Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

BCUHB Combined Clerking Proforma

Hospital:………………………………………………………….

Location:………………………………………………………….

Date: ……………………………Time……………………….

Patient Details (sticker)

Name: ……………………………..…………………………………….

DOB: …………………………………………………………………….

Hosp No:………………………………………………………………….

ED / Ward Nursing Documentation: Observations

RR	Sats % on %O2	BP	HR
Temp	A V P U	Blood Glucose	ECG
NEWS	Ketones	Maelor Score	Sepsis Bundle

Height: Weight: BMI:

S

B

A

R

Any Known Infection/ Colonization? (MRSA/C diff/CPE/GRE or VRE/other)

Initial Assessment Treatment/Care

STICKY SIDE HERE

Betsi Cadwaladr University Health Board Combined Clerking Proforma

ED Clinician - Brief Clinical Assessment

Name:		Signature:	
Grade:		Date Seen:	
Prof Reg & No:		Time Seen:	

PRESCRIPTION (For ED use only) DRUG	DOSE	TIME	ROUTE	Prescriber signature	GIVEN BY	TIME

FLUID	VOLUME	RATE	Prescriber signature	GIVEN BY	TIME	BATCH NO.

IRREGULAR DISCHARGE

I WISH TO TAKE MY OWN/DEPENDANT'S DISCHARGE AGAINST MEDICAL ADVICE

PATIENT/GUARDIAN ____

WITNESS 1 ______________________ **WITNESS 2** ______________________

ED/ Medical/ Surgical: Doctor Clerking

Name……………………………………….Bleep…………………………… Grade……………………………………..Specialty……………………. Date ………………………………………..Time…………………………….	*Patient Details: (Sticker)* Name: ………………………………………………………………… DOB: …………………………………………………………………….. Hosp No: ……………………………………………………………….

History of presenting complaint and relevant background

Relevant Past Medical/ Surgical History (inc. source of info – patient/ GP/ Other)

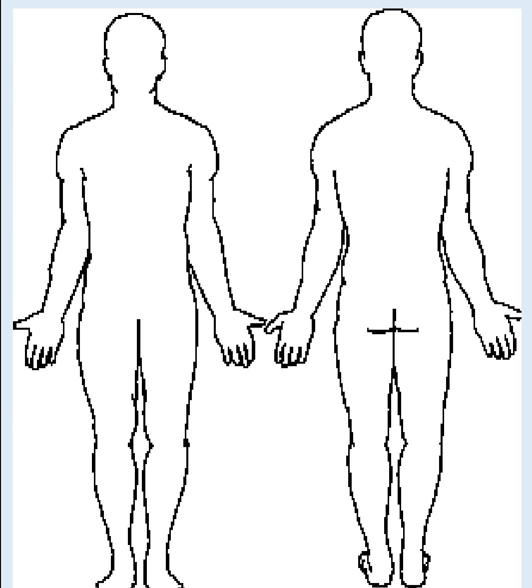


Figure 1 – Depict any injuries/ burns/ pressure sores

	Patient Details: (Sticker) Name: ………………………………………………………. DOB: ………………………………………………………. Hosp No: ………………………………………………..
Medication/ Drug allergies and intolerance - details	

Current Medications:	**Source of info – patient/ GP/ Other**	
		Comments/Pharmacy medicines reconciliation as per local protocol
		Pharmacist Name: Date: Signature:

Social History

Tobacco		Total pack years: Offer a "Stop Smoking Wales" referral/ consider referral to a smoking cessation practitioner/ if appropriate [ ]
Cigarettes/Day:		
Alcohol		If monthly or more frequent consider AUDIT questionnaire, detoxification & referral to specialist alcohol services [ ]
Units/Weeks:		
Recreational drugs		
Employment history		
Mobility		
Place of residence		
Carers		

<u>Relevant family History</u>

Patient Details: (Sticker)
Name: ……………………………………………………….
DOB: ……………………………………………………….
Hosp No: ………………………………………………….

General examination

Cachexia, signs of jaundice, anaemia, etc, include frailty score , confusion/delirium

Do the family/carers think the patient is more confused lately? Yes ☐ No ☐

If Yes: Use 4AT(Rapid Assessment Test for delirium) or CAM (Confusion Assessment Method)

Is this Delirium? Yes ☐ No ☐

Glasgow Coma Scale			AMT	
Motor 6. Obeys commands 5. Localises pain 4. Flexion to pain 3. Abnormal flexion 2. Abnormal extension 1. No response	Verbal 5. Talking, oriented 4. Confused 3. Inappropriate words 2. Incomprehensible noises 1. No response	Eyes 4. Open spontaneously 3. Open to voice 2. Open to pain 1. No response	1. Age 2. Time (nearest hours) 3. Address for recall *(i.e 42 West Street – repeat at end of test)* 4. Current year 5. Which hospital are you in?	6. Recognise 2 people (e.g. nurse, doctor) 7. Date of birth 8. Dates of WW1 9. Name of monarch 10. Count from 20 to 1

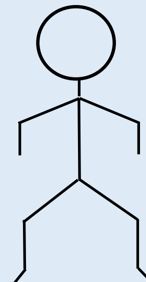
Cardiovascular examination

Heart sounds | || |

JVP

Peripheral oedema

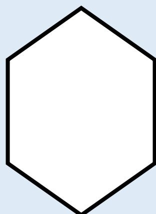
Peripheral Pulses and arteries if relevant:



Respiratory examination

PEFR_______ (Predicted) ________

Abdominal examination/Urological /Gynae (including Rectal Examination if indicated)



Indwelling / suprapubic catheter :
Long term?

DRE /Perianal:

PV exam:

Patient Details: (Sticker)
Name: ……………………………………………………….
DOB: ……………………………………………………….
Hosp No: …………………………………………………

Nervous System: Grossly Normal : ☐

Speech & Cranial Nerves

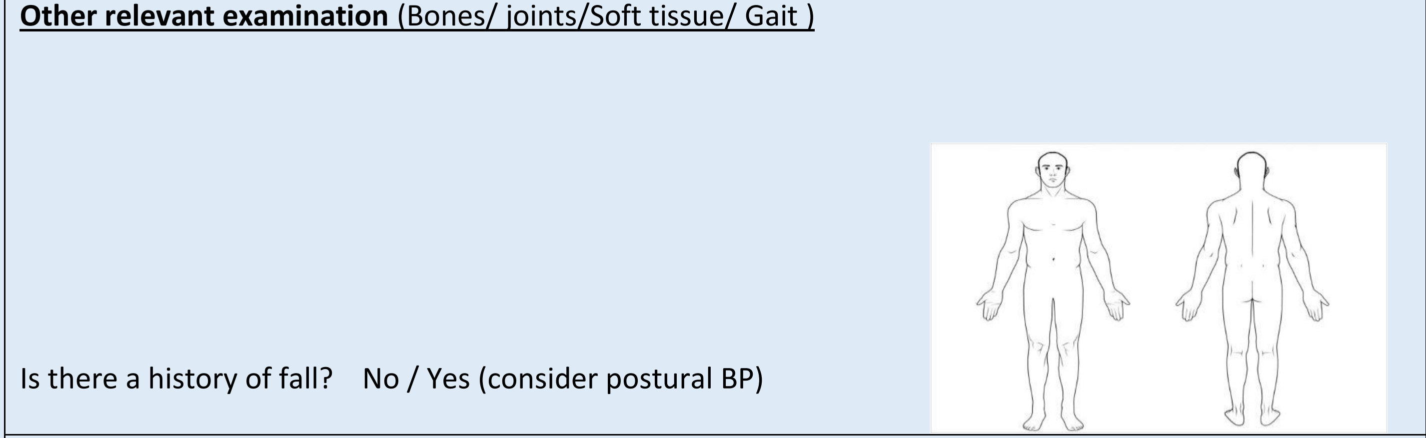
Cerebellar signs:

Limbs	Right		Left	
	UL	LL	UL	LL
Tone				
Power				

Reflexes / Abnormal movements and sensations :

Plantar/pronator drift

Other relevant examination (Bones/ joints/Soft tissue/ Gait)



Is there a history of fall? No / Yes (consider postural BP)

Diagnosis Problem List / Differential Diagnosis

Initial Management plan

(Use sepsis bundle - guidance on page- 8)

Referred to: ……………………………………………….. at: ………………………………………………………………….

Discharge Decision time: ……………………………. Actual time of discharge: …………………………………….

Accepted by ……….

Patient Details: (Sticker)
Name: ……………………………………………………
DOB: ……………………………………………………
Hosp No: ……………………………………………

Investigations

Date	**Baseline**	**Admission**							
WBC (4 -11)									
Hb (130 - 180)									
Platelets (150 - 400)									
MCV (80 - 100)									
Neutrophils (1.7 - 7.5)									
Lymphocytes (1.0 4.5)									
PT (9 -12)									
APTT (23 - 33)									
Fibrinogen (2 - 4)									
INR									
D-dimer									
Sodium (133 - 146)									
Potassium (3.5 - 5.3)									
Creatinine (46 - 92)									
eGFR (>90)									
Urea (2.5 - 7.8)									
Bicarbonate (22 - 29)									
Magnesium (0.7 - 1.0)									
Adj calcium (2.2 - 2.6)									
Phosphate (0.8 - 15)									
Bilirubin (<21)									
T Protein (60 - 80)									
Albumin (35 - 50)									
Alk Phos (30 -130)									
ALT (<41)									
Amylase									
CRP									
Sign									

Other results e.g. TFTs, glucose, B12:	**ECG:** Date:	**X-ray:** Date:

Troponin Analysis (Raised -Think ACS /PE / other)

	Date	Time	Result	%change in Trop
1st result (0 hours)				
2nd result (3 hours)				
3rd result (6 hours) (if required)				

Sepsis: Yes / No – If yes check for Sepsis Risk/ Open sepsis trolley box & ensure antibiotics given with in 1 hour. Contact AIT

Signs/symptoms of infection & 2 or more of:

- ☐ Temperature <36 or >38.3°C
- ☐ Respiratory rate >20/min
- ☐ Heart rate >90bpm
- ☐ Acutely altered mental state
- ☐ WCC >12 or <4 x10^9/l
- ☐ Hyperglycaemia in the absence of diabetes BM> 7.7mmol/L

If infection & sepsis risk >2 –Sepsis 6

1. **High flow oxygen.**15L/mt via non breather mask –caution in COAD
2. Strict **Fluid balance and consider catheterization**
3. **Take blood cultures** at least 1 set prior to antibiotics; FBC, U&E, LFT, clotting, CRP, ABG, Glucose & **Lactate** (grey bottle)
4. **Serum Lactate**: **If >4** with signs of organ dysfunction inform ITU. Ensure Hb > 70gm/L.
5. **IV Antibiotics** as per BCUHB guidelines. 1st dose with in 1 hour, do not delay if Blood culture difficult to obtain.
6. **Fluid Resuscitation**: If hypotensive give bolus 0.9% NaCl at 30ml/kg(x2) to max of 60ml/Kg. Consider 500mls bolus if not hypotensive but HR > 90 bpm.

Septic Shock: BP<90 or Lactate > 2 mmol/L despite adequate volume resuscitation. Discuss with Consultant to consider referral to ITU.

Urinalysis:	**Date:**
Leucocyte	
Protein	
Blood	
Sugar	
Ketones	
Nitrite	
Preg. Test	

Consider risk factors for AKI

- **C** Chronic kidney disease (eGFR <60)
- **R** Relevant comorbidities (HF, DM, CLD, ↑/↓BP)
- **A** ACE inhibitors / angiotensin blockers, anti-inflammatories, aldosterone antagonists
- **S** Sepsis, SIRS, shock
- **H** Hypotension, dehydration, hypovolaemia
- **E** Elderly: >75 years old
- **D** Other drugs – diuretics, gentamicin, contrast

If any of the risk factors are present Consider:

- IV Fluids?
- Temporarily withhold ACEi/ARB/diuretics/ BP meds?
- Review all drugs for nephrotoxicity?
- Urinalysis?
- Monitor urine output accurately/consider catheter?
- Plan when to recheck U/E & bicarb?

Frailty score (please circle): (Score 1-3 are not frail)

1. Very fit	**4. Vulnerable**	**7. Severely frail**
Robust, active, energetic and motivated.	Not dependent on others but symptoms limit activities.	Completely dependent for all ADLs but medically stable.
2. Well	**5. Mildly frail**	**8. Very severely frail**
No active disease, but less fit than those in category (1).	Beginning to slow, need help with heavy housework, finances etc.	Completely dependent for all ADLs, unlikely to survive even a minor illness
3. Managing well	**6. Moderately frail**	**9. Terminally ill**
Well controlled medical problems, but not regularly active beyond walking.	Needs help with all outside activities & keeping house. Able to do basic ADLs.	Likely prognosis <6 months from a medical problem, not otherwise frail.

Blood gas results

Date			
Time			
Hydrogen ion (35 – 45 nmol/L)			
pH (7.35 – 7.45)			
pCO2 (4.3 – 6.4 nmol/L)			
Bicarbonate (21 – 28 mmol/L)			
Base excess			
FiO2			
pO2 (11.1 – 14.4 kPa)			
Saturation (95 – 99%)			
Lactate (0.5 – 1.6 mmol/L)			

Glasgow-Blatchford Score for GI bleed:
Circle score for patient and calculate total score.

Admission Risk Marker	Score
Blood Urea mmol/L	
≥6.5 – 7.9	2
8 – 9.9	3
10 – 24.9	4
≥25	6
Haemoglobin g/dL (men)	
≥12 – 13	1
10 – 11.9	3
<10	6
Haemoglobin g/dL (women)	
≥10 – 12	1
<10	6
Systolic blood pressure mmHg	
100 – 109	1
90 – 99	2
<90	3
Other markers	
Pulse ≥100	1
Presentation with malaena	1
Presentation with syncope	2
Hepatic disease	2
Cardiac failure	2

CT and other Imaging results

Patient Details: (Sticker)

Name: ……………………………………………………………

DOB: ……………………………………………………………

Hosp No: ……………………………………………………

Information given to Patient / Family or Carers

Suspecting GI bleed?– Use Glasgow-Blatchford Score. If GBS is 0: Consider Discharge with urgent outpatient OGD with in 1 week. If > 1 then complete AIMS65 Score to assess need for urgent endoscopy

Venous Thromboprophylaxis Risk Assessment-

Patients expected to have

1. Reduced mobility: - Yes ☐ No ☐

2. Surgical admission:- Yes ☐ No ☐

Complete in all patients in first 24hrs

If 1& 2 both No = low risk of VTE Risk assessment complete (give patient information)

One or more Yes = Complete full risk assessment

Risk assessment for VTE: GUIDE

STEP 1: Assess **Mobility**. All surgical patients, and all medical patients with significantly reduced mobility, should have full risk assessment.

STEP 2: Review the **thrombosis** risk. Any tick for thrombosis risk should prompt thromboprophylaxis according to NICE guidance.

STEP 3: Review **bleeding risk.** Any tick should prompt clinical staff to consider if bleeding risk is sufficient to preclude pharmacological intervention.

	Risk factors for VTE	Risk of bleeding	
	Age over 60 years	Active bleeding or at risk of bleeding	
	Critical care admission	Acquired bleeding disorders (such as acute liver failure)	
	Obesity -body mass index [BMI] > 30 kg/m2	Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with international normalised ratio [INR] > 2)	
	Significantly reduced mobility for 3 days or more		
	Fracture		
	Dehydration	Lumbar puncture/epidural/spinal anaesthesia expected within the next 12 hours	
	Hip or Knee surgery		
	Known thrombophilias	Uncontrolled systolic hypertension (230/120 mmHg or higher)	
	Personal history or first-degree relative with a history of VTE	Untreated inherited bleeding disorders (haemophilia and von Willebrand's disease)	
	One or more significant medical co-morbidities	Acute stroke (both ischaemic and haemorrhagic), risk of central nervous system bleed (SAH, head injury)*	
	Surgery with significant reduction in mobility		
	Use of hormone replacement therapy	Thrombocytopenia (platelets less than 75 x 109 /	
	Use of oestrogen-containing contraceptive therapy	Anaesthesia within the previous 4 hours	
	Active cancer or cancer treatment	Neurosurgery, spinal surgery or eye surgery	
	Varicose veins with phlebitis	Other procedure with high risk of bleeding.	

Clinical decision:

Low risk, no TP required ☐

Clinicians may consider additional risks in individual patients and offer thromboprophylaxis as appropriate (Adapted from Department of Health VTE risk assessment © Crown copyright 2010. 301292 1p March 10. **http://www.nice.org.uk/guidance/CG92)**

One or more risk Thromboprophylaxis Prescribed ☐

Thromboprophylaxis Contraindicated ☐

*Consider Use IPC in Acute Stroke ☐

Doctors signature ________________**Bleep** ________

Senior/ Medical/ Surgical: Review

Patient Details: (Sticker
Name:………………………………………………………

DOB:………………………………………………………..

Hosp No:………………………………………………….

Could this patient need a Laparotomy?
(See Laparotomy pathway)

NELA mortality risk ……………………….%

Working Diagnosis and Management:

Name: Signature:

Bleep: GMC Number: Date/Time:

Patient Details: (Sticker)
Name: ....
DOB: ....
Hosp No: ....

Post Take Ward Round

Consultant:		Location:	
Team Dr Bleep:		Date & Time:	

Diagnosis & Management Plan:

Consultant Team / Bleep (if different from above):		
Suitable for outlying? Yes / No		
Predicted length of stay <48h / >48h		
Ceiling of care & resuscitation decision (if appropriate)		
Name:	Signature:	Bleep:
Date /Time:	GMC Number:	

Management Plan Cont.

Review Notes:

VTE risk reassessed at 24hrs? Yes [ ] No [ ] **Thromboprophylaxis appropriate?** Yes[ ]

Patient Confused? Yes [ ] No [ ] Is it **Delirium**? - Use 4 AT/CAM - Yes [ ] No [ ]

Antibiotics Reviewed? Yes [ ] NA [ ] **DNACPR/TEP** in place? NA [ ] Yes[ ]

Medically Fit for discharge? Yes [ ] No [ ] ……………………………………………………………………………………

Estimated Date for discharge - EDD Yes [ ] No [ ] Date ………………… /……………… / ……………

Reasons for delay of discharge (if relevant)

Speciality review/ Assessment?	PT/OT	Social worker	Other

Name: Signature & bleep: