

Title	Anaphylaxis	Version	2.5
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors	Udesh Naidoo, Catherine Doyle, Paul Wilder, Sarah Hunter, Mark Loughrey	Last review	4/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

Brief Summary

A 30 year old female admitted with pyelonephritis and treated with iv cefuroxime 750mg who becomes distressed (itchy, short of breath, etc.) after being transferred to a side room on an acute admissions ward. Student nurse should escalate management and the attending foundation doctor should manage her allergic reaction.

Educational Rationale

The diagnosis and treatment of anaphylaxis is a medical emergency that relies on the quick assessment of the patient and immediate treatment using the approved algorithm.

Learning Objectives: Nurse

- General assessment of a sick patient
- An ABCDE approach
- Knowledge of management of anaphylaxis
- Communication with patient and SBAR handover to colleagues

Learning Objectives: Doctor

- An ABCDE approach to assessment of an acutely unwell patient
- Knowledge of the management of anaphylaxis
- Team working and leadership

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

Acute admissions medical ward

You have just noticed a distressed patient in one of the side rooms. You know she is a 30 year old woman called Sarah Blunt who has been recently transferred from A&E with suspected pyelonephritis following initial treatment. She hasn't had any observations since her transfer from A&E.

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

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

Candidate Briefing: Doctor

Setting

Acute admissions medical ward

You are on call for medicine. Please wait as directed, until you receive a call from the acute admissions medical ward and then act as you would do in real life.

You will receive a handover from a student nurse about a medical emergency.

Technical set-up

Setting	Acute admissions medical ward		
Simulator	High-fidelity manikin		
Gender	Female	Age	30

Initial monitor parameters

RR	O2 sats	Pulse (HR)	BP	ECG rhythm
24	94% on air	116	100/56	Sinus rhythm
Cap Refill Time	Blood glucose	Temp.		
3s	5.4	37.6		

Initial patient set-up

Airway	Obstruction	Airway adjunct
	Tongue swelling	no

Breathing	Chest sounds	O2 supply
	Mild wheeze	air

Circulation	Heart sounds	Cannula	BP cuff	Peripheries / pulses
	Tachycardic	In situ	no	Cool, mottled

Disability	Eyelids	Pupils	AVPU/GCS
	Open	PEARL	A / 15

Exposure	Posture	Moulage	Bowel sounds
	Sitting up	Abdominal rash	Normal

Specific equipment / prop requirements

- Completed CAS card
- Penicillin allergy band
- Drug chart - indicating paracetamol, fluids and antibiotics prescribed
- Partly completed obs chart
- ABG syringe
- Anaphylaxis algorithm
- Antibiotic giving set with almost empty bag of cefuroxime 750mg and (bed) drip stand
- Red food colouring & cotton wool/ photograph of rash
- EpiPen prop

MEDICATIONS

- Adrenaline 1 in 1000 (0.5mg IM)
- 10ml syringes: hydrocortisone, chlorphenamine
- Nebuliser giving set
- Non-invasive BP cuff
- Intubation pack
- BVM or water circuit
- IV fluids

Facilitator Briefing

Telephone Advice

Advice as Medical Registrar:

- Does the patient have any known allergies or family history?
- What are the current observations?
- What will you do next (repeat adrenaline every 5 minutes as necessary)?
- Confirm needs acute medical admission and observations for 24 hours
- EpiPen on discharge
- Educating patient to recognise symptoms in future
- Tryptase levels
- Consider referring to immunologist on discharge

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

You have just noticed a distressed patient in one of the side rooms. You know she is a 30 year old woman called Sarah Blunt who has been recently transferred from A&E with suspected pyelonephritis. She hasn't had any observations since her transfer from A&E.

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 Acute admissions medical ward

Name Sarah Blunt

Age 30

Gender Female

What has happened to you?

- Attended A&E this morning, where you were diagnosed with a UTI plus right-sided kidney infection
- Received some IV antibiotics, paracetamol and fluids in A&E then were transferred to medical side room as no other beds were available
- Now finding breathing difficult and itchy skin

How you should role-play

- Role-play finding it hard to breath and role-play wheezing
- Complain of feeling “terrible” - difficulty breathing, tightness in the throat, itchy all over, new rash on tummy
- If asked, your pain is in the right flank (pain 6/10 and radiates to groin)
- If no treatment is received then your tongue will start to swell and your voice will sound harsh.

- After IM adrenaline, throat feels a little better
- After chlorphenamine, itching stops
- After hydrocortisone, breathing feels better

- After a couple of minutes, start to feel worse again - difficulty breathing with throat tightness and then itching returns too
- Doctor should repeat above medications and you will then feel better again

Your background

PAST MEDICAL HISTORY

- None

MEDICATION

- Mini-pill

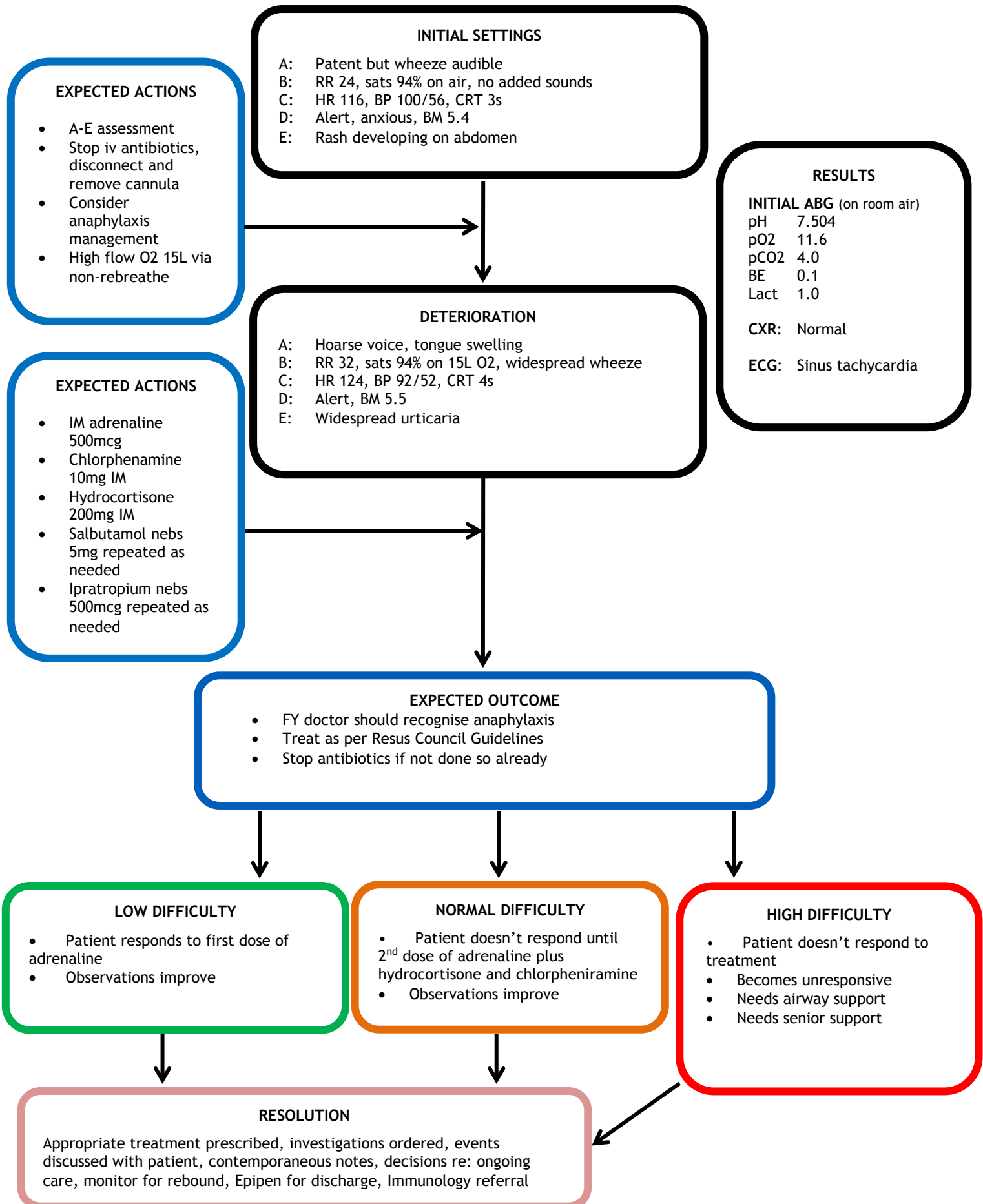
ALLERGIES

- Penicillin

SOCIAL HISTORY

- Lives with boyfriend
- Non-smoker
- 18 units alcohol/week
- Works as a carer in nursing home

Scenario flowchart



References

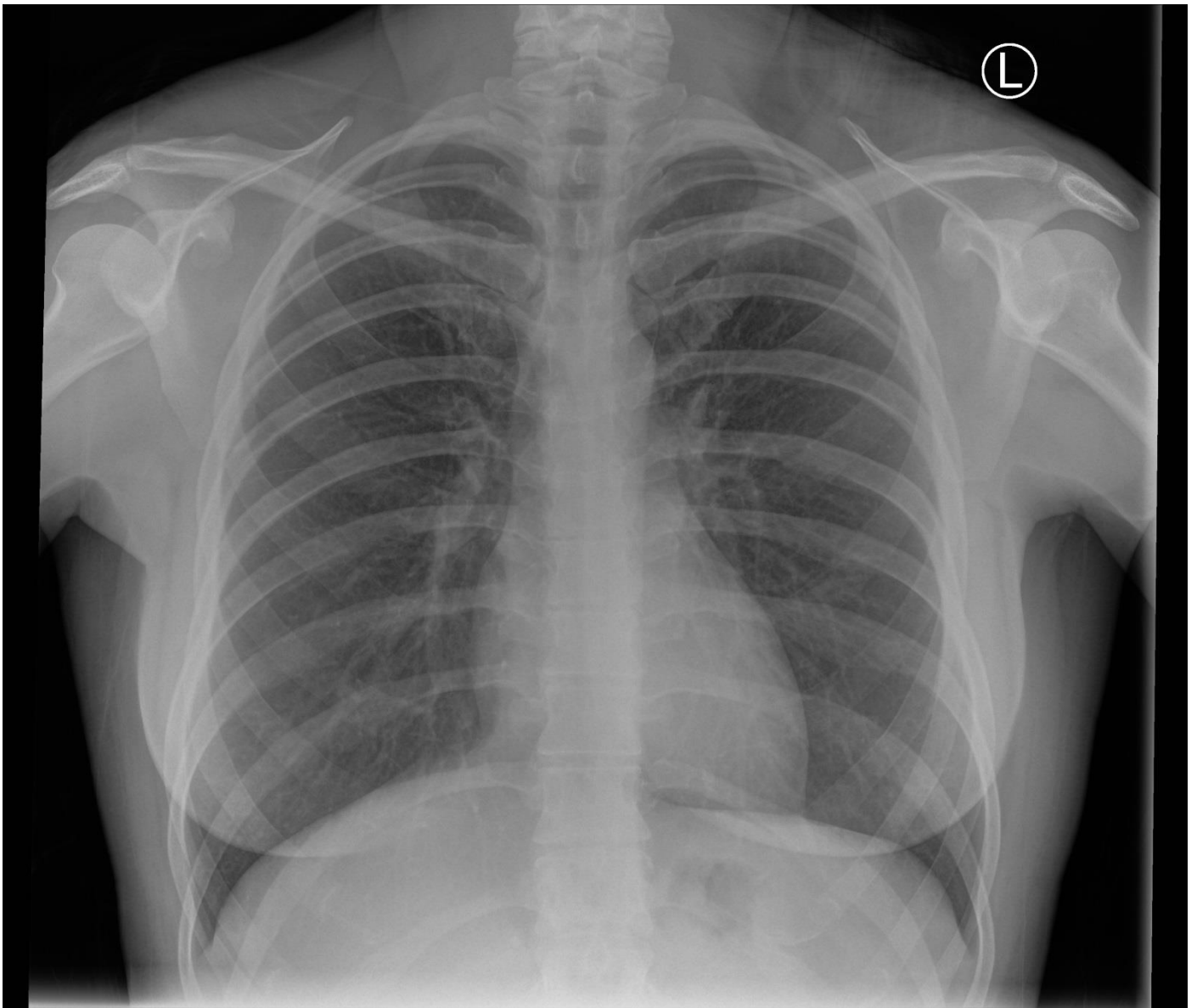
- Resus Council (UK) guidelines. <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>
- NICE Clinical Guideline (CG134). Anaphylaxis: assessment and referral after emergency treatment. <https://www.nice.org.uk/guidance/CG134>

Clinical props

RADIOMETER ABL800 FLEX

Identifications				
Patient ID	789987			
Patient Last Name	BLUNT			
Patient First Name	Sarah			
Sex	Female			
Date of birth				
FO ₂ (I)	0.28	%		
T	37.6	C		
Sample type	Arterial			
Operator	TEMP FPH 1			
Blood Gas Values				
↑	pH	7.504		[7.350 - 7.450]
↓	pCO ₂	4.00	kPa	[4.70 - 6.00]
	pO ₂	11.6	kPa	[11.1 - 14.4]
	Hct _c	42.0	%	
Oximetry Values				
	ctHb	120.0	g/L	
	FO ₂ Hb	95.0	%	[94.0 - 98.0]
	sO ₂	95.2	%	
↓	FCOHb	0.3	%	[0.5 - 1.5]
	FHHb	0.0	%	[0.0 - 5.0]
	FMeHb	0.1	%	[0.0 - 1.5]
Calculated Values				
	cBase(Ecf) _c	0.1	mmol/L	
	cHCO ₃ ⁻ (P) _c	23.0	mmol/L	
Electrolyte Values				
↓	cNa ⁺	132	mmol/L	[136 - 146]
	cK ⁺	3.7	mmol/L	[3.4 - 4.5]
	cCl ⁻	100	mmol/L	[98 - 106]
↓	cCa ²⁺	1.00	mmol/L	[2.2 - 2.45]
	Anion Gap _c	13.0	mmol/L	
Metabolite Values				
	cGlu	4.9	mmol/L	[3.9 - 5.8]
	cLac	1.0	mmol/L	[0.5 - 1.6]
	cCrea	88	μmol/L	[44 - 97]
Notes				
↑	Value(s) above reference range			
↓	Value(s) below reference range			
c	Calculated value(s)			







NEWS - OBSERVATION CHART




Surname: Blunt First name: Sarah
 Hospital number: 12345 D.O.B: 1.1.1989 Date of admission: Today

	DATE											DATE	
	TIME											TIME	
A+B Respirations Breaths/min	≥25	24										≥25	
	21-24											21-24	
	18-20											18-20	
	15-17											15-17	
	12-14											12-14	
	9-11											9-11	
	≤8											≤8	
A+B SpO2 Scale 1 Oxygen saturation (%)	≥96											≥96	
	94-95	94										94-95	
	92-93											92-93	
	≤91											≤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											≥97 on O ₂	
	95-96 on O ₂											95-96 on O ₂	
	93-94 on O ₂											93-94 on O ₂	
	≥93 on air											≥93 on air	
	88-92											88-92	
	86-87											86-87	
	84-85											84-85	
≤83%												≤83%	
Air or oxygen?	A=Air	A										A=Air	
	O2 L/min											O2 L/min	
	Device											Device	
C Blood pressure mmHg Score uses systolic BP only	≥220											≥220	
	201-219											201-219	
	181-200											181-200	
	161-180											161-180	
	141-160											141-160	
	121-140	116										121-140	
	111-120											111-120	
	101-110	100										101-110	
	91-100											91-100	
	81-90											81-90	
	71-80											71-80	
61-70											61-70		
51-60											51-60		
≤50	56										≤50		
C Pulse Beats/min	≥131											≥131	
	121-130	116										121-130	
	111-120											111-120	
	101-110											101-110	
	91-100											91-100	
	81-90											81-90	
	71-80											71-80	
	61-70											61-70	
	51-60											51-60	
	41-50											41-50	
	31-40											31-40	
≤30											≤30		
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert	A										Alert	
	Confusion											Confusion	
	V											V	
	P											P	
	U											U	
E Temperature °C	≥39.1°											≥39.1°	
	38.1-39.0°											38.1-39.0°	
	37.1-38.0°	36.5										37.1-38.0°	
	36.1-37.0°											36.1-37.0°	
	35.1-36.0°											35.1-36.0°	
	≤35.0°											≤35.0°	
NEWS TOTAL		6										TOTAL	
Monitoring frequency												Monitoring	
Pain score												Pain score	
Initials												Initials	

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

Version: 201807_004

Product Code:

Hospital Number: 789987					
NHS Number:					
Title: DoB: Surname: <i>Bunt</i> First name: <i>Sarah</i> Address: Postcode: Tel (H): Tel (M): Employer / Educ. Est: Religion: Language:		Sex: <i>female</i> Age: <i>52</i> Yrs NOK: Address: Relationship: Tel (H): Tel (M):			
Source of Referral: Date of Arrival: <i>Today</i> Time of Arrival: <i>11h00</i> Mode of arrival: <i>self presentation</i> No of Attendances in past year: <i>0</i> Previous Attendance Number:		GP: <i>TC JOHNSON</i> Address: <i>PARK HOUSE SURGERY PARK STREET BAGSHOT SURREY GU19 5AQ</i> Tel No: <i>01276 476333</i> Fax No:			
To be seen in:					
Speciality Expected:	Time referred to speciality:	Duty/On-Call Emergency Department Consultant:			
Specialty:	Time seen:				
Presenting Complaint:					
Triage Nurse:		Time of Triage			
Presenting Complaint:		Triage (ESI)			
History of Presenting Complaint: <i>(10) flank pain & dysuria</i>		Pain Score			
On Assessment:		Allergies			
Previous Medical History: <i>0 + increasing frequency of micturition</i>		Tetanus Status			
Social History:		Triage Treatment			
<i>Independent of all APLs</i>		Triage Notes			
<i>Pain +++</i>					
Temperature	<i>38.6 °C</i>	Blood Pressure	<i>145/95</i>	Nurse Concern	
Pulse	<i>105 bpm</i>	SP O ₂ (Air)	<i>97%</i>	GCS	<i>EVM = /15</i>
Respiratory rate	<i>14</i>	Pupils (Left)	<i>(12)</i>	Pupils (Right)	
Peak Flow	<i>(Pre/Post)</i>	Blood sugar	<i>6.5</i>	Weight	
MET SCORE =					



Name	Signature	Initials	Position	Speciality	Date	Time
	<i>[Signature]</i>	<i>K - K</i>	<i>SHO</i>	<i>AGG</i>		<i>11:45</i>

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

Chaperone Used? Y N

Name:

Presenting Complaint:

HISTORY: (Please continue on continuation sheets if necessary)

*30 yr old ♀ -
3/7 box of dysuria +
↑ urinary frequency.
Smelly urine.*

*Today vomitted + 1.
pain (R) side of abdo
radiating to groin.*

Today bit of blood in urine - rose colored

Women of Childbearing age? LMP: *10 days ago* Pregnant? Y N

Age >65	
3 Coronary Artery Disease (CAD)	
Risk Factors: Family history, raised cholesterol, diabetes mellitus, hypertension, active smoker	
Known CAD stenosis >50%	
Aspirin use in past 7 days	
Recent (<24 hours) severe angina	
Raised cardiac markers (CK)	
ST deviation >0.5mm	
TIMI Risk Score	

Age >60	
BP >140/90	
Clinical features: Unilateral weak (2 pts) Speech only (1 pt)	
Duration: >60 mins (2 pt) 10-59 mins (1 pt) <10 mins (0 pt)	
Diabetic	
ABCD2 Score (max 7)	



Past Medical History

None

Diabetes
 AF
 Hx Dementia
 Hypertension
 IHD/Angina
 COPD
 Arthritis
 Epilepsy
 Asthma
 Pacemaker

(Please tick relevant conditions if present)

Drugs

Is the patient on anti-cancer medication? YES/NO *NO* If yes, what?
 Please contact Lead Chemo Nurse on bleep 277

Mini pill 7 od.

Allergies

Drug	Reaction	Date
<i>NKDA. but man has Penicillin allergy</i>		



Systematic Enquiry:

DEAD

Family History

Mother - Panictic disorder

Social History

Alcohol:*18*.....units/week Smoking: *NO*

Occupation: *carer for Mth* Retired: Yes No

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

Surrey / Hampshire / Berkshire/ Other/ Not known

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

boyfriend

Mobility: Independent Services: MOW Carer/s: None

Stick Bathing services Spouse

Frame District Nurse Other family

Wheelchair Day Centre Friend/ Neighbour

Day Hospital OD BD TDS QDS

Drives: Yes / No

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

AMT (N/A)

Age Recognition of two persons Time (to nearest hour) Date of Birth

Address for recall WW2 Year Present monarch

Location Count backwards 20 - 1

Score*10*...../10

If Score 7 or below commence dementia CQUIN Yes No



Hosp No.: 789987

EXAMINATION

Jaundiced Anaemic Cyanosed Clubbed Lymphadenopathy

Temp 38.6 °C Cap Blood Glucose 6.5
General Impression:

looks ill. no rash
in pain.

Cardiovascular

HR 103 reg / irreg BP sitting
BP lying 143/85 BP Standing (Remember >2 mins for Postural BPs)
HS S1 + S2 Murmur? Y N Carotid Bruit? Y N
JVP Oedema no

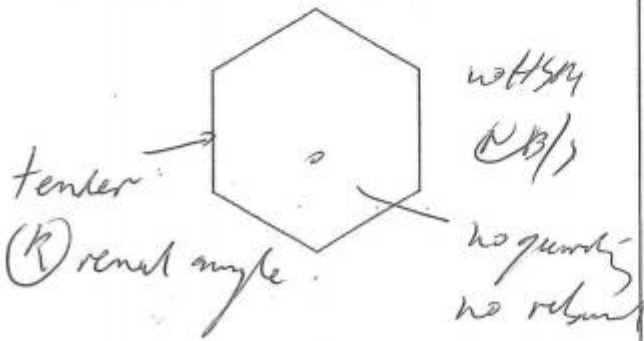
Respiratory

RR 14 Sats on Air 97% Sats on % O₂
Current PEFR Best PEFR Predicted PEFR

Percussion / Auscultation



Abdominal



Ascites? Y/ N
PR
PV / Not done.



Hosp No: 789987

Neurological

GCS: E V M /15

Pupils:

Cranial Nerves: (Not Assessed - tick here:)

Abnormalities:

Peripheral Nerves: (Not Assessed - tick here:)

		Power			Reflexes		Tone	
		Right	Left		Right	Left	Right	Left
Shoulders	abd (c5,6)							
	add (c5,6,7)							
Elbow	flex (c5,6)			Biceps (c5,6)				
	ext (c7,8)			Triceps (c7,8)				
Wrists	flex (c6,7,8)			Supinator (c6)				
	ext (c7,8)							
Hips	flex (l1,2,3)							
	ext (l5,s1,2)							
	abd (l4,5,s1)							
	add (l2,3,4)							
Knees	flex (l4,5,s1,2)			Knee (l2-4)				
	ext (l2,3,4)							
Ankles	flex (l4,5,s1,2)			Ankle (s1,2)				
	ext (s1,2)			Plantar (l5-s2)				

Normal with 4 tests plus 1/2

Cerebellar Signs: *No*

Nystagmus Gait

Finger/Nose Dysdiadochokinesis

Heel/shin Dysarthria

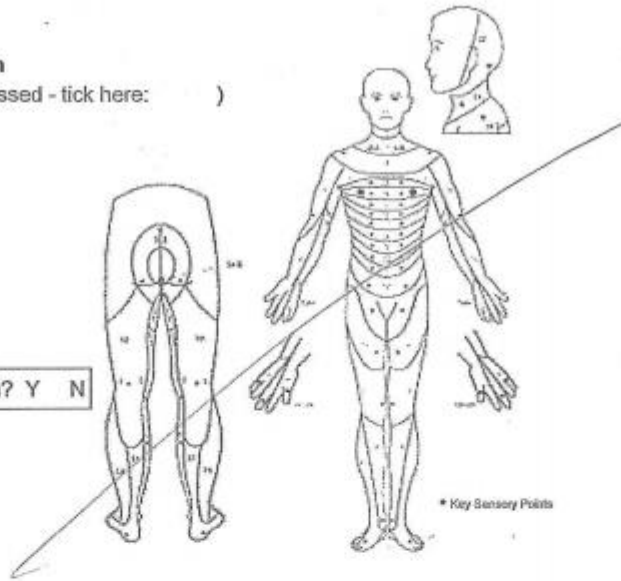
Romberg's test



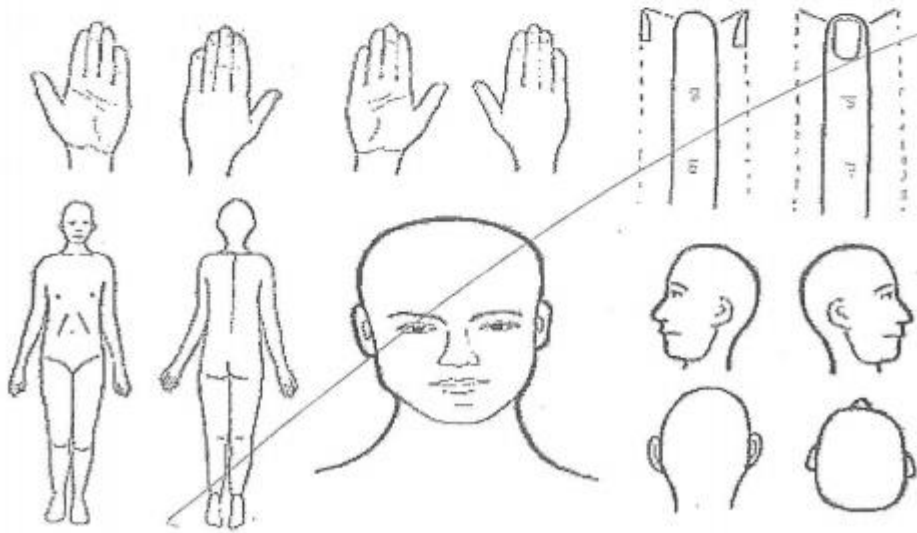
Hosp No.: 789987

Sensation
(Not Assessed - tick here:)

Anal sensation? Y N



Other examination findings / comments:





Initial Impressions / Differential Diagnosis:

Wt / Acute pyelonephritis on (K)

Investigations:

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

Results:

urine dipstick - 3+ blood
 - 3+ WCC.
 - nitrite +ve.

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

Results:

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

Others: ECG Urine β HCG ABG Other

Results:



Management Plan:

<p>① in fluids 4^o, 8^o, 5^o, 12^o (a) Suture.</p> <p>② in Paracetamol.</p> <p>③ in Cefuroxime 750mg tabs (b/w microbiology)</p> <p>④ urine for culture.</p> <p>⑤ Blood culture</p> <p>⑥ CT KUB (7) chase blood results</p>		<p>Discharge? YIN</p> <p>Refer? Speciality</p> <p>Admit CDU? (consider VTE prophylaxis)</p> <p>Decision time</p>
<p>VTE Risk? Please assess on separate risk assessment sheet</p> <p>Have you started VTE prophylaxis? Y N</p> <p>If not - reasons:</p>		
<p>MRSA Status:</p> <p>Met Calls Y N</p>		<p>C. Diff status:</p> <p>For CPR? Y N</p> <p>Orange sticker? Y N</p>

Senior Review: Name: Designation:

pkw



- Agrees it sounds like (a) side pyelonephritis.
- agrees to management plan.
- No beds in ER&OU.
- Sends to AR&U - sideroom. only bed available.

Time Date Signature *pkw*

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

First Name(s): SARAH
Surname: BLUNT
Hospital Number: 789987
NHS Number: _____
Date of Birth: _____

Consultant	Doctor bleep number	Date of admission
<i>S. Longland</i>		

Date weighed	Weight (kg)	Height (M)	Surface area (M ²)	Ideal Body Weight (IBW)	Body Mass Index (BMI)	Diet

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

Drug/substance	Details of reaction
<u>NKDA</u>	

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

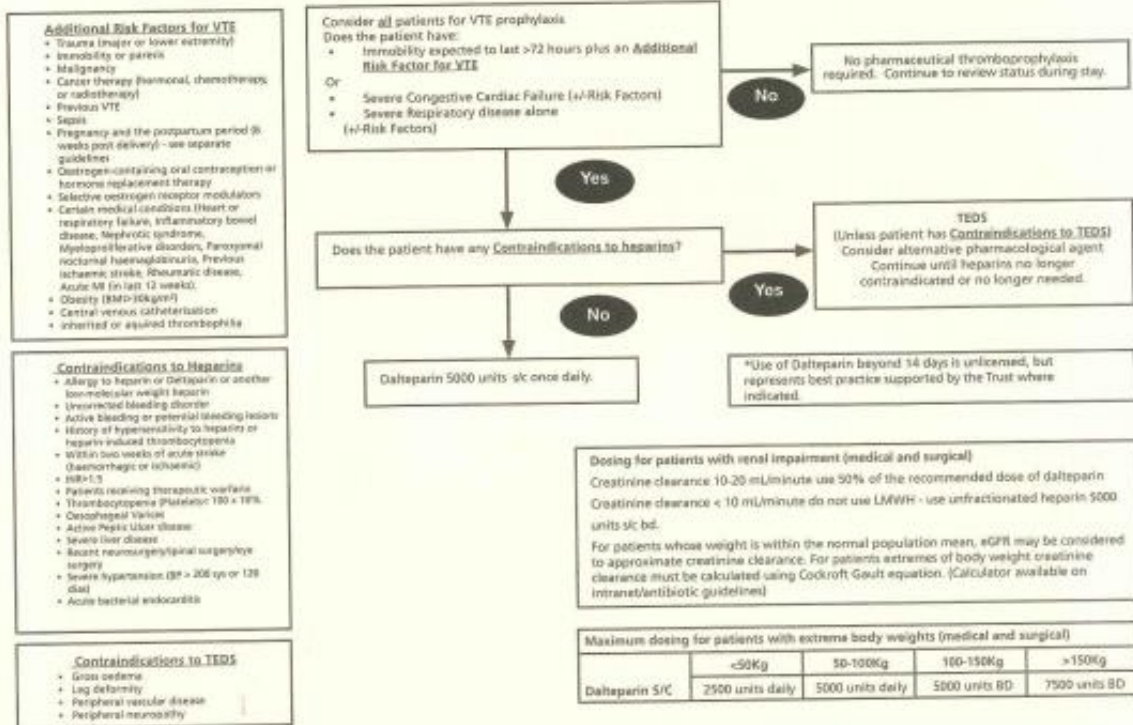
IV heparin infusion chart	Chemotherapy chart	Medicines reconciliation
PCA	Epidural	

Communication for doctors

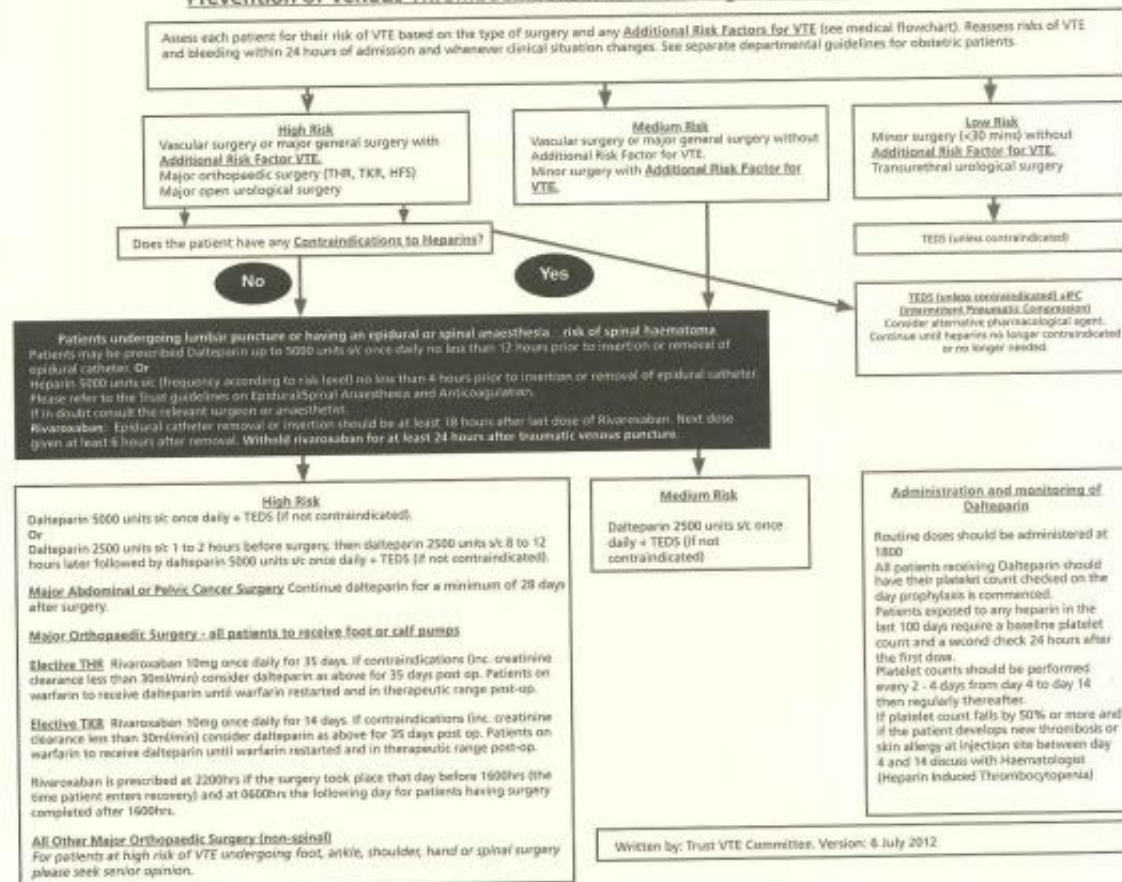
Date	Sign and Bleep No.	Actioned sign and date

Does this patient smoke: Yes / No Is patient self medicating: Yes / No
Date of referral to smoking cessation nurse: _____

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/m ²						
	Inherited or acquired thrombophilia						
	Pregnancy or less than 6 weeks post partum						
		Hip or Knee replacement					
		Hip fracture					
		Other major orthopaedic surgery					
	Surgical procedure lasting >30mins with additional VTE risk factor(s)						
Medium	Oestrogen containing oral contraception or HRT						
	Selective oestrogen receptor modulators						
	Age > 60						
	Dehydration						
	Varicose veins with phlebitis						
		Minor surgical procedure with additional VTE risk factor(s)					
	Surgical procedure lasting >30mins with no additional VTE risk factors						
	Plaster cast immobilisation of lower limb						
Low	None of above	None of above					
Bleeding Risk/Contraindications	Patient Related	Procedure Related					
	Haemophilia or other known bleeding disorder						
	Thrombocytopenia (Platelets < 100 x 10 ⁹ /L)						
	Within two weeks of acute stroke (haemorrhagic or ischaemic)						
	Severe hypertension (BP > 200 systolic or 120 diastolic)						
	Severe liver disease						
	Oesophageal Varices						
	Active Peptic Ulcer disease						
	Active bleeding or potential bleeding lesions						
	Major bleeding risk, existing anticoagulant therapy						
	Severe renal disease						
		Neurosurgery, spinal surgery or eye surgery					
		Other procedure with high bleeding risk					
		Lumbar puncture/spinal/epidural in previous 4 hours or anticipated in next 12 hours					
Risk assessment performed by							
Signature							
Copy of Patient Information Leaflet given to patient			Yes	No			

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

						MONTH/YEAR	DATE
						Q TIMES	
OXYGEN				Circle target saturation Adjust flow rate to maintain specified oxygen saturation		Target oxygen saturation 88 to 92% 94 to 98%	
PRESCRIBERS SIGNATURE				DATE		Other: _____	
Home Oxygen Indicated: YES / NO				Referral to Respiratory Nurse for HODP 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				DOSE		ROUTE	
PRESCRIBERS SIGNATURE				GMC No.		START REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY				TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO			
POD H POD W							
MECHANICAL VTE PROPHYLAXIS				DOSE		ROUTE	
PRESCRIBERS SIGNATURE				GMC No.		START REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY				TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO			
POD H POD W							
WARFARIN AND OTHER COUMARIN ANTICOAGULANTS						TIME	
PRESCRIBERS SIGNATURE						DATE STARTED	
GMC No.						DOSE (mg)	
INDICATION		DURATION		TARGET INR		PLEASE TICK APPROPRIATE STATUS <input type="checkbox"/> NEW <input type="checkbox"/> PREADMISSION	
PHARMACY		BOOK PROVIDED ON: BY:		DATE COUNSELLED: BY:		TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO	
POD H POD W						GIVEN BY	
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE				GMC No.		START REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY				TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO			
POD H POD W							
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE				GMC No.		START REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY				TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO			
POD H POD W							
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE				GMC No.		START REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY				TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO			
POD H POD W							
DRUG (Approved Name)				DOSE		ROUTE	
PRESCRIBERS SIGNATURE				GMC No.		START REVIEW STOP	
INDICATION AND SPECIAL INSTRUCTIONS				Please tick appropriate status <input type="checkbox"/> NEW <input type="checkbox"/> PRE AD <input type="checkbox"/> CHANGE			
PHARMACY				TO CONTINUE ON <input type="checkbox"/> YES DISCHARGE <input type="checkbox"/> NO			
POD H POD W							

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'S SIGNATURE	GMC No.	DATE	Given by																
DRUG (Approved name)		Date																	
DOSE	ROUTE	FREQUENCY	Time																
PREScriBER'S 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'S 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'S 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'S 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'S 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'S 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																

WHEN REQUIRED MEDICATION

DRUG (Approved name)			Date																	
DOSE	ROUTE	FREQUENCY	Time																	
PRESCRIBER'S SIGNATURE		GMC No.	DATE	Dose																
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'S SIGNATURE		GMC No.	DATE	Dose																
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'S SIGNATURE		GMC No.	DATE	Dose																
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'S SIGNATURE		GMC No.	DATE	Dose																
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'S SIGNATURE		GMC No.	DATE	Dose																
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'S SIGNATURE		GMC No.	DATE	Dose																
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 →	TIME	
				S/C		UNITS	Q
PRESCRIBERS SIGNATURE		GMC No.	START	STOP			
DEVICE				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		
PRESCRIBERS SIGNATURE		GMC No.	START	STOP			
DEVICE				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		
PRESCRIBERS SIGNATURE		GMC No.	START	STOP			
DEVICE				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							

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															

Time	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24
	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig	Units	Sig

INSULIN SLIDING SCALE

Human soluble insulin (Actrapid)

50 UNITS in 50mL sodium chloride 0.9% IV INFUSION

Date																								
Time																								
Given by																								
Checked by																								

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

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

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

ANTIMICROBIAL PRESCRIPTIONS ONLY

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

DATE ⇨					
↓					
TIMES					

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

DATE ⇨					
↓					
TIMES					

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

DATE ⇨					
↓					
TIMES					

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

DATE ⇨					
↓					
TIMES					

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

DATE ⇨					
↓					
TIMES					

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

DATE ⇨					
↓					
TIMES					

MRSA Status

New	Previous Admission

C. Diff Status

New	Previous Admission

ONCE DAILY GENTAMICIN PRESCRIPTION

Use gentamicin calculator or intranet to calculate dose.

Level must be taken 6 to 14 hours after the first dose has been given.

Specify Dosing Regime	5mg/kg	3mg/kg	Other						
Indication: _____									
Date to be given	Time to be given	Dose (mg)	Prescribers signature GMC No.	Date of sig.	Start time of infusion	Given by: (sign)	Date and Time blood level taken	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)

NOTE: DRUGS MUST NOT BE ADDED TO BLOOD PRODUCTS

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

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

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

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

Complete label attached to blood product. Detach and return bottom portion via the pink wallet (if available, if not please post to Blood bank)

◀IF THE PATIENT EXPERIENCES TRANSFUSION RELATED PROBLEMS THESE MUST BE CONTEMPORANEOUSLY RECORDED IN THE PATIENT'S MEDICAL NOTES, AND A TRANSFUSION REACTION FORM AND INCIDENT FORM COMPLETED.

DRUGS TO BE ADMINISTERED BY INTRAVENOUS / SUBCUTANEOUS INFUSION

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