioner sign and date |
| Communication for doctor | s. Messages n | nust be actioned | d within 24 | hours. | | | Bleep | sign and |
| Communication for doctor | s. Messages n | nust be actioned | d within 24 | hours. | | | Bleep | sign and |
| Communication for doctor | s. Messages n | nust be actioned | d within 24 | hours. | | | Bleep | sign and |
| Communication for doctor | Alcohol Audit C score Full tudratural media | f undertaken) | d within 24 | | | dicating: Yes/No | Bleep No. | sign and |

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 | Assessment | Assessment at 24 hours | Assessment | Assessment |
|---|---|---|------------|---------------------------|------------|------------|
| High | Previous VTE | | | | | - |
| | Immobility expected to last >72 hours | | | | | |
| | Malignancy | | | 1 | | |
| | Acute or chronic lung disease | | 3 | | | |
| | Acute or chronic inflammatory disease | | | | | |
| | | | | | | |
| 1 | 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 | | | | | |
| ř. | parum | Hip or Knee replacement | | | | |
| | | Hip fracture | | | | |
| | | Other major orthopaedic surgery | | | | |
| | | Surgical procedure lasting >30mins | | | | |
| Medium | Destrogen containing oral | with additional VTE risk factor(s) | | | | |
| | contraception or HRT | | | | | _ |
| | Selective cestrogen receptor modulators | | - | | | |
| | Age > 60 | 2 | 1 | | | |
| | 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 | | | | |
| 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 ³ /L) | 13 | | | | |
| | Within two weeks of acute stroke (haemorrhagic or ischaemic) | | | | | |
| | Severe hypertension (BP > 200 systolic | | | | | |
| | or 120 diastotic) | | | | | |
| | 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 | | | | |
| | 1 | risk | | | | |
| | | Lumbar puncture/spinal/epidural in previous 4 hours or anticipated in next 12 hours | | | | |
| Risk assessment p | erformed by | | | | | |
| Signature | | · 专门中心 (1.3.01) 2 | | | | |
| A 100 11 11 11 11 11 11 11 11 11 11 11 11 | ormation Leaflet given to patient | | Yes No | | | |

Page 28 For Simulation use only

| DRUG (A | pproved name) | RESCRIPT | IONS ONLY | ALC: N | | DATE OF | 6414 | 7hha | 8/1/4 | 1 | 1 | |
|--|--|------------------------------|---|--|----------|--|--------|--------|--------|---|---|---|
| | | | DOSE | | ROUT | and the same of th | 10//-4 | 777914 | 11/1/4 | - | + | - |
| 100 | relso pr | in | 200 | رد د | PO | | | | | | | |
| PRESCRIB | | MC No. / | INDICATION | | ORY) | 0800 | Va | 0 | _ | | | |
| START / | 48 HOUR RE | ZZZZZ D VIEW 2ND REVII | | | - 2 | | | | | - | + | - |
| 6/91/1 | 4 | DATE / TIN | FW 3RD REVIE ME DATE / TIM | | | | | | | | | |
| REVIEWE | | | | | | | | 1 | | | 1 | |
| BY⇒ | | | | 200 | | | 1 | | _ | - | - | - |
| PHARMA | | | | THE OWNER OF THE OWNER OWNER OF THE OWNER | | 2000 | An | @ | | | | |
| POD H P | OD W | | | | | | | | | | | |
| | a feet le | | MANUAL PROPERTY. | THE PARTY | THESE | DATE | | - | _ | | - | - |
| DRUG (Ap | proved name) | | DOSE | | ROUTE | OTMES | | _ | | | | |
| | | | 1 | | | | | | | | | |
| PRESCRIBE | | IC No. | INDICATION (| MANDATO | ma di | | | | | | | 1 |
| START | | | | MANDATO | H(Y) | | - | - | | | _ | |
| SIAKI | 48 HOUR REV | EW 2ND REVIEW DATE / TIME | | STOP | | - 1 | | | | | | |
| 0.000.000.00 | | · DATE / TIME | DATE / TIME | | | | | | | | - | + |
| REVIEWED BY ⇒ | | | | SULTEN A | CONTRACT | | - | | | | | |
| PHARMAC | v | | | E S | | | | | | | | |
| PODH PO | | | | | | | | - | - | - | - | + |
| Name of Street | | ASSVI HOUSE | Section 1 | - | | | | | | | | |
| DRUG (Apr | proved name) | SECRETARY. | T SOME | DE BOOK | | DATE or UTIMES | | | | | | 1 |
| N. P. | - twe tunnel | | DOSE | | ROUTE | | | | - | | | |
| Distriction | | | | | | | - | | | | | |
| PRESCRIBER SIGNATURE | | No. | INDICATION (N | MANDATOR | (Y) | | | | | | | |
| START | | W 2ND REVIEW | Lance Service College | | 910 | | | | | | | - |
| | The state of the s | DATE / TIME | 3RD REVIEW DATE / TIME | STOP | | - | | | | | | |
| REVIEWED | | | | | | | | | | | | |
| WEATERFELL | | | | The Part of the Pa | | | - | - | | 1 | | |
| BY⇒ | | | | 1000000 | | | | | | _ | | |
| BY ⇒ PHARMACY | | | | 5444 | | | | | | | | |
| PHARMACY POD H POL | D W | | DOSE | E STO | | DATE-O E TIMES | | | | | | |
| PHARMACY POD H POI DRUG (Appr | O W roved name) | | DOSE | | ROUTE | DATE OF TIMES | | | | | | |
| PHARMACY POD H POD DRUG (Appr | O W roved name) | No. | | | 3900003 | DATE OF TAMES | | | | | | |
| PHARMACY POD H POD DRUG (Appr PRESCRIBER' SIGNATURE | oved name) 5 GMC | 2330 | INDICATION (M | ANDATORY | 3900003 | DATE-0- E TIMES | | | | | | |
| PHARMACY POD H POD DRUG (Appr PRESCRIBER' SIGNATURE | oved name) | 2330 | INDICATION (M. | | 3900003 | DATE-S- E TIMES | | | | | | |
| PHARMACY POD H POI DRUG (Appr PRESCRIBER' SIGNATURE START | oved name) 5 GMC | V 2ND REVIEW | INDICATION (M | ANDATORY | 3900003 | DATE IS ETIMES | | - | | | | |
| PHARMACY POD H POI DRUG (Appr PRESCRIBER' SIGNATURE START | oved name) 5 GMC | V 2ND REVIEW | INDICATION (M. | ANDATORY | 3900003 | DATE:-> | | - | | | | |
| PHARMACY POD H POI DRUG (Appr PRESCRIBER' SIGNATURE START REVIEWED BY ⇔ | oved name) 5 GMC | V 2ND REVIEW | INDICATION (M. | ANDATORY | 3900003 | EMIES ETIMES | | - | | | | |
| PHARMACY POD H POI DRUG (Appr PRESCRIBER' SIGNATURE START REVIEWED BY = PHARMACY | O W Oved name) 5 GMC 48 HOUR REVIEW | V 2ND REVIEW | INDICATION (M. | ANDATORY | 3900003 | BATE-O- 6 TIMES | | - | | | | |
| PHARMACY POD H POD PRESCRIBER' SIGNATURE START REVIEWED BY PHARMACY POD H POD | D W Oved name) S GMC 48 HOUR REVIEW | V 2ND REVIEW | INDICATION (M. | ANDATORY | 0 | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER' SIGNATURE START REVIEWED BY = PHARMACY OD H POD | D W Oved name) S GMC 48 HOUR REVIEW | V ZND REVIEW DATE / TIME | INDICATION (M. | ANDATORY | 0 | DATE-O- 6 TIMES | | - | | | | |
| PHARMACY POD H POD PRESCRIBER' SIGNATURE START REVIEWED BY = PHARMACY OD H POD | D W Oved name) S GMC 48 HOUR REVIEW | V ZND REVIEW DATE / TIME | INDICATION (M 3RD REVIEW DATE / TIME | ANDATORY | 0 | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER' SIGNATURE START REVIEWED PHARMACY POD H POD PRUG (Appro | 5 GMC 48 HOUR REVIEW W | V ZND REVIEW DATE / TIME | JAD REVIEW DATE / TIME | STOP | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED PHARMACY POD H POD PRESCRIBER'S GNATURE | S GMC 48 HOUR REVIEW W GMC N | V ZNO REVIEW DATE / TIME | INDICATION (M 3RD REVIEW DATE / TIME | STOP | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED PHARMACY POD H POD PRESCRIBER'S GNATURE | 5 GMC 48 HOUR REVIEW W | V ZND REVIEW DATE / TIME | JAD REVIEW DATE / TIME | ANDATORY STOP RI NDATORY) | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED PHARMACY POD H POD PRESCRIBER'S GNATURE | S GMC 48 HOUR REVIEW W GMC N | V 2ND REVIEW DATE / TIME | JATE / TIME DOSE NDICATION (MA | STOP | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY => PHARMACY POD H POD PRUG (Appro RESCRIBER'S IGNATURE TART EVIEWED | S GMC 48 HOUR REVIEW W GMC N | V ZND REVIEW DATE / TIME | JATE / TIME DOSE NDICATION (MA | ANDATORY STOP RI NDATORY) | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED PHARMACY POD H POD PRESCRIBER'S GINATURE TART EVIEWED Y START EVIEWED Y START EVIEWED | S GMC 48 HOUR REVIEW W GMC N | V ZND REVIEW DATE / TIME | JATE / TIME DOSE NDICATION (MA | ANDATORY STOP RI NDATORY) | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY PHARMACY POD H POD RESCRIBER'S IGNATURE TART EVIEWED Y HARMACY HARMACY | S GMC N W Wed name) GMC N 48 HOUR REVIEW | V ZND REVIEW DATE / TIME | JATE / TIME DOSE NDICATION (MA | ANDATORY STOP RI NDATORY) | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY PHARMACY POD H POD RESCRIBER'S IGNATURE TART EVIEWED Y HARMACY HARMACY | S GMC N W Wed name) GMC N 48 HOUR REVIEW | V ZND REVIEW DATE / TIME | JATE / TIME DOSE NDICATION (MA | ANDATORY STOP RI NDATORY) | OUTE | | | - | | | | |
| PHARMACY POD H POD PRESCRIBER* SIGNATURE START REVIEWED BY = PHARMACY POD H POD PROBLEM POD RESCRIBER* SIGNATURE FOR H POD PROBLEM POD PR | D W Oved name) S GMC 48 HOUR REVIEW W GMC N 48 HOUR REVIEW | DATE / TIME | OOSE DATE / TIME DATE / TIME | ANDATORY STOP RI NDATORY) | OUTE | DATE: | | - | | | | |
| PHARMACY POD H POD PRESCRIBER* SIGNATURE START REVIEWED BY = PHARMACY POD H POD PROBLEM POD RESCRIBER* SIGNATURE FOR H POD PROBLEM POD PR | D W Oved name) S GMC 48 HOUR REVIEW W GMC N 48 HOUR REVIEW | DATE / TIME | JATE / TIME DOSE NDICATION (MA | ANDATORY STOP | OUTE | Distres Troles | | - | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY PHARMACY POD H POD RESCRIBER'S IGNATURE EVIEWED Y EVIEWED HARMACY DD H POD V RESCRIBER'S RESCRIBER' | D W Oved name) S GMC 48 HOUR REVIEW W GMC N 48 HOUR REVIEW | DATE / TIME | OOSE DATE / TIME DATE / TIME | ANDATORY STOP | OUTE | DATE: | | - | | | | |
| PHARMACY POD H POD PRESCRIBER* SIGNATURE START REVIEWED BY START PHARMACY POD H POD PRUG (Appro RESCRIBER*S GNATURE EVIEWED Y HARMACY DD H POD W RUG (Approv RUG (Approv RUG (Approv RUG (Approv RUG (Approv RUG (Approv | D W Oved name) S GMC 48 HOUR REVIEW W GMC N 48 HOUR REVIEW | DATE / TIME | JATE / TIME DOSE NORCATION (MA JARD REVIEW DATE / TIME | ANDATORY STOP | OUTE | DATE: | | | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY PHARMACY POD H POD PRESCRIBER'S IGNATURE TART EVIEWED Y PARMACY POD H POD V RUG (Approv RESCRIBER'S SINATURE TART EVIEWED PHARMACY TOD H POD V RUG (Approv | S GMC 48 HOUR REVIEW W GMC N GMC No | DATE / TIME | JATE / TIME DOSE NDICATION (MA JARD REVIEW DATE / TIME | ANDATORY STOP | OUTE | DATE: | | | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY PHARMACY POD H POD PRESCRIBER'S IGNATURE TART EVIEWED Y PARMACY POD H POD V RUG (Approv RESCRIBER'S SINATURE TART EVIEWED PHARMACY TOD H POD V RUG (Approv | S GMC 48 HOUR REVIEW W GMC N 48 HOUR REVIEW | DO. IN STREET | OSE DICATION (MAR) BRD REVIEW DATE / TIME DOSE DICATION (MAR) BRD REVIEW DATE / TIME | ANDATORY STOP | OUTE | DATE: | | | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY = PHARMACY POD H POD PRESCRIBER'S IGNATURE TART EVIEWED Y = PHARMACY POD H POD V RESCRIBER'S SIGNATURE TART EVIEWED PHARMACY TOD H POD V RUG (Approv | S GMC 48 HOUR REVIEW W GMC N GMC No | DATE / TIME | JATE / TIME DOSE NDICATION (MA JARD REVIEW DATE / TIME | ANDATORY) STOP RO RO IDATORY) | OUTE | DATE: | | | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED PHARMACY POD H POD PRESCRIBER'S GNATURE EVIEWED HARMACY OD H POD W RUG (Approv | S GMC 48 HOUR REVIEW W GMC N GMC No | DO. IN STREET | OSE DICATION (MAR) BRD REVIEW DATE / TIME DOSE DICATION (MAR) BRD REVIEW DATE / TIME | ANDATORY) STOP RO RO IDATORY) | OUTE | DATE: | | | | | | |
| PHARMACY POD H POD PRESCRIBER'S SIGNATURE START REVIEWED BY PHARMACY POD H POD PRUG (Appro RESCRIBER'S IGNATURE TART EVIEWED Y PHARMACY POD H POD V RUG (Approv RUG (Approv RUG (Approv RUG (Approv RUG (Approv RUG (Approv | S GMC 48 HOUR REVIEW W GMC N GMC No | DO. IN STREET | OSE DICATION (MAR) BRD REVIEW DATE / TIME DOSE DICATION (MAR) BRD REVIEW DATE / TIME | ANDATORY) STOP RO RO IDATORY) | OUTE | DATE: | | | | | | |

| | REGULAR PRES | | | 1 | No. | SALES AND ADDRESS OF THE PARTY | - | |
|--|--|---|---|--|--|---|------------------------|-------------|
| L | OXYGEN | | 国际 | | | | | |
| 12 | | Circle target saturation Adjust flow rate to | metropicates | | Target grows | | | O TRAVES |
| | PRESCRIBERS SIGNATURE | Adjust flow rate to maintain | specified oxygen sa | ituration | Target oxygen satura 88 to 92% | | | Ptio |
| | Home Oxygen Indicated: YES / NO Referral to Respiratory Nurse for H Nurse to initial assistant | DOF Date | DAG | TE . | 10 3276 | 94 to 98 | 12 | 100 |
| | meeting specified target. Flow rate | HDOF Date: Firm oxygen is being administered and a is to be documented to the left of the | | | Other: | | 10 | 20 |
| | | to be documented to the left of the | | | Ta To | | 220 | 0 |
| | PHARMACOLOGICAL VIE PROPHYLAXIS |) . | | | St. Sign | | Dev | ive |
| | PRESCRIBERS SIGNATURE | ELTARIAIN | DOSE | | Law & ROUTE | | Forg | device type |
| | 1 | | STARY | 5000 | - | SC | | |
| | INDICATION AND SPECIAL INSTRUCTIONS | 123456 | - 6k | 1/4/ | EVIEW | STOP | - | |
| | PHARMACY | | 7 | 1 | lease tick appropriate s | latios . | | |
| - 1 | | 74 | | | J NEW PREAD | CHANGE | | |
| - 1 | MECHANICAL VTE PROPHYLAXIS | 60- | | T | CONTINUE ON | YES | | |
| T. | PRESCRIBERS SIGNATURE | 905 | Dose | TT | ROUTE | NO | | |
| - 1 | 1/1 | ≥ 17 3/1 | STARE | -// | | | | 雅 |
| 13 | INDICATION AND SPECIAL INSTRUCTIONS | - say | | 14 RE | NEW | STOP | 12 | 117 |
| | HARMACY | | | Pier | se sick appropriate stat | THE . | 1 | 1 |
| | ODH PODW | | | 13 | NEW LI PREAD | CHANGE | 1 | / |
| | VARFARIN AND OTHER COUMARIN ANT | TICOAGULANTS | | TO d | ONTINUE ON YES | | 1 | |
| PR | ISCRIBERS SNATURE | GMC No. | | | rec | ME | | |
| - | DICATION | | | _ | | | INIT. | T |
| | DUM | TARGET | T (PAR | | DA STA | ARTED . | DOSE (mg. | 1 |
| | PRMACY BOOK | PROVIDED ON- | | Pu | ASE TICK APPROPRIATE | STATUS | - | |
| | IG (Approved Name) | DATE OF | DUNSELLED: | 1 | LI PREA | MOISSIMO | PRESCRIBE SIGNATURE | 15 |
| - | ADTA | | DOSE ~ | DISCHU | RGE NO | | GIVEN | + |
| STGN/ | CRIBERS ATURE | GMC No. | 77 | - | ROUTE PO | | ** | 1 |
| WDIG | ATION AND | 12345 | START / | REVIEW | | | | - |
| SPECM | At they was a comme | 545 | 1 16 FV/4 | | STOP | | Parento. | 2 4 |
| | AL INSTRUCTIONS | | D 10 17/4 | | 1 100000 | | 0800 | 3 3 |
| PHARM | MACY | | 0 10 114 | Please tic | k appropriate status | | 0800 | 15 |
| PHARM POD H | MACY POD W | | 0 10 1 1/4 | Please tic | k appropriate status | - | 0800 | 1 3 |
| PHARM POD H | MACY POD W | | 0 10 11/14 | Please tie | NUE ON YES | - | 0800 | 1 |
| PHARM POD N AUG (| MACY 1000 W (Approved Name) Alectron | u Acus | Dose | Please tic | NUE ON YES | - | U800 | 1 5 |
| PHARM POD H AUG (PRESCRI SIGNATI | MACY POD W (Approved Name) Alectron PERS UNE | one Aciv | Dose 70 | Please tic | NUE ON YES | - | 0800 | 18 |
| PHARM POD H HUG (PRESCRI SIGNATI | MACY 1000 W (Approved Name) Alectron | u Acus | DOSE 70 | Please tik New TO CONTI | MUE ON YES | NISE | 800 | |
| PHARMA POD H RUG (PRESCRI SIGNATI INDICATI SPECIAL I | MACY POD W (Approved Nacce) Alectron BERS BERS BON AND PROTOCOMS | one Aciv | DOSE 70 | Please tic | NUE ON TYES TOP | ANGE | | |
| PHARMA POD H **PRESCRI SIGNATI **PRESCRI SPECIAL I **PHARMA **POD H P | MACY POD W (Approved Nation) Alectron (BERS UNE AND NOT NUCTIONS POD W | 123256 | DOSE 70 | Please tick Mew Mease tick | NUE ON PYES NO TE NO STOP STOP STOP STOP STOP STOP STOP | ANGE | | |
| PHARMA POD H **PRESCRI SIGNATI **PRESCRI SPECIAL I **PHARMA **POD H P | MACY POD W (Approved Nation) Alectron (BERS UNE AND NOT NUCTIONS POD W | 123256 | DOSE 70 | Please tick NEW | NUE ON YES NOUTE NO STOP DOPPOGLIFIED STORE FEON YES | ANGE | | |
| PHARMA POD H PRESCRIC SIGNATI SPECIAL PHARMA POD H PRESCRIC PHARMA POD H PRESCRIC | MACY POD W (Approved Nation) Alectron (BERS UNE AND NOT NUCTIONS POD W | 123256 | DOSE 70 | Please tick NEW TO CONTINUED NEW TO CO | NUE ON PES STOP | ANGE | | |
| PHESCRIP PESCRIP PHESCRIP PHESCRIP PHERMA POD H P PHESCRIP SIGNATUR | MACY POD W (Approved Nation) Alectron (BERS UNE AND NOT NUCTIONS POD W | 123256 | DOSE 70, START 6 914 | Please tik I NEW TO CONTINUE REVIEW TO CONTINUE TO CONTINUE DISCHARGE | NUE ON YES NOUTE NO STOP DOPPOGLIFIED STORE FEON YES | ANSE O | 800 | |
| PHARM POD H FRESCRIP STECHAL PHARMA POD H P PRESCRIPE STECHAL ONLY | MACY POD W (Approved Nation) Alectron (BERS UNE AND NOT NUCTIONS POD W | 123256 | DOSE 70 | Please tick NEW TO CONTINUED NEW TO CO | PRE AD CHAME NUE ON YES FOR NO STOP STOP PAGE AD CHAME FOU YES FOU YES FOU YES ROUTE NO ROUTE R | ANSE O | | |
| PHARM POD H P PRESCRIBE PHARMA POD H P DWUG (AP PRESCRIBE SIGNATUR | MACY POD W (Approved Name) Alectron (BERS UNE AND INSTRUCTIONS (CY POD W (Approved Name) CLOP (C) (Approved Name) CLO | one Aciv | DOSE 70, START 6/0/14 DOSE 7.5 M START 6/0/14 | Please tick of the continue of | NUE ON YES ROUTE NO STOP ROUTE NO STOP ROUTE NO ROUTE NO ROUTE NO STOP | ANSE O | 800 | |
| PHARMA POD H SUG (PRESCRI SIGNATI SPECIAL I PHARMA POD H P DITUG (Ap DITU | MACY POD W (Approved Name) JON AND POTONES JON AND POTONES JON AND POTONES JON AND JON AN | DEACH 123456 | DOSE 70, START 6/4/14 DOSE 7.5 n START 6/4/14 | Please tick app NEW NEW | NUE ON PES NO STOP ROUTE ROU | ANSE O | 800 | |
| PHARMA POD H P PRESCRIBE SIGNATUR PHARMA POD H P PRESCRIBE SIGNATUR SPECIAL IN PHARMA POD H P P P R SIGNATUR SPECIAL IN P R SIGNATUR SPECIAL SPECIAL SIGNATUR SPECIAL SPE | MACY POD W (Approved Name) JON AND POTONES JON AND POTONES JON AND POTONES JON AND JON AN | DEACH 123456 | DOSE 70, STAST 6/9/14 DOSE 75 M STANT 6/9/14 | Please tik New TO CONTINUE New TO CONTINUE New TO CONTINUE REVIEW | NUE ON | ANSE O | 800 | |
| PHARMA POD H SUG (PRESCRICT SIGNATI SPECIAL PHARMA POD H P DIVING (APP PRESCRICT SIGNATUR PHARMA POD H P PRESCRICT SIGNATUR PHARMA POD H P PHARMA PH | MACY POD W (Approved Name) JON AND POTONES JON AND POTONES JON AND POTONES JON AND JON AN | DEACH 123456 | DOSE 70, START 6/9/14 DOSE 7.5 IN START 6/9/14 | Please tik NEW TO CONTINUE Please tick NEW REVIEW | NUE ON YES NO POPULATE STOP POPULATE STOP POPULATE STOP STOP STOP STOP STOP STOP STOP ON | ANSE O | 800 | |
| PHARMA POD H P PRESCRIBE P | MACY POD W (Approved Name) JON AND POTONES JON AND POTONES JON AND POTONES JON AND JON AN | DEACH 123456 | DOSE 70, START 6 414 DOSE 75 W | Please tick applicated in the continue of the | NUE ON | ANSE O | 800 | |
| PHARMA POD H SUG (PRESCRICT SIGNATI SPECIAL I SPECIAL I PHARMA POD H P DILUG (Ap DIL | MACY POD W (Approved Name) JON AND POTONES JON AND POTONES JON AND POTONES JON AND JON AN | 123256 | DOSE 70, START 6 414 DOSE 75 W | Please tik NEW TO CONTINUE Please tick NEW REVIEW | NUE ON YES NO POPULATE STOP POPULATE STOP STOP STOP STOP STOP STOP STOP STOP STOP ON | ANSE O | 800 | |
| PHARMA POD H P PRESCRIBE WIDICATION SPECIAL PHARMA POD H P PRESCRIBE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CON A CON A A CON A A A A A A A A A A A A A A A A A A A | MACY POD W (Approved Name) APPROVED NAME POD W POD W POD W POD W POD W SPINULTIONS GM ANAD STRUCTIONS O W GARCI GARCI ANAD GARCI ANA | DEACH 123456 | DOSE 70, START 6 914 DOSE 75 IN START 6 914 DOSE 20 IN START 6 914 | Please tick application of the continue of the | NUE ON YES NO POPULATE STOP POPULATE STOP | ANSE O | 800 | 1 |
| PHARMA POD H SUG (PRESCRICT SIGNATI SPECIAL I SPECIAL I PHARMA POD H P DILUG (Ap DIL | MACY POD W (Approved Name) APPROVED NAME POD W POD W POD W POD W POD W SPINULTIONS GM ANAD STRUCTIONS O W GARCI GARCI ANAD GARCI ANA | DEACH 123456 | DOSE 70, STANT 6/4/4 DOSE 75 N STANT 6/4/4 DOSE 20 N STANT 6/4/4 RI | Please tick applicated in the continue of the | PRE AD CHANGE NOE ON YES NO STOP | ANSE O | 800 | |

| Property of the Control of the Contr | Name and Park | - | - | The same of the same of | | 2 REFUSE 3 UNABLE |
|--|---------------|---|---|-------------------------|--------|----------------------|
| REGULAR PRESCRIPTIONS | | | | | UTIMES | MONTH I DATE |
| FRESCRIBERS AND SINCHES AND SI | DOSE | ^ | ROUTE | 0- | | - |
| PRESCRIBERS SIGNATURE SIGNATURE | stant I | O m | | Po | 0800 | 1 |
| INDICATION AND | 64/10 | | | STOP | | |
| SPECIAL INSTRUCTIONS | | | CR Appropriati | | | |
| PHARMACY | | | TINUE ON | ☐ YES | | |
| PODH PODW DRUG (Approved name) | | DISCHA | | □ NO | 4 | |
| | DOSE | | ROUTE | | | |
| PRESCRIBER'S GMC No. | START | REVIEW | | STOP | | |
| INDICATION AND SPECIAL INSTRUCTIONS | | Please to | ik appropriate | states | | |
| PHARMACY | | | ☐ PRE AL | | | |
| POD H POD W | | TO CONT | | ☐ YES | | |
| DRIXS (Approved name) | DOSE | DISCHAR | ROUTE | □ NO | - | |
| PRESCRIBER'S GMC No. | (PRITE. | 10.7 | MOUTE | | | |
| TNATURE SMC No. | STARY | REVIEW | 1 | STOP | | |
| INDICATION AND SPECIAL INSTRUCTIONS | - | | appropriate | | | - |
| PHARMACY | | ☐ NEW | ☐ PRE AD | ☐ CHANGE | | |
| POOH POOW | | TO CONTI | | ☐ YES | | _ |
| DRUG (Approved name) | DOSE | | ROUTE | D 100 | | |
| PRESCRIBER'S GMC No. | 07107 | _ | 100000 | | | |
| SIGNAL UNE | START | REVIEW | | STOP | | |
| NDICATION AND SPECIAL INSTRUCTIONS | | Please tick appropriate status NEW PRE AD CHANGE | | tatus | - | |
| PHARMACY | | | | ☐ CHANGE | | |
| POD H POD W | | TO CONTR DISCHARD | | ☐ YES | | |
| IRLAG (Approved name) | DOSE | | ROUTE | | | |
| RESCRIBER'S GMC No. | START | REVIEW | | STOP | | |
| NDICATION AND | | | | 100 | | |
| PECVAL INSTRUCTIONS | | Please Sok | appropriate st | CHANGE | | |
| RMCY | | TO CONTIN | | □ YES | | |
| RUG (Approved name) | | DISCHARG | ISCHARGE NO | | | A |
| | DOSE | | HOUTE | | | -0 |
| RESCRIBER'S GMC No. | START | REVIEW | | STOP | | |
| DICATION AND PECIAL INSTRUCTIONS | | Please Sch a | pomeriata at | | | |
| Unespectations: | | Please Sck appropriate st: NEW PRE AD | | | | |
| HARMACY 20 H POO W | | TO CONTINU | O CONTINUE ON YES | | | |
| RUG (Approved name) | DOSE | DISCHARGE | ROUTE | □ NO | | |
| NESCRIBER'S CHIC No. | and a | | HUUTE | | | |
| RESCHBER'S GMC No. | START | REVIEW | - | STOP | | |
| DICATION AND ECIAL INSTRUCTIONS | | Please lick appropriate status | | tura . | | |
| ARMACY | | □ NEW □ PRE AD □ CHANGE | | | | |
| OH PODW | | TO CONTINU DISCHARGE | | □ YES □ NO | | |
| UG (Approved name) | DOSE | | ROUTE | LING | | |
| CRIBER'S GARC No. | ATLEST . | | 28000 | | | |
| 20100000 | START | REVIEW | | STOP | | (In |
| ICATION AND ICIAL INSTRUCTIONS | | Please tick ap | | | | _V |
| URMACY | | NEW [| 120000000000000000000000000000000000000 | | | |
| DH PODW | | TO CONTINUI DISCHARGE | E ON | □ YES □ NO | | |