

Title	Exacerbation of COPD	Version	10.2
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors	N Feely, U Naidoo, M Loughrey, P Wilder	Last review	4/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

Brief Summary

A 70 year old man attends A&E with a straight-forward exacerbation of COPD which foundation doctor candidates should be able to manage without difficulty.

Educational Rationale

COPD is a common disease in the UK and many patients have stable disease that is managed in the community. Patients may present to hospital with exacerbations characterised by an increased severity of symptoms over and above their usual fluctuations. FY trainees should be able to make the clinical diagnosis of an exacerbation of COPD, investigate and treat appropriately. FY trainees should be able to work within and lead a team to safely assess and treat patients in a timely manner, including those who have already deteriorated.

Learning Objectives: Nurse

- ABCDE assessment and initial management of a deteriorating patient
- Appropriate call for help and concise transfer of information using SBAR handover

Learning Objectives: Doctor

- Clinical diagnosis of exacerbation of COPD, appropriate investigations and use of local treatment protocols (including ABG interpretation, indications for oxygen therapy and NIV)
- Prompt, appropriate administration of oxygen, nebulisers, steroids and antibiotics
- Recognition of severity of illness and appropriate call for senior assistance

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

A&E Majors

You are looking after Mr John Williams, a 70 year old patient with COPD and ischaemic heart disease who has presented with shortness of breath. The observations and drug chart are available.

Please assess the patient and manage them as you would normally.

Candidate Briefing: Doctor

Setting

A&E Majors

You are asked to review a 70 year old man in A&E by the nurse looking after him. They are concerned about his breathlessness and would like you to review him as soon as possible.

Technical set-up

Setting	A&E Majors		
Simulator	High fidelity manikin		
Gender	Male	Age	70

Initial monitor parameters

RR	O2 sats	Pulse (HR)	BP	ECG rhythm
30	86% on air	90	115/60	Sinus tachycardia
Cap Refill Time	Blood glucose	Temp.		
4s	5.9	37.1		

Initial patient set-up

Airway	Obstruction	Airway adjunct
	No	No

Breathing	Chest sounds	O2 supply
	Wheeze throughout, no crackles	None initially

Circulation	Cannula	BP cuff	Peripheries / pulses
	Yes	No	Sweaty

Disability	Eyelids	Pupils	AVPU/GCS
	Closed	Reactive	V / 13

Exposure	Posture	Moulage
	In bed at 45 degrees	None

Specific equipment / prop requirements

- Manikin: On ED trolley, IV Access
- Stocked airway trolley (Specifically airway adjuncts (OPA, NPA))
- O2 and selection of masks incl. non-rebreathe mask
- Monitoring equipment (SpO2, ECG, NIBP)
- Syringes, flushes, IV fluid and giving sets
- Simulated drugs (antibiotics as per local guidelines)
- Blood bottles, culture bottles, request forms
- Observation chart, medical note paper, drug chart
- BNF
- Nebulizer
- Peak flow
- NIV mask and machine (optional)

Facilitator Briefing

If the participant doesn't recognise the exacerbation of COPD and commence appropriate treatment, then the patient should deteriorate. However, this may make the scenario too complex for some participants to manage. Instead, the medical registrar may arrive to continue care, or the faculty could choose to pause for a discussion and then continue with another participant managing the further deterioration.

If the participant is doing really well and faculty wish to expand the clinical challenge, then the patient could deteriorate before the senior medical staff arrive. The participant should then continue with the relevant ward-based treatments and contact the critical care team for support.

CONDUCT

- 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
- 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
- If the candidate is not armed with the information, tell them to get the required info and call you back

How to run with candidates from only one discipline

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

Sim Nurse briefing:

You are looking after Mr John Williams, a 70 year old patient with COPD and ischaemic heart disease who has presented with shortness of breath. The observations and drug chart are available.

You have called the FY doctor to review the patient because you are worried about their breathing. It seems to be getting more rapid and laboured. 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 A&E Majors

Name John Williams

Age 70

Gender Male

What has happened to you?

You have been becoming more breathless since this morning. You have been feeling “under the weather” for the last few days. You have been coughing, but this is not productive. You don’t have any chest pain.

You were diagnosed with COPD ten years ago and have needed to attend A&E twice over the past 3 years with trouble breathing.

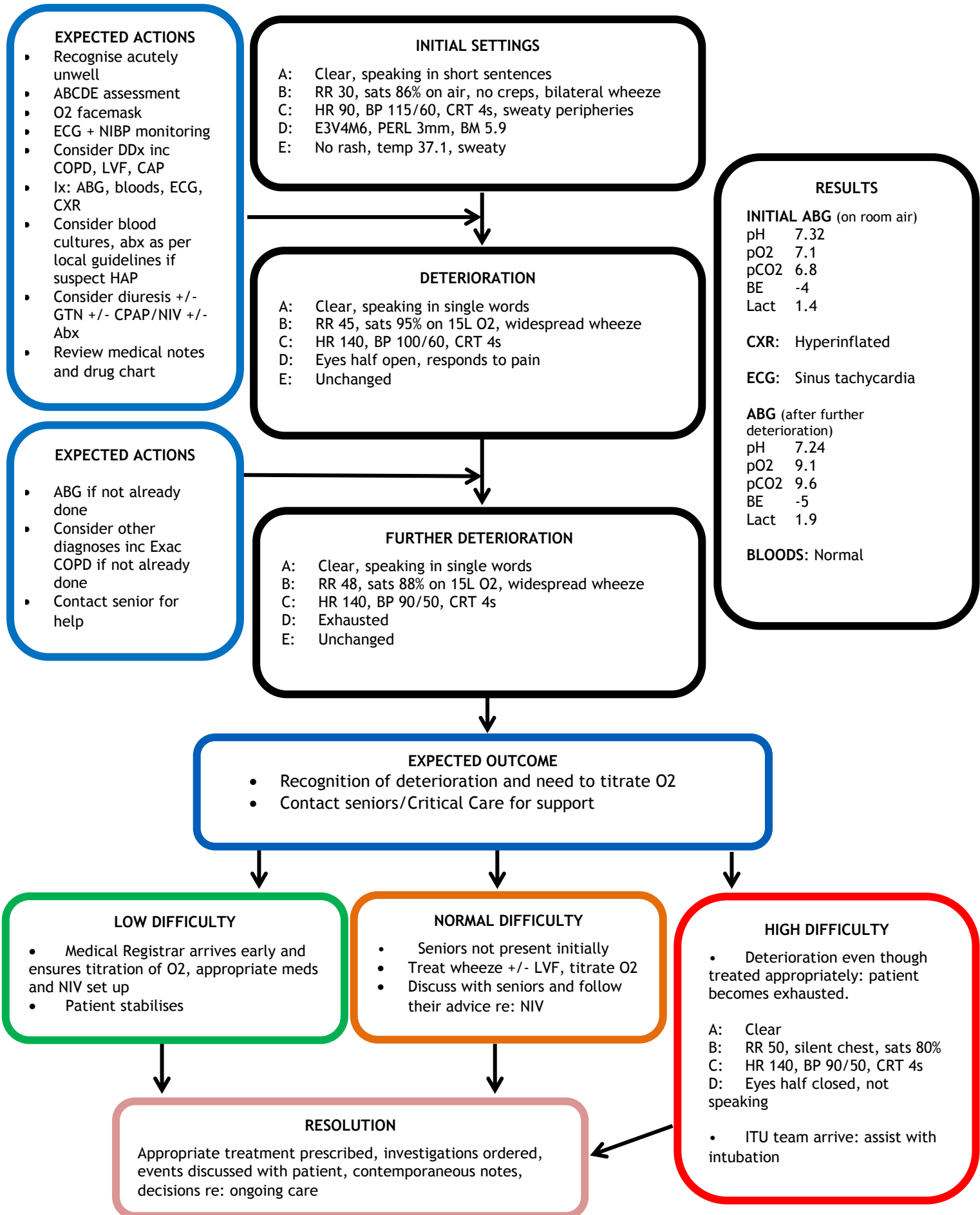
How you should role-play

Your breathing has been getting more difficult since this morning. You are wheezy. You are now very short of breath and speak in short sentences. If prompted by the faculty, you will deteriorate and become exhausted.

Your background

Your name is John Williams. You are 70 years old. You have a history of angina for which you take a GTN spray and had a heart attack 5 years ago. You have COPD for which you take nebulisers, inhalers and home oxygen at night. You quit smoking 10 years ago. You have no other medical history and no allergies.

Scenario flowchart



References

- British Thoracic Society guidelines for NIV available at:
<http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/NIV/Guidelines/NIV.pdf>
- NICE guideline for COPD available at:
<http://www.nice.org.uk/nicemedia/live/13029/49397/49397.pdf>

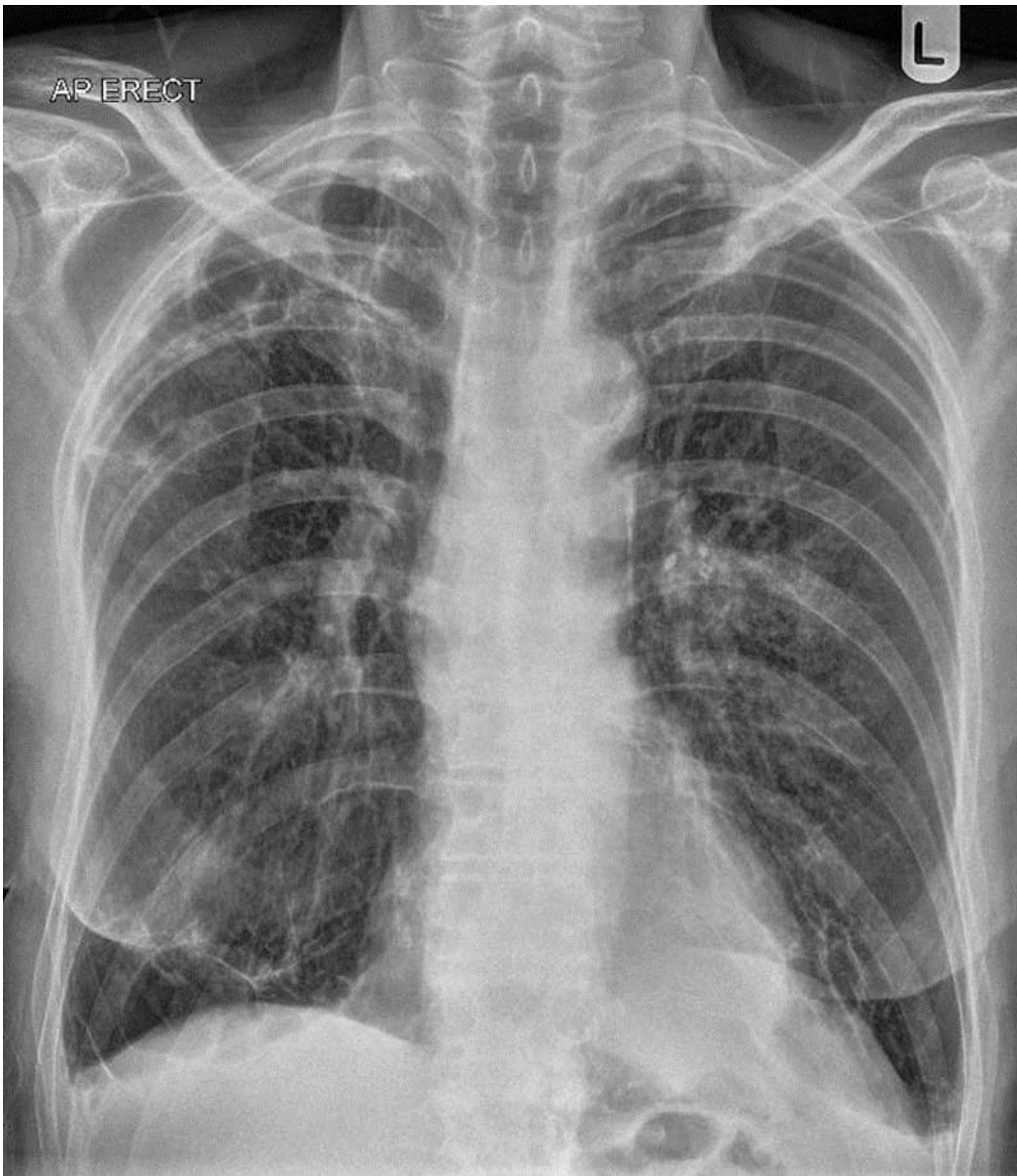
Clinical props

RADIOMETER ABL800 FLEX

Identifications			
Patient ID	789987		
Patient Last Name	WILLIAMS		
Patient First Name	John		
Sex	Male		
Date of birth			
FO ₂ (I)		%	
T	37.1	C	
Sample type	Arterial		
Operator	TEMP FHH 1		
Blood Gas Values			
↓	pH	7.320	[7.350 - 7.450]
↑	pCO ₂	6.80	kPa [4.70 - 6.00]
↓	pO ₂	7.1	kPa [11.1 - 14.4]
	Hct _c	0.35	%
Oximetry Values			
	ctHb	10.2	g/L
↓	FO ₂ Hb	85.0	% [94.0 - 98.0]
	sO ₂	86.0	%
	FCOHb	1.0	% [0.5 - 1.5]
	FHHb	3.5	% [0.0 - 5.0]
	FMe:Hb	1.0	% [0.0 - 1.5]
Calculated Values			
	cBase(Ecf) _c	-4.0	mmol/L
	cHCO ₃ ⁻ (P) _c	29.0	mmol/L
Electrolyte Values			
	cNa ⁺	140	mmol/L [136 - 146]
	cK ⁺	4.0	mmol/L [3.4 - 4.5]
	cCl ⁻	100	mmol/L [98 - 106]
	cCa ⁺⁺	1.20	mmol/L [2.2 - 2.45]
	Anion Gap _c		mmol/L
Metabolite Values			
	cGlu	4.8	mmol/L [3.9 - 5.8]
	cLac	1.4	mmol/L [0.5 - 1.6]
	cCrea	94	μmol/L [44 - 97]
Notes			
↑	Value(s) above reference range		
↓	Value(s) below reference range		
c	Calculated value(s)		

RADIOMETER ABL800 FLEX

Identifications			
Patient ID	789987		
Patient Last Name	WILLIAMS		
Patient First Name	John		
Sex	Male		
Date of birth			
FO ₂ (I)		%	
T	37.1	°C	
Sample type	Arterial		
Operator	LEMP FPH 1		
Blood Gas Values			
↓	pH	7.240	[7.350 - 7.450]
↑	pCO ₂	9.60	kPa [4.70 - 6.00]
↓	pO ₂	9.1	kPa [11.1 - 14.4]
	Hct _C	0.35	%
Oximetry Values			
	ctHb	10.2	g/L
↓	FO ₂ Hb	93.0	% [94.0 - 98.0]
	sO ₂	94.0	%
	FCO ₂ Hb	1.0	% [0.5 - 1.5]
	FHHb	3.5	% [0.0 - 5.0]
	FMeiHb	1.0	% [0.0 - 1.5]
Calculated Values			
	cBase(Ecf) _C	-5.0	mmol/L
	cHCO ₃ ⁻ (P) _C	31.0	mmol/L
Electrolyte Values			
	cNa ⁺	140	mmol/L [136 - 146]
	cK ⁺	4.0	mmol/L [3.4 - 4.5]
	cCl ⁻	100	mmol/L [98 - 106]
	cCa ²⁺	1.20	mmol/L [2.2 - 2.45]
	Anion Gap _C		mmol/L
Metabolite Values			
	cGlu	4.8	mmol/L [3.9 - 5.8]
↑	cLac	1.9	mmol/L [0.5 - 1.6]
	cCrea	94	µmol/L [44 - 97]
Notes			
↑	Value(s) above reference range		
↓	Value(s) below reference range		
c	Calculated value(s)		



NEWS - OBSERVATION CHART



Frimley Health
NHS Foundation Trust

Surname: Williams First name: John
Hospital number: 12345 D.O.B: 1.1.1949 Date of admission: Today

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

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

Version: 201807_004

Product Code:

24 Hour Fluid Balance Chart

Patient Name: *Jenny Williams*

Date: *[Redacted]*

Hospital No: *[Redacted]*

NHS No: *[Redacted]*

WEIGHT= *76* URINE OUTPUT SHOULD 0.5mls/KG/HR= *~40mls* mls/hr

INDICATION FOR USE

Hour ending at:	INTAKE					OUTPUT					Hourly Balance
	MI / BLOOD		IVABS	ORAL INTAKE	HOURLY INTAKE	URINE	VOMIT ASP / NG	DRAIN		HOURLY OUTPUT	
01:00			100	20		10					
02:00						80					
03:00						60					
04:00				20		20					
05:00						20					
06:00			100			10					
Running total:											
07:00						10					
08:00						0					
09:00						0					
10:00											
11:00											
12:00						0					
Running total:											
13:00											
14:00											
15:00											
16:00											
17:00											
18:00											
Running total:											
19:00											
20:00											
21:00											
22:00											
23:00											
24:00											
Running total:											
Running Fluid balance Total:		06:00		12:00		18:00		24:00			
Accountable Registered Nurse Signature:											

Product Code: FH1009

Frimley Park Hospital

First Name(s): <u>John</u>	Ward	Date chart started <u>18/12/16</u>	Chart number <u>1</u> of <u>1</u>
Surname: <u>WILLIAMS</u>	Consultant <u>Dr</u>	Doctor bleep number	Date of admission
Hospital Number: _____			
NHS Number: _____			
Date of Birth: _____			

Date weighed	Weight (kg)	Date weighed	Weight (kg)	Height (M)	Surface area (M ²)	Ideal Body Weight (IBW)	Body Mass Index (BMI)	Diet
	<u>78kg</u>	<u>20/12/16</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>penicillin</u>	<u>rash and Nausea and vomiting</u>

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

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

Reminder: Prescriptions must be rewritten not amended
Unclear prescriptions will be challenged
Care with opioids if elderly, frail and/or renal impairment

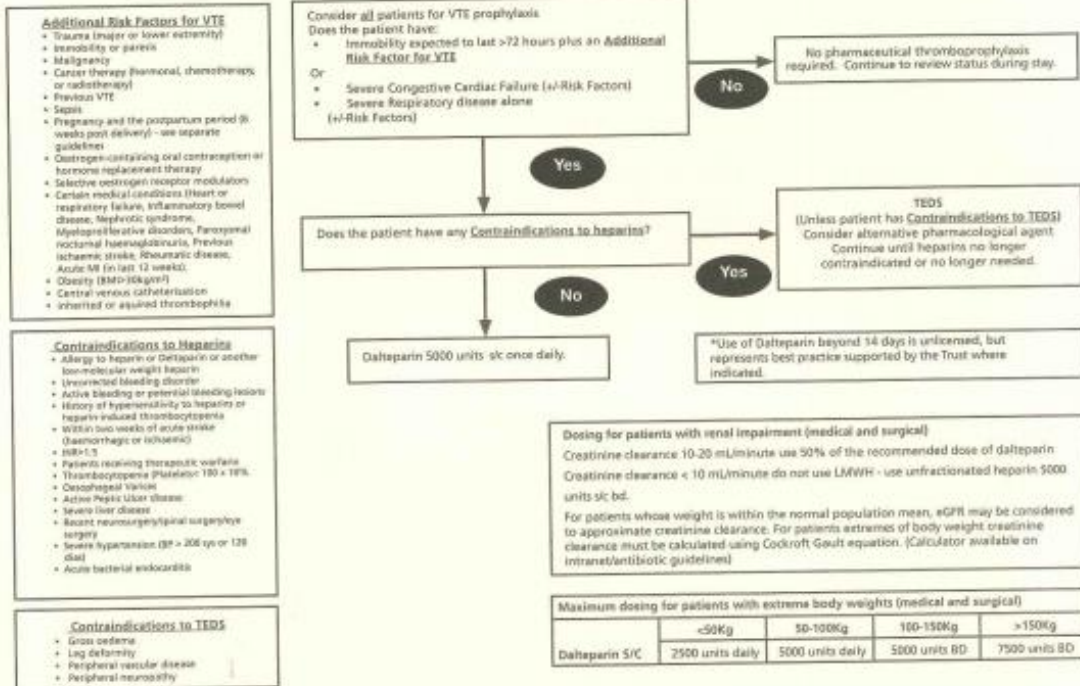
Date	Communication for doctors. Messages must be actioned within 24 hours.	Sign and Bleep No.	Actioned sign and date

Smoking		Alcohol		Is patient self medicating: Yes / No Level <u>1</u> / 2 / 3
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		

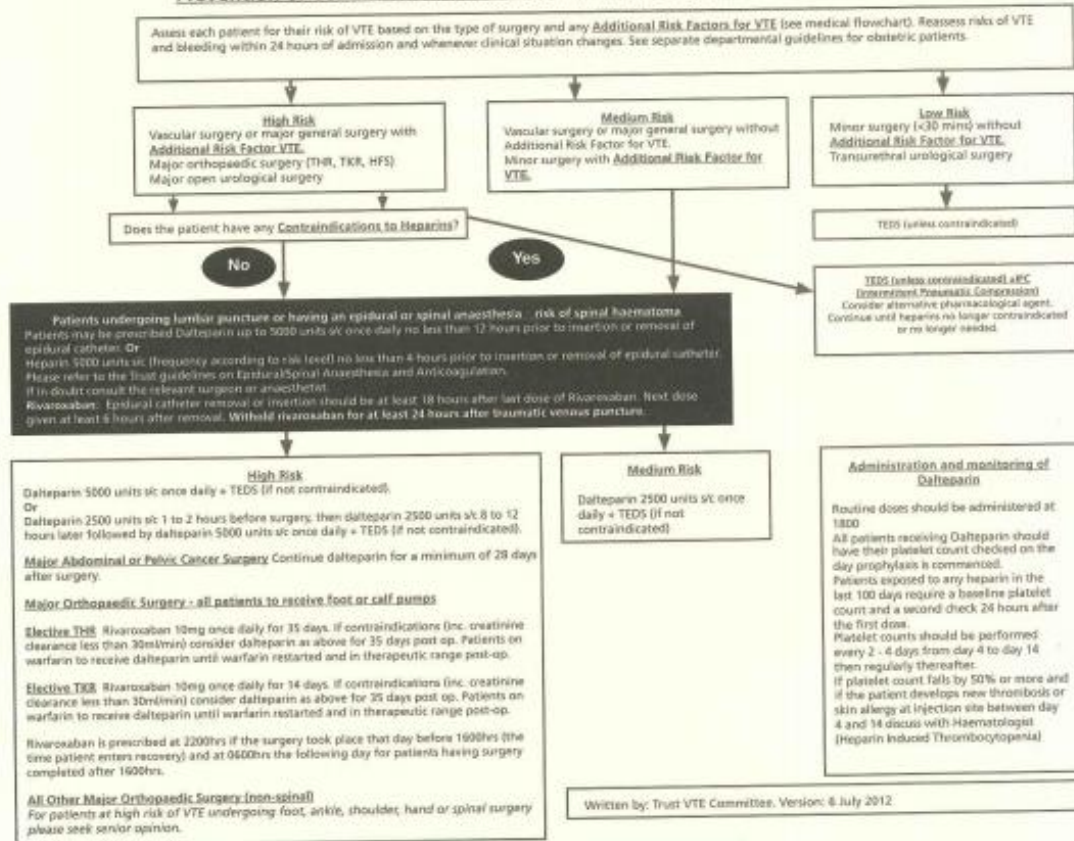
Date chart rewritten / / TTO written / /

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

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

1 NIL BY MOUTH
2 REFUSED
3 UNABLE (NEEDS)

REGULAR PRESCRIPTIONS

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	
Device	

PRESCRIBERS SIGNATURE _____ DATE _____
 Home Oxygen Indicated: YES / NO
 Referral to Respiratory Nurse for HCOF 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/TREATMENT INCLUDING NOACS

PRESCRIBERS SIGNATURE _____ GMC No. _____ DOSE _____ ROUTE _____

START _____ REVIEW _____ STOP _____

INDICATION AND SPECIAL INSTRUCTIONS _____
 Please tick appropriate status
 NEW PRE AD CHANGE

PHARMACY _____
 POD H POD W _____
 TO CONTINUE ON YES
 DISCHARGE NO

MECHANICAL VTE PROPHYLAXIS

PRESCRIBERS SIGNATURE _____ GMC No. _____ DOSE _____ ROUTE _____

START _____ REVIEW _____ STOP _____

INDICATION AND SPECIAL INSTRUCTIONS _____
 Please tick appropriate status
 NEW PRE AD CHANGE

PHARMACY _____
 POD H POD W _____
 TO CONTINUE ON YES
 DISCHARGE NO

WARFARIN AND OTHER COUMARIN ANTICOAGULANTS

PRESCRIBERS SIGNATURE _____ GMC No. _____ DATE STARTED _____ DOSE (mg) _____

INDICATION _____ DURATION _____ TARGET INR _____ PLEASE TICK APPROPRIATE STATUS
 NEW PREADMISSION

PHARMACY _____
 BOOK PROVIDED ON: _____ DATE COUNSELLED: _____
 BY: _____ BY: _____
 TO CONTINUE ON YES
 DISCHARGE NO

PRESCRIBERS SIGNATURE _____ GIVEN BY _____

DRUG (Approved Name) _____ DOSE _____ ROUTE _____

PRESCRIBERS SIGNATURE _____ GMC No. _____ START _____ REVIEW _____ STOP _____

INDICATION AND SPECIAL INSTRUCTIONS _____
 Please tick appropriate status
 NEW PRE AD CHANGE

PHARMACY _____
 POD H POD W _____
 TO CONTINUE ON YES
 DISCHARGE NO

DRUG (Approved Name) _____ DOSE _____ ROUTE _____

PRESCRIBERS SIGNATURE _____ GMC No. _____ START _____ REVIEW _____ STOP _____

INDICATION AND SPECIAL INSTRUCTIONS _____
 Please tick appropriate status
 NEW PRE AD CHANGE

PHARMACY _____
 POD H POD W _____
 TO CONTINUE ON YES
 DISCHARGE NO

DRUG (Approved Name) _____ DOSE _____ ROUTE _____

PRESCRIBERS SIGNATURE _____ GMC No. _____ START _____ REVIEW _____ STOP _____

INDICATION AND SPECIAL INSTRUCTIONS _____
 Please tick appropriate status
 NEW PRE AD CHANGE

PHARMACY _____
 POD H POD W _____
 TO CONTINUE ON YES
 DISCHARGE NO

DRUG (Approved Name) _____ DOSE _____ ROUTE _____

PRESCRIBERS SIGNATURE _____ GMC No. _____ START _____ REVIEW _____ STOP _____

INDICATION AND SPECIAL INSTRUCTIONS _____
 Please tick appropriate status
 NEW PRE AD CHANGE

PHARMACY _____
 POD H POD W _____
 TO CONTINUE ON YES
 DISCHARGE NO

WHEN REQUIRED MEDICATION

OXYGEN

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

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

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

MONTH/YEAR →
DATE

Insulins - variable dosing

DRUG (Approved name)				ROUTE	SIG →	MONTH/YEAR → DATE	
PRESCRIBERS SIGNATURE				GMC No.	START	STOP	TIME
DEVICES				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD			
PHARMACY				TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO			
POD H POD W							
DRUG (Approved name)				ROUTE	S/C		Breakfast
PRESCRIBERS SIGNATURE				GMC No.	START	STOP	Lunch
DEVICES				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	S/C		Breakfast
PRESCRIBERS SIGNATURE				GMC No.	START	STOP	Lunch
DEVICES				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	S/C		Breakfast
PRESCRIBERS SIGNATURE				GMC No.	START	STOP	Lunch
DEVICES				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						
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						
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						
PRESCRIBERS SIGNATURE		GMC No.	DATE	DOSE (In Units)					
INDICATION AND SPECIAL INSTRUCTIONS				Route					
PHARMACY				Given by					

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 ⇨	TIME																		

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 ⇨	TIME																		

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 ⇨	TIME																		

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 ⇨	TIME																		

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 ⇨	TIME																		

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 ⇨	TIME																		

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	Time 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)

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				