

|                         |   |                    |             |
|-------------------------|---|--------------------|-------------|
| <b>Title</b>            | Diabetic Ketoacidosis (DKA)                             | <b>Version</b>     | 1.4         |
| <b>Target Audience</b>  | FY doctors & student nurses                             | <b>Run time</b>    | 10 -15 mins |
| <b>Authors</b>          | James Jackson, Paul Wilder, Udesh Naidoo, Mark Loughrey | <b>Last review</b> | 4/7/18      |
| <b>Faculty comments</b> | Normal faculty requirements                             | <b>Necessity</b>   | n/a         |

## Brief Summary

A young diabetic with uncontrolled type 1 diabetes admitted to A&E resus with dehydration, lethargy, anorexia, hyperventilation, abdominal pain. He has ketotic breath, is acidotic and had a blood sugar of 35. His urine contains ketones. After a diagnosis of diabetic ketoacidosis the emergency management of his blood glucose, dehydration and electrolyte imbalance should be addressed. He will deteriorate into coma if management options are not addressed.

## Educational Rationale

The scenario evaluates management of the acutely ill patient in need of rapid assessment and management appropriate for the skill grade of an FY doctor. It allows correction of parameters without direct cause and a differential diagnosis can be suggested before senior help arrives.

## Learning Objectives: Nurse

- ABCDE assessment and NEWS scoring of a deteriorating patient
- Initial appropriate management
- Escalation and SBAR handover
- Inter-professional team working

## Learning Objectives: Doctor

- A-E assessment and initial management of a deteriorating patient
- Recognise the signs and symptoms of DKA
- Prescribe appropriate fluid and electrolyte replacement
- Prescribe infusion of insulin in line with trust guidelines
- Appropriate anticoagulation

| 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 Resus bay

You are an A&E nurse working in resus who has just received 35 year old Jason Bradley in bay 1. He has just been brought in by ambulance having been found at home by his brother drowsy, breathlessness and smelling funny.

The Ambulance crew handed over a bag of medications and says he lives alone and works as a volunteer. They also say he has signs of heavy smoking and appears quite unkempt.

His brother has not yet arrived in the hospital and there is no other history known so the patient paperwork is currently blank.

Please complete your initial assessment and take the necessary actions, acting as you would do normally.

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# Candidate Briefing: Doctor

Setting A&E Resus bay

You are an ED Doctor working in A&E Resus. Please wait as directed until you are called by the nurses who are undertaking a patient assessment, and then act as you would do in real life including receiving an SBAR handover from them.

# Technical set-up

|           |               |     |    |
|-----------|---------------|-----|----|
| Setting   | A&E Resus bay |     |    |
| Simulator | Manikin       |     |    |
| Gender    | Male          | Age | 35 |

## Initial monitor parameters

| RR              | O2 sats       | Pulse (HR) | BP    | ECG rhythm  |
|-----------------|---------------|------------|-------|-------------|
| 31              | 95% on air    | 110        | 98/55 | Sinus tachy |
| Cap Refill Time | Blood glucose | Temp.      |       |             |
| 4s              | 35            | 36.5       |       |             |

## Initial patient set-up

| Airway | Obstruction | Airway adjunct |
|--------|-------------|----------------|
|        | No          | No             |

| Breathing | Chest sounds | O2 supply |
|-----------|--------------|-----------|
|           | Normal       | Air       |

| Circulation | Cannula | BP cuff | Peripheries / pulses |
|-------------|---------|---------|----------------------|
|             | No      | No      | cool                 |

| Disability | Eyelids       | Pupils         | AVPU/GCS |
|------------|---------------|----------------|----------|
|            | Open to voice | React normally | V / 12   |

| Exposure | Posture               | Moulage |
|----------|-----------------------|---------|
|          | Sitting at 45 degrees | No      |

## Specific equipment / prop requirements

- Monitoring - BP cuff, sats probe, ECG monitoring
- Airway - Nasal O2, Venturi masks, Hudson mask, Guedel, nasopharyngeal airway
- Crash Trolley and defibrillator
- Partially completed A&E casualty card
- Initial obs chart filled in
- Patient name band
- ABG on request
- CXR on request
- DKA protocol

### Drugs available:

- Oxygen
- Insulin sliding scale
- Fluids (crystalloid/colloid)
- Potassium
- Bicarbonate
- All pain killers
- LMWH

# Facilitator Briefing

## Telephone Advice

Encourage a handover using the SBAR tool (Situation/ background / assessment/ recommendations).

If the candidate is struggling with diagnosis/management then some clues can be given. Please treat scenario as real as possible. For example:

- Talk about examination findings or lack of history
- Ask them why they would be on certain medications?
- Ask them to analyse ABG/urinalysis/ECG/bloods over the phone?
- Encourage them to download protocol from intranet and prescribe as necessary
- If appropriate then candidates can be pushed for differential diagnosis

Advise them that you cannot come immediately. They are allowed to call you back!

### 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 an A&E nurse working in Resus who has just received 35 year old Jason Bradley in bay 1 and have not managed to take any observations. You have contacted the doctor to come immediately as you are concerned he smells funny, is confused and drowsy.

He has a bag of medications with him - (short and long acting insulin, lansoprazole and fluoxetine).

He lives alone and works as a volunteer. He has signs of heavy smoking and is quite unkempt. His brother called the ambulance but has not yet arrived in the hospital and there is no other history known at this point when you call the candidates.

Observations will deteriorate if management is not implemented. He will remain the same if appropriate management is given.

## 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 resus

Name Jason Bradley

Age 35

Gender Male

## What has happened to you?

You are confused and unable to provide a history.

You have been eating irregularly and have not been taking your insulin routinely over the last few days.

## How you should role-play

Confused with eyes opening to voice and localising to painful stimulus initially (E3V4M5). You appear short of breath and if aroused all you want is a drink.

If candidate initiates treatment with fluid and insulin then you remain the same. If fluid and insulin not prescribed then you become progressively worse over a period of 5 mins to the point where you open your eyes to pain, grunting noises only and localise to pain (E2V2M5).

Allow candidate to examine you and nurse to put monitoring on without upset.

## Your background

### PMH

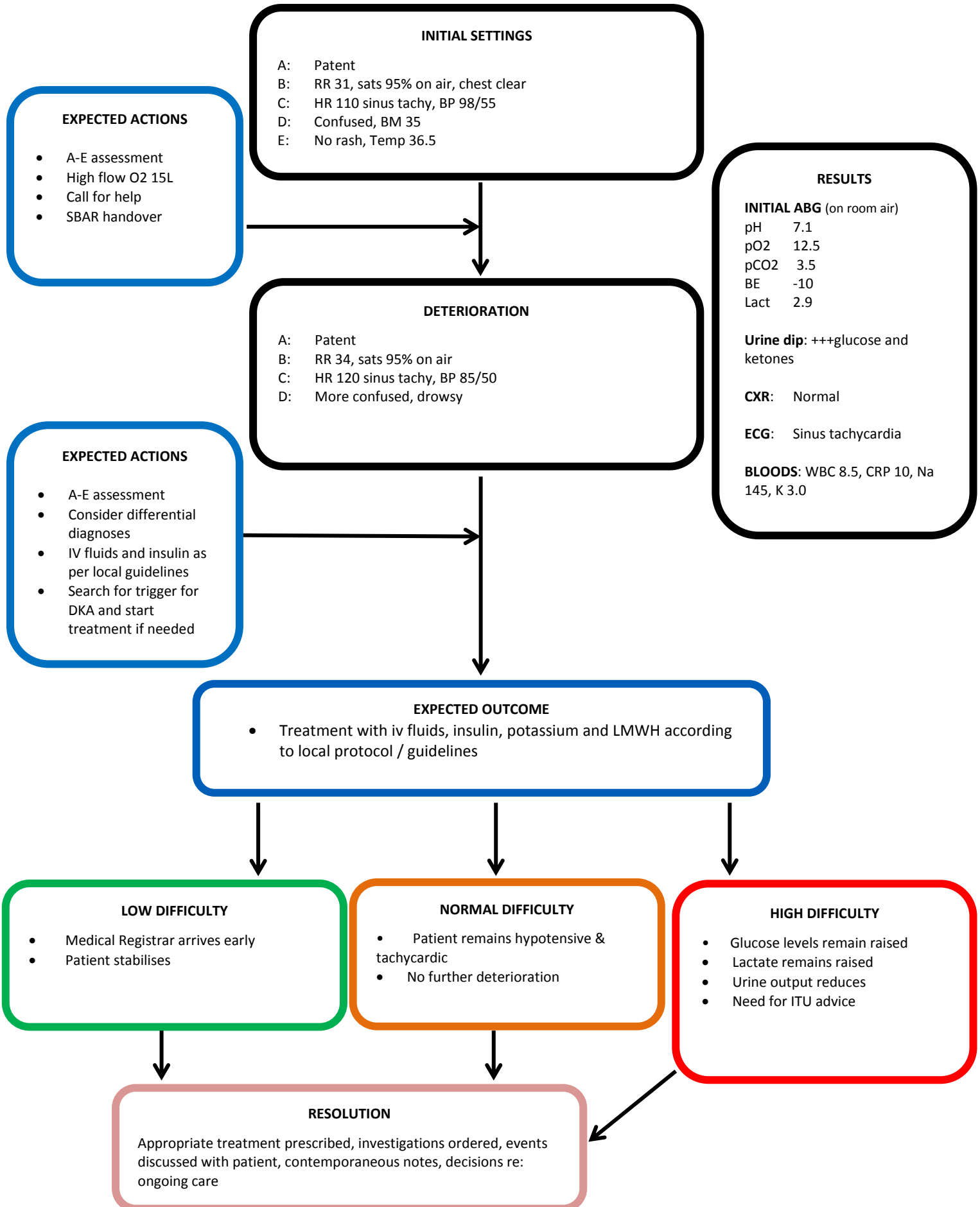
- Type 1 DM – poorly controlled
- Depression
- GORD
- Multiple admissions to hospital with similar presentation

### SH

- Smoker 10 cigarettes / day (10 years)
- ETOH 30 units/week
- Lives alone in flat
- Works as a volunteer



# Scenario flowchart



# References

- Joint British Diabetes Societies Inpatient Care Group: The management of diabetic ketoacidosis in adults. March 2010.  
[https://www.diabetologists.org.uk/JBDS\\_DKA\\_Management.pdf](https://www.diabetologists.org.uk/JBDS_DKA_Management.pdf)
- ABCD guidelines for the management of hyperglycaemic emergencies in adults. June 2006. Found at:  
[https://www.diabetologists.org.uk/Shared\\_Documents/position\\_papers/Position\\_Paper\\_on\\_Hyperglycaemic\\_Emergencies.pdf](https://www.diabetologists.org.uk/Shared_Documents/position_papers/Position_Paper_on_Hyperglycaemic_Emergencies.pdf)

# Clinical props

|                         |              |
|-------------------------|--------------|
| <b>Specific Gravity</b> | <b>1.015</b> |
| <b>PH</b>               | <b>6.0</b>   |
| <b>Leukocytes</b>       | <b>Neg</b>   |
| <b>Blood</b>            | <b>Neg</b>   |
| <b>Nitrites</b>         | <b>Neg</b>   |
| <b>Ketones</b>          | <b>+++</b>   |
| <b>Protein</b>          | <b>+</b>     |
| <b>Glucose</b>          | <b>+++</b>   |

| RADIOMETER ABL800 FLEX                          |                                |        |                   |
|---|--------------------------------|--------|-------------------|
| Identifications                                 |                                |        |                   |
| Patient ID                                      | 789987                         |        |                   |
| Patient Last Name                               | Bradley                        |        |                   |
| Patient First Name                              | Jason                          |        |                   |
| Sex   | M                              |        |                   |
| Date of birth                                   |                                |        |                   |
| FO <sub>2</sub> (I)                             | 21.0                           | %      |                   |
| T   | 35.5                           | °C     |                   |
| Sample type                                     | Venous                         |        |                   |
| Operator  | TEMPERH1                       |        |                   |
| Blood Gas Values                                |                                |        |                   |
| ↓ pH  | 7.100                          |        | [ 7.350 - 7.450 ] |
| ↓ pCO <sub>2</sub>                              | 3.50                           | kPa    | [ 4.70 - 6.00 ]   |
| ↓ pO <sub>2</sub>                               | 7.1                            | kPa    | [ 11.1 - 14.4 ]   |
| Hct <sub>C</sub>                                | 0.65                           | %      |                   |
| Oximetry Values                                 |                                |        |                   |
| ctHb  | 16.5                           | g/L    |                   |
| FO <sub>2</sub> Hb                              | 75.0                           | %      | [ 94.0 - 98.0 ]   |
| sO <sub>2</sub>                                 | 76.0                           | %      |                   |
| FCO <sub>2</sub> Hb                             | 1.0                            | %      | [ 0.5 - 1.5 ]     |
| FHHb  | 3.5                            | %      | [ 0.0 - 5.0 ]     |
| FMe <sub>2</sub> Hb                             | 1.0                            | %      | [ 0.0 - 1.5 ]     |
| Calculated Values                               |                                |        |                   |
| cBase(Ecf) <sub>C</sub>                         | -10.0                          | mmol/L |                   |
| cHCO <sub>3</sub> <sup>-</sup> (P) <sub>C</sub> | 14.0                           | mmol/L |                   |
| Electrolyte Values                              |                                |        |                   |
| cNa <sup>+</sup>                                | 145                            | mmol/L | [ 136 - 146 ]     |
| ↓ cK <sup>+</sup>                               | 3.1                            | mmol/L | [ 3.4 - 4.5 ]     |
| cCl <sup>-</sup>                                | 100                            | mmol/L | [ 98 - 106 ]      |
| cCa <sup>2+</sup>                               | 1.20                           | mmol/L | [ 2.2 - 2.45 ]    |
| Anion Gap <sub>C</sub>                          |                                | mmol/L |                   |
| Metabolite Values                               |                                |        |                   |
| ↑ cGlu  | 35.0                           | mmol/L | [ 3.9 - 5.8 ]     |
| ↑ cLac  | 2.9                            | mmol/L | [ 0.5 - 1.6 ]     |
| cCrea   | 80                             | 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: Bradley First name: Jason  
 Hospital number: 12345 D.O.B: 1. 1. 1984 Date of admission: Today

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

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

Version: 201807\_004

Product Code:

**Diabetic Ketoacidosis Monitoring Chart**

Patient Name **JASON BRADLEY**  
 Patient Number **789987**  
 NHS number  
 DOB  
 Date

| Hours | Time | Neuro GCS | Glucose mmol/l (bedside meter) | Venous Glucose mmol/L (gas analyser/lab) * | Insulin Units/hr | Blood ketones mmol/L | Urine ketones | pH | K <sup>+</sup> | Fluid in mL/hr | Fluid out mL/hr | Cumulative balance |
|-------|------|-----------|--------------------------------|--|------------------|----------------------|---------------|----|----------------|----------------|-----------------|--------------------|
| 0     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 1     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 2     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 3     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 4     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 5     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 6     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 7     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 8     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 9     |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 10    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 11    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 12    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 13    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 14    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 15    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 16    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 17    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 18    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 19    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 20    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 21    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 22    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 23    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |
| 24    |      |           |                                |  |                  |                      |               |    |                |                |                 |                    |

- Until pH normal, use of bedside glucose meters is contraindicated

|   |  |   |               |
|---|--|---|---------------|
| Hospital Number: [REDACTED]   |  | NHS Number: [REDACTED]  |               |
| Title: M<br>DoB: [REDACTED]<br>Surname: Bradley<br>First name: Jason<br>Address:<br><br>Postcode:<br><br>Tel (H):<br>Tel (M):<br><br>Employer / Educ. Est:<br>Religion:<br>Language:                    |  | Sex: M<br>Age: 35 Yrs<br><br>NOK:<br>Address:<br><br>Relationship:<br>Tel (H):<br>Tel (M):<br><br>NOK:<br>Address:<br><br>Relationship:<br>Tel (H):<br>Tel (M): |               |
| Source of Referral: AMBUANCE<br>Date of Arrival: TODAY<br>Time of Arrival:<br>Mode of arrival:<br><br>No of Attendances in past year: 2<br>Previous Attendance Number: EU-12-051816-1<br>To be seen in: |  | GP:<br>Address: [REDACTED]<br><br>Tel No:<br>Fax No:  |               |
| Speciality Expected:<br>Specialty:  | Time referred to speciality:<br>Time seen: | Duty/On-Call Emergency Department<br>Consultant:  |               |
| Presenting Complaint: Unwell.   |  |   |               |
| Triage Nurse:   |  | Time of Triage  |               |
| Presenting Complaint:   |  | Triage (ESI) 3  |               |
| History of Presenting Complaint:  |  | Pain Score  |               |
| On Assessment:  |  | Allergies   |               |
| Previous Medical History:   |  | Tetanus Status  |               |
| Social History:   |  | Triage Treatment  |               |
|   |  | Triage Notes  |               |
| Temperature   | 36.5                                       | Blood Pressure  |               |
| Pulse   | 110  | SP O <sub>2</sub> (Air)   | 95            |
| Respiratory rate  | 31   | Pupils (Left)   |               |
| Peak Flow   | (Pre/Post)                                 | Blood sugar   |               |
| Nurse Concern   | Y  | GCS   | 9 E V M = /15 |
|   |  | Pupils (Right)  |               |
|   |  | Weight  | 80 kg         |
| MET SCORE =   |  |   |               |

|                                |            |                     |                                      |
|--------------------------------|------------|---------------------|--------------------------------------|
| First Name(s): <u>JASON</u>    | Ward       | Date chart started  | Chart number<br><u>1</u> of <u>(</u> |
| Surname: <u>BRADLEY</u>        |            |                     |                                      |
| Hospital Number: <u>789546</u> | Consultant | Doctor bleep number | Date of admission                    |
| NHS Number: _____              |            |                     |                                      |
| Date of Birth: _____           |            |                     |                                      |

| Date weighed | Weight (kg) | Height (M) | Surface area (M <sup>2</sup> ) | Ideal Body Weight (IBW) | Body Mass Index (BMI) | Diet |
|--------------|-------------|------------|--------------------------------|-------------------------|-----------------------|------|
|              | <u>80</u>   |            |                                |                         |                       |      |

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

| Drug/substance | Details of reaction |
|----------------|---------------------|
| <u>NKDA</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"/> | Medicines reconciliation | <input type="checkbox"/> |
| PCA                       | <input type="checkbox"/> | Epidural           | <input type="checkbox"/> |                          | <input type="checkbox"/> |

Communication for doctors

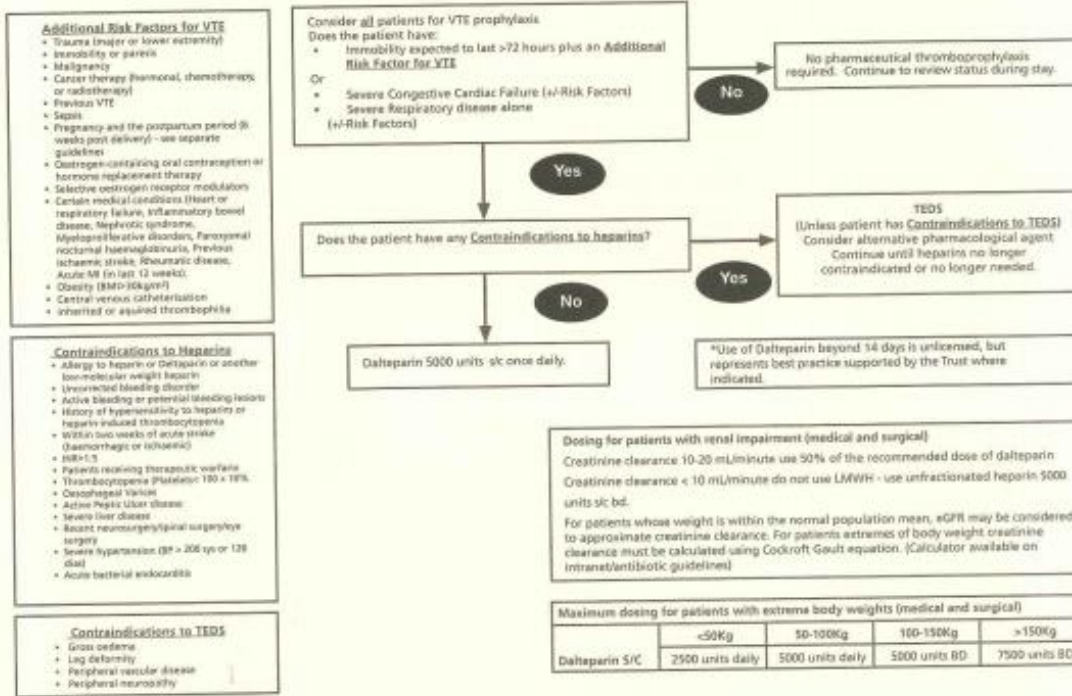
| Date | Sign and Bleep No. | Actioned sign and date |
|------|--------------------|------------------------|
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |
|      |                    |                        |

Does this patient smoke: Yes / No  
Date of referral to smoking cessation nurse:

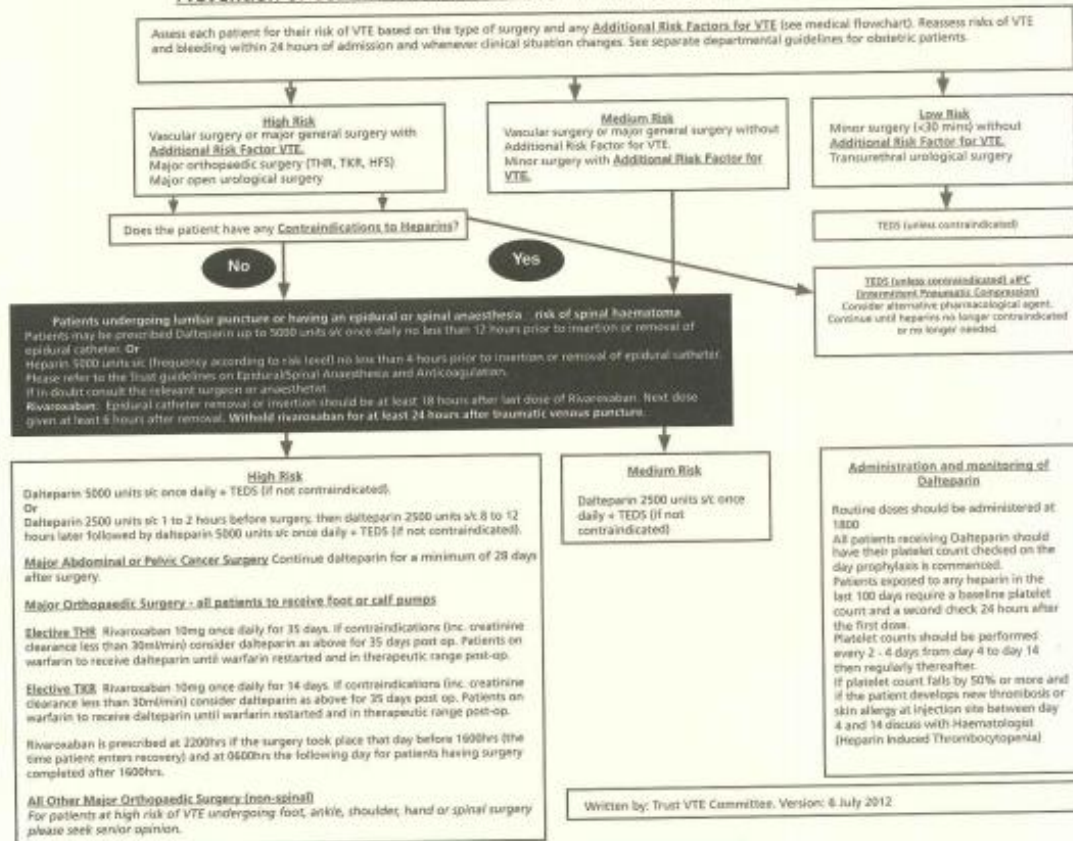
**SIMULATION DRUG CHART**  
Please use a pencil NOT a pen to prescribe



## 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<br>_ / _ / _                              | Assessment at 24 hours<br>_ / _ / _   | Assessment at<br>_ / _ / _ | Assessment at<br>_ / _ / _ |  |  |
|--|--|--|--|---|----------------------------|----------------------------|--|--|
| High   | Previous VTE                                   | Hip or Knee replacement<br>Hip fracture<br>Other major orthopaedic surgery<br>Surgical procedure lasting >30mins with additional VTE risk factor(s)                                |  |   |                            |                            |  |  |
|  | 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 <sup>2</sup>                       |  |  |   |                            |                            |  |  |
|  | Inherited or acquired thrombophilia            |  |  |   |                            |                            |  |  |
|  | Pregnancy or less than 6 weeks post partum     |  |  |   |                            |                            |  |  |
|  |  |  |  |   |                            |                            |  |  |
|  |  |  |  |   |                            |                            |  |  |
| Medium   | Oestrogen containing oral contraception or HRT | Minor surgical procedure with additional VTE risk factor(s)<br>Surgical procedure lasting >30mins with no additional VTE risk factors<br>Plaster cast immobilisation of lower limb |  |   |                            |                            |  |  |
|  | Selective oestrogen receptor modulators        |  |  |   |                            |                            |  |  |
|  | Age > 60                                       |  |  |   |                            |                            |  |  |
|  | Dehydration                                    |  |  |   |                            |                            |  |  |
|  | Varicose veins with phlebitis                  |  |  |   |                            |                            |  |  |
|  |  |  |  |   |                            |                            |  |  |
| 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 <sup>9</sup> /L)      |   |                            |                            |  |  |
|  |  |  | Within two weeks of acute stroke (haemorrhagic or ischaemic) |   |                            |                            |  |  |
|  |  |  | Severe hypertension (BP > 200 systolic or 120 diastolic)     |   |                            |                            |  |  |
|  |  |  | Severe liver disease   |   |                            |                            |  |  |
|  |  |  | Oesophageal Varices  |   |                            |                            |  |  |
|  |  |  | Active Peptic Ulcer disease                                  |   |                            |                            |  |  |
|  |  |  | Active bleeding or potential bleeding lesions                |   |                            |                            |  |  |
|  |  |  | Major bleeding risk, existing anticoagulant therapy          |   |                            |                            |  |  |
|  |  |  | Severe renal disease   |   |                            |                            |  |  |
|  |  |  |  | Neurosurgery, spinal surgery or eye surgery   |                            |                            |  |  |
|  |  |  |  | Other procedure with high bleeding risk   |                            |                            |  |  |
|  |  |  |  | Lumbar puncture/spinal/epidural in previous 4 hours or anticipated in next 12 hours |                            |                            |  |  |
| Risk assessment performed by                         |  |  |  |   |                            |                            |  |  |
| Signature  |  |  |  |   |                            |                            |  |  |
| Copy of Patient Information Leaflet given to patient |  |  | Yes  | No  |                            |                            |  |  |



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

1 NIL BY MOUTH  
2 REFUSED  
3 UNABLE (NEEDS)

**REGULAR PRESCRIPTIONS**

**OXYGEN**

Circle target saturation  
Adjust flow rate to maintain specified oxygen saturation

Target oxygen saturation  
88 to 92%    94 to 98%

| TIME   | MONTH/YEAR<br>DATE |
|--------|--------------------|
| 0800   |                    |
| 1200   |                    |
| 1800   |                    |
| 2200   |                    |
| Device |                    |

PRESCRIBERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Home Oxygen Indicated: YES / NO  
 Referral to Respiratory Nurse for HCOF Date: \_\_\_\_\_

Other: \_\_\_\_\_

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 | DOSE   | ROUTE       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____                 | START  | REVIEW STOP |
| INDICATION AND SPECIAL INSTRUCTIONS                       | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE |             |
| PHARMACY<br>POD H POD W                                   | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO   |             |

|   |  |             |
|---|--|-------------|
| MECHANICAL VTE PROPHYLAXIS                | DOSE   | ROUTE       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____ | START  | REVIEW STOP |
| INDICATION AND SPECIAL INSTRUCTIONS       | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE |             |
| PHARMACY<br>POD H POD W                   | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO   |             |

|  |                      |                     |  |           |
|--|----------------------|---------------------|--|-----------|
| WARFARIN AND OTHER COUMARIN ANTICOAGULANTS | DOSE                 | ROUTE               | TIME   | INR       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____  | START                | REVIEW              | DATE STARTED   | DOSE (mg) |
| INDICATION                                 | DURATION             | TARGET INR          | PLEASE TICK APPROPRIATE STATUS<br><input type="checkbox"/> NEW <input type="checkbox"/> PREADMISSION |           |
| PHARMACY<br>POD H POD W                    | BOOK PROVIDED ON BY: | DATE COUNSELLED BY: | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO                 |           |
| DRUG (Approved Name)                       | DOSE                 | ROUTE               | PRESCRIBERS SIGNATURE  | GIVEN BY  |

|   |  |             |
|---|--|-------------|
| DRUG (Approved Name)                      | DOSE   | ROUTE       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____ | START  | REVIEW STOP |
| INDICATION AND SPECIAL INSTRUCTIONS       | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE |             |
| PHARMACY<br>POD H POD W                   | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO   |             |

|   |  |             |
|---|--|-------------|
| DRUG (Approved Name)                      | DOSE   | ROUTE       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____ | START  | REVIEW STOP |
| INDICATION AND SPECIAL INSTRUCTIONS       | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE |             |
| PHARMACY<br>POD H POD W                   | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO   |             |

|   |  |             |
|---|--|-------------|
| DRUG (Approved Name)                      | DOSE   | ROUTE       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____ | START  | REVIEW STOP |
| INDICATION AND SPECIAL INSTRUCTIONS       | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE |             |
| PHARMACY<br>POD H POD W                   | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO   |             |

|   |  |             |
|---|--|-------------|
| DRUG (Approved Name)                      | DOSE   | ROUTE       |
| PRESCRIBERS SIGNATURE _____ GMC No. _____ | START  | REVIEW STOP |
| INDICATION AND SPECIAL INSTRUCTIONS       | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE |             |
| PHARMACY<br>POD H POD W                   | TO CONTINUE ON <input type="checkbox"/> YES<br>DISCHARGE <input type="checkbox"/> NO   |             |

**WHEN REQUIRED MEDICATION**

**OXYGEN**

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

| OXYGEN   |                            | Date  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|----------------------------|---|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CIRCLE TARGET OXYGEN SATURATION<br>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<br>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<br>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<br>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<br>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<br>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<br>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  |     |           |  |  |  |  |
|-----------------------|--|--|-------|-------|-------|--------------|-----|-------|-----|-----------|--|--|--|--|
|                       |  |  |       | S/C   |       |              |     |       |     |           |  |  |  |  |
| PRESCRIBERS SIGNATURE |  | GMC No.  | START | STOP  | TIMES | UNITS        | SIG | UNITS | SIG |           |  |  |  |  |
| DEVICES               |  | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD |       |       |       |              |     |       |     | Breakfast |  |  |  |  |
| PHARMACY              |  | TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO              |       |       |       |              |     |       |     | Lunch     |  |  |  |  |
| POD H POD W           |  |  |       |       |       |              |     |       |     | Dinner    |  |  |  |  |
| DRUG (Approved name)  |  |  |       | ROUTE |       |              |     |       |     |           |  |  |  |  |
| PRESCRIBERS SIGNATURE |  | GMC No.  | START | STOP  | TIMES | UNITS        | SIG | UNITS | SIG |           |  |  |  |  |
| DEVICES               |  | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD |       |       |       |              |     |       |     | Breakfast |  |  |  |  |
| PHARMACY              |  | TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO              |       |       |       |              |     |       |     | Lunch     |  |  |  |  |
| POD H POD W           |  |  |       |       |       |              |     |       |     | Dinner    |  |  |  |  |
| DRUG (Approved name)  |  |  |       | ROUTE |       |              |     |       |     |           |  |  |  |  |
| PRESCRIBERS SIGNATURE |  | GMC No.  | START | STOP  | TIMES | UNITS        | SIG | UNITS | SIG |           |  |  |  |  |
| DEVICES               |  | Please tick appropriate status<br><input type="checkbox"/> NEW <input type="checkbox"/> PRE AD |       |       |       |              |     |       |     | Breakfast |  |  |  |  |
| PHARMACY              |  | TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO              |       |       |       |              |     |       |     | Lunch     |  |  |  |  |
| POD H POD W           |  |  |       |       |       |              |     |       |     | Dinner    |  |  |  |  |
| PHARMACY              |  | TO CONTINUE ON DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO              |       |       | Night |              |     |       |     |           |  |  |  |  |

### 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        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



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?<br>(no unexplained tachycardia)  | Febrile with neutropenia?   |
| WCC between 4-12x10 <sup>9</sup> /L?  | Specific indication / deep seated infection.<br>(Meningitis, endocarditis, encephalitis, osteomyelitis, neutropenia, cystic fibrosis, septicaemia, haematology/ immunocompromised pts, continuing sepsis, other severe infections as discussed with microbiology.)<br>Seek microbiology advice if unsure. |
| Oral formulation available?   |   |
| Others markers:<br>BP stable<br>Respiratory rate <20 breaths/min<br>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)   |



