Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review	* Tissue received from theatre to microbiology - Gram positive Cocci/Bacilli +++ Micro advice as above - antibiotics rationalised TTE by Dr Price - no obvious vegitations seen and valves appear normal PCT 32 Gent 2.9 at 0600 this morning - given at 2000 in theatre last night - for further 48hrs Gentamicin Keep MAP >65 Wean vasopressors as able - Noradrenaline first D/w Mr McGoey re anticoagulation - can have one dose of 40 Clexane tonight if PT no worse, Platelets >100 and Fibrinogen >1 - may be safe for UFH tomorrow am

Medical Progress

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical Progress

Note date, time and initial each entry.

Medical Progress	
	Schneider ST3 - Nights **History noted** **CVS - 122/66/86, HR 103, Norad 4.5 (x4) , Vasopressin 6, Cool at feet. Cap refill 3 sec** **Resp - FiO2 0.35, SIMV, TV 450, PEEP 8, PO2 12.4, PCO2 7.1, Equal AE** **Renal - FB +1454, UO 55, Cr 65, K + 4.6** **GI - NG - free drainage, Actarapid 12, BM 14, 2x drains with haemoserous fluid, midline wound, soft.** **Neuro: Propofol - 7, Alfentanil - 4.** **Micro - 37.6oC, CRP 322, Clindamycin, Fluconzole, Tazocin, Gentamicin.** **Plan** **No post op bloods visible on system blood to be sent now and clexane if PT unchanged.**

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
LS	Liam Schneider	25/11/2020 13:29 - 27/11/2020 12:49
J	Michael Brett	25/11/2020 13:39 - 25/11/2020 18:59
GF	Graeme Finnie	25/11/2020 14:58 - 25/11/2020 20:40
LG	Lisa Gemmell	26/11/2020 13:42 - 28/11/2020 12:50
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

	24/11/2020 21:07		
KB	03/12/2020 08:27 Current Level of Care		
RS	21:20 Current Level of Care: Level 3 Ventilated		
	25/11/2020 13:29		
J	13:39 Consultant	J	13:43 Consultant Review/Note: Admitted overnight with signs of severe sepsis and hypotension. CT scan revealed pneumoperitoneum, infarcted spleen, kidney and section of liver. Taken to theatre for damage control laparotomy. No signs of infarcted bowel. Brought to ICU for multi-organ support as a result of disseminated sepsis and multiple thrombo-embolic infarcts. Required fluid resuscitation and high doses of vasopressor support overnight. Severe Lactic acidaemia corrected overnight. Just returned from theatre following splenectomy. Needs re-established in ICU and ongoing organ support. COVID negative Plan: Repeat bloods - keep Hb >80, Will require anticoagulation- iv heparin once surgical team happy D/w microbiology rationalisation of antimicrobial treatment Keep MAP>65 - wean norad as able Lung protective ventilation Fluid boluses if PPV>12/MAP <65/Lactate >2.0/Urine output <30mls/hr Continue 0.18/4% fluid and insulin infusion Needs an Echo to establish if infective endocarditis a possible cause Repeat cultures/septic screen inc ETA for AFB	J	13:40 Consultant Review/Note: Admitted overnight with signs of severe sepsis and hypotension. CT scan revealed pneumoperitoneum, infarcted spleen, kidney and section of liver. Taken to theatre for damage control laparotomy. No signs of infarcted bowel. Brought to ICU for multi-organ support as a result of disseminated sepsis and multiple thrombo-embolic infarcts. Required fluid resuscitation and high doses of vasopressor support overnight. Severe Lactic acidaemia corrected overnight. Just returned from theatre following splenectomy. Needs re-established in ICU and ongoing organ support. Plan: Repeat bloods - keep Hb >80, Will require anticoagulation- iv heparin once surgical team happy D/w microbiology rationalisation of antimicrobial treatment Keep MAP>65 - wean norad as able Lung protective ventilation Fluid boluses if PPV>12/MAP <65/Lactate >2.0/Urine output <30mls/hr Continue 0.18/4% fluid and insulin infusion Needs an Echo to establish if infective endocarditis a possible cause Repeat cultures/septic screen inc ETA for AFB
GF	14:58 Present On Ward Round		
GF	14:58 Doctor Completing Form		
GF	14:58 Past 24hr Progress		
GF	14:58 Resuscitation Status		
GF	14:58 General Assessment		
GF	15:12 Cardiovascular		
GF	14:58 Cardiovascular: HR 92 sinus 109/60 (75)		
GF	15:12 Respiratory		
GF	15:12 CAM-ICU		
GF	15:12 Neuro/Sedation		
GF	20:40 Gastrointestinal		
GF	15:14 Gastrointestinal: AST 934 (1082) ALT 114 (107)		
GF	15:14 Renal		
GF	15:12 Renal: 5843 +ve balance LOS (doesn't account for theatre input, which was approx 1600ml - not accounting for losses - blood/insensibles) Passing urine		
GF	20:40 Haematology		
GF	20:40 Impression		
J	18:59 General Plan		
J	18:59 Sedation Plan		
J	18:59 Weaning Plan With Parameters		
J	18:59 Lung Protective Ventilation		
J	18:59 Cardiovascular Targets		
J	18:59 Fluid Balance		
J	18:59 Nutritional Plan		
J	18:59 Drug History & Reconciliation Plan Reviewed		
J	18:59 Mobilisation Plan		
J	18:59 DVT Prophylaxis		
J	18:59 GI Prophylaxis		
J	18:59 Lines Review		
J	13:39 Discussed with		
J	14:04 Consultant Review/Note		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

	25/11/2020 13:29
J	13:39 Consultant Review/Note: Admitted overnight with signs of severe sepsis and hypotension. CT scan revealed pneumoperitoneum, infarcted spleen, kidney and section of liver. Taken to theatre for damage control laparotomy. No signs of infarcted bowel. Brought to ICU for multi-organ support as a result of disseminated sepsis and multiple thrombo-embolic infarcts. Required fluid resuscitation and high doses of vasopressor support overnight. Severe Lactic acidaemia corrected overnight. Just returned from theatre following splenectomy. Needs re-established in ICU and ongoing organ support. Plan: Repeat bloods - keep Hb >80, Will require anticoagulation- iv heparin once surgical team happy D/w microbiology rationalisation of antimicrobial treatment Keep MAP>65 - wean norad as able Lung protective ventilation Fluid boluses if PPV>12/MAP <65/Lactate >2.0/Urine output <30mls/hr Continue 0.18/4% fluid and insulin infusion
KB	03/12/2020 13:32 Microbiology Results, Advice & Action
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin
OP	01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
EB	30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
CM	29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
CM	29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11 continue. uss. bronch
LG	28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020 13:29

LG	28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
LS	27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
LG	26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
J	14:03 Microbiology Results, Advice & Action 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett
J	18:56 Evening Consultant Review
J	18:53 Evening Consultant Review: Tissue received from theatre to microbiology - Gram positive Cocci/Bacilli +++ Micro advice as above - antibiotics rationalised TTE by Dr Price - no obvious vegitations seen and valves appear normal PCT 32 Gent 2.9 at 0600 this morning - given at 2000 in theatre last night Keep MAP >65 Wean vasopressors as able - Noradrenaline first DAw Mr McGoey re anticoagulation - can have one dose of 40 Clexane tonight if PT no worse, Platelets >100 and Fibrinogen >1 - may be safe for UFH tomorrow am
J	16:03 Evening Consultant Review: Tissue received from theatre to microbiology - Gram positive Cocci/Bacilli +++ TTE by Dr Price - no obvious vegitations seen and valves appear normal PCT 32 Gent 2.9 at 0600 this morning
J	16:00 Evening Consultant Review: TTE by Dr Price - no obvious vegitations seen and valves appear normal PCT 32 Gent 2.9 at 0600 this morning

Ward Round & Progress Note (RAH) (26/11/2020 08:33) Ashray Lal

Ward Round Summary

Consultant	Gemmell, L
Present On Ward Round	LG, GF
Doctor Completing Form	Finnie
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	* Multiple systemic infacrts - liver, spleen, kidney Pulmonary venous thrombus extending to left atrium Profound septic shock --- Theatre yesterday for splenectomy Echo did not show valvular lesion

Resuscitation Status

Resuscitation Status	For cpr

Systems Review

General Assessment	Sedated and ventilated
Cardiovascular	* HR 104 SR BP 100/62 (76) Quad strength NA 3.5ml/hr (5 overnight) Vasopressin @ 6ml/hr (max rate)
Respiratory	SIMV 450/8 x 26 0.35
CAM-ICU	Unable to assess (RASS -4 or -5)
Neuro/Sedation	Prop @ 120mg/hr Alf @ 4mg/hr
Gastrointestinal	* NG tube on free drainage Reviewed by surgical team - not for feed today, continue NG on free drainage and reassess tomorrow
Renal	* Na 133 K 4.6 Urea 13.2 Creat 76 1249 +ve yesterday u/o 60/50/40
Haematology	Hb 109 Plt 140 PT 18 APTT 28 Didn't get clexane overnight
Other Assessment	Low grade pyrexia 37.8 WCC 25.6 CRP 360

Impression

Impression

Impression	**Static.** **Issues that need addressed:** **1. Cavitating RUL lesion - ?TB ?aspergillus ?CAP. Blood cultures, BBV, AAFB, sputum to micro. Aim for spont breathing.** **2. Arterial thrombus - from PV to LA on Ct scan, not seen on TTE. Needs discussed with haematology re anticoagulation.** **3. Septic shock: Warm peripherally, CRT2secs, dependent oedema, currently on 3.5 16mh/50ml NA and 6U vasopressin. Antibiotics - clindamycin, fluconazole, tazocin, gentamicin. Needs discussion with microbiology. Fluid bolus/challenge this am. Srop vasopressin. Aim for MAP > 65** **4. Sedation: Stop sedation and reassess.** **5. Gut: Not for feeding.** **6. AWI** **7. Discussion with surgical team re TPN.** **L Gemmell (cons)**

General Plan

General Plan	**see above**

Plan/Daily Goals

Sedation Plan	**Stop sedation**
Weaning Plan With Parameters	**Minimal ventilatory support**
Lung Protective Ventilation	**Status: Yes** **Exclusion:**

Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.

CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.

Cardiovascular Targets	**MAP > 65**
Fluid Balance	**Even to 500ml positive**
Nutritional Plan	**Not for feeding - needs background fluids as type 1 diabetic**
Drug History & Reconciliation Plan Reviewed	Yes
Mobilisation Plan	**Passive limb movement**
DVT Prophylaxis	**Heparin**
GI Prophylaxis	**Omeprazole**
Lines Review	**Lines reviewed**
Discussed with	**Gemmell, L**
Consultant Review/Note	**See above.** **Will need respiratory to review cavitating lung lesion. Ensure sputum sent for C+S. (AFB's already sent)**

Microbiology

Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review	* Stable day. Off sedation. AAFP's sent - need respiratory opinion but currently safe on open ward. To continue on antibiotics as per prescribed - can rationalise in next couple of days. Strep milleri in splenectomy tissue - will require longer term vaccination and long term antibiotics if survives. Central line replaced due to not aspirating back - requires CXR check for placement. Otherwise, continue on ASB. Fluid balance could be even/negative as BP tolerates. Needs gentamicin level checked and prescribed. APTT in 4hours after starting maintenence infusion. L Gemmell (cons)

Medical Progress

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical Progress

Note date, time and initial each entry.

Medical Progress	
	*** Finnie ST5** **d/w haematology consultant on call** **- advises giving vitamin K for raised PT ratio** **- would advise treatment dose LMWH** **- Would suggest screening for paroxysmal nocturnalhaemoglobinuria(PNH), JAK-2, and antiphospholipid syndrome** **d/w Dr Gemmell (ICU cons)** **- given that the patient is only 24 hours post splenectomy, we should go with unfractionated heparin so that we are able to reverse it if bleeding occurs.** **- screening for the above can be considered once patient is less unwell** **Plan - load with heparin as per normal ICU protocol** **GF** **Night Review - Lal** **Resp - ASB 5/8 FiO2 0.35, SpO2 98%, Tv 650mls, insp crackles RUZ** **CVS - HR 118, MAP 84 unsupported, CRT 2s** **Renal - UO ~100mls/hr, +ve 786 today** **GI - Abdo SNT, draining haemoserrous fluid** **Neuro - 4mls Alf, eye opening to voice** **Plan - ASB to 0** **Hold Gent tonight** **Femoral line out**

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
AL	Ashray Lal	26/11/2020 08:33 - 26/11/2020 23:37
GF	Graeme Finnie	26/11/2020 08:46 - 26/11/2020 16:01
PM	Patrick MacGoey	26/11/2020 09:18 - 26/11/2020 09:18
LG	Lisa Gemmell	26/11/2020 11:21 - 28/11/2020 12:50
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

	24/11/2020 21:07
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
	25/11/2020 13:29
KB	03/12/2020 13:32 Microbiology Results, Advice & Action

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

	25/11/2020 13:29	EB	30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow	CM	29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow	CM	29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- continue. uss. bronch
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin					LG	28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG
OP	01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.					LG	28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. 27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

25/11/2020 13:29

LG 26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRL'

J 14:03 Microbiology Results, Advice & Action 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett

26/11/2020 08:33

GF 08:46 Consultant
GF 08:46 Present On Ward Round
GF 08:46 Doctor Completing Form
GF 10:07 Past 24hr Progress
GF 08:46 Past 24hr Progress: Theatre yesterday
Echo did not show valvular lesion
GF 08:46 Resuscitation Status
GF 08:46 General Assessment
PM 09:18 Cardiovascular
GF 08:46 Cardiovascular: HR 104 SR
BP 100/62 (76)
GF 08:46 Respiratory
GF 08:46 CAM-ICU
GF 08:46 Neuro/Sedation
GF 10:07 Gastrointestinal
GF 08:46 Gastrointestinal: NG tube on free drainage
PM 09:18 Renal
GF 08:46 Renal: Na 133
K 4.6
Urea 13.2
Creat 76
GF 08:46 Haematology
PM 09:18 Other Assessment
LG 11:21 Impression
LG 16:54 General Plan
LG 16:54 Sedation Plan
LG 16:54 Weaning Plan With Parameters
LG 16:54 Lung Protective Ventilation
LG 16:54 Cardiovascular Targets
LG 16:54 Fluid Balance
LG 16:54 Nutritional Plan
LG 16:54 Drug History & Reconciliation Plan Reviewed
LG 16:54 Mobilisation Plan
LG 16:54 DVT Prophylaxis
LG 16:54 GI Prophylaxis
LG 16:54 Lines Review
LG 16:54 Discussed with
LG 16:54 Consultant Review/Note
LG 18:15 Evening Consultant Review
LG 18:14 Evening Consultant Review: Stable day. Off sedation.
AAFP's sent - need respiratory opinion but currently safe on open ward.
To continue on antibiotics as per prescribed- can rationalise in next couple of days.
Strep milleri in splenectomy tissue - will require longer term vaccination and long term antibiotics if survives.
Central line replaced due to not aspirating back- requires CXR check for placement.
Otherwise, continue on ASB. Fluid balance could be even/negative as BP tolerates.

L Gemmell (cons)
AL 23:37 Medical Progress

AL 23:22 Medical Progress: Finnie ST5

d/w haematology consultant on call
- advises giving vitamin K for raised PT ratio
- would advise treatment dose LMWH
- Would suggest screening for paroxysmal nocturnalhaemoglobinuria (PNH), JAK-2, and antiphospholipid syndrome

d/w Dr Gemmell (ICU cons)
- given that the patient is only 24 hours post splenectomy, we should go with unfractionated heparin so that we are able to reverse it if bleeding occurs.
- screening for the above can be considered once patient is less unwell

Plan - load with heparin as per normal ICU protocol
GF

Night Review - Laf

Resp - ASB FiO2 0.35, SpO2 98%
CVS - HR 118, MAP 84 unsupported
Renal - UO ~100mls/hr, _+ve 786 today
GI - Abdo
Neuro - 4mls Alf

GF 16:01 Medical Progress: Finnie ST5

d/w haematology consultant on call
- advises giving vitamin K for raised PT ratio
- would advise treatment dose LMWH
- Would suggest screening for paroxysmal nocturnalhaemoglobinuria (PNH), JAK-2, and antiphospholipid syndrome

d/w Dr Gemmell (ICU cons)
- given that the patient is only 24 hours post splenectomy, we should go with unfractionated heparin so that we are able to reverse it if bleeding occurs.
- screening for the above can be considered once patient is less unwell

Plan - load with heparin as per normal ICU protocol
GF

Ward Round & Progress Note (RAH) (27/11/2020 11:35) Roslyn Carnie

Ward Round Summary

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Ward Round Summary

Consultant	O'Neil, P
Present On Ward Round	PON, LS, LL
Doctor Completing Form	P O'Neil
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	Down to minimal ventilatory support Remains off vasopressors HR 123/min SR Slow to awaken Surgical review- can change to LMWH from IV Heparin Can start NG feed at 10ml/hr

Resuscitation Status

Resuscitation Status	For CPR

Systems Review

General Assessment	Temp 37C Very oedematous
Cardiovascular	HR 120/min SR MAP 89 unsupported HS pure warm peripheries oedematous
Respiratory	ASB 5/0 30% spO2 96% pO2 12, pCO2 6.6 Good air entry throughout
CAM-ICU	Unable to assess (RASS -4 or -5)
Neuro/Sedation	Alfentanil 3mg/hr
Gastrointestinal	Midline laparotomy wound intact 2 drains- minimal haemoserous fluid soft, no masses NG draining minimal fluid
Renal	UOP good Na137 K4.1 U15.2 Cr91 900ml positive yesterday, 7.5L for LoS
Musculoskeletal/Trauma/Skin	calves soft oozing from puncture sites
Haematology	WBC 23 (down) CRP 192 (down)

Impression

Impression	Improving

Plan/Daily Goals

Plan/Daily Goals

Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.

CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.

Fluid Balance	Aim neutral to 500 negative
Nutritional Plan	start NG at 10ml/hr
Drug History & Reconciliation Plan Reviewed	Yes
Mobilisation Plan	Passive limb movement
DVT Prophylaxis	Fully anti-coagulated; Flotrons on
GI Prophylaxis	* Omeprazole
Lines Review	* CVC day2 and arterial line day4
Discussed with	O'Neil, P
Consultant Review/Note	* Plan- Minimal ventilatory support Feed 10ml/hr chest xray for NG position review micro Gentamicin dose Stop heparin and give Dalteparin furosemide 20mg stop hydrocortisone P O'Neil (Con)

Microbiology

Note date, time and initial each entry.

Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review

Evening Consultant Review	18:45 Off sedation but going for ETT. Minimal secretions and minimal ventilatory support. 700ml negative for today after furosemide. Obeying commands. CAM ICU positive. Plan- Extubation trial rather than resedate alfentanil off, use sc morphine boluses if needed P O'Neil (Con)

Medical Progress

Note date, time and initial each entry.

Medical Progress	* Night review at 22:30- R Carnie ST3 Extubated this evening, doing well. had chest physio at 20:30, secretions cleared ++. Now on dalteparin for PE. Resp: breathing comfortable, RR 24. sats 98% on 5l NC. reduced air entry R apex. Harsh bronchial breathing both bases, R worse than L. Wet sounding cough, clearing secretions. CV: unsupported, MAP 106 (141/78), HR 101 ST. Warm peripheries, CRT <2secs, oedematous ++. Neuro: drousy but easily roused to voice and obeying commands. morphine SC prescribed for pain relief. Renal: Good urine output, renal function normal, urea climbing. -700ml today. Micro: apyrexial, on clinda/ fluconazole/ gent/ tazocin. Nil to change overnight, managing well post extubation. RC 0700: settled night, no issues, sats 92% on 2L NC post extubation. NG tube pulled out overnight by patient- nursing staff will re-insert this morning. RC

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 28/11/2020 12:50
E	Roslyn Carnie	27/11/2020 11:35 - 28/11/2020 07:47
PO	Pauline ONeil	27/11/2020 11:49 - 27/11/2020 18:47
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

	24/11/2020 21:07
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
	25/11/2020 13:29
KB	03/12/2020 13:32 Microbiology Results, Advice & Action

PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 13:29

RS 02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin

OP 01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.

EB 30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow

CM 29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern

CM 29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- continue. uss. bronch

LG 28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG

LG 28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.

LS 27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

	25/11/2020 13:29
LG	26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
J	14:03 Microbiology Results, Advice & Action 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett
	27/11/2020 11:35
PO	11:49 Consultant
PO	11:49 Present On Ward Round
PO	11:49 Doctor Completing Form
PO	11:49 Past 24hr Progress
PO	11:49 Resuscitation Status
PO	11:49 General Assessment
PO	11:49 Cardiovascular
PO	11:49 Respiratory
PO	11:49 CAM-ICU
PO	11:49 Neuro/Sedation
PO	11:49 Gastrointestinal
PO	11:49 Renal
PO	11:49 Musculoskeletal/Trauma/Skin
PO	11:49 Haematology
PO	11:49 Impression
PO	11:49 Fluid Balance
PO	11:49 Nutritional Plan
PO	11:49 Drug History & Reconciliation Plan Reviewed
PO	11:49 Mobilisation Plan
PO	11:49 DVT Prophylaxis
PO	11:54 GI Prophylaxis
PO	11:49 GI Prophylaxis: Lansoprazole
PO	11:54 Lines Review
PO	11:49 Lines Review: CVC and arterial line day4
PO	11:49 Discussed with
PO	11:54 Consultant Review/Note
PO	11:49 Consultant Review/Note: Plan- Minimal ventilatory support Feed 10ml/hr chest xray for NG position review micro Gentamicin dose Stop heparin and give Dalteparin furosemide 20mg P O'Neil (Con)
PO	18:47 Evening Consultant Review
E	28/11/2020 07:47 Medical Progress
E	28/11/2020 07:33 Medical Progress: Night review at 22:30- R Carnie ST3 Extubated this evening, doing well, had chest physio at 20:30, secretions cleared ++. Now on dalteparin for PE Resp: breathing comfortable, RR 24, sats 98% on 5l NC, reduced air entry R apex. Harsh bronchial breathing both bases, R worse than L. Wet sounding cough, clearing secretions. CV: unsupported, MAP 106 (141/78), HR 101ST. Warm peripheries, CRT <2secs, oedematous ++. Neuro: drousy but easily roused to voice and obeying commands. morphine SC prescribed for pain relief. Renal: Good urine output, renal function normal, urea climbing. ~700ml today. Micro: apyrexial, on clinda/ fluconazole/ gent/ tazocin. Nil to change overnight, managing well post extubation. RC 0700: settled night, no issues, sats 92% on 2L NC post extubation. NG tube pulled out at 1am by patient- note plan for feeding tube as per surgeons, not replaced overnight. RC
E	28/11/2020 07:08 Medical Progress: Night review at 22:30- R Carnie ST3 Extubated this evening, doing well, had chest physio at 20:30, secretions cleared ++. Now on dalteparin for PE Resp: breathing comfortable, RR 24, sats 98% on 5l NC, reduced air entry R apex. Harsh bronchial breathing both bases, R worse than L. Wet sounding cough, clearing secretions. CV: unsupported, MAP 106 (141/78), HR 101ST. Warm peripheries, CRT <2secs, oedematous ++. Neuro: drousy but easily roused to voice and obeying commands. morphine SC prescribed for pain relief. Renal: Good urine output, renal function normal, urea climbing. ~700ml today. Micro: apyrexial, on clinda/ fluconazole/ gent/ tazocin. Nil to change overnight, managing well post extubation. RC 0700: settled night, no issues, sats 92% on 2L NC post extubation. RC
E	22:50 Medical Progress: Night review at 22:30- R Carnie ST3 Extubated this evening, doing well, had chest physio at 20:30, secretions cleared ++. Now on dalteparin for PE Resp: breathing comfortable, RR 24, sats 98% on 5l NC, reduced air entry R apex. Harsh bronchial breathing both bases, R worse than L. Wet sounding cough, clearing secretions. CV: unsupported, MAP 106 (141/78), HR 101ST. Warm peripheries, CRT <2secs, oedematous ++. Neuro: drousy but easily roused to voice and obeying commands. morphine SC prescribed for pain relief. Renal: Good urine output, renal function normal, urea climbing. ~700ml today. Micro: apyrexial, on clinda/ fluconazole/ gent/ tazocin. Nil to change overnight, managing well post extubation. RC

Ward Round & Progress Note (RAH) (28/11/2020 11:20) Roslyn Carnie

Ward Round Summary

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Ward Round Summary	
Consultant	**Gemmell, L**
Present On Ward Round	**McGovern, Gemmell**
Doctor Completing Form	**McGovern**
Current Level of Care	*** Level 3 Ventilated**
Past 24hr Progress	**Extubated** **Pulled CVC out this morning**

Resuscitation Status	
Resuscitation Status	**For resus**

Systems Review	
General Assessment	**Working hard** **Poor cough** **Large vomit this morning - significant concern he has aspirated**
Cardiovascular	**HR 166 SR** **BP 194/90** **Cool at hands and feet** **CRT 3 secs** **Grossly oedematous**
Respiratory	**Harsh, transmitted upper airway sounds throughout** **Working hard** **SpO2 97% on 40% venturi**
CAM-ICU	**CAM-ICU Positive**
Neuro/Sedation	**Nil**
Gastrointestinal	**ASNT** **NG now placed** **Not fed at moment** **Wound dressed, two drain - serous fluid, minimal amounts**
Renal	**944ml Neg** **>6L positive for stay** **Good UO**
Musculoskeletal/Trauma/Skin	**Nil**
Haematology	**Hb 90** **Wcc 20 (down)**

Impression	
Impression	**Worse today - aspiration main issue**

General Plan	
General Plan	*** Replace K+ (PO and IV)** **Cont Abxs** **IV access** **Send drain fluid for amylase** **Decision to intubate late morning - seeming increasingly agitated, WOB getting worse** **Uneventful intubation as noted in procedures**

Plan/Daily Goals

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Plan/Daily Goals

Sedation Plan	**NA**
Weaning Plan With Parameters	**May need reintubated**
Lung Protective Ventilation	**Status: Yes** **Exclusion:**
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	**MAP 65**
Fluid Balance	**500-1L Neg**
Nutritional Plan	**Hold of this morning - for NG feed if reintubated** **Can consider feed if better this afternoon**
Drug History & Reconciliation Plan Reviewed	**Yes**
Mobilisation Plan	**Allowed to mobilise**
DVT Prophylaxis	**Fully anti-coagulated**
GI Prophylaxis	**Omeprazole,**
Lines Review	**2 PVC this am**
Discussed with	**Gemmell, L**
Consultant Review/Note	**Thanks Chris,** **Vomit this am.** **Now increased WOB and desaturation.** **For re-intubation and new central line insertion.** **Antibiotics changed - micro want more respiratory samples and blood for galactomannan to be sent on Monday.** **Otherwise, feed can be restarted at 10mls** **Sedation hold.** **Will require TOE to look at pulmonary valve.** **Await drain amylase from both drains.**

Blood/Investigation Results

Blood & Investigation Results	*** K+ 2.5 on this morning's bloods** **Urea 11 better** **LFTs improving, CRP falling** **PO4 0.5 - had replacement** **Gentamicin 3.2 this morning - micro note states unlikley to need more today**

Microbiology

Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review	* As above. Repeat bloods given K+ 2.5

Medical Progress

Note date, time and initial each entry.	
Medical Progress	21:00 Night review- R. Carnie ST3 Today's progress noted, required re-intubation around mid day due to increased respiratory distress ?aspiration. Stable since Resp- intubated, breathing spont, PS 15/ 8 PEEP. FiO2 0.3 with sats 97%. reduced air entry R base, no added sounds. RR 39, TV 400-600mL Minimal secretions. CV- unsupported, MAP 103 (144/81), HR 119 ST. Warm peripherally, HS I+II+0, oedematous GI/renal- midline laparotomy wound dressed, dressing dry. 2 drains- minimal haemoserous output. bowel sounds present. Good urine output, renal function normal. +1381ml so far today. Micro- APyrexial, CRP falling. On clinda/ fluconazole/ meropenem/ vanc0mycin. Neuro- quite flat, intermittently localising to ETT/ pulling at lines and tubing. on propofol 1% 20ml/hr, morphine 7ml/hr. Potassium replaced, nil else to add overnight, keep sedated, RC

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	25/11/2020 13:42 - 28/11/2020 18:55
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
E	Roslyn Camie	28/11/2020 11:20 - 28/11/2020 21:27
CM	Christopher McGovern Consultant GRI ICU	28/11/2020 11:32 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

	24/11/2020 21:07
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
	25/11/2020 13:29
KB	03/12/2020 13:32 Microbiology Results, Advice & Action
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (29/12)resistant to coamoclav and taz ; S to mero and temo - continue mero and clindamycin
OP	01/12/2020 15:21 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
EB	30/112020 13:56 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
CM	29/112020 12:36 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
CM	29/112020 12:26 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- continue. uss. bronch
LG	28/112020 12:50 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG

25/11/2020 13:29

LG	28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
LS	27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
LG	26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
J	14:03 Microbiology Results, Advice & Action 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett

CM	11:42 DVT Prophylaxis
CM	11:42 GI Prophylaxis
CM	11:42 Lines Review
CM	11:42 Discussed with
LG	18:33 Consultant Review/Note
CM	17:09 Blood & Investigation Results
CM	1142 Blood & Investigation Results: K+ 2.5 on this morning's bloods Urea 11better LFTs improving, CRP falling PO4 0.5 - had replacement Gentamicin 3.2 this morning - micro note states unlikley to need more today
CM	1132 Blood & Investigation Results: K+ 2.5 on this morning's bloods Urea 11better LFTs improving, CRP falling PO4 0.5 - had replacement Gentamicin 3.2 this morning
LG	19:55 Evening Consultant Review
LG	19:47 Evening Consultant Review: As above.

28/11/2020 11:20

CM	11:32 Consultant
CM	11:32 Present On Ward Round
CM	11:32 Doctor Completing Form
CM	11:32 Past 24hr Progress
CM	11:32 Resuscitation Status
CM	11:32 General Assessment
CM	11:32 Cardiovascular
CM	11:32 Respiratory
CM	11:32 CAM-ICU
CM	11:32 Neuro/Sedation
CM	11:32 Gastrointestinal
CM	11:32 Renal
CM	11:32 Musculoskeletal/Trauma/Skin
CM	11:32 Haematology
CM	11:32 Impression
CM	17:09 General Plan
CM	1142 General Plan: Replace K+ (PO and IV) Cont Abxs IV access Send drain fluid for amylase
CM	1132 General Plan: Replace K+ Cont Abxs IV access Send drain fluid for amylase
CM	11:32 Sedation Plan
CM	11:32 Weaning Plan With Parameters
CM	11:32 Lung Protective Ventilation
CM	11:32 Cardiovascular Targets
CM	11:32 Fluid Balance
CM	11:32 Nutritional Plan
CM	11:32 Drug History & Reconciliation Plan Reviewed
CM	11:42 Mobilisation Plan

Ward Round & Progress Note (RAH) (29/11/2020 08:08) Roslyn Carnie

Ward Round Summary

Consultant	Gemmell, L
Present On Ward Round	Gemmell, McGovern
Doctor Completing Form	McGovern
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	Re-intubated: Poor cough, vomit & aspirated, looked weak Low K+ Improving inflam markers Normal fluid amylase from abdo drains High sedative requirements

Resuscitation Status

Resuscitation Status	For Resus

Systems Review

General Assessment	T 36.4
Cardiovascular	* HR 97 SR MAP 73 unsupported Warm at edges Very oedematous
Respiratory	* FiO2 0.28 PS ASB Bronchial breathing right base Otherwise good AE Poor cough, remains weak
CAM-ICU	CAM-ICU Negative
Neuro/Sedation	* Prop 18ml Morph 6 E4, M6 Vt Appropriate, comfortable and obeying commands
Gastrointestinal	NG feed 65ml
Renal	U&Es improving UO 30-40ml/hr 2.7L positive for 24hrs (9.5L pos for stay)
Musculoskeletal/Trauma/Skin	Nil of note
Haematology	Drop in Hb today 87 (97) WCC better 17.9 Plt 251 Coag normal

Impression

Impression	Remains vulnerable Poor cough and gerneral weakness likely to be main issue preventing extubation

General Plan

General Plan	* Aim neutral balance - may need frusemide (with caution given rise in Na) Review drug infusions - make up in glucose Restart methadone 20mg (titrate back up to 70mg od normal dose) Replace PO4 Regular K+ replacement Wean propofol and morphine Wean PS to 5 through the day Leave PEEP at 8 today Keep intubated today Remove R abdo drain

Plan/Daily Goals

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Plan/Daily Goals

Sedation Plan	**Wean propofol** **May need adjunct eg clonidine if propofol requirements stay so high**
Weaning Plan With Parameters	*** Wean PS** **Maintain PEEP for the moment** **Aim for RR < 40**
Lung Protective Ventilation	**Status: Yes** **Exclusion:**
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	**MAP 65**
Fluid Balance	**Neutral**
Nutritional Plan	**NG to continue**
Drug History & Reconciliation Plan Reviewed	**Yes**
Mobilisation Plan	**Allowed to mobilise**
DVT Prophylaxis	**Fully anti-coagulated; Flotrons on**
GI Prophylaxis	**Lansoprazole**
Lines Review	**CVC 1 day L IJV** **A line clean** **1 PVC**
Discussed with	**Gemmell, L**
Consultant Review/Note	**As above.**

Blood/Investigation Results

Blood & Investigation Results	**Vanc level 25** **Fluid amylase (abdo drains) 32, 34 (normal)** **Big jump in Na today 148 (137)** **K 3.6** **Improved U&Es (Urea 7.3 from 15.2)** **Creat 52 from 91** **LFTs improving** **Albumin 14** **CRP 119 down** **PO4 0.5**

Microbiology

Microbiology

Note date, time and initial each entry.

Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review	* Stable day. Need to arrange TOE for tomorrow if possible. Family updated. Minimal sedation to keep safe. Negative balance with furosemide please.

Medical Progress

Note date, time and initial each entry.

Medical Progress	02:30 Night review- R Carnie Uneventful day today after re-intubation yesterday A- intubated B- sats 96% FiO2 0.28. Spont breathing- PS 5/8 PEEP. RR 20-28. TV ~500ml, minimal secretions. C- unsupported, warm peripheries. MAP 92 (164/66), HR 112 (ST). D- Propofol now at 9ml/hr, morphine at 4ml/hr. Intermittently grabbing at lines/tubes. obeying commands, CAM ICU positive at 9pm E- abdomen soft, midline wound dressed and dry. Main issue overnight has been agitation/pulling at lines etc. NG tube reinserted multiple times- bridle now fitted and clonidine started as per discussion with Dr O'Neil. Plan to stop propofol at 7am. RC

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 29/11/2020 17:40
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
E	Roslyn Carnie	29/11/2020 08:08 - 30/11/2020 02:45
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 08:38 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

24/11/2020 21:07		KB	03/12/2020 13:32 Microbiology Results, Advice & Action
KB	03/12/2020 08:27 Current Level of Care		
RS	21:20 Current Level of Care: Level 3 Ventilated		
25/11/2020 13:29			

	25/11/2020 13:29	EB	30/112020 13:56 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow	CM	29/112020 12:36 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern	CM	29/112020 12:26 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- continue. uss. bronch
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamoclav and taz ; S to mero and temo - continue mero and clindamycin			LG	28/112020 12:50 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG
OP	01/12/2020 15:21 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.			LG	28/112020 12:18 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
				LS	27/112020 12:49 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

25/11/2020 13:28

LG	26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRL
J	14:03 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett

29/11/2020 08:08

CM	08:38 Consultant
CM	08:38 Present On Ward Round
CM	08:38 Doctor Completing Form
CM	08:38 Past 24hr Progress
CM	08:38 Resuscitation Status
CM	08:38 General Assessment
CM	09:06 Cardiovascular
CM	08:38 Cardiovascular: HR 97 SR MAP 73 unsupported
CM	09:06 Respiratory
CM	08:38 Respiratory: FiO2 0.28 PS ASB
CM	09:06 CAM-ICU
CM	09:06 Neuro/Sedation
CM	08:38 Neuro/Sedation: Prop 18ml Morph 6
CM	08:38 Gastrointestinal
CM	08:38 Renal
CM	09:06 Musculoskeletal/Trauma/Skin
CM	08:38 Haematology
CM	09:05 Impression
CM	09:10 General Plan
CM	09:06 General Plan: Aim neutral balance - may need frusemide (with caution given rise in Na) Review drug infusions - make up in glucose Restart methadone 20mg (titrate back up to 70mg od normal dose) Replace PO4 Regular K+ replacement Wean propofol and morphine Wean PS to 5 through the day Leave PEEP at 8 today Keep intubated today
CM	09:06 General Plan: Aim neutral balance - may need frusemide (with caution given rise in Na) Review drug infusions - make up in glucose Restart methadone 20mg (titrate back up to 70mg od normal dose) Replace PO4 Regular K+ replacement Wean propofol Wean PS to 5 through the day Leave PEEP at 8 today
CM	08:38 General Plan: Aim neutral balance - may need frusemide (with caution given rise in Na) Review drug infusions - make up in glucose Restart methadone 20mg (titrate back up to 70mg od normal dose)
CM	08:38 Sedation Plan
LG	11:40 Weaning Plan With Parameters
CM	08:38 Weaning Plan With Parameters: Wean PS Maintain PEEP for the moment
CM	08:38 Lung Protective Ventilation
CM	08:38 Cardiovascular Targets
CM	08:38 Fluid Balance
CM	08:38 Nutritional Plan
CM	08:38 Drug History & Reconciliation Plan Reviewed
CM	08:38 Mobilisation Plan
CM	08:38 DVT Prophylaxis
CM	09:06 GI Prophylaxis
CM	09:08 Lines Review
CM	09:09 Discussed with
LG	11:39 Consultant Review/Note
CM	08:38 Blood & Investigation Results
E	30/11/2020 02:45 Evening Consultant Review
E	30/11/2020 02:34 Evening Consultant Review: Stable day. Need to arrange TOE for tomorrow if possible. Family updated. Minimal sedation to keep safe. Negative balance with furosemide please. 02:30 Night review- R Carnie Uneventful day today. Main issue overnight has been agitation/pulling at line, NG tube reinserted multiple times- bridle now fitted and clonidine started.
LG	17:40 Evening Consultant Review: Stable day. Need to arrange TOE for tomorrow if possible. Family updated. Minimal sedation to keep safe. Negative balance with furosemide please.

Ward Round & Progress Note (RAH) (30/11/2020 09:24) Kirsty Boswell

Ward Round Summary

Ward Round Summary	
Consultant	Gemmell, L
Present On Ward Round	EB LG CE AS
Doctor Completing Form	EB
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	pulling out ng tubes, started on clonidine overnight

Resuscitation Status	
Resuscitation Status	for resus

Systems Review	
General Assessment	bright alert, looks frustrated, pulling at bridle
Cardiovascular	WWP, peripherally oedematous hands and up to knees, HR100-110 Sinus rhythm, map 100 unsupported normal hs
Respiratory	chest sounds relativley clear, nil added, 5/8 ASB FiO2 0.28 sats 97, lots of secretions, RR 20-30 PO2 11 PCO2 5 H 29
CAM-ICU	CAM-ICU Negative
Neuro/Sedation	alert, eyes open, following commands, frustrated, appropraite, going for tube and NGT but settles with reassurance. Req cosntant supervision Good power in all 4 limbs, cough appears to be strong prop 5 and morphine 4 had 20mg methadone yest at 1000 and usually on 70mg clonidine 50mcg started yest evening
Gastrointestinal	abdo soft, min staining of wound, LIF drain remains, haemoserous fluid draining ng feed 65ml/h appears to be absorbing actrpaid for BMs bowels opened this morning
Renal	pu - 380 yest 24 h with furosemide twice, most recently this am - 500ml diuresis u/es N
Musculoskeletal/Trauma/Skin	no issues
Haematology	WCC 14.6 (18) Hb 90 static plts 381 APTT 25
Other Assessment	* Na 146 (reduced) K 4.3 urea 5.6 creat 50 eGFR 60 mg 0.75 PO4 0.63 CRP 94 (119) on continuous vanc- level 30 this morning

Impression	
Impression	min resp settings, agitated and becomign frustrated ? opiate withdrawal

General Plan	
General Plan	* vanc level 30- stop and repeat level today at 1600- on 3000mg/24h. restart when <25 phosphate replaced already this am stop propofol, continue clonidine discuss with micro re rationalising abx inc methadone dose today change to reg furosemide rpt echo today, then discuss with cardiology re TOE discuss with surgeons re drain

Plan/Daily Goals

Plan/Daily Goals	
Sedation Plan	**stop propofol when safe to do so**
Weaning Plan With Parameters	**PO2 >8 PCO2<8**
Lung Protective Ventilation	**Status: Yes** **Exclusion:**
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	**map >65**
Fluid Balance	**negative 1L**
Nutritional Plan	**ng fed**
Drug History & Reconciliation Plan Reviewed	**Yes**
Mobilisation Plan	**Allowed to mobilise**
DVT Prophylaxis	**Fully anti-coagulated**
GI Prophylaxis	**Established on full feed; Lansoprazole**
Lines Review	**L Radial A line ok** **CVC LIJ looks ok**
Discussed with	**Gemmell, L**
Consultant Review/Note	*** Thanks Emma** **Complex patient** **Septic emboli, renal, hepatic and splenic infarcts. Question over RUL cavitating lesion.** **For further TTE to assess valvular function. Need clarity on whether requires TOE.** **Ask for respiratory opinion.** **Await cardiology (TTE first and then discussion re TOE)** **Actively withdrawing - for increasing methadone dose and benzodiazepines** **May be extubatable if all these things are tidied up by this afternoon.** **Negative fluid balance.** **L Gemmell (cons)**

Blood/Investigation Results	
Blood & Investigation Results	**seen**

Microbiology

Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review	Quiet night. Could potentially be extubatable tomorrow. DW cardiology - low chance of endocarditis, not able to perform TOE due to equipment issues. We should discuss with microbiology regarding rationalisation of antibiotics. Negative balance (L Gemmell)

Medical Progress

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical Progress

Note date, time and initial each entry.

Medical Progress

* Pharmacy recommend changing methadone to sugar free. Nurses will order this
When vanc level below 25 restart at 1250mg 12 hourly
Monitor QTc as on methadone and fluconazole currently442

KB CT2 @ 21:50

Note events of admission:
Admitted in profound septic shock on 24/11/20. Multiple systemic infarcts throughout abdomen with associated pulmonary venous thrombus. Required splenectomy.
On rx dose Dalteparin.

Background: T1DM; previous IVDU on Methadone programme; treated Hep C.

A - ETT

Remains intubated, following failed extubation last week, with minimal ventilatory support.
PS/ASB, PEEP 5, ASB 0, FiO2 0.28, SpO2 98%.
Widespread upper airway noise with moderate secretions from chest.

Peripherally warm. Well perfused. Cap refill = 2 seconds.
Cardiovascularly unsupported: BP 188/79, MAP 109, HR 92 (regular)
Febrile throughout the day.
Marked peripheral oedema. Pitting oedema throughout upper and lower limbs.
Furosemide given this am.

Abdomen soft. Non distended. Denying pain.
Bowel sounds present.
NG feed running 65mls/hr.
Actrapid 5mls/hr.

Disgruntled but appropriate. E4, M6, Vt
Nursing staff report frequently pulling at tubes but settles with reassurance.
Methadone dose increased today in view of active opioid withdrawal.
Morphine 4mls/hr
Propofol 1% 1ml/hr

Passing large urine volumes.
Aiming negative balance. Currently -820mls.

Antibiotics: Clindamycin, Meropenem, Vancomycin, Fluconazole

Plan:
Aim settled night
? extubation tomorrow
Rationalise abx

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 30/11/2020 18:25
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
KB	Kirsty Boswell	30/11/2020 09:24 - 03/12/2020 13:32
EB	Emma Bhatti	30/11/2020 09:37 - 30/11/2020 13:56
CE	Christina Evans	30/11/2020 16:28 - 30/11/2020 16:43
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21

	24/11/2020 21:07
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
	25/11/2020 13:29
KB	03/12/2020 13:32 Microbiology Results, Advice & Action

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

25/11/2020 13:29

RS 02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin

OP 01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.

EB 30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow

CM 29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern

CM 29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 continue. uss. bronch

LG 28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG

LG 28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.

LS 27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT).

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 13:29

LG 26/112020 13:42 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL

J 14:03 Microbiology Results, Advice & Action 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett

30/11/2020 09:24

EB 09:37 Consultant
EB 09:37 Present On Ward Round
EB 09:37 Doctor Completing Form
EB 09:37 Past 24hr Progress
EB 09:37 Resuscitation Status
EB 09:37 General Assessment
EB 09:37 Cardiovascular
EB 09:37 Respiratory
EB 09:37 CAM-ICU
EB 09:37 Neuro/Sedation
EB 09:37 Gastrointestinal
EB 09:37 Renal
EB 09:37 Musculoskeletal/Trauma/Skin
EB 09:37 Haematology
EB 09:41 Other Assessment
EB 09:37 Other Assessment: Na 146 (reduced) K 4.3 urea 5.6 creat 50 eGFR 60
mg 0.75 PO4 0.63
CRP 94 (119)

on continuous vanc
EB 09:37 Impression
CE 16:43 General Plan
CE 16:28 General Plan: vanc level 30- stop and repeat level today at 1600- on 3000mg/24h. restart when <25 at 1250mg 12 hourly as per pharmacist
phosphate replaced already this am
stop propofol, continue clonidine
discuss with micro re rationalising abx
inc methadone dose today
change to reg furosemide
rpt echo today, then discuss with cardiology re TOE
discuss with surgeons re drain
EB 09:47 General Plan: vanc level 30- stop and repeat level today at 1600- on 3000mg/24h. restart when <25
phosphate replaced already this am
stop propofol, continue clonidine
discuss with micro re rationalising abx
inc methadone dose today
change to reg furosemide
rpt echo today, then discuss with cardiology re TOE
discuss with surgeons re drain
EB 09:44 General Plan: vanc level 30- stop and rpeat level today at 1600, restart when <25
phosphate replaced already this am
stop propofol, continue clonidine
discuss with micro re rationalising abx
inc methadone dose today
change to reg furosemide
rpt echo today, then discuss with cardiology re TOE
discuss with surgeons re drain
EB 09:37 General Plan: phosphate replaced already this am
stop propofol, continue clonidine
discuss with micro re rationalising abx
inc methadone dose today
change to reg furosemide
rpt echo today, then discuss with cardiology re TOE
discuss with surgeons re drain
EB 09:39 Sedation Plan
EB 09:39 Weaning Plan With Parameters
EB 09:39 Lung Protective Ventilation
EB 09:39 Cardiovascular Targets
EB 09:39 Fluid Balance
EB 09:39 Nutritional Plan
EB 09:39 Drug History & Reconciliation Plan Reviewed
EB 09:39 Mobilisation Plan
EB 09:39 DVT Prophylaxis
EB 09:39 GI Prophylaxis

EB 09:40 Lines Review
EB 09:39 Discussed with
LG 10:42 Consultant Review/Note
LG 10:37 Consultant Review/Note: Thanks Emma
LG 18:25 Blood & Investigation Results
LG 18:25 Evening Consultant Review
KB 01/12/2020 06:48 Medical Progress
KB 22:06 Medical Progress: Pharmacy recommend changing methadone to sugar free. Nurses will order this
When vanc level below25 restart at 1250mg 12 hourly
Monitor QTc as on methadone and fluconazole currently 442

KB CT2 @ 21:50

Note events of admission:
Admitted in profound septic shock on 24/1120.
Multiple systemic infarcts throughout abdomen with associated pulmonary venous thrombus. Required splenectomy.
On rx dose Dalteparin.

Background: T1DM; previous IVDU on Methadone programme; treated Hep C.

A - ETT

Remains intubated, following failed extubation last week, with minimal ventilatory support.
PS/ASB, PEEP 5, ASB 0, FiO2 0.28, SpO2 98%.
Widespread upper airway noise with moderate secretions from chest.

Peripherally warm. Well perfused. Cap refill = 2 seconds.
Cardiovascularly unsupported: BP 188/79, MAP 109, HR 92 (regular)
Febrile throughout the day.
Marked peripheral oedema. Pitting oedema throughout upper and lower limbs. Furosemide given this am.

Abdomen soft. Non distended.
Denying pain.
Bowel sounds present.
NG feed running 65mls/hr.
Actrapid 5mls/hr.

Disgruntled but appropriate. E4, M6, Vt
Nursing staff report frequently pulling at tubes but settles with reassurance.
Methadone dose increased today in view of active opioid withdrawal.
Morphine 4mls/hr
Propofol 1% 1ml/hr

Passing large urine volumes.
Aiming negative balance. Currently -820mls.

Antibiotics: Clindamycin, Meropenem, Vancomycin, Fluconazole

KB 22:06 Medical Progress: Pharmacy recommend changing methadone to sugar free. Nurses will order this
When vanc level below25 restart at 1250mg 12 hourly
Monitor QTc as on methadone and fluconazole currently 442

KB CT2 @ 21:50

Note events of admission:
Admitted in profound septic shock on 24/1120.
Multiple systemic infarcts throughout abdomen with associated pulmonary venous thrombus. Required splenectomy.
On rx dose Dalteparin.

Background: T1DM; previous IVDU on Methadone programme; treated Hep C.

A - ETT

Remains intubated, following failed extubation last week, with minimal ventilatory support.
PS/ASB, PEEP 5, ASB 0, FiO2 0.28, SpO2 98%.
Widespread upper airway noise with moderate secretions from chest.

Peripherally warm. Well perfused. Cap refill = 2 seconds.
Cardiovascularly unsupported: BP 188/79, MAP 109, HR 92 (regular)
Febrile throughout the day.
Marked peripheral oedema. Pitting oedema throughout upper and lower limbs. Furosemide given this am.

Abdomen soft. Non distended.
Denying pain.
Bowel sounds present.
NG feed running 65mls/hr.
Actrapid 5mls/hr.

Disgruntled but appropriate. E4, M6, Vt
Nursing staff report frequently pulling at tubes but responds to reassurance.
Methadone dose increased today in view of active opioid withdrawal:
Morphine 4mls/hr
Propofol 1% 1ml/hr

Passing large urine volumes.
Aiming negative balance. Currently -820mls.

Antibiotics: Clindamycin, Meropenem, Vancomycin, Fluconazole

30/11/2020 09:24

KB 22:04 Medical Progress: Pharmacy recommend changing methadone to sugar free. Nurses will order this
When vanc level below25 restart at 1250mg 12 hourly
Monitor QTc as on methadone and fluconazole currently 442

KB CT2 @ 2150

Note events of admission:
Admitted in profound septic shock on 24/11/20.
Multiple systemic infarcts throughout abdomen with associated pulmonary venous thrombus.
Splenectomy.

Background: T1DM; previous IVDU on Methadone programme; treated Hep C.

A - ETT

Remains intubated, following failed extubation last week, with minimal ventilatory support.
PS/ASB, PEEP 5, ASB 0, FiO2 0.28, SpO2 98%.
Widespread upper airway noise with moderate secretions from chest.

Peripherally warm. Well perfused. Cap refill = 2 seconds.
Cardiovascularly unsupported: BP 188/79, MAP 109, HR 92 (regular)
Febrile throughout the day.
Marked peripheral oedema. Pitting oedema throughout upper and lower limbs. Furosemide given this am.

Abdomen soft. Non distended.
Denying pain.
Bowel sounds present.
NG feed running 65mls/hr.
Actrapid 5mls/hr.

Disgruntled but appropriate. E4, M6, Vt
Nursing staff report frequently pulling at tubes but responds to reassurance.
Methadone dose increased today in view of active opioid withdrawal.
Morphine 4mls/hr
Propofol 1% 1ml/hr

Passing large urine volumes.
Aiming negative balance. Currently -820mls.

Antibiotics: Clindamycin, Meropenem, Vancomycin, Fluconazole

CE 16:43 Medical Progress: Pharmacy recommend changing methadone to sugar free. Nurses will order this
When vanc level below25 restart at 1250mg 12 hourly
Monitor QTc as on methadone and fluconazole currently 442

Ward Round & Progress Note (RAH) (01/12/2020 10:08) Christina Evans

Ward Round Summary

Consultant	MacGoey, P
Doctor Completing Form	Olivia Pittman
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	Pretty static. Achieved negative balance yesterday.

Resuscitation Status

Resuscitation Status	For resus

Systems Review

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

Systems Review	
General Assessment	Drowsy this morning.
Cardiovascular	Unsupported. BP 154/73 (MAP 96), HR 76 SR, WWP. Peripheral oedema.
Respiratory	Minimal support CPAP, PEEP 5. FIO2 0.28. RR 14, Sats 98%
Neuro/Sedation	Drowsy, eyes opening to voice. Was agitated overnight. On morphine 2ml/hr. Clonidine this morning.
Gastrointestinal	Feed stopped. BM 3 this morning. Active bowel sounds. BO today. Surgical drain draining serous fluid.
Renal	-1.7L past 24hr. Cr 46, Ur 4.
Musculoskeletal/Trauma/Skin	chronic venous changes lower legs.
Haematology	WCC 15,

Impression	
Impression	Minimal respiratory support.

General Plan	
General Plan	Stop NG with view to extubation today Remove surgical drain and wound review Rationalise fluconazole with micro at meeting

Plan/Daily Goals	
Sedation Plan	Not on sedation
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	MAP >65
Fluid Balance	-500ml
Nutritional Plan	NG feed to restart post extubation if managing
Drug History & Reconciliation Plan Reviewed	Yes
Mobilisation Plan	Allowed to mobilise
DVT Prophylaxis	Fully anti-coagulated
GI Prophylaxis	Established on full feed
Lines Review	L IJ line
Consultant Review/Note	* Looks ready to extubate. Have stopped feed to minimise risk of recurrent aspiration. Confirmed has cleak with cuff down. Swinging pyrexia may reflect intra-abdominal collections. Day 6 post (2nd) laparotomy so a CT would be reasonable to assess. I think he will manage this extubated and think we should go ahead and extubate rather than delay. PMG

Microbiology

Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Medical Progress

Note date, time and initial each entry.	
Medical Progress	* 01/12 afternoon. CT2 Pittman Managing well since extubation. Clearing secretions with cough. Sats 97% on 35% via mask. Aim -500ml balance. Currently +600. Plan for 20mg furosemide bolus. Clonidine held earlier as drowsy but now alert so can have evening dose. Antibiotics rationalised to Meropenem and Clindamycin. 01/12 20:30 CT2 Evans Alert and CAM ICU negative Sats 100% on 35% via mask. so changed onto 4L NC and sats 96%. Bringing up lots of secretions but good cough. Chest creps R upper lobe otherwise clear. Undistressed. No abdo pain HR 84 and BP 153/98 unsupported Peripheral oedema +600mls just being given furosemide Has tried sips of water but coughing Apyrexial today Imp - managing well since extubation PRN oramorph if sore monitor fluid balance clonidine at 10pm if desaturating may need chest physio over night

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 28/11/2020 12:50
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
CE	Christina Evans	01/12/2020 10:08 - 01/12/2020 21:10
OP	Olivia Pittman	01/12/2020 10:16 - 01/12/2020 19:13
PM	Patrick MacGoey	01/12/2020 10:37 - 01/12/2020 10:37
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	24/11/2020 21:07	EB	30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow	CM	29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- continue. uss. bronch
KB	03/12/2020 08:27 Current Level of Care				
RS	21:20 Current Level of Care: Level 3 Ventilated				
	25/11/2020 13:29				
KB	03/12/2020 13:32 Microbiology Results, Advice & Action				
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin	LG	28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG
OP	01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.	CM	29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG	LG	28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
				LS	27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

25/11/2020 13:29

LG 26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRL

J 14:03 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett

01/12/2020 10:08

OP 10:16 Consultant
OP 10:16 Doctor Completing Form
OP 10:16 Past 24hr Progress
OP 10:16 Resuscitation Status
PM 10:37 General Assessment
OP 10:16 Cardiovascular
OP 10:16 Respiratory
OP 10:16 Neuro/Sedation
OP 10:16 Gastrointestinal
OP 10:16 Renal
OP 10:16 Musculoskeletal/Trauma/Skin
PM 10:37 Haematology
PM 10:37 Impression
PM 10:37 General Plan
PM 10:37 Sedation Plan
PM 10:37 Cardiovascular Targets
PM 10:37 Fluid Balance
PM 10:37 Nutritional Plan
PM 10:37 Drug History & Reconciliation Plan Reviewed
PM 10:37 Mobilisation Plan
PM 10:37 DVT Prophylaxis
PM 10:37 GI Prophylaxis
PM 10:37 Lines Review
OP 10:43 Consultant Review/Note
PM 10:37 Consultant Review/Note: Looks ready to extubate. Have stopped feed to minimise risk of recurrent aspiration. Swinging pyrexia may reflect intra-abdominal collections. Day 6 post (2nd) laparotomy so a CT would be reasonable to assess. I think he will manage this extubated and think we should go ahead and extubate rather than delay.
PMG
CE 21:10 Medical Progress
CE 21:08 Medical Progress: 01/12 afternoon. CT2 Pittman
Managing well since extubation. Clearing secretions with cough. Sats 97% on 35% via mask.
Aim -500ml balance. Currently +600. Plan for 20mg furosemide bolus.
Clonidine held earlier as drowsy but now alert so can have evening dose.
Antibiotics rationalised to Meropenem and Clindamycin.

01/12 20:30 CT2 Evans
Alert and CAM ICU negative
Sats 100% on 35% via mask, so changed onto 4L NC and sats 96%. Bringing up lots of secretions but good cough. Chest creps R upper lobe otherwise clear.
Undistressed. No abdo pain
HR 84 and BP 153/98 unsupported
Peripheral oedema +600mls just being given furosemide
Has tried sips of water but coughing
Apyrexial today

Imp - managing well since extubation
PRN oramorph if sore
monitor fluid balance
clonidine at 10pm

CE 20:32 Medical Progress: 01/12 afternoon. CT2 Pittman
Managing well since extubation. Clearing secretions with cough. Sats 97% on 35% via mask.
Aim -500ml balance. Currently +600. Plan for 20mg furosemide bolus.
Clonidine held earlier as drowsy but now alert so can have evening dose.
Antibiotics rationalised to Meropenem and Clindamycin.

01/12 20:30 CT2 Evans
Alert and CAM ICU negative
Sats 99% on 35% via mask. Bringing up lots of secretions but good cough. Chest creps R upper lobe otherwise clear.
Undistressed. No abdo pain
HR 84 and BP 153/98 unsupported
Peripheral oedema +600mls just being given furosemide
Has tried sips of water but coughing
Apyrexial today

Imp - managing well since extubation
PRN oramorph if sore
monitor fluid balance

CE 20:30 Medical Progress: 01/12 afternoon. CT2 Pittman
Managing well since extubation. Clearing secretions with cough. Sats 97% on 35% via mask.
Aim -500ml balance. Currently +600. Plan for 20mg furosemide bolus.
Clonidine held earlier as drowsy but now alert so can have evening dose.
Antibiotics rationalised to Meropenem and Clindamycin.

01/12 20:30 CT2 Evans
Alert and CAM ICU negative
Sats 99% on 35% via mask. Bringing up lots of secretions but good cough. Chest creps R upper lobe otherwise clear.
Undistressed. No abdo pain
HR 84 and BP 153/98 unsupported
Peripheral oedema +600mls just being given furosemide
Has tried sips of water but coughing
Apyrexial today

Imp - managing well since extubation
PRN oramorph if sore
monitor fluid balance

OP 19:13 Medical Progress: 01/11afternoon. CT2 Pittman
Managing well since extubation. Clearing secretions with cough. Sats 97% on 35% via mask.
Aim -500ml balance. Currently +600. Plan for 20mg furosemide bolus.
Clonidine held earlier as drowsy but now alert so can have evening dose.
Antibiotics rationalised to Meropenem and Clindamycin.

Ward Round & Progress Note (RAH) (02/12/2020 09:40) Christina Evans

Ward Round Summary

Ward Round Summary	
Consultant	Sundaram, R
Present On Ward Round	RS,OP , JMcW
Doctor Completing Form	RS
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	stable

Resuscitation Status	
Resuscitation Status	for CPR

Systems Review	
General Assessment	speaking
Cardiovascular	HR 88 ;BP 126/74; warm to touch
Respiratory	on 2l nc ; RR 18 ; harsh breath sounds bilaterally in upper zones
CAM-ICU	CAM-ICU Negative
Neuro/Sedation	off sedation
Gastrointestinal	absorbing feed
Renal	passing urine ;
Musculoskeletal/Trauma/Skin	left arm and forearm swollen
Haematology	nil to address

Impression	
Impression	better

General Plan	
General Plan	1. stop clonidine 2 analgesia : methadone and oramorph 3 left arm swollen ??axillary vein thrombosis - but on anticoagulation 4 anti X alevel at 2pm today 5 take art line out 6 PVC 7 diabetic referral

Plan/Daily Goals	
Sedation Plan	nil
Weaning Plan With Parameters	nil
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	MAP>65
Fluid Balance	500 mls neg
Nutritional Plan	continue ng feed
Drug History & Reconciliation Plan Reviewed	Yes
Mobilisation Plan	Passive limb movement
DVT Prophylaxis	Fully anti-coagulated
GI Prophylaxis	Lansoprazole
Lines Review	left IJ CVC
Discussed with	Sundaram, R
Consultant Review/Note	as above

Microbiology

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Evening Consultant Review

Evening Consultant Review	1830 looks good ready for step down tomorrow RS

Medical Progress

Note date, time and initial each entry.	
Medical Progress	* 20:30 CT2 Evans Extubated yesterday and doing very well. on 2L nasal cannula stas 99% fluid balance -500 mls today good cough. very productive WWP. cardiovascular unsupported. apyrexial all day. remains on mero and clindamycin BMs stable on actrapid infusion no concerns from nursing staff

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 18:50
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 28/11/2020 12:50
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 02/12/2020 10:02
CE	Christina Evans	02/12/2020 09:40 - 02/12/2020 20:37
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

24/11/2020 21:07	
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
25/11/2020 13:29	
KB	03/12/2020 13:32 Microbiology Results, Advice & Action

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

25/11/2020 13:29

RS 02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
02/12 EColi (28/12) resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin

OP 01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.

EB 30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow

CM 29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern

CM 29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 continue. uss. bronch

LG 28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG

LG 28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.

LS 27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

	25/11/2020 13:29
LG	26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
J	14:03 Microbiology Results, Advice & Action 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett

	02/12/2020 09:40
OP	10:02 Consultant
OP	10:02 Present On Ward Round
OP	10:02 Doctor Completing Form
OP	10:02 Past 24hr Progress
OP	10:02 Resuscitation Status
OP	10:02 General Assessment
OP	10:02 Cardiovascular
OP	10:02 Respiratory
OP	10:02 CAM-ICU
OP	10:02 Neuro/Sedation
OP	10:02 Gastrointestinal
OP	10:02 Renal
OP	10:02 Musculoskeletal/Trauma/Skin
OP	10:02 Haematology
OP	10:02 Impression
OP	10:02 General Plan
OP	10:02 Sedation Plan
OP	10:02 Weaning Plan With Parameters
OP	10:02 Cardiovascular Targets
OP	10:02 Fluid Balance
OP	10:02 Nutritional Plan
OP	10:02 Drug History & Reconciliation Plan Reviewed
OP	10:02 Mobilisation Plan
OP	10:02 DVT Prophylaxis
OP	10:02 GI Prophylaxis
OP	10:02 Lines Review
OP	10:02 Discussed with
OP	10:02 Consultant Review/Note
RS	18:50 Evening Consultant Review
CE	20:37 Medical Progress
CE	20:32 Medical Progress: 20:30 CT2 Evans Extubated yesterday and doing very well on 2L nasal cannula stas 99% -500 mls today good cough apyrexial all day, remains on mero and clindamycin' BMs stable on actrapid infusion

Ward Round & Progress Note (RAH) (03/12/2020 08:25) Kirsty Boswell

Ward Round Summary

Consultant	Gemmell, L
Present On Ward Round	LG, KB, JA
Doctor Completing Form	K Boswell
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	* Remains extubated. Antibiotics rationalised, continues on Mero and Clinda. Demedicalised - art line removed. Awaiting step down to ward level care.

Resuscitation Status

Resuscitation Status	For resus

Systems Review

Systems Review	
General Assessment	* Looking well this morning. Alert and talking. Uncomplaining.
Cardiovascular	* Cardiovascularly unsupported: BP 118/69, MAP 83, HR 96 Peipherally warm, cap refill < 2 seconds peripherally. HS = I + II + 0, pulse regular. Pitting odema improved since beginning of week, now pitting to level of ankles bilaterally.
Respiratory	* Breathing comfortably Maintaining SpO2 96% on 2L NC Managing to expectorate, sputum burden improving. Good cough. Good air entry throughout.
CAM-ICU	CAM-ICU Negative
Neuro/Sedation	Non sedated. Alert and orientated. GCS 15
Gastrointestinal	NG feed continues. Abdomen soft, non distended. Mild tenderness around wound site. Bowel sounds +ve
Renal	* Passing good urine volumes Maintaining own fluid balance slightly negative.
Musculoskeletal/Trauma/Skin	* Hemosiderin staining of ankles.
Haematology	Seen

Impression	
Impression	Continues to improve and ready for step down once bed available.

General Plan	
General Plan	* - Bloods - Encourage oral intake - Try in chair - Prepare discharge - Send stool sample

Plan/Daily Goals	
Sedation Plan	Non sedated
Weaning Plan With Parameters	NA
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	MAP > 65
Fluid Balance	Aim 0.5 - 1L negative
Nutritional Plan	Try ensures and full NG feeding
Drug History & Reconciliation Plan Reviewed	Yes
Mobilisation Plan	Allowed to mobilise
DVT Prophylaxis	Fully anti-coagulated
GI Prophylaxis	Lansoprazole
Lines Review	Left IJ CVC
Discussed with	Gemmell, L
Consultant Review/Note	* Ready for step down. Arrange PICC line Speak to diabetic team regarding insulin regime. Antibiotics de-escalated to single agent meropenem. Negative balance. Facetime family. Will need pneumovac and penicillin long term for asplenectomy.

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Microbiology

Note date, time and initial each entry.	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Medical Progress

Note date, time and initial each entry.	
Medical Progress	* KB CT2 @ 14:30 PICC line requested on Trak. Contacted the oncall diabetic consultant's secretary, currently in clinic, requested written information in an email. Email sent and awaiting advice regarding recommencing normal insulin regime. Communication from Prof McIntyre (diabetes consultant) @ 16:00 Would recommend commencing 20 units Humulin M3 from 8am tomorrow. 12 hourly doses. Stop Actrapid 45 minutes following initiation of Humulin M3. Contact diabetes team when patient stopping full NG feed to optomise dosing for oral diet. As Mr Burgess has been stepped down to HDU I have contacted the ward and updated the staff nurse looking after him of this plan.

RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 03/12/2020 14:17
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:25 - 03/12/2020 17:09

24/11/2020 21:07	
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
25/11/2020 13:29	
KB	03/12/2020 13:32 Microbiology Results, Advice & Action

	25/11/2020 13:29
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 0/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamoxiclav and taz ; S to mero and temo - continue mero and clindamycin
OP	01/12/2020 15:21Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 0/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
EB	30/112020 13:56 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
CM	29/112020 12:36 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
CM	29/112020 12:26 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- continue. uss. bronch
LG	28/112020 12:50 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG
LG	28/112020 12:18 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
LS	27/112020 12:49 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 13:29

LG 26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.

J 14:03 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA - M Brett

03/12/2020 08:25

KB 08:46 Past 24hr Progress
KB 08:27 Past 24hr Progress: Antibiotics rationalised
Demedicalised - art line removed
Awaiting step down to ward level care
KB 08:46 General Assessment
KB 08:41 General Assessment: Looking well this morning, alert. Talking .
Uncomplaining
KB 08:27 General Assessment: Looking well this morning, alert. Talking
KB 09:22 Cardiovascular
KB 08:50 Cardiovascular: Cardiovascularly unsupported. BP 118/69, MAP 83, HR 96
Peipherally warm, cap refill 2 seconds peripherally
HS = I + II + 0, pulse regular.
Pitting odema improved since beginning of week, now pitting to level of ankles bilaterally
KB 08:41 Cardiovascular: Cardiovascularly unsupported: BP 118/69, MAP 83, HR 96
Peipherally warm, cap refill 2 seconds peripherally
HS = I + II + 0
Pitting odema improved since beginning of week, now pitting to level of ankles bilaterally
KB 09:24 Respiratory
KB 08:41 Respiratory: Breathing comfortably
Maintaining SpO2 96% on 2L NC
Managing to expectorate, sputum burden improving
Good air entry throughout
KB 09:22 Renal
KB 08:41 Renal: Passing good urine volumes
Maintaining fluid balance slightly negative.
KB 09:22 Musculoskeletal/Trauma/Skin
KB 08:46 Musculoskeletal/Trauma/Skin: Hemosiderin changes over ankles.
LG 14:10 Haematology
KB 10:17 General Plan
KB 09:26 General Plan: - Bloods
- Encourage oral intake
- Try in chair
- Prepare discharge
KB 08:50 General Plan: - Bloods
- Encourage oral intake
- Prepare discharge
LG 14:10 Weaning Plan With Parameters
LG 14:10 Nutritional Plan
LG 14:10 Discussed with
KB 15:08 Consultant Review/Note
LG 14:17 Consultant Review/Note: Ready for step down.
Arrange PICC line
Speak to diabetic team regarding insulin regime.
Antibiotics de-escalated to single agent meropenem.
Negative balance.
Facetime family.
Will need pneumovac and penicillin long term for asplenectomy.
LG 14:10 Consultant Review/Note: Ready for step down.
Arrange PICC line
Speak to diabetic team regarding insulin regime.
Antibiotics de-escalated to single agent meropenem.
Negative balance.
Facetime family.
KB 17:09 Medical Progress

KB 15:07 Medical Progress: KB CT2 @ 14:30

Contacted the oncall diabetic consultant's secretary, currently in clinic, requested written information in an email. Email sent and awaiting advice regarding recommencing normal insulin regime.

I have also requested PICC line on Trakcare.
KB 14:54 Medical Progress: KB CT2 @ 14:30

Contacted the oncall diabetic consultant's secretary, currently in clinic, requested written information in an email. Email sent and awaiting advice regarding recommencing normal insulin regime.

Ward Round/Daily Goals	
Ward Round Information	1. stop clonidine 2 analgesia : methadone and oramorph 3 left arm swollen ??axillary vein thrombosis - but on anticoagulation 4 anti X alevel at 2pm today 5 take art line out 6 PVC 7 diabetic referral

Audit Documentation	
Please ensure all audit documentation is completed each shift. Once documentation complete please tick apporpriate box.	
Audit Documentation	HEI (damp dusting) documentation completed

Respiratory	
Respiratory Care Plan	Read Physio daily plan
Respiratory Evaluation	2l nasal canula 02 sats 97% resp 12-18 coughing and clearing

Cardiovascular	
Cardiovascular Care Plan	Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Record cardiac output; Zero transducer as protocol
Cardiovascular Evaluation	* left arm swollen ??axillary vein thrombosis -is on anticoagulation. left forearm measured 27.5 cm. Arterial line removed stable in sinus rhythm normotensive apyrexial 2 houry observations

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record RASS score; Record GCS score
Neurological Evaluation	alert and orientated although easily tired.

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	taking sips of water without issue, no apparent swallowing issues. satisfactory urine output via catheter 40mg furosemide given as rx to promote negative balance.

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Clean & dress feeding tube site; Monitor blood glucose as protocol; Record length of NG/NJ tube; Record bowel activity
Gastrointestinal & Nutrition Evaluation	NG feed changed to peptamen 55ml/hr is absorbing no C/O nausea or vomiting BM stable with actrapid infusion running 3ml/hr faecal collector on due to frequent movements type 7

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Involve patient in care; Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2-3 or 3-4hrly
Skin & Pressure Area Evaluation	pressure areas intact, up to sit today for few hours and positional changes given when in bed

Pressure Ulcer Daily Risk Assessment (PUDRA)

Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure damage**

If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

Hygiene/Mobility

Hygiene & Mobility Care Plan	**Involve patient in care; Meet all hygiene needs; Optimise position; Perform eye & mouth care; Read Physio daily plan; Record all personal care; Utilise moving & handling aids**
Hygiene & Mobility Evaluation	*** personal care given** **1000 up to sit in chair via hoist** **1400 back to bed, hoist used staff x3** **still has limb weakness and tires easily hoist required to mobilise out of bed.** **parafin wax applied to lips as very dry hard skin.**

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record pain score**
Pain Evaluation	**no C/O pain or or discomfort**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note**
Infection Control Evaluation	**dmp dust compleat and cleaning schedule signed**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

Patients & Relatives Evaluation	**no contact today**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
JM2	Jennifer Mcwilliam	02/12/2020 11:55 - 02/12/2020 19:26

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	02/12/2020 11:55
JM2	18:38 Cardiovascular Evaluation
JM2	14:07 Cardiovascular Evaluation: Arterial line removed
JM2	19:26 Hygiene & Mobility Evaluation
JM2	18:38 Hygiene & Mobility Evaluation: personal care given 1000 up to sit in chair via hoist 1400 back to bed, hoist used staff x3 still has limb weakness and tires easily hoist required to mobilise out of bed.
JM2	14:07 Hygiene & Mobility Evaluation: 1000 up to sit in chair via hoist 1345 back to bed, hoist used staff x3

Nursing Care Plan (RAH) (02/12/2020 20:40) Carevue ICU RAH Carevue Four

Nurse Completing Plan

Nurse Name	*** Cara Kelly/vicky collins**
Professional Title	*** staff nurse/staff nurse agency**
Shift	**nightshift**

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Audit Documentation	
Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Person Centred Care	
Person Centred Care Evaluation	- patient able to participate in own care
Respiratory	
Respiratory Care Plan	Assess & record air entry
Respiratory Evaluation	* 01.00 RR 16, Sa02 95% on 2L NC, coughing and clearing well 07:00 No cchange overnight, remains on 02 as above and saturating well. Unable to obtain ABG this morning
Cardiovascular	
Cardiovascular Care Plan	Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Zero transducer as protocol
Cardiovascular Evaluation	* 01.00 Cline LIJ CVP 6. HR 91 NSR NIBP 122/76. Warm to touch. apyrexial 07:00 HR & BP within normal limits overnight, warm to touch. Central line 2 ports blocked and unable to aspirate transducer port. No bloods obtained this morning due to very poor peripheral access.
Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record CPOT score; Record RASS score
Neurological Evaluation	* 01.00 Alert and orientated RASS 0 CAMICU-VE, RASS 0 07:00 alert and orientated, has slepyt for short spells overnight
Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	* 01.00 Catheter patent and draining well, Managing sips of water 07:00 Passing good amounts of uring, sipd of water
Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Monitor blood glucose as protocol
Gastrointestinal & Nutrition Evaluation	* 01.00 NGF peptamen 55ml/hr absorbing feed. BM 9.7 actrapid 1.5mls/hr 07:00 Actrapid infusion 1.5-2mls/hr as per BM . Flexi seal in situ draining well. Lactulose withheld
Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm
Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Reposition 1-2, 2-3 or 3-4hrly
Skin & Pressure Area Evaluation	* 01.00 Skin not formally assessed as yet 07.00 Assisted wash given this morning, skin intact but marking easily. On right side this morning
Pressure Ulcer Daily Risk Assessment (PUDRA)	
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	4 Hourly, 4 Hourly
Hygiene/Mobility	
Hygiene & Mobility Care Plan	Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Record all personal care
Hygiene & Mobility Evaluation	* 01.00 No personal hygiene provided at this time 07:00 Assisted wash, would like to wait until later for a shave until sister brings his razor in

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record pain score**
Pain Evaluation	**01.00 Harry denies any pain. CPOT 0**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust**
Infection Control Evaluation	**1.00 Standard droplet precautions**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

Patient & Relatives Care Plan	**Involve patient in care; Keep patient informed of progress; Ensure patient buzzer available (if applicable)**
Patients & Relatives Evaluation	**01.00 No contact from family this evening**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
CC3	Carevue ICU RAH Carevue Four	02/12/2020 20:40 - 03/12/2020 07:27
CK	Cara Kelly	02/12/2020 20:45 - 02/12/2020 20:45

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	02/12/2020 20:40
CC3	03/12/2020 01:09 Nurse Name
CK	20:45 Nurse Name: Cara Kelly
CC3	03/12/2020 01:09 Professional Title
CK	20:45 Professional Title: staff nurse
CK	20:45 Shift
CK	20:45 Person Centred Care Evaluation
CK	20:45 Respiratory Care Plan
CC3	03/12/2020 07:24 Respiratory Evaluation
CC3	03/12/2020 01:09 Respiratory Evaluation: 01.00 RR 16, Sa02 95% on 2L NC, coughing and clearing well
CK	20:45 Cardiovascular Care Plan
CC3	03/12/2020 07:24 Cardiovascular Evaluation
CC3	03/12/2020 01:09 Cardiovascular Evaluation: 01.00 Cline LIJ CVP 6. HR 91NSR NIBP 122/76. Warm to touch. apyrexial
CK	20:45 Neurological Care Plan
CC3	03/12/2020 07:24 Neurological Evaluation
CC3	03/12/2020 01:09 Neurological Evaluation: 01.00 Alert and orientated RASS 0 CAMICU-VE, RASS 0
CK	20:45 Renal & Fluid Balance Care Plan
CC3	03/12/2020 07:24 Renal & Fluid Balance Evaluation
CC3	03/12/2020 01:09 Renal & Fluid Balance Evaluation: 01.00 Catheter patent and draining well, Managing sips of water
CK	20:45 Gastrointestinal & Nutrition Care Plan
CC3	03/12/2020 07:27 Gastrointestinal & Nutrition Evaluation
CC3	03/12/2020 07:24 Gastrointestinal & Nutrition Evaluation: 01.00 NGF peptamen 55ml/hr absorbing feed. BM 9.7 actrapid 1.5mls/hr 07:00 Actrapid infusion 1.5-2mls/hr as per BM
CC3	03/12/2020 01:09 Gastrointestinal & Nutrition Evaluation: 01.00 NGF peptamen 55ml/hr absorbing feed. BM 9.7 actrapid 1.5mls/hr
CK	20:45 Skin & Pressure Area Care Plan
CC3	03/12/2020 07:24 Skin & Pressure Area Evaluation
CC3	03/12/2020 01:09 Skin & Pressure Area Evaluation: 01.00 Skin not formally assessed as yet
CK	20:45 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly;
CK	20:45 Hygiene & Mobility Care Plan
CC3	03/12/2020 07:24 Hygiene & Mobility Evaluation
CC3	03/12/2020 01:09 Hygiene & Mobility Evaluation: 01.00 No personal hygiene provided at this time
CK	20:45 Pain Care Plan
CK	20:45 Infection Control Care Plan
CK	20:45 Patient & Relatives Care Plan

Nursing Care Plan (RAH) (03/12/2020 07:56) Sarah Mclaughlin

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Nurse Completing Plan	
Nurse Name	Sarah McLaughlin
Professional Title	Staff Nurse
Shift	Dayshift

Ward Round/Daily Goals	
Ward Round Information	1, Bloods 2, Encourage oral intake 3, Try in chair 4, Prepare discharge 5, Send stool sample

Audit Documentation	
Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed

Respiratory	
Respiratory Care Plan	Assess & record air entry; Read Physio daily plan; Record & report respiratory changes; Use appropriate suction method; Wean ventilation as per daily goals
Respiratory Evaluation	Patient on N/C 2L, maintaining sats >94%. Resps stable. Air entry can be heard throughout. Patient managing to cough and clear.

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Record cardiac output; Zero transducer as protocol
Cardiovascular Evaluation	Cardiovascular stable, maintaining MAP >65 unsupported. Monitoring SR. Temp stable. Daltaparin given as prescribed. CVC to Left I J - Line patent and clear.

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record RASS score; Record & report neurological changes
Neurological Evaluation	* Patient alert and orientated. PEARL - Size 4. Able to move all four limbs independently. Oral Diazepam and Methadone given as prescribed.

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	Catheter in situ - patent and draining.

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Record bowel activity
Gastrointestinal & Nutrition Evaluation	* NG bridal tube in situ - Peptamen HN running at 55ml/hr as prescribed by dietician. Aspirates minimal. BM's are as per flowsheet. x2 Stool samples sent for analysis (Culture and Virology).

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	**Involve patient in care; Involve relatives in care; Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2-3 or 3-4hrly; Wound: assess site**
Skin & Pressure Area Evaluation	**Pressure areas healthy and intact. LAP wound dressing dry and intact. Minimum strike through.**
Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage**
If the person has redness +/or existing pressure damage, prescribe a minimum of 2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Apply TEDS & record on/off; Consider suitable footwear; Involve patient in care; Involve relatives in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Read Physio daily plan; Record & report skin...**
Hygiene & Mobility Evaluation	*** Assistance required with personal care. Eye and mouth care provided as required. Assistance required with mobility. Using the stand aid and assistance of 2. Up to sit for 6hrs today.**
Falls Risk	
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Pain	
Pain Care Plan	**Optimise position; Optimise relaxation and comfort**
Pain Evaluation	*** Patient not on any regular pain relief. Required one dose of 5mg Oramorph pre mobilisation.**
Infection Control	
Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note**
Infection Control Evaluation	**Patient not a known infection control risk. Unit guidelines followed. Damp dusting completed and signed.**
Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Involve patient in care; Involve relatives in care; Keep patient informed of progress; Keep relatives informed of progress**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
SM	Sarah Mclaughlin	03/12/2020 07:56 - 03/12/2020 17:23

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	03/12/2020 07:56
SM	15:09 Neurological Evaluation
SM	08:48 Neurological Evaluation: Patient alert and orientated. PEARL - Size 4. Able to move all four limbs independently.
SM	08:09 Neurological Evaluation: Patient alert and orientated.
SM	11:13 Gastrointestinal & Nutrition Evaluation
SM	08:47 Gastrointestinal & Nutrition Evaluation: NG bridal tube in situ - Peptamen HN running at 55ml/hr as prescribed by dietician. Aspirates minimal. BM's are as per flowsheet
SM	08:44 Gastrointestinal & Nutrition Evaluation: NG bridal tube in situ - Peptamen HN running at 55ml/hr as prescribed by dietician. Aspirates minimal. BM's are as per
SM	08:09 Gastrointestinal & Nutrition Evaluation: NG bridal tube in situ

SM	08:09 Hygiene & Mobility Care Plan: Hygiene&Mobility: Apply TEDS & record on/off; Record & report skin changes; Record all personal care; Involve patient in care; Perform eye & mouth care; Read Physio daily plan; Meet all hygiene needs; Involve relatives in care; Maintain privacy & dignity; Utilise moving & handling aids; Consider suitable footwear; Optimise position;
SM	15:09 Hygiene & Mobility Evaluation
SM	08:47 Hygiene & Mobility Evaluation: Assistance required with personal care. Eye and mouth care provided as required. Assistance required with mobility.
SM	15:09 Pain Evaluation
SM	08:09 Pain Evaluation: Patient not on any regular pain relief.

NHS GGC Nursing Discharge Summary (NHS Greater Glasgow & Clyde

RAH ICU 24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

NHS GGC Nursing Discharge Summary (RAH) (28/11/2020 08:06) Emma Friel

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Situation

Patient Name	* Henry Burgess
CHI	2208793218
Date of Birth	22/08/1979
Hospital Admit Date & Time	24/11/2020 16:13
Critical Care Admit Date & Time	24/11/2020 21:07
Discharge Date	02/12/2020
Discharged to (Ward)	????
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre

Background

Past Medical History	* Type 1DM Previous ivdu on methadone treated HCV HIV and HBV negative
Allergies & Sensitivities	No known allergies

Assessment: Airway/Breathing

Airway	Natural
Respiratory Rate	20
Oxygen Sats	98 %
Oxygen Delivery	Nasal cannula 2 L/min.
Humidification	None
Coughing/Expectorating	Clearing consistently; Coughs & clears
Suction	Not required
SALT Comments	STOPPS passed

Assessment: Circulation

Temperature	36.5 ° C
Blood Pressure	150 mmHg/65 mmHg (80 mmHg)
Pulse	105 bpm
Central Line Access	Central Access: Yes; Location: RIJ Insert Date:

Assessment: Neurological

Conscious Level	Awake/Alert
Neuro Comments	15/15
Pain Score	0 = No pain,

Assessment: Elimination

Bowels	Active: No; Last Moved:
Urinary Device	Urethral catheter
Elimination Comments	-ve balance good urine volumes

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Assessment: Wounds	
Wound & Drain Details	**Laparotomy wound** **Drain insitu - haemoserrous fluid draining from site**
Assessment: Nutrition/Hydration	
MUST Score	**2**
Nutrition Type	**Oral fluids,**
IV Fluids	**Yes**
Previous 24hr Balance	**-1000 ml**
Assessment: Tissue Viability	
Pressure Ulcer	**Healthy and intact**
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage**
Tissue Viability Comments	**4 hourly positional changes**
Assessment: Mobility	
Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, Pt has no cognitive impairment+/delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,**
Bedrail Assessment	**Level 2 Pt complete bed rail assessment**
Recommendations	
DNA CPR Form	**No**
Adults With Incapacity Form	**No**
Other Comments	**normally on methadone** **Dalataparin for PE's**

Discharge

The ward should be informed of discharge and an appropriate bed allocated for any infection control, neurological or other specific care issues.

S	Mini Varughese	24/11/2020 21:07 - 24/11/2020 21:07
HIS	HIS	24/11/2020 21:07 - 24/11/2020 21:07
RS	Radha Sundaram	24/11/2020 21:20 - 25/11/2020 00:10
EF	Emma Friel	28/11/2020 08:06 - 28/11/2020 08:29
E	Rachel Burns	02/12/2020 01:19 - 02/12/2020 01:19
LG	Lisa Gemmell	03/12/2020 14:11 - 03/12/2020 14:11

	24/11/2020 21:06
RS	21:20 Patient Name
HIS	21:07 Patient Name: Henry Burges Burgess
S	21:07 Patient Name: Henry Burges
S	21:07 CHI
	24/11/2020 21:07
HIS	21:07 Date of Birth
RS	21:20 Hospital Admit Date & Time
LG	03/12/2020 14:11 Critical Care Admit Date & Time
RS	21:20 Admission Comments
RS	25/11/2020 00:10 Past Medical History
RS	21:20 Past Medical History: Type 1DM Previous ivdu on methadone
RS	21:20 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
	28/11/2020 08:06
EF	08:29 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
	02/12/2020 01:05
E	01:19 Discharge Date

NHS GGC Nursing Discharge Summary (RAH) (02/12/2020 01:05) Sarah Mclaughlin

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Situation

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

Situation	
Patient Name	* Henry Burgess
CHI	2208793218
Date of Birth	22/08/1979
Hospital Admit Date & Time	24/11/2020 16:13
Critical Care Admit Date & Time	24/11/2020 21:07
Discharge Date	02/12/2020
Discharged to (Ward)	* HDU
Discharging ICU Consultant	Gemmell, L
Discharging Nurse	Sarah McLaughlin
Ward Consultant	Under surgeons
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre

Background	
Past Medical History	* Type 1DM Previous ivdu on methadone treated HCV HIV and HBV negative
Relevant Social Circumstances/Relative Information	Lives at home with partner - no social input
Allergies & Sensitivities	No known allergies

Assessment: Airway/Breathing	
Airway	Natural
Respiratory Rate	16
Oxygen Sats	97 %
Oxygen Delivery	Nasal cannula 2 L/min
Humidification	None
Coughing/Expectorating	Coughs & clears
Suction	Not required
Breathing Comments	Air entry can be heard throughout.

Assessment: Circulation	
Temperature	* 37.0 ° C
Blood Pressure	* 118 mmHg/69 mmHg (83 mmHg)
Pulse	91 bpm
Central Line Access	Central Access: Yes; Location: LIJ Insert Date: 28/11/2020
Peripheral Line Access	PVC Present: No How Many: Locations & Days:
Circulation Comments	TED Stockings worn and Enoxaparin given as prescribed.

Assessment: Neurological	
Conscious Level	Awake/Alert
Neuro Comments	CAMICU+ patient obeying commands but intermittently confused.
Pain Score	NIL, 0 = No pain, A - No Limitation

Assessment: Elimination

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Assessment: Elimination	
Bowels	**Active: Yes; Last Moved: 01/12/2020**
Urinary Device	**Urethral catheter**
Elimination Comments	**Loose stools- collection device in place.**
Assessment: Wounds	
Wound & Drain Details	**Wound dressing dry and intact**
Assessment: Nutrition/Hydration	
MUST Score	**4**
Nutrition Type	*** Nasogastric tube, Nutrison, 55 ml/hr,**
Diet/Feed Detail	**NBM STOPPS failed 02/12/20**
Requires Help With Feeding	**No**
IV Fluids	**No**
Assessment: Tissue Viability	
Pressure Ulcer	**Healthy and intact**
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage**
Tissue Viability Comments	**4hrly positional changes.**
Assessment: Mobility	
Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, Pt has cognitive impairment+/ delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,**
Bedrail Assessment	**Level 2 Pt complete bed rail assessment**
Mobility Comments	**Requires assistance with positional changes and mobilising - ongoing physio input.**
Recommendations	
DNA CPR Form	**Not applicable**
Adults With Incapacity Form	**Not applicable**
Infection Control Details	**NIL**
Recent Samples Sent	**NIL**
Safety Issues	**NIL**

Discharge

The ward should be informed of discharge and an appropriate bed allocated for any infection control, neurological or other specific care issues.

S	Mini Varughese	24/11/2020 21:07 - 24/11/2020 21:07
HIS	HIS	24/11/2020 21:07 - 24/11/2020 21:07
RS	Radha Sundaram	24/11/2020 21:20 - 25/11/2020 00:10
SM	Sarah Mclaughlin	02/12/2020 01:05 - 03/12/2020 15:00
E	Rachel Burns	02/12/2020 01:19 - 02/12/2020 01:19
LG	Lisa Gemmell	03/12/2020 14:11 - 03/12/2020 14:11

	24/11/2020 21:06
RS	21:20 Patient Name
HIS	21:07 Patient Name: Henry Burges Burgess
S	21:07 Patient Name: Henry Burges
S	21:07 CHI
	24/11/2020 21:07
HIS	21:07 Date of Birth
RS	21:20 Hospital Admit Date & Time
LG	03/12/2020 14:11 Critical Care Admit Date & Time
RS	21:20 Admission Comments
RS	25/11/2020 00:10 Past Medical History
RS	21:20 Past Medical History: Type 1DM Previous ivdu on methadone
RS	21:20 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
	02/12/2020 01:05
E	01:19 Discharge Date
SM	03/12/2020 15:00 Discharged to (Ward)
E	01:19 Discharged to (Ward): ,
E	01:19 Airway
E	01:19 Respiratory Rate
E	01:19 Oxygen Sats
E	01:19 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
E	01:19 Humidification
E	01:19 Coughing/Expectorating
E	01:19 Suction
SM	03/12/2020 08:52 Temperature
E	01:19 Temperature: 36.9 ° C
SM	03/12/2020 08:52 Blood Pressure
E	01:19 Blood Pressure: 120 mmHg/55 mmHg (72 mmHg)
E	01:19 Pulse
E	01:19 Central Line Access
E	01:19 Peripheral Line Access
E	01:19 Conscious Level
E	01:19 Neuro Comments
E	01:19 Pain Score
E	01:19 Bowels
E	01:19 Urinary Device
E	01:19 Elimination Comments
E	01:19 Wound & Drain Details
E	01:19 MUST Score
SM	03/12/2020 15:00 Nutrition Type
E	01:19 Nutrition Type: Nasogastric tube, Nutrison, 65 ml/hr,
E	01:19 Diet/Feed Detail
E	01:19 Requires Help With Feeding
E	01:19 IV Fluids
E	01:19 Pressure Ulcer
E	01:19 Pressure Ulcer Daily Risk Assessment (PUDRA)
E	01:19 Tissue Viability Comments
E	01:19 Falls Risk Assessment
E	01:19 Bedrail Assessment
E	01:19 Next Of Kin
E	01:19 DNA CPR Form
E	01:19 Adults With Incapacity Form
E	01:19 Infection Control Details

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

	02/12/2020 01:05
E	01:19 Recent Samples Sent
E	01:19 Safety Issues

Patient Profile

RAH ICU

NHS Greater Glasgow & Clyde

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Patient Profile (24/11/2020 21:07) Rachel Burns

Admission Form

Patient Name	* Henry Burgess
CHI	2208793218
Date of Birth	22/08/1979
Age (Admission)	41 years
Gender	Male
Prefers to be called	Harry
First Language	English,
Allergies & Sensitivities	No known allergies

Measurements

Height (cm)	177 cm
Weight (Admission)	70 kg
Predicted Body Weight	72.28 kg
Body Mass Index	22.3
Body Surface Area (Admission)	1.86 m2
Calculated Max Tidal Volume (6ml/kg)	430 ml

Contact Details

Patient Address	96A ALICE STREET Paisley Renfrewshire PA2 6EA
Next of Kin	* Lorna (Sister)
Next of Kin Phone Number	* 07914528461
Next of Kin Email Address	*
Other Contacts	* NOK updated as Henry wants to change his NOK from his partner to his sister. Fiona (Doesn't speak to sister Lorna) Partner 07435910104
General Practitioner	CALVO RODRIGUEZ, JUAN
GP Address	Abbey Medical Centre Lonend Paisley PA1 1SU
GP Phone Number	0141 889 4088

S	Mini Varughese	24/11/2020 21:07 - 24/11/2020 21:07
E	Rachel Burns	24/11/2020 21:07 - 02/12/2020 03:55
HIS	HIS	24/11/2020 21:07 - 24/11/2020 21:07
RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
LG	Lisa Gemmell	26/11/2020 11:21 - 28/11/2020 11:31
PO	Pauline ONeil	01/12/2020 21:56 - 01/12/2020 21:56

24/11/2020 21:06	
RS	21:20 Patient Name
HIS	21:07 Patient Name: Henry Burges Burgess
S	21:07 Patient Name: Henry Burges
S	21:07 CHI
24/11/2020 21:07	
HIS	21:07 Date of Birth
HIS	21:07 Age (Admission)
HIS	21:07 Gender
LG	28/11/2020 11:31 Prefers to be called
LG	26/11/2020 16:54 First Language
RS	21:20 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
LG	26/11/2020 11:21 Height (cm)
LG	26/11/2020 11:21 Predicted Body Weight
LG	26/11/2020 11:21 Calculated Max Tidal Volume (6ml/kg)
HIS	21:07 Patient Address
E	02/12/2020 03:55 Next of Kin
PO	01/12/2020 21:56 Next of Kin: Fiona Doesn't speak to sister Lorna (partner)
LG	25/11/2020 17:52 Next of Kin: Lorna (sister) Doesn't speak to partner ()

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

	24/11/2020 21:07
E	02/12/2020 03:55 Next of Kin Phone Number
PO	01/12/2020 21:56 Next of Kin Phone Number: 07435910104
LG	26/11/2020 17:52 Next of Kin Phone Number: 07914528461
PO	01/12/2020 21:56 Next of Kin Email Address
LG	26/11/2020 18:15 Next of Kin Email Address: Fiona (partner) 07435910104
E	02/12/2020 03:55 Other Contacts
PO	01/12/2020 21:56 Other Contacts: Lorna (sister) 07914528461
HIS	21:07 General Practitioner: GP Name: CALVO RODRIGUEZ, JUAN;
HIS	21:07 GP Address
HIS	21:07 GP Phone Number

Physiotherapy Treatment

NHS Greater Glasgow & Clyde

RAH ICU

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Physiotherapy Treatment (26/11/2020 10:00) Rhonwyn Smith

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Changes Since Last Treatment	New Patient: Yes Change in status: No
Subjective Assessment	
Subjective Assessment	Patient sedated, consent assumed in patients best interest
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative.
Objective Assessment	
Observations	Patient supine, head of bed 30 degrees. Ventilated via ETT, SIMV VT450, FiO2 35, PEEP 8, PS 5, RR 26 nil spont, SpO2 98 HR 108, NBP 114/76 Infusions: 6 2% propofol, 4 Alfentanil, 3.5 quad strength Norad, 17 actrapid, 6 Vasopressor, Large central abdominal wound, dressed, 2 abdominal drains and NG drain insitu, catheter insitu.
Richmond Agitation Sedation Scale	Actual: -5 Unrousable (No repsonse to voice or physical stimulation)
GCS Eyes (Chart)	Not Testable
GCS Motor (Chart)	Not Testable
GCS Verbal (Chart)	Not Testable
Auscultation	Left: Fair UZ; Fair MZ; Quiet LZ; Harsh UZ; Harsh MZ Right: Good UZ; Fair MZ; Fair LZ; Harsh UZ; Harsh MZ Added sounds: Crackles to L MZ and LZ
Palpation/Expansion	Creps to UZ's and MZ's bilaterally
Respiratory Problems and Analysis	
Extubation History	Previous Extubation: No Extubation History: Date 1: ; Date 2: ; Date 3:
General Problems	Medically unstable
Respiratory Problems	Abnormal/ineffective cough/FET; Sputum retention
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: Initial assessment
Rehabilitation Problems and Analysis	
Current Level of Mobility	Nursed in bed
Rehabilitation Problems	Bedrest/decreased mobility; Compromised physiological status
Rehabilitation Analysis	Appropriate to Rx: No
Treatment	
Respiratory Treatment	Palpable creps during hands on Rx, R>L.
Findings and Conclusion	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Findings and Conclusion

Airway	Oral endo-tracheal tube
Secretions	Creamy
Suction/Cough Amount	Minimal
Post Rx Expansion/Palpation	ISQ
Post Rx Auscultation	Left: Good UZ; Good MZ; Fair LZ; Harsh UZ Right: Good UZ; Good MZ; Fair LZ; Harsh UZ; Harsh MZ Added Sounds: Crackles throughout
Findings	Problems with Rx: No Cough Response: Fair Cough Effectiveness: Unable to expectorate Overall Clearance: Poor
Conclusion & Management Plan	Outcome Measure: SpO2 remained ISQ post Rx Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Chest sounds as if productive but unable to clear with assistance, may become more productive later....
Afternoon Review	Rx approx. 15:00 S/ Patient unable to consent to physio input, consent assumed in patients best interest. Patient requiring less support cardiovascularly and now on ASB, NS report has been suctioned to obtain a sample. Sedation has been reduced recently not yet woken. O/ Patient lying supine, head of bed 30 degrees, 1/2 turn to L. Ventilated via ETT ASB, PEEP 8, PS 5, FiO2 35, RR 14 spont, SpO2 97 HR 103 SV tachy, ART 107/58 (75) Infusions: 4 alfentanil, 1 quad strength Norad. Ausc: Harsh throughout, good air entry to UZ's and MZ's bilat, quieter to bases. Craxckles to L>R. Palp: palp creps to bilateral UZ's Rx/ Manual AD with added expiratory shakes bilaterally, not rousing patient// palable creps Closed suctioning x 2// strong cough response, moderate amounts of mucoid purulent secretions. soft tip suctioning to mouth// moderate amounts of secretions yielded. A/ Patient not awake during Rx, strong cough response and fair clearance, chest sounded improved with reduced harshness post Rx. P/ Review in 1/7 unless required sooner.
Treated By AM (Name & Grade)	Rhonwyn Smith B5 PT
Treated By PM (Name & Grade)	Rhonwyn Smith B5 PT

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
RS1	Rhonwyn Smith	26/11/2020 10:00 - 26/11/2020 15:37
KG	Kirstine Graham	02/12/2020 09:52 - 02/12/2020 09:52

	24/11/2020 21:07
RS	21:20 Admission Comments
	26/11/2020 10:00
RS1	10:11Conclusion & Management Plan: Outcome Measure: SpO2 remained ISQ post Rx; Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate; Conclusion: Chest sounds as if productive but unable to clear with assistance, may become more productive later. ; Next Planned Rev: PM if indicated.;
	02/12/2020 09:47
KG	09:52 Social History

Physiotherapy Treatment (27/11/2020 08:54) Rhonwyn Smith

Assessment

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Changes Since Last Treatment	New Patient: No Change in status: No Change in physio management: No Comments: Patient still on ASB and reduced sedation, still not woken up.

Subjective Assessment	
Subjective Assessment	Patient still not awake, consent assumed in patients best interest
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative.

Objective Assessment	
Observations	Patient supine, head of bed 30 degrees. Ventilated via ETT, ASB, FiO2 30, PEEP 8, PS 0, RR 11 spont, SpO2 96 HR 122, ART120/64 Infusions:, 4 Alfentanil, 1.6 heparin, 4 actrapid Large central abdominal wound, dressed, 2 abdominal drains and NG drain insitu, catheter insitu.
Richmond Agitation Sedation Scale	Actual: -4 Deep sedation (Moving/eyes open to physical stimulation)
GCS Eyes (Chart)	1. None
GCS Motor (Chart)	1. None
GCS Verbal (Chart)	Not Testable
Auscultation	Left: Fair UZ; Fair MZ; Quiet LZ Right: Good UZ; Fair MZ; Fair LZ Added sounds: Crackles to L MZ and LZ
Palpation/Expansion	Creps to UZ's and MZ's bilaterally R>L

Respiratory Problems and Analysis	
Extubation History	Previous Extubation: No Extubation History: Date 1: ; Date 2: ; Date 3:
General Problems	Medically unstable
Respiratory Problems	Abnormal breathing pattern; Abnormal/ineffective cough/FET
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: No

Rehabilitation Problems and Analysis	
Current Level of Mobility	Nursed in bed
Rehabilitation Problems	Bedrest/decreased mobility; Compromised physiological status
Rehabilitation Analysis	Appropriate to Rx: Yes

Treatment	
Respiratory Treatment	Palpable creps throughout treatement, minimal yielded on suction
Rehabilitation Treatment	Attempted Passive ROM to ankles, knees, hips, hands, wrists elbows and shoulders, patient appeared to be resisting movements on UL but not actively following instructions.

Findings and Conclusion

Findings and Conclusion	
Airway	Oral endo-tracheal tube
Secretions	Muco-purulent
Suction/Cough Amount	Minimal
Post Rx Expansion/Palpation	ISQ
Conclusion & Management Plan	Outcome Measure: SpO2 remained ISQ post Rx Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Chest non-productive difficult to achieve full AROM due to patient resisting Next Review: PM if...
Afternoon Review	Rx approx 14:45 S/ Patient unable to consent to physio input, consent assumed in patients best interest. NS report patient has been mildly more productive and awake moving hands towards the tube but not following commands. O/ Patient supine, 1/2 turn to L. Ventilated vie ETT, ASB PEEP5, PS 0, FiO2 30, RR 12 spont, SpO2 94 HR 113 ST rhythem, ART 143/78(103) Infusions: 4 alfentanil, 3 actrapid and pabrinex. Ausc: Harsh to R UZ, MZ and L MZ, good to L UZ and quieter to bases. Nil added sounds Palp: fair and equal expansion, creps to R UZ and MZ. Rx/ Manual AD and expiratory shakes bilaterally R>L// patient mildly roused by this Closed suctioning x 2// strong cough response and copious amount of mucoid purulent secretions yielded. A/ Patient not yet able to follow instructions to try mobility, chest more productive, strong cpough response and SpO2 remained well throughout. P/ Review in 1/7 unless required sooner.
Treated By AM (Name & Grade)	Rhonwyn Smith B5 PT
Treated By PM (Name & Grade)	Rhonwyn Smith B5 PT

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
RS1	Rhonwyn Smith	27/11/2020 08:54 - 27/11/2020 15:19
KG	Kirstine Graham	02/12/2020 09:52 - 02/12/2020 09:52

	24/11/2020 21:07
RS	21:20 Admission Comments
	27/11/2020 08:54
RS1	09:04 Conclusion & Management Plan: Outcome Measure: SpO2 remained ISQ post Rx; Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate; Conclusion: Chest non-productive difficult to achieve full AROM due to patient resisting; Next Planned Rev: PM if indicated.;
	02/12/2020 09:47
KG	09:52 Social History

Physiotherapy Treatment (27/11/2020 21:06) Holly Steiger

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Changes Since Last Treatment	New Patient: Yes Change in status: Yes Change in physio management: No Comments: Patient extubated at 18.00hrs

Subjective Assessment

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Subjective Assessment	
Subjective Assessment	**Patient verbal consent to PT input, seen in ICU 2 at approx. 8pm.**
Precautions	**abdominal wound and multiple drains insitu. Green ICU covid negative.**
Objective Assessment	
Observations	**Patient supine, head of bed 30 degrees. Self ventilating on 40% venturi mask 10L of O2 therapy, SpO2 98% HR 104, ART146/82 Infusions:, 1.0 actrapid Large central abdominal wound, dressed, 2 abdominal drains and NG drain insitu, catheter insitu.**
Richmond Agitation Sedation Scale	**Actual: 0 Alert & calm (Spontaneously pays attention to caregiver)**
GCS Eyes (Chart)	**4. Spontaneously**
GCS Motor (Chart)	**6. Obeys Commands**
GCS Verbal (Chart)	**5. Orientated**
Auscultation	**Left: Good UZ; Good MZ; Quiet LZ Right: Fair UZ; Fair MZ; Quiet LZ Added sounds: Crackles to R and L UZs R>L**
Palpation/Expansion	**Creps to UZ's and MZ's bilaterally R>L, expansion R=L**
Respiratory Problems and Analysis	
Extubation History	**Previous Extubation: Yes Extubation History: Currently extubated Date 1: 27/11/2020; Date 2: ; Date 3:**
General Problems	**Medically unstable**
Respiratory Problems	**Areas of consolidation; Decreased air entry; Sputum retention**
Respiratory Analysis	**Appropriate to Treat: Yes Problem List Changed: No**
Rehabilitation Problems and Analysis	
Current Level of Mobility	**Nursed in bed**
Rehabilitation Problems	**Bedrest/decreased mobility**
Rehabilitation Analysis	**Appropriate to Rx: No Reason for Change: on call call out for chest PT only**
Treatment	
Respiratory Treatment	**S/ Patient verbal consent to PT input, call out on call for pt as extubated at6pm and struggling to cough and expectorate. O/ Patient lying supine with HOB at 30 degrees, attachments as above. Rx/ 1. ACBT cycle with patient with aeded cough at end of each cycle x3. 2. AD holds for x6 breaths, 2 sets carried out. 3. manual exp vibs for approx 20-30 seconds bilaterally, carried out 4 sets. 4. yanker suctioning of secretions that patinet expectorated to either front of mouth or back of throat.**
Findings and Conclusion	

Findings and Conclusion

Airway	**Natural**
Secretions	**Muco-purulent**
Suction/Cough Amount	**Copious**
Post Rx Expansion/Palpation	**R=L, creps remained palpable however less than pre Rx**
Post Rx Auscultation	**Left: Good UZ; Good MZ; Quiet LZ** **Right: Good UZ; Fair MZ; Quiet LZ** **Added Sounds: creps still audible through UZs bilaterally**
Findings	**Problems with Rx: No** **Cough Response: Good** **Cough Effectiveness: Clearing intermittently** **Overall Clearance: Good**
Conclusion & Management Plan	**Outcome Measure: SpO2 remained ISQ post Rx** **Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate** **Conclusion: Chest non-productive difficult to achieve full AROM due to patient resisting** **Next Review: AM for...**
Evening/Night Review	**Holly Steiger B5PT**

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
HS	Holly Steiger	27/11/2020 21:06 - 27/11/2020 21:17
KG	Kirstine Graham	02/12/2020 09:52 - 02/12/2020 09:52

	24/11/2020 21:07
RS	21:20 Admission Comments
	27/11/2020 21:06
HS	21:17 Conclusion & Management Plan: Outcome Measure: SpO2 remained ISQ post Rx; Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate; Conclusion: Chest non-productive difficult to achieve full AROM due to patient resisting; Next Planned Rev: AM for morning review.;
	02/12/2020 09:47
KG	09:52 Social History

Physiotherapy Treatment (28/11/2020 10:07) Paulina Raniszewska

Assessment

Admission Comments	**41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre**
Social History	**known as Harry**

Subjective Assessment

Subjective Assessment	**Patient consoented to Rx at 09.30. Staff Nurse Allison report patient fit for Rx. ? for step down to HDU today. Patient extubated last night - reviewed by on-call PT overnight. Staff Nurse advised that patient pulled out central line this AM. Patient reports feels "terrible".**

Objective Assessment

Observations	**Patient supine, head of bed 45 degrees.** **Self ventilating on room air - SpO2 98%.** **BP 163/79** **Catheter in situ. Abdo drains in situ.** **IV fluids in situ** **Large central abdominal wound, dressed**
Auscultation	**Left: Good UZ; Good MZ; Fair LZ; Quiet LZ** **Right: Fair UZ; Fair MZ; Fair LZ** **Added sounds: Exp crackles throughout, R > L**
Palpation/Expansion	**Creps to UZ's and MZ's bilaterally R>L, expansion R=L**

Rehabilitation Problems and Analysis

Rehabilitation Problems and Analysis	
Rehabilitation Analysis	Appropriate to Rx: No Reason for Change: Chest PT at present
Treatment	
Respiratory Treatment	1) Manual AD hold to L and R side x1 - patient reports coughing painful 2) Discussion RE supported cough - provided with pillow for same. Patient rperots increased comfort when coughing. 3) DBEs 2x10 Post Rx // SPO2 variable 97-100%. Cough variable in effectiveness. ? coughing and swallowing some secretions.
Findings and Conclusion	
Post Rx Auscultation	Left: Fair UZ; Fair MZ; Fair LZ Right: Fair UZ; Fair MZ; Fair LZ Added Sounds: Remains to have bilateral exp crackles throughout.
Conclusion & Management Plan	Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Chest productive. Cough - variable in effectiveness. Next Review: Review in PM for further chest clearance
Afternoon Review	* -1- S: Discussion with staff Nurse Alison - patient vommitted earlier, now requiring 60% O2 via ventiuri mask and has increased respiratory effort. Patient for re-intubation this PM. Staff Nurse advised not for PT Rx at present due to this. P: Review 1/7 Niamh Healy B6PT -2- Treatment at 1350, notes at 1414 S: Patient now reintubated and fit to be seen by chest physio. Nursing staff asking for sputum sample. Patient ventilated and sedated therefore consent presumed. O:- patient on bed on arrival - head raised to 30 degrees - laparotomy wound dressed - catheter in situ, abdo drain in situ - Spo2 94% - vent: SIMV, Fio2 0.6, PEEP 8, ASB 10, RR 22 - HR 122, ABP 173/88 (121) - auscultation: air etry throughout, UZ and MZ crackles - palpation: fair and equal chest expansion, UZ and MZ creps palpable rx// 1. chest assessment as above 2. exp shakes // secretions mobilised 3. closed suction x 3 // 3MP purulent secretions yielded 4. sputum sample obtained A: chest productive Spo2 97% post treatment and chest clear on ausculattion post treatment P: review tomorrow morning for chest physio or sooner if required
Treated By AM (Name & Grade)	Niamh Healy B6PT
Treated By PM (Name & Grade)	Paulina Raniszewska (B6PT)

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
PR	Paulina Raniszewska	28/11/2020 10:07 - 28/11/2020 14:25
NH	Niamh Healy	28/11/2020 10:15 - 28/11/2020 12:13
KG	Kirstine Graham	02/12/2020 09:52 - 02/12/2020 09:52

	24/11/2020 21:07
RS	21:20 Admission Comments
	28/11/2020 10:07
NH	10:15 Subjective Assessment
NH	10:15 Observations
NH	10:15 Auscultation
NH	10:15 Palpation/Expansion
NH	10:15 Rehabilitation Analysis
NH	10:15 Respiratory Treatment
NH	10:15 Post Rx Auscultation
NH	10:15 Conclusion & Management Plan
PR	14:25 Afternoon Review
PR	14:24 Afternoon Review: -1- S: Discussion with staff Nurse Alison- patient vommitted earlier, now requiring60% O2 via ventiuri mask and has increased respiratory effort. Patient for re-intubation this PM. Staff Nurse advised not for PT Rx at present due to this. P: Review 1/7 Niamh Healy BSPT -2- Treatment at 1350, notes at 1414 S: Patient now reintubated and fit to be seen by chest physio. Nursing staff asking for sputum sample. Patient ventilated and sedated therefore consent presumed. O: - patient on bed on arrival - head raised to 30 degrees - laparotomy wound dressed - catheter in situ, abdo drain in situ - Spo2 94% - vent: SIMV, Fio2 0.6, PEEP 8, ASB 10, RR 22 - HR 122, ABP 173/88 (121) - auscultation: air etry throughout, UZ and MZ crackles - palpation: fair and equal chest expansion, UZ and MZ creps palpable rx// 1. chest assessment as above 2. exp shakes // secretions mobilised 3. closed suction x 3 // 3MP purulent secretions yielded A: chest productive Spo2 97% post treatment and chest clear on ausculattion post treatment P: review tomorrow morning for chest physio or sooner if required
NH	12:13 Afternoon Review: S: Discussion with staff Nurse Alison- patient vommitted earlier, now requiring 60% O2 via ventiuri mask and has increased respiratory effort. Patient for re-intubation this PM. Staff Nurse advised not for PT Rx at present due to this. - P: Review 1/7 Niamh Healy BSPT
NH	10:15 Treated By AM (Name & Grade)
	02/12/2020 09:47
KG	09:52 Social History

Physiotherapy Treatment (29/11/2020 09:00) Niamh Healy

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Subjective Assessment	
Subjective Assessment	AWI in situ - Rx completed in patient best interest.
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative. PPE worn.
Objective Assessment	

Objective Assessment

Observations	Patient supine, head of bed 45 degrees. Intubated Pressure Support Peep 8 ASB 10 RR Spont 22 SpO2 97%. BP 163/79 HR 97 ABP 123/88 (100) Catheter in situ. Abdo drains in situ. IV fluids in situ Large central abdominal wound, dressed
Richmond Agitation Sedation Scale	Actual: +1 Restless (Anxious, aprehensive, movements not aggressive)
GCS Eyes (Chart)	4. Spontaneously
GCS Motor (Chart)	5. Localises pain
GCS Verbal (Chart)	Not Testable
Auscultation	Left: Fair UZ; Fair MZ; Fair LZ; Quiet UZ; Quiet LZ Right: Fair UZ; Fair MZ; Fair LZ Added sounds: Minimal Crackles audible.
Palpation/Expansion	Creps to UZ's and MZ's bilaterally R>L, expansion R=L but reduced

Respiratory Problems and Analysis

Extubation History	Previous Extubation: Yes Extubation History: Previous failed extubation Date 1: 27/11/2020; Date 2: ; Date 3:
General Problems	Medically unstable
Respiratory Problems	Areas of consolidation; Decreased air entry; Sputum retention
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: Yes Reason for Change: Re-intubated

Rehabilitation Problems and Analysis

Current Level of Mobility	Nursed in bed
Rehabilitation Problems	Bedrest/decreased mobility
Rehabilitation Analysis	Appropriate to Rx: No Reason for Change: Chest PT at present

Treatment

Respiratory Treatment	AD Holds x 3 on left and 3 on right, Exp shakes with precautions due to abdominal wound - x 3 bilaterally. Closed circuit suctioning x 1 - nil yielded Staff Nurse reports she suctionined prior to PT arriving and yielded some secreitons.

Findings and Conclusion

Findings and Conclusion

Airway	Oral endo-tracheal tube
Suction/Cough Amount	None
Post Rx Expansion/Palpation	ISQ
Findings	Problems with Rx: No Cough Response: Strong Cough Effectiveness: Nil to clear Overall Clearance: Nil to clear
Conclusion & Management Plan	Outcome Measure: SPO2 and suction amount Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Chest less productive. Cough strong Next Review: Review in PM for further chest clearance if required.
Afternoon Review	S: Patient consent gained via head nod at 12.45. Staff Nurse reports fit for Rx - weaning pressure support on vent. risk: Nil new clinical risk identified O: Patient lying in bed on approach, head of bed increased to 45deg Eyes opening during Rx- following some commands during Rx Vent settings: ASB, 8/8, FiO2 28% BP 104/100 (106), HR 106 RR 20/26, SpO2 96% Infusions: Propofol 14, Actrapid 5, Morphine 4 Ausc: Breath sounds throughout, exp creps through R UZ-LZ. Palp: Palpable R sided creps, Redcued R thoracic expasion Rx: 1) Manual AD holds to R side - cough stimualted x2. 2) Closed circuit sutioning x2 - 2MP cleared Patient shaking head - asked if sore - nodded yes. Asked if wished PT to stop - nodded yes. Rx ceased at patients request. A: Chest remains productive however patient reporting pain and wishing Rx to cease P: Review 1/7
Treated By AM (Name & Grade)	Lauren Ball B6PT
Treated By PM (Name & Grade)	Niamh Healy B6PT

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
NH	Niamh Healy	29/11/2020 09:00 - 29/11/2020 13:42
LB	Lauren Ball	29/11/2020 09:08 - 29/11/2020 09:08
KG	Kirstine Graham	02/12/2020 09:52 - 02/12/2020 09:52

	24/11/2020 21:07
RS	21:20 Admission Comments
	29/11/2020 09:00
LB	09:08 Subjective Assessment
LB	09:08 Precautions
LB	09:08 Observations
LB	09:08 Richmond Agitation Sedation Scale
LB	09:08 GCS Eyes (Chart)
LB	09:08 GCS Motor (Chart)
LB	09:08 GCS Verbal (Chart)
LB	09:08 Auscultation
LB	09:08 Palpation/Expansion
LB	09:08 Extubation History
LB	09:08 General Problems
LB	09:08 Respiratory Problems
LB	09:08 Respiratory Analysis
LB	09:08 Current Level of Mobility
LB	09:08 Rehabilitation Problems
LB	09:08 Rehabilitation Analysis
LB	09:08 Respiratory Treatment
LB	09:08 Airway
LB	09:08 Suction/Cough Amount
LB	09:08 Post Rx Expansion/Palpation
LB	09:08 Findings
LB	09:08 Conclusion & Management Plan
LB	09:08 Treated By AM (Name & Grade)
	02/12/2020 09:47
KG	09:52 Social History

Physiotherapy Treatment (30/11/2020 10:27) Kirstine Graham

Assessment

Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Changes Since Last Treatment	New Patient: No Change in status: No Change in physio management: No Comments:

Subjective Assessment

Subjective Assessment	For Echo today. May trial extubation later AM. Has been awake and appropriate.
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative. PPE worn.

Objective Assessment

Observations	Patient supine, head of bed 45 degrees. HR 106 (ST) 193/76 (105) Temp 38.1 deg C Vent via ETT on CPAP SpO2 95% FiO2 0.28 RR (spont) 24 PEEP 8 PS 5 Vt ~500 Infusions – Prop 10 mg/hr/1 ml ()(7) Catheter in situ. Abdo drains in situ. IV fluids in situ Large central abdominal wound, dressed
Auscultation	Left: Good UZ; Good MZ; Fair LZ; Quiet UZ; Quiet LZ Right: Good UZ; Good MZ; Fair LZ Added sounds: Minimal Crackles audible.
Palpation/Expansion	Creps to UZ's and MZ's bilaterally R>L, expansion R=L but reduced

Respiratory Problems and Analysis

Extubation History	Previous Extubation: Yes Extubation History: Previous failed extubation Date 1: 27/11/2020; Date 2: ; Date 3:
General Problems	Medically unstable
Respiratory Problems	Areas of consolidation; Decreased air entry; Sputum retention
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: No

Rehabilitation Problems and Analysis

Current Level of Mobility	Nursed in bed
Rehabilitation Problems	Bedrest/decreased mobility
Rehabilitation Analysis	Appropriate to Rx: No Problem List Changed: No Reason for Change: Chest PT at present

Treatment

Respiratory Treatment	Tolerated well . No issues.
Rehabilitation Treatment	Following commands. Generally weak 3/5 t/o UL and LL, good fgrip
Treatment Position	30 degree head up

Findings and Conclusion

Findings and Conclusion	
Airway	Oral endo-tracheal tube
Secretions	Muco-purulent
Suction/Cough Amount	Minimal
Post Rx Expansion/Palpation	good exp and palp
Post Rx Auscultation	Left: Good UZ; Good MZ; Fair LZ Right: Good UZ; Good MZ; Fair LZ Added Sounds: nil
Findings	Problems with Rx: No Cough Response: Good Cough Effectiveness: Clearing intermittently Overall Clearance: Good Rehabilitation Findings: Active resistance (L); Active resistance (R) Foot Support: Flotrons
Conclusion & Management Plan	Outcome Measure: SPO2 and ausc Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Chest less productive. Cough strong. Clearing thick Secns with a little hands on Rx. OVerall tolerated well ...
Treated By AM (Name & Grade)	Kirsty Graham B5PT

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
KG	Kirstine Graham	30/11/2020 10:27 - 02/12/2020 09:52

24/11/2020 21:07	
RS	21:20 Admission Comments
30/11/2020 10:27	
KG	10:33 Conclusion & Management Plan: Outcome Measure: SPO2 and ausc; Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate; Conclusion: Chest less productive. Cough strong. Clearing thick Secns with a little hands on Rx. OVerall tolerated well ; Next Planned Rev: Review in PM for ?bed edge sit. ;

Physiotherapy Treatment (01/12/2020 12:07) Kirstine Graham

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Changes Since Last Treatment	New Patient: No Change in status: No Change in physio management: No Comments:

Subjective Assessment	
Subjective Assessment	Light sedation on morphine only. For extubation PM NS say chest productive.
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative. PPE worn.

Objective Assessment

Objective Assessment	
Observations	Vent via ETT on PS/ASB FiO2 0.28 RR 20 spont PEEP 5 Vt ~500 ASB 168/70 (100) HR 84 SR Infusions - morphine, nil propofol Catheter in situ. Abdo drains in situ. IV fluids in situ Large central abdominal wound, dressed
Auscultation	Left: Good UZ; Good MZ; Fair LZ; Quiet LZ Right: Good UZ; Good MZ; Fair LZ Added sounds: Minimal Crackles audible.
Palpation/Expansion	Nil palp, good exp bilat
Respiratory Problems and Analysis	
Extubation History	Previous Extubation: Yes Extubation History: Previous failed extubation Date 1: 27/11/2020; Date 2: ; Date 3:
General Problems	Medically unstable
Respiratory Problems	Areas of consolidation; Decreased air entry; Sputum retention
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: No
Rehabilitation Problems and Analysis	
Current Level of Mobility	Nursed in bed
Rehabilitation Problems	Bedrest/decreased mobility
Rehabilitation Analysis	Appropriate to Rx: No Problem List Changed: No Reason for Change: Chest PT at present
Treatment	
Respiratory Treatment	Tolerated well. Nil to clear
Rehabilitation Treatment	Active assisted limb exercises
Treatment Position	30 degree head up
Findings and Conclusion	
Airway	Oral endo-tracheal tube
Secretions	Mucoid
Suction/Cough Amount	Minimal
Post Rx Expansion/Palpation	good exp, nil palp
Post Rx Auscultation	Left: Good UZ; Good MZ; Fair LZ Right: Good UZ; Good MZ; Fair LZ Added Sounds: nil
Findings	Problems with Rx: No Cough Response: Strong Cough Effectiveness: Nil to clear Overall Clearance: Nil to clear
Conclusion & Management Plan	Outcome Measure: SPO2 and ausc Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Nil to clear and air entry good. Next Review: Review in PM for ?bed edge sit.
Treated By AM (Name & Grade)	Kirsty Graham B5PT

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
KG	Kirstine Graham	01/12/2020 12:07 - 02/12/2020 09:52

24/11/2020 21:07	
RS	21:20 Admission Comments

Physiotherapy Treatment (02/12/2020 09:47) Kirstine Graham

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Changes Since Last Treatment	New Patient: No Change in status: Yes Change in physio management: Yes Comments: extubated

Subjective Assessment	
Subjective Assessment	In good spirits since extubation Medically stable Coughing but not clearing
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative. PPE worn.

Objective Assessment	
Observations	SpO2 95% on 2L O2 via NC RR 21 HR 90 BP 127/70 Catheter in situ. Abdo drains in situ. iV fluids in situ Large central abdominal wound, dressed
GCS Eyes (Chart)	4. Spontaneously
GCS Motor (Chart)	6. Obeys Commands
GCS Verbal (Chart)	5. Orientated
Auscultation	Left: Good UZ; Good MZ; Fair LZ; Quiet LZ Right: Good UZ; Good MZ; Fair LZ Added sounds: creps t/o UZ and MZ
Palpation/Expansion	Palp secns on AD, good exp bilat on command

Respiratory Problems and Analysis	
Extubation History	Previous Extubation: Yes Extubation History: Previous failed extubation Date 1: 27/11/2020; Date 2: 01/12/2020; Date 3:
General Problems	Fatigue
Respiratory Problems	Areas of consolidation; Decreased air entry; Sputum retention
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: No

Rehabilitation Problems and Analysis	
Current Level of Mobility	Nursed in bed
Rehabilitation Problems	Bedrest/decreased mobility; Poor exercise tolerance
Rehabilitation Analysis	Appropriate to Rx: Yes Problem List Changed: No Reason for Change: Appropriate for sitting in chair

Treatment	
Respiratory Treatment	Sx via yankeur then size 12 catheter - tolerated well
Treatment Position	30 degree head up

Findings and Conclusion

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Findings and Conclusion	
Airway	Natural
Secretions	Muco-purulent
Suction/Cough Amount	Moderate
Post Rx Expansion/Palpation	nil palp, good exp
Post Rx Auscultation	Left: Good UZ; Good MZ; Fair LZ Right: Good UZ; Good MZ; Fair LZ Added Sounds: nil creps, harsh sounding, slight exp wheeze
Findings	Problems with Rx: No Cough Response: Strong Cough Effectiveness: Clearing intermittently Overall Clearance: Good
Conclusion & Management Plan	Outcome Measure: SPO2 and ausc Goals: Assist in chest clearance as able, maintain joint ROM as able, mobilise when appropriate Conclusion: Nil to clear and air entry good. Next Review: bed edge sit today
Treated By AM (Name & Grade)	Kirsty Graham B5PT

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
KG	Kirstine Graham	02/12/2020 09:47 - 02/12/2020 09:52

24/11/2020 21:07
RS 21:20 Admission Comments

Physiotherapy Treatment (03/12/2020 10:12) Helena Friel

Assessment	
Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Social History	known as Harry
Subjective Assessment	
Precautions	abdominal wound and multiple drains insitu. Green ICU covid negative. PPE worn.
Objective Assessment	
Observations	high sitting in bed on arrival with on 2L of O2 via nasal cannula HR 96 , BP 118/69 ,SpO2 96% , RR 17 feacal collector , NG and central line and cathter in situ
Richmond Agitation Sedation Scale	Actual: 0 Alert & calm (Spontaneously pays attention to caregiver)
GCS Eyes (Chart)	4. Spontaneously
GCS Motor (Chart)	6. Obeys Commands
GCS Verbal (Chart)	5. Orientated
Auscultation	Left: Good UZ; Good MZ; Fair LZ; Quiet LZ Right: Good UZ; Good MZ; Fair LZ Added sounds: scattered crcakles throughout espically in UZ's
Palpation/Expansion	Palp creps in UZ's, good exp bilat on command
Respiratory Problems and Analysis	
Extubation History	Previous Extubation: Yes Extubation History: Previous failed extubation Date 1: 27/11/2020; Date 2: 01/12/2020; Date 3:
General Problems	Fatigue
Respiratory Problems	Areas of consolidation; Decreased air entry; Sputum retention
Respiratory Analysis	Appropriate to Treat: Yes Problem List Changed: No
Rehabilitation Problems and Analysis	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Rehabilitation Problems and Analysis

Current Level of Mobility	**Up to sit; Standing transfer**
Rehabilitation Problems	**Bedrest/decreased mobility; Poor exercise tolerance**
Rehabilitation Analysis	**Appropriate to Rx: Yes** **Problem List Changed: No** **Reason for Change: Appropriate for sitting in chair**

Treatment

Respiratory Treatment	**expiratory shakes to bilateral UZ's // patient tolerating well** **Huff // good technique performed with verbal prompting** **secretions // copious muco purlent / green secretions , coughing and clearing** **SpO2 risisng to 97% after Chest Rx**
Rehabilitation Treatment	**sit to stand with encore stand - aid and Ao2, patient tolerating well and intiating good stand. Patient anxious requirirng ++ reassurance and encouragment.**
Treatment Position	**Chair**

Findings and Conclusion

Airway	**Natural**
Secretions	**Green; Muco-purulent**
Suction/Cough Amount	**Coughs & clears**
Post Rx Expansion/Palpation	**As above**
Post Rx Auscultation	**Left: Good UZ; Good MZ; Good LZ** **Right: Good UZ; Good MZ; Good LZ** **Added Sounds: odd scattered crackels in UZ's**
Conclusion & Management Plan	**Outcome Measure: SPO2 and secretion clearance** **Goals: Assist in chest clearance as able, to march on spot when appropaite** **Conclusion: Patient chest remains productive and with verbal prompting patient is able to cough and clear** **Next Review: review...**
Treated By AM (Name & Grade)	**Helena Friel B5PT**

RS	Radha Sundaram	24/11/2020 21:20 - 24/11/2020 21:20
KG	Kirstine Graham	02/12/2020 09:52 - 02/12/2020 09:52
HF	Helena Friel	03/12/2020 10:12 - 03/12/2020 10:27

	24/11/2020 21:07
RS	21:20 Admission Comments
	02/12/2020 09:47
KG	09:52 Social History
	03/12/2020 10:12
HF	10:27 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
HF	10:27 Conclusion & Management Plan: Outcome Measure: SPO2 and secretion clearance ; Goals: Assist in chest clearance as able, to march on spot when appropaite ; Conclusion: Patient chest remains productive and with verbal prompting patient is able to cough and clear ; Next Planned Rev: review in 1/7 or sooner if required ;

Relative Communication Record (RAH)

NHS Greater Glasgow & Clyde

RAH ICU

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Relative Communication Record (RAH) (24/11/2020 21:07) Pauline ONeil

PLEASE ENSURE ALL 30 FIELDS ARE COMPLETE BEFORE ADDING A NEW FORM.

Support and Care Arrangements
If no carer is identified the sections marked 'Identyfing', 'Involving' and 'Supporting' are not applicable.
If a carer is identified please complete all sections below and record any discussions which have taken place in the Relatives Communication Record.

Relatives Communication Record

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

Relatives Communication Record

Communication 1	25/11/2020; Present: E.Kerr; Spoken to by: E.Kerr (phonecall)
Communication 1 Note	Phone conversation with patient's partner and NoK Fiona. Note surgical team had spoken with Fiona post-op via phonecall. Assessed what had been told to Fiona so far and her understanding of the current situation. She stated Henry had been to theatre to sort out the infection in his chest and head. I corrected and clarified that there was no evidence of any intracerebral infection/pathology. Explained surgery had been abdominal which showed severe infection and organ damage and that he was now in ICU to be looked after overnight before returning to theatre tomorrow. Explained that he was extremely unwell due to infection within his abdomen and chest and that he is likely to require a spleenectomy tomorrow. Discussed his current multiorgan support and that despite this there is still a high chance that Henry may die. Fiona seemed to understand this discussion and is aware that she can contact us any time of day.
Communication 2	26/11/2020; Present: Lorna (sister); Spoken to by: L Gemmell
Communication 2 Note	* Although Fiona (partner) named as NOK, Lorna phones regularly for updates on her brother. She is aware he has had an operation and sounds as though she is deeply involved in his care out of hospital. She has clarified that Henry takes heroin, cocaine and street diazepam and the relationship with his partner is volatile. I have explained that I have no problem in calling them to update them as well as the NOK Fiona. A stable day. Remains very sick, but made some progress. Overall cause of why he was so unwell is not clear but I imagine is related to his chaotic lifestyle.
Communication 3	26/11/2020; Present: Fiona (partner); Spoken to by: L Gemmell
Communication 3 Note	Similar update given to Fiona by telephone. Given direct number to ICU to call anytime. Offered v-create - declined.
Communication 4	28/11/2020; Present: Lorna (sister) and Fiona (partner); Spoken to by: L Gemmell
Communication 4 Note	Explained Harry had ventilator removed last night, but had vomit this morning with increased WOB. Decision made to re-intubate. Fiona managed to speak with Harry prior to re-intubation. Has a long recovery journey ahead of him if survives.
Communication 5	28/11/2020; Present: Fiona (partner); Spoken to by: C McGovern
Communication 5 Note	Discussed on phone. Reintubated today due to work of breathing, weakness, poor cough and vomit - likely aspirated. Significant step back, but not entirely surprising given how unwell he is and the extenet of surgery etc he has underwent.
Communication 6	29/11/2020; Present: Partner and sister; Spoken to by: L Gemmell
Communication 6 Note	Stable day. Not much change. Has a long way to go and if survives will be in hospital for a long time.
Communication 7	01/12/2020; Present: Lorna (sister) by phone; Spoken to by: P O'Neil
Communication 7 Note	Henry is managing on less oxygen, coughing and doing well. She wants to speak with Henry- advised to call tomorrow lunchtime and we could try to do facetime tomorrow afternoon. She wants to clarify who his NoK is as she doesn't speak to his partner Fiona. Fiona thinks that Lorna has told us not to tell her anything. Advised that we will give information to both of them. We will clarify things with Henry when he wakes up.

PO	Pauline ONeil	24/11/2020 21:07 - 01/12/2020 22:01
KE	Kerr Euan	25/11/2020 01:27 - 25/11/2020 01:27
LG	Lisa Gemmell	26/11/2020 18:11 - 29/11/2020 17:39
CM	Christopher McGovern Consultant GRI ICU	28/11/2020 17:12 - 28/11/2020 17:12

24/11/2020 21:07	
KE	25/11/2020 01:27 Communication 1
KE	25/11/2020 01:27 Communication 1 Note
LG	26/11/2020 18:11 Communication 2
LG	26/11/2020 18:11 Communication 2 Note

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

24/11/2020 21:07	
LG	25/11/2020 18:11Communication 2 Note: Although Fiona (partner) named as NOK, Lorna phones regularly for updates on her brother. She is aware he has had an operation and sounds as though she is deeply involved in his care out of hospital. She has clarified that Henry takes heroin, cocaine and street diazepam and the relationship with his partner is volatile. I have explained that I have no problem in calling them to update them as well as the NOK Fiona. A stable day. Remains very sick, but made some progress. Overall cause of why he was so unwell is not clear.
LG	26/11/2020 18:20 Communication 3
LG	26/11/2020 18:20 Communication 3 Note
LG	28/11/2020 12:47 Communication 4
LG	28/11/2020 12:47 Communication 4 Note
CM	28/11/2020 17:12 Communication 5
CM	28/11/2020 17:12 Communication 5 Note
LG	29/11/2020 17:39 Communication 6
LG	29/11/2020 17:39 Communication 6 Note

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (AOT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

5. Visiting Specialist Review (RAH) (24/11/2020 21:07) James Hornsby

Visiting Specialist Review

PLEASE ENSURE ALL 1 - 40 VISITING SPECIALIST SECTIONS ARE COMPLETE BEFORE ADDING A NEW FORM.	
Visiting Specialist 1	**26/11/2020; General Surgery; Reviewed by: P MacGoey; Cons; In Person**
Specialist Note 1	**Marked improvement in organ function. No evident bleeding, including serous drain fluid, stable Hb and normal lactate. Given the precariousness of the LA thrombus/ evidence of multi-site arterial embolism in last weeks I think we should now anticoagulate him. I do not think the PT of 20 precludes this and expect he remains pro-thrombotic with this. I would suggest 80u / Kg heparin loading and run iv heparin to APTT ratio 2-3 but happy for haematology input. If no bleeding issue could change to Dalteparin over weekend.** **I'm relunctant to start feed (partial devascularisation of stomach and expected ileus and I do not want acute gastric dilatation). Please leave NG on free drainage today. Thanks. PMG**
Visiting Specialist 2	**27/11/2020; General Surgery; Reviewed by: P MacGoey; Consultant; In Person**
Specialist Note 2	**No evidence of bleeding on current unfractionated regime and I think we could now change to Rx dose LMWH. Shock resolved and minimal respiratory support. Can start feeding at 10ml/hr and progress as per standard protocol. Will need to replace current NG with feeding tube. Suggest stop iv heparin now. Re-site NG 2 hours time. Start LMWH thereafter. PMG**
Visiting Specialist 3	**28/11/2020; General Surgery; Reviewed by: ; Consultant; By Telephone**
Specialist Note 3	**Advice on telephone. Expects significant ileus. For amylase to be sent from both drains. No rush to remove. LG**
Visiting Specialist 4	**30/11/2020; Respiratory Medicine; Reviewed by: Jamie Hornsby; Consultant; In Person**
Specialist Note 4	**41 year old with a history of alcohol excess and previous drug misuse admitted in extremis secondary to a disseminated Streptococcus anginosus infection.** **CT Thorax shows right upper lobe consolidation with cavity formation and patchy consolidation. There is evidence on CT scan of embolus in right pulmonary vein extending into left atrium but not seen on echo subsequently.** **Necrotic spleen on laparotomy and pus in abdominal cavity.** **TB Cultures and Stains currently negative** **Inflamatory markers appear to be improving with treatment.** **Strep Anginosis is a oral commensal, it can cause lung abscesses and cavitating pneumonia particularly in patients who have a chronic alcohol history to those who have aspriated.** **I think TB and malignancy is much less likley.** **I would reccomend:** **Updating Chest x-ray to assess upper lobe** **Coniutne antibiotics for time being** **If ongoing concern reqgarding lung abscess formation, inflamatory markers not settling etc repeat cross sectional imaging would be useful** **Check for dental abscess if appropriate** **Will need anticoagulated for at least 3 months**

JH	James Hornsby	24/11/2020 21:07 - 30/11/2020 16:29
PM	Patrick MacGoey	26/11/2020 09:18 - 27/11/2020 09:12
LG	Lisa Gemmell	28/11/2020 11:21 - 28/11/2020 11:21

	24/11/2020 21:07
PM	26/11/2020 09:18 Visiting Specialist 1
PM	26/11/2020 09:18 Specialist Note 1
PM	27/11/2020 09:12 Visiting Specialist 2
PM	27/11/2020 09:12 Specialist Note 2
LG	28/11/2020 11:21 Visiting Specialist 3
LG	28/11/2020 11:21 Specialist Note 3

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Ward Round & Progress Note (RAH) (25/11/2020 13:29) Liam Schneider

Ward Round Summary

Consultant	Brett, M
Present On Ward Round	MB, GF, ON
Doctor Completing Form	Finnie
Current Level of Care	* Level 3 Ventilated
Past 24hr Progress	Admitted to ICU with septic shock, infracted spleen, kidney, liver ?septic emboli Theatre x 2 - damage control surgery, further trip to theatre for splenectomy today

Resuscitation Status

Resuscitation Status	for CPR

Systems Review

General Assessment	Sedated and ventilated Temp 37.4
Cardiovascular	* HR 92 sinus 109/60 (75) Quad strength norad at 4.5ml/hr (coming down) Vasopressin @ 6ml/hr (max rate) Lactate down to 1.4
Respiratory	SIMV 450/8 x 26 FiO2 0.35 SpO2 96% pO2 12.4 (0.5) pCO2 7.1 H+ 49 HCO3 26
CAM-ICU	Unable to assess (RASS -4 or -5)
Neuro/Sedation	Prop 2% 9ml/hr Alf 4ml/hr
Gastrointestinal	* AST 934 (1082) ALT 114 (107) Laparotomy wound dry
Renal	* 5843 +ve balance LOS (doesn't account for theatre input, which was approx 1600ml - not accounting for losses - blood/insensibles) Passing urine Na+ 132 K+ 4.6 Urea 7.3 Creat 65
Haematology	Post op bloods awaited

Impression

Impression	Post-op Haemodynamics improving

General Plan

General Plan	As documented below in Consultant plan

Plan/Daily Goals

Plan/Daily Goals	
Sedation Plan	Keep sedated currently - could have asedation hold 4 hours post op
Weaning Plan With Parameters	First step is to wean to ASB
Lung Protective Ventilation	Status: Yes Exclusion:
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation. Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Cardiovascular Targets	MAP>65
Fluid Balance	Aim for even balance but still very much in resuscitative phase - may require boluses
Nutritional Plan	NGT on free drainage as per surgical instructions
Drug History & Reconciliation Plan Reviewed	Yes
Mobilisation Plan	Medical contraindication to mobilising
DVT Prophylaxis	TEDS on; Exclusion
GI Prophylaxis	Omeprazole
Lines Review	All new
Discussed with	Brett, M
Consultant Review/Note	* Admitted overnight with signs of severe sepsis and hypotension. CT scan revealed pneumoperitoneum, infarcted spleen, kidney and section of liver. Taken to theatre for damage control laparotomy. No signs of infarcted bowel. Brought to ICU for multi-organ support as a result of disseminated sepsis and multiple thrombo-embolic infarcts. Required fluid resuscitation and high doses of vasopressor support overnight. Severe Lactic acidaemia corrected overnight. Just returned from theatre following splenectomy. Needs re-established in ICU and ongoing organ support. COVID negative Plan: Repeat bloods - keep Hb >80, Will require anticoagulation - iv heparin once surgical team happy D/w microbiology rationalisation of antimicrobial treatment Keep MAP>65 - wean norad as able Lung protective ventilation Fluid boluses if PPV>12/MAP <65/Lactate >2.0/Urine output <30mls/hr Continue 0.18/4% fluid and insulin infusion Needs an Echo to establish if infective endocarditis a possible cause Repeat cultures/septic screen inc ETA for AFB BBV Screen
Microbiology	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Nursing Care Plan (RAH) (25/11/2020 02:59) Mini Varughese

Nurse Completing Plan	
Nurse Name	Mini Varughese
Professional Title	Staff Nurse
Shift	Night shift

Ward Round/Daily Goals	
Ward Round Information	25/11/20 03:20 E.Kerr Ongoing profound septic shock with transient fluid responsiveness and escalating noradrenaline requirements HR ~125 Aiming MAP >75mmHg Cold peripheries Norad now quadruple strength at 12ml/hr H+ 65 and lactate 7 static FiO2 down to 0.6, gas exchange satisfactory given extensive pathology K+ 5 static Phosphate 1.98 Borderline UO 50/25 ml/hr Ketones 0.02, background saline/dextrose, actrapid infusion Albumin 11 NMB Plan: 1) Add in Vasopressin 2) 5% Albumin bolus 3) Continue aggressive fluid resuscitation (Hartmanns 500ml/hr currently) 4) Consider 20% albumin in addition 5) CK, Gentamicin level and Troponin with morning bloods

Audit Documentation
Please ensure all audit documentation is completed each shift. Once documentation complete please tick apporpriate box.

Respiratory	
Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change Trach Care & filter; Change ETT tapes; Record & report respiratory changes; Sample blood gas; Use appropriate suction method; Wean ventilation as per daily goals
Respiratory Evaluation	On SIMV fIO2 60% ASB 5 and PEEP 8 Resp rate 26 Air entries audiable ,scanty secreations from suction ABGS as charted Lactate was very high ,now 4.2

Cardiovascular

Cardiovascular	
Cardiovascular Care Plan	**Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Monitor & correct electrolytes; Zero transducer as protocol**
Cardiovascular Evaluation	*** Heart rate ST (102 TO130) Blood pressure -on Norad (16mg/50) 8ml/hr Aiming MAP ABOVE 65 Temp 37.1 12 lead ECG done.**

Neurological	
Neurological Care Plan	**Explain all procedures & interventions; Minimise interventions; Record CAM score; Record CPOT score; Record RASS score; Record GCS score**
Neurological Evaluation	**RASS Score -4**

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	**Monitor & correct electrolytes; Change transducer set; Perform care of urinary device; Record fluid balance; Record urine output**
Renal & Fluid Balance Evaluation	*** Urinary catheter insitu Maintanence fluids 50ml/hr fast fluids and 1hrly fluids given. Albumin 5% 400ml given Albumin 20g 100ml given.**

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	**Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Record bowel activity**
Gastrointestinal & Nutrition Evaluation	*** NG Tube insitu and on free drainage. Not for feed tonight**

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	**177 cm**

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	**Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Optimise position; Record & report skin changes; Reposition 1-2, 2-3 or 3-4hrly; Wound: assess site**
Skin & Pressure Area Evaluation	**Pressure areas intact 4hrly positional carried out Abdominal wound (open abdomen) intact 2x drain insitu.**

Pressure Ulcer Daily Risk Assessment (PUDRA)	
If the person has redness +/or existing pressure damage, prescribe a minimum of 2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	**4 Hourly, 4 Hourly**

Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Apply TEDS & record on/off; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Record & report skin changes; Record all personal care; Utilise moving & handling aids**
Hygiene & Mobility Evaluation	**ed bathed Positional changing done. Regular mouth and eye care given Mouth very dry. Maintained dignity and privacy all the time.**

Falls Risk	
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Bedrail Assessment	**Level 3 Pt Use Bedrails (Assessment Exclusion)**

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record CPOT score**
Pain Evaluation	**On Alfentanil infusion.**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note**
Infection Control Evaluation	**Damp dusting done . Full PPE inplace,waiting for the covid result.**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Keep patient informed of progress; Keep relatives informed of progress**
Patients & Relatives Evaluation	**Updated the family by Medical staff**

S	Mini Varughese	25/11/2020 02:59 - 25/11/2020 07:23
LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	25/11/2020 02:59
S	07:23 Cardiovascular Evaluation
S	07:20 Cardiovascular Evaluation: Heart rate ST (102 TO130) Blood pressure -on Norad (16mg/50) 8ml/hr Aiming MAP ABOVE 65 Temp 37.1
S	07:23 Renal & Fluid Balance Evaluation
S	07:20 Renal & Fluid Balance Evaluation: Urinary catheter insitu Maintanence fluids 50ml/hr fast fluids and 1hrly fluids given.
S	04:24 Renal & Fluid Balance Evaluation: Urinary catheter insitu Maita
S	07:20 Gastrointestinal & Nutrition Evaluation
S	04:24 Gastrointestinal & Nutrition Evaluation: NG Tube insitu and on free drainage.

Nursing Care Plan (RAH) (25/11/2020 08:24) Olivia Nelson

Nurse Completing Plan

Nurse Name	**Olivia Nelson**
Professional Title	**Staff Nurse**
Shift	**Dayshift**

Audit Documentation

Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Audit Documentation	**CAUTI bundle documentation completed; Central line bundle documentation completed; PVC bundle documentation completed; HEI(damp dusting) documentation completed**

Person Centred Care

Person Centred Care Care Plan	**Give family/patient 'Getting to know me' form**

Respiratory

Respiratory Care Plan	**Assess & record air entry; Check ET tube cuff pressure; Change Trach Care & filter; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Send respiratory specimen; Use appropriate suction method; Utilise communication aids;...**
Respiratory Evaluation	*** - ETT size 9.0 inplace - Ventilating on VSIMV FiO2 35% - VT 450 PEEP +8 ASB 5 - Sp02 >95% - Pa02 PaC02 - Air entry fair throughout - Secretions minimal to moderate muco-purulent**

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Record cardiac output; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	* - Requiring quad strength noradrenaline (16mg/50mls) and vasopressin to maintain BP and achieve MAP >65 - HR 60-90 with monitor displaying sinus rhythm - CRT 4seconds - Skin pale/white and cool to touch - Temp 36.4 Lines - x1 right femoral central line - x1 left radial arterial line - x2 PVCs

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record CPOT score; Record RASS score; Record GCS score; Record & report neurological changes; Request sedation review
Neurological Evaluation	- Sedated - IV propofol and IV morphine running continuously - RASS -5 - PEARL 2 sluggish reactions - GCS untestable

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	* - Urinary catheter inplace patent and draining concentrated urine - Fluids running 50mls/hr - Fluid balance positive - Electrolytes safe - Oedematous all skin leaking serrous fluid

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Trakcare Referral to Nutrition Team (if MUST +2/feeding >72hrs); Complete NG daily maintenance (Flowsheet); Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Record bowel activity
Gastrointestinal & Nutrition Evaluation	* - NGT inplace for free drainage only - Not to be fed currently as per surgeons - BMs stable, actrapid off after theatre as BM 5.6 - Bowels inactive

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Involve relatives in care; Optimise position; Record & report skin changes; Record & report wound...
Skin & Pressure Area Evaluation	- Pressure areas remain intact - Sacrum red - Theatre identified red elbow but resolved in ICU - Surgical abdomen wound dry and intact

Pressure Ulcer Daily Risk Assessment (PUDRA)
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

Hygiene/Mobility

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Hygiene/Mobility

Hygiene & Mobility Care Plan	**Apply TEDS & record on/off; Involve patient in care; Involve relatives in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Perform passive limb exercises; Read Physio daily plan; Record & report...**
Hygiene & Mobility Evaluation	**- Assisted with 4hourly oral and eye care - Asssisted with bedbath post op - Teeth brushed**

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record CPOT score; Request analgesia review**
Pain Evaluation	**- IV alfentanil running continuously - CPOT 0**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note; Refer to Infection Control**
Infection Control Evaluation	**- Covid screen negative**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

Patient & Relatives Care Plan	**Involve patient in care; Involve relatives in care; Keep patient informed of progress; Keep relatives informed of progress; Record significant discussions in Relatives Communication Record; Utilise communication aids**
Patients & Relatives Evaluation	**- Partner updated post operatively**

ON	Olivia Nelson	25/11/2020 08:24 - 25/11/2020 19:40
LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21

24/11/2020 21:07

LG 26/11/2020 11:21 Height (cm)

25/11/2020 08:24

ON 08:27 Respiratory Care Plan: Respiratory Plan: Check ET tube cuff pressure; Sample blood gas; Change Trach Care & filter; Read Physio daily plan; Assess & record air entry; Record & report resp changes; Utilise communication aids; Use appropriate suction method; Send respiratory specimen; Wean vent as per daily goals;

ON 16:49 Respiratory Evaluation

ON 1127 Respiratory Evaluation: - ETT size 9.0 inplace
- Ventilating on VSIMV FiO2 40%
- VT 450 PEEP +8 ASB 5
- SpO2
- PaO2 PaCO2
- Air entry fair throughout
- Secretions

ON 10:20 Respiratory Evaluation: - ETT size 9.0 inplace
- Ventilating on VSIMV FiO2 40%
- VT 450 PEEP +8 ASB 5

ON 16:49 Cardiovascular Evaluation

ON 1127 Cardiovascular Evaluation: - Requiring quad strength noradrenaline (16mg/50mls) and vasopressin to maintain BP and achieve MAP >65
- HR 60-90 with monitor displaying sinus rhythm
- CRT 4seconds
- Skin pale and cool to touch
- Temp 36.4

Lines
- x1 right femoral central line
- x1 left radial arterial line
- x2 PVCs

ON 19:40 Renal & Fluid Balance Evaluation

ON 16:49 Renal & Fluid Balance Evaluation: - Urinary catheter inplace patent and draining concentrated urine
- Fluids running 50mls/hr
- Fluid balance
- Electrolytes
- Oedematous all skin leaking serrous fluid

ON 1127 Renal & Fluid Balance Evaluation: - Urinary catheter inplace
- Fluids
- Fluid balance
- Electrolytes
- Oedematous

ON 19:40 Gastrointestinal & Nutrition Evaluation

ON 16:49 Gastrointestinal & Nutrition Evaluation: - NGT inplace for free drainage only
- Not to be fed currently as per surgeons
- BMs

ON 08:27 Skin & Pressure Area Care Plan: Skin & PA Care: Reposition 1-2, 2-3 or 3-4hrly; Complete PUDRA assessment; Optimise position; Complete SSKINS bundle; Record & report wound changes; Wound assess site; Assess skin temp, colour, perfus; Record & report skin changes; Wound complete chart (paper); Involve patient in care; Involve relatives in care;

ON 08:27 Hygiene & Mobility Care Plan: Hygiene&Mobility: Involve relatives in care; Read Physio daily plan; Refer to Moving & Handling; Utilise moving & handling aids; Involve patient in care; Maintain privacy & dignity; Perform passive limb exercises; Meet all hygiene needs; Record & report skin changes; Optimise position; Apply TEDS & record on/off; Record all personal care; Perform eye & mouth care;

Nursing Care Plan (RAH) (25/11/2020 21:45) Clency Binesh

Nurse Completing Plan

Nurse Name	C BINESH
Professional Title	Staff Nurse
Shift	Night

Audit Documentation

Please ensure all audit documentation is completed each shift.
Once documentation complete please tick appropriate box.

Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; PVC bundle documentation completed; HEI (damp dusting) documentation completed

Person Centred Care

Person Centred Care Evaluation	All care needs met

Respiratory

Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change ETT tapes; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method
Respiratory Evaluation	* - ETT size 9.0 in situ - On VSIMV mode Fi02 35% - VT 450 PEEP +8 ASB 5 - Sp02 >94%

Cardiovascular

Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	- Requiring quad strength noradrenaline (16mg/50mls) and vasopressin to maintain BP and achieve MAP >65 - HR above 100 - Skin pale/white and cool to touch - Temp 37.5

Neurological

Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Record RASS score; Record & report neurological changes
Neurological Evaluation	Sedated with IV propofol and IV alfentanil running continuously.

Renal/Fluid Balance

Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	- Catheter patent and draining concentrated urine - Fluids running 50mls/hr - Fluid balance positive

Gastrointestinal/Nutrition

Gastrointestinal & Nutrition Care Plan	Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Perform care of bowel mgmt system; Record bowel activity
Gastrointestinal & Nutrition Evaluation	- NGT inplace for free drainage only - Not to be fed - BM high actrapid running

Malnutrition Screening Tool

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.

Height (cm)	177 cm

Skin/Pressure Areas

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Optimise position; Record & report skin changes; Reposition 1-2, 2-3 or 3-4hrly

Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	Has redness +/or existing pressure damage,
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	4 Hourly, 4 Hourly

Hygiene/Mobility	
Hygiene & Mobility Care Plan	Apply TEDS & record on/off; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Read Physio daily plan; Record & report skin changes; Record all personal care
Hygiene & Mobility Evaluation	* Eye and mouth care given. Bed bath given.

Falls Risk	
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Bedrail Assessment	Level 3 Pt Use Bedrails (Assessment Exclusion)

Pain	
Pain Care Plan	Optimise position; Optimise relaxation and comfort; Minimise interventions
Pain Evaluation	IV alfentanil running continuously.

Infection Control	
Infection Control Care Plan	Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note
Infection Control Evaluation	used appropriate PPE

Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	Keep relatives informed of progress; Record significant discussions in Relatives Communication Record
Patients & Relatives Evaluation	Partner phoned and updated about patient's progress.

CB	Clency Binesh	25/11/2020 21:45 - 26/11/2020 07:21
LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	25/11/2020 21:45
CB	26/11/2020 02:34 Respiratory Evaluation
CB	26/11/2020 02:31 Respiratory Evaluation: - ETT size 9.0 in situ - Ventilating on VSIMV FiO2 35% - VT 450 PEEP +8 ASB 5 - SpO2>94%
CB	22:25 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: duo; Reposition in be: 4 Hourly; Skin care to be: 4 Hourly;
CB	26/11/2020 07:21 Hygiene & Mobility Evaluation
CB	26/11/2020 02:31 Hygiene & Mobility Evaluation: Eye and mouth care given.

Nursing Care Plan (RAH) (26/11/2020 10:40) Carevue ICU RAH Ahp Five

Nurse Completing Plan	
Nurse Name	joan anne macsween
Professional Title	RN
Shift	day

Ward Round/Daily Goals

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Ward Round/Daily Goals	
Ward Round Information	* Static. Issues that need addressed: 1. Cavitating RUL lesion - ?TB ?aspergillus ?CAP. Blood cultures, BBV, AAFB, sputum to micro. Aim for spont breathing. 2. Arterial thrombus - from PV to LA on Ct scan, not seen on TTE. Needs discussed with haematology re anticoagulation. 3. Septic shock: Warm peripherally, CRT2secs, dependent oedema, currently on 3.5 16mh/50ml NA and 6U vasopressin. Antibiotics - clindamycin, fluconazole, tazocin, gentamicin. Needs discussion with microbiology. Fluid bolus/challenge this am. Srop vasopressin. Aim for MAP > 65 4. Sedation: Stop sedation and reassess. 5. Gut: Not for feeding. 6. AWI 7. Discussion with surgical team re TPN. L Gemmell (cons)

Audit Documentation
Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.

Respiratory	
Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change ETT tapes; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method; Utilise communication aids; Wean ventilation as per daily goals

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Record cardiac output

Neurological	
Neurological Care Plan	Explain all procedures & interventions

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Perform care of urinary device

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Monitor blood glucose as protocol

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion

Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	Has redness +/or existing pressure damage, Requires assistance to mobilise, Urine +/or faecal incontinence, Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage
If the person has redness +/or existing pressure damage, prescribe a minimum of 2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	3 Hourly, 3 Hourly

Hygiene/Mobility	
Hygiene & Mobility Care Plan	Apply Flotrons & record on/off
Hygiene & Mobility Evaluation	bed rest

Falls Risk
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort**

Infection Control

Infection Control Care Plan	**Use standard precautions**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

CA	Carevue ICU RAH Ahp Five	26/11/2020 10:40 - 26/11/2020 14:58
LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	26/11/2020 10:40
LG	11:21 Nurse Name
LG	11:21 Professional Title
LG	11:21 Shift
CA	14:58 Ward Round Information
CA	14:47 Ward Round Information: aafb sent , for blood cultures, bbe
LG	11:21 Skin & Pressure Area Care Plan
CA	14:58 SSKINS Interventional Plan: Pressure areas c: 3 Hourly; Skin under medic: 3 Hourly; Reposition in be: 3 Hourly; Overnight agreed: 3 Hourly; Skin care to be: 3 Hourly;

Nursing Care Plan (RAH) (26/11/2020 23:39) Carevue ICU RAH Nursing Six

Nurse Completing Plan

Nurse Name	**Siobhan Kerins**
Professional Title	**Staff Nurse**
Shift	**Nightshift**

Audit Documentation

Please ensure all audit documentation is completed each shift.
Once documentation complete please tick appropriate box.

Audit Documentation	**CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed**

Respiratory

Respiratory Care Plan	**Assess & record air entry; Check ET tube cuff pressure; Record & report respiratory changes; Sample blood gas; Use appropriate suction method**
Respiratory Evaluation	**-ETT tube Size 9.0 insitu** **-Ventilating on VSIMV FI02 35%** **- VT 450, PEEP 8, ASB 0.0** **- Sp02 >95%** **-Pa02 paC02** **- Air entry fair throughout** **- Secretions minimal to moderate muco-purulent**

Cardiovascular

Cardiovascular Care Plan	**Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Record cardiac output; Monitor & correct electrolytes; Zero transducer as protocol**
Cardiovascular Evaluation	**- no support required for BP achieving MAP >65** **- Heartrate monitoring Sinus Tachy 120Bpm** **- Temp 37.2** **- Skin pale and warm to touch** Lines **1 x right intrajugular central line** **1 x left radial Arterial line** **1 x right femoral central line**

Neurological

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Record RASS score; Record GCS score; Record & report neurological changes
Neurological Evaluation	-Sedated - IV Alfentanyl running continously - RASS -4

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	- Urinary Catheter insitu, patent and draining, urine concentrated in appearance - IV Fluids 50 ml/hr -Oedematous, some fluid leaking

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record bowel activity
Gastrointestinal & Nutrition Evaluation	- NG tube insitu for free drainage only - not for NG feeding at present as per surgeons - bowels inactive - Blood Glucose stable, Actrapid off at present

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Optimise position; Record & report skin changes; Record & report wound changes; Wound: assess site
Skin & Pressure Area Evaluation	- Skin to pressure areas Remains Intact - Sacral Area red - Surgical Abdominal wound dressing intact minimal old staining visible

Pressure Ulcer Daily Risk Assessment (PUDRA)
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

Hygiene/Mobility	
Hygiene & Mobility Care Plan	Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Record & report skin changes; Record all personal care; Refer to Moving & Handling
Hygiene & Mobility Evaluation	- Assisted with 4hourly oral and eye care - oral care

Falls Risk
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain	
Pain Care Plan	Optimise position; Minimise interventions
Pain Evaluation	IV Alfentanyl running continously

Infection Control	
Infection Control Care Plan	Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note; Refer to Infection Control
Infection Control Evaluation	* - covid screen negative -TB screen carried out, advised by Doctor on 26/11/20 no need to isolate patient as yet, will review.

Patient/Relatives

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	Involve patient in care; Involve relatives in care; Keep patient informed of progress; Keep relatives informed of progress
Patients & Relatives Evaluation	-no updates given overnight

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
CN	Carevue ICU RAH Nursing Six	26/11/2020 23:39 - 27/11/2020 02:47

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	28/11/2020 23:39
CN	27/11/2020 02:47 Infection Control Evaluation
CN	27/11/2020 00:08 Infection Control Evaluation: - covid screen negative

Nursing Care Plan (RAH) (27/11/2020 08:28) Kathleen McIlroy

Nurse Completing Plan

Nurse Name	Kathleen McIlroy
Professional Title	S/N
Shift	Day

Ward Round/Daily Goals

Ward Round Information	* Down to minimal ventilatory support Remains off vasopressors HR 123/min SR Slow to awaken Surgical review- can change to LMWH from IV Heparin Can start NG feed at 10ml/hr 8:45 Off sedation but going for ETT. Minimal secretions and minimal ventilatory support. 700ml negative for today after furosemide. Obeying commands. CAM ICU positive. Plan- Extubation trial rather than resedate alfentanil off, use sc morphine boluses if needed P O'Neil (Con)

Audit Documentation

Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed

Person Centred Care

Person Centred Care Evaluation	All care given in Henrys best interest

Respiratory

Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change ETT tapes; Read Physio daily plan; Record & report respiratory changes
Respiratory Evaluation	* Continues on spont breathing. Air enrty audible throughout. Minimal sectretions. Purulent secretions. Specimen sent for AAFB. 18.30. Extubated onto 40% mask. Weak cough but trying to clear. RR 17, shallow. Observe

Cardiovascular

Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites
Cardiovascular Evaluation	Stable unsupported. Apyrexial. Iv fluids discontinued. Over all 7 litres positive. Frusemide iv given. Continues in ST

Neurological

Neurological	
Neurological Care Plan	**Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record CPOT score; Record RASS score; Record GCS score; Record & report neurological changes**
Neurological Evaluation	*** Eye opening. Focuss. Lifting hands but not yet locating to tube. 16.00 Locating to tube. Can talk him down but Camicu positive. Extubated. obeying commands but sleepy**
Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	**Record fluid balance; Record urine output; Record and report renal changes**
Renal & Fluid Balance Evaluation	**iv frusemide given. 400 mls negative. . iv fluid discontinued when feed commenced**
Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	**Monitor blood glucose as protocol; Record & report GI changes**
Gastrointestinal & Nutrition Evaluation	**Bm adjusted as per protocol. N/g tube replaced with a feeding tube. Nutrison commenced. BNO**
Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	**177 cm**
Skin/Pressure Areas	
Skin & Pressure Area Care Plan	**Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2-3 or 3-4hrly; Wound:...**
Skin & Pressure Area Evaluation	**Pressure areas intact. Wound intact. Positional changes as charted**
Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage**
If the person has redness +/or existing pressure damage, prescribe a minimum of 2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	**4 Hourly, 4 Hourly**
Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Apply Flotrons & record on/off; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Perform passive limb exercises; Read Physio daily plan; Record & report skin changes; Record all personal care; Utilise...**
Hygiene & Mobility Evaluation	**All hygiene need met**
Falls Risk	
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Pain	
Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions**
Pain Evaluation	*** No indications of pain. 18.30 Alfentanil stopped for extubation. Prescribed s/c morphine if required**
Infection Control	
Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust**
Infection Control Evaluation	**Standard precautions in place**
Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Keep relatives informed of progress; Record significant discussions in Relatives Communication Record**
Patients & Relatives Evaluation	**partner updated**
Other Information	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Other Information

Other Information	For gent at 20.00

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
A	Kathleen McIlroy	27/11/2020 08:28 - 27/11/2020 19:10

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	27/11/2020 08:28
A	19:10 Ward Round Information
A	16:32 Ward Round Information: Down to minimal ventilatory support Remains off vasopressors HR 123/min SR Slow to awaken Surgical review- can change to LMWH from IV Heparin Can start NG feed at 10ml/hr
A	19:10 Respiratory Evaluation
A	15:56 Respiratory Evaluation: Continues on spont breathing. Air entry audible throughout. Minimal sectretions. Purulent secretions. Specimen sent for AAFB.
A	19:10 Neurological Evaluation
A	15:56 Neurological Evaluation: Eye opening. Focuss. Lifting hands but not yet locating to tube.
A	08:36 Skin & Pressure Area Care Plan: Skin & PA Care: Reposition 1-2, 2-3 or 3-4hrly; Wound: assess site; Assess skin temp, colour, perfus; Optimise position; Complete SSKINS bundle; Complete PUDRA assessment; Wound: complete chart (paper); Record & report skin changes; Record & report wound changes;
A	08:36 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: spo2 probe; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly;
A	08:36 Hygiene & Mobility Care Plan: Hygiene&Mobility: Record & report skin changes; Read Physio daily plan; Utilise moving & handling aids; Apply Flotrons & record on/off; Maintain privacy & dignity; Perform passive limb exercises; Perform eye & mouth care; Optimise position; Record all personal care; Meet all hygiene needs;
A	19:10 Pain Evaluation
A	16:08 Pain Evaluation: No indications of pain.

Nursing Care Plan (RAH) (27/11/2020 20:15) Linzi Blair

Nurse Completing Plan

Nurse Name	Linzi Blair
Professional Title	Staff Nurse
Shift	Nightshift

Ward Round/Daily Goals

Ward Round Information	Nil to change overnight, managing well post extubation. RC

Audit Documentation

Please ensure all audit documentation is completed each shift.
Once documentation complete please tick apporpriate box.

Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; PVC bundle documentation completed; HEI(damp dusting) documentation completed

Respiratory

Respiratory	
Respiratory Care Plan	Assess & record air entry; Record & report respiratory changes; Sample blood gas; Use appropriate suction method
Respiratory Evaluation	* -Extubated approx 18.30 -Weak cough on handover of patient, spoke with Dr O'Neil and agreed to ask physio to attend. -Physio attended at 21.00pm. Chest physio given, moderate mucoid-purulent secretions eilded on suctioning.Suggested giving saline nebulisers, informed ICU doctor, Spo2 100% on 40% 10l -Now on 2l nasal canula -Spo2 >95% -RR 17-31 -Cough remains weak but managing to cough up mucoid-purulent secretions -air entry throughout- Fair -ABG as per flowsheet

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Record cardiac output; Change transducer set; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	CVS stable unsupported -Remains hypertensive -ECG monitoring in SR/ST -Apyrexial -warm well perfused -CAP refil <3secs

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record RASS score; Record GCS score; Record & report neurological changes
Neurological Evaluation	-Alert and oslightly confused -obeying commands -GCS 14/15 -RASS 0

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Perform care of urinary device; Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	* -Catheter patent and draining good volumes -Fluid balance -01.45am Background fluids commenced at 50ml/hr see flowsheet Drain output: Left drain 120mls haemoserous fluid Right drain unable to empty as bottom of the drain bag blocked. To be changed when drianage bag available.

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Record bowel activity
Gastrointestinal & Nutrition Evaluation	* -NG nutrison standard continues at 10ml/hr -Low aspirates, if continue will increase rate in the am. -BMs as per flowsheet , Actrapid continues as per protocol -For swallow test in am -NG tube pulled out at 00.32am, informed ICU reg, to leave out at present ? to eat and drink in AM -Passed first part of swallow test

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	**Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2...**
Skin & Pressure Area Evaluation	**-pressure areas intact** **-Positional changes as per flow sheet**

Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage**
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	**4 Hourly, 2 Hourly**

Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Record & report skin changes; Record all personal care; Utilise moving & handling aids**
Hygiene & Mobility Evaluation	**-all care needs met** **-regular mouth care given**

Falls Risk	
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, Pt has no cognitive impairment+/delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,**
Bedrail Assessment	**Level 3 Pt Use Bedrails (Assessment Exclusion)**

Pain	
Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record pain score**
Pain Evaluation	**-nil complaints of pain overnight** **-Not required sub cut morphine. No line inserted as not required**

Infection Control	
Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust**
Infection Control Evaluation	**-All unit guidelines adhered to** **-Damp dusting carried out**

Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Involve patient in care; Keep patient informed of progress; Keep relatives informed of progress**
Patients & Relatives Evaluation	**-no contact from family overnight**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
LB	Linzi Blair	27/11/2020 20:15 - 28/11/2020 07:27

24/11/2020 21:07	
LG	26/11/2020 11:21 Height (cm)
27/11/2020 20:15	
LB	28/11/2020 06:43 Respiratory Evaluation

LB 28/11/2020 00:11Respiratory Evaluation:
-Extubated approx 18.30
-Weak cough on handover of patient, spoke with Dr O'Neil and agreed to ask physio to attend.
-Physio attended at 21.00pm. Chest physio given, moderate mucoid-purulent secretions eilded on suctioning.Suggested giving saline nebulisers, informed ICU doctor, Spo2 100% on 40% 10l
-Now on 4l nasal canula
-Spo2
-RR
-Cough remains weak but managing to cough up mucoid-purulent secretions
-air entry throughout- Fair
-ABG as per flowsheet

LB 21:35 Respiratory Evaluation: -Extubated approx 18.30
-Weak cough on handover of patient, spoke with Dr O'Neil and agreed to ask physio to attend.
-Physio attended at 21.00pm. Chest physio given, moderate mucoid-purulent secretions eilded on suctioning.Suggested giving saline nebulisers, informed ICU doctor, Spo2 100% on 40% 10l

LB 21:18 Respiratory Evaluation: -Extubated approx 18.30
-Weak cough on handover of patient, spoke with Dr O'Neil and agreed to ask physio to attend.
-Physio attended at 21.00pm. Chest physio given, moderate mucoid-purulent secretions eilded on suctioning.Suggested giving saline nebulisers, informed ICU doctor, Spo2 100% on 40% 5l

LB 28/11/2020 07:27 Renal & Fluid Balance Evaluation

	27/11/2020 20:15
LB	28/11/2020 06:43 Renal & Fluid Balance Evaluation: -Catheter patent and draining good volumes -Fluid balance -0145am Background fluids commenced at 50ml/hr see flowsheet Drain output:
LB	28/11/2020 01:44 Renal & Fluid Balance Evaluation: -Catheter patent and draining good volumes -Fluid balance -0145am Background fluids commenced at 50ml/hr see flowsheet
LB	28/11/2020 00:11Renal & Fluid Balance Evaluation: -Catheter patent and draining good volumes -Fluid balance
LB	28/11/2020 06:43 Gastrointestinal & Nutrition Evaluation
LB	28/11/2020 00:33 Gastrointestinal & Nutrition Evaluation: -NG nutrison standard continues at 10ml/hr -Low aspirates, if continue will increase rate in the am. -BMs as per flowsheet , Actrapid continues as per protocol -For swallow test in am -NG tube pulled out at 00.32am, informed ICU reg, to leave out at present ? to eat and drink in AM
LB	28/11/2020 00:11Gastrointestinal & Nutrition Evaluation: -NG nutrison standard continues at 10ml/hr -Low aspirates, if continue will increase rate in the am. -BMs as per flowsheet , Actrapid continues as per protocol -For swallow test in am
LB	20:19 Skin & Pressure Area Care Plan: Skin & PA Care: Reposition 1-2, 2-3 or 3-4hrly; Complete SSKINS bundle; Record & report skin changes; Optimise position; Wound: assess site; Assess skin temp, colour, perfus; Record & report wound changes; Complete PUDRA assessment; Involve patient in care;
LB	20:19 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 2 Hourly; Specify medical: ICU Monitoring lines and devices, x2 abdo drains ; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly; Specify products: Spyca, air flow matress ;

Nursing Care Plan (RAH) (28/11/2020 20:12) NICOLA BUNCE

Nurse Completing Plan

Nurse Name	**Alison Sharp**
Professional Title	**Staff Nurse**
Shift	**Day shift**

Ward Round/Daily Goals

Ward Round Information	**Replace K+ (PO and IV)** **Cont Abxs** **IV access** **Send drain fluid for amylase** **Decision to intubate late morning - seeming increasingly agitated, WOB getting worse** **Uneventful intubation as noted in procedures**

Audit Documentation

Please ensure all audit documentation is completed each shift.
Once documentation complete please tick appropriate box.

Audit Documentation	**CAUTI bundle documentation completed; Central line bundle documentation completed; PVC bundle documentation completed; HEI(damp dusting) documentation completed**

Person Centred Care

Person Centred Care Evaluation	**Full explanations and reassurance given**

Respiratory

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Respiratory	
Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change Trach Care & filter; Change ETT tapes; Record & report respiratory changes; Sample blood gas; Send respiratory specimen; Use appropriate suction method; Wean ventilation as per daily goals
Respiratory Evaluation	Pt initially doing well on 2l O2 via nasal canula, very thirsty and impatient for drinks, after about 200ml of water pt vomited and ??aspirated, O2 requirements went yp to 40%, RR increased to 30's, work of breathing increased. Pt becoming increasingly distressed and agitated so decision made to intubate. Grade 1 intubation, moderate amounts of thick mucopurulent secretions from chest, sample sent. Post intubation chest xray following C line insertion and NG insertion, all confirmed. Since intubation pt has weaned to ASB 45% O2. RR remains high in the 40's at times but this is unchanged regardless of pt being on spont or mandatory breathing. Medical staff aware. ABG's as per chart.

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	Pt unsupported cardiovascularly, ECG ST. Temp apyrexial until this evening when it climbed to 37.9. Pt pulled out the Cline in his right IJ this morning, site dressed. New PVC access obtained in his right leg, New C line in Left IJ sited post intubation, all lumens patent. BP stable this evening.

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record RASS score
Neurological Evaluation	Pt oriented this morning but becoming increasingly irritable and impatient prior to intubation. Has been settled since intubation although tis evening has required boli of sedation as he is reaching for his ET tube. PEARL. Propafol 1% running at 14ml/hr.

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	*

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Clean & dress feeding tube site; Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record length of NG/NJ tube
Gastrointestinal & Nutrition Evaluation	Pt had a size 12 fine bore NG sited in his right nostril this morning, position confirmed intially with PH which was 5.0 but then was xrayed and confirmed post intubation. NG feeding commenced at 30ml/hr, tolerated well so far. BM's up as high as 15.5, actrapid infusion currently running at 6ml/hr and BM's coming down slowly. Saline/dextrose mix bag now discontinued. No bowel activity.

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Reposition 1-2, 2-3 or 3-4hrly
Skin & Pressure Area Evaluation	PA's all clean and intact but marking from the sheets, minimal positional changes today due to staffing/ward activity. Pt moving in bed himself this morning prior to intubation. Flowtron to right leg but not to left leg due to PVC's.

Pressure Ulcer Daily Risk Assessment (PUDRA)

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Pressure Ulcer Daily Risk Assessment (PUDRA)

Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage**
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	**4 Hourly, 4 Hourly**

Hygiene/Mobility

Hygiene & Mobility Care Plan	**Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Record all personal care**
Hygiene & Mobility Evaluation	**Full bed bath this afternoon post intubation, regular eye and mouth care today, pts mouth gets dried out very quickly despite regular care. Positional changes as per chart.**

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Bedrail Assessment	**Level 3 Pt Use Bedrails (Assessment Exclusion)**

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions**
Pain Evaluation	**Pt on a morphine infusion at 6ml/hr requiring boli, normally on methdaone.**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note**
Infection Control Evaluation	*** Standard precautions in place, antibiotics reviewed by micro today, further sputum sample sent. Vancomycin commenced. 2 abdominal drains remain in place, samples sent today for amylase. If there is no amylase present, right drain is to be removed. Left drain is to remain in place.**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Keep patient informed of progress; Keep relatives informed of progress**
Patients & Relatives Evaluation	**Partner Fiona in contact via phone this morning prior to intubation and spoke with Pt, following intubation Fiona was contacted by medical staff and updated. No further contact this afternoon.**

Other Information

Other Information	**Repeat U&E sent this evening.**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
NB	NICOLA BUNCE	28/11/2020 20:12 - 28/11/2020 08:35
AS	Alison Sharp	28/11/2020 20:47 - 28/11/2020 20:57

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	28/11/2020 20:12
AS	20:47 Nurse Name
AS	20:47 Professional Title
AS	20:47 Shift
AS	20:47 Ward Round Information
AS	20:47 Audit Documentation
AS	20:47 Person Centred Care Evaluation
AS	20:47 Respiratory Care Plan
AS	20:47 Respiratory Evaluation
AS	20:47 Cardiovascular Care Plan
AS	20:47 Cardiovascular Evaluation
AS	20:47 Neurological Care Plan
AS	20:47 Neurological Evaluation
AS	20:47 Renal & Fluid Balance Care Plan
NB	29/11/2020 08:35 Renal & Fluid Balance Evaluation
AS	20:47 Renal & Fluid Balance Evaluation: Pt has passed good volumes of urine all day but remains in a positive fluid balance of 1L due to multiple infusions and antibiotics.
AS	20:47 Gastrointestinal & Nutrition Care Plan
AS	20:47 Gastrointestinal & Nutrition Evaluation
AS	20:47 Skin & Pressure Area Care Plan
AS	20:47 Skin & Pressure Area Evaluation
AS	20:47 Pressure Ulcer Daily Risk Assessment (PUDRA)
AS	20:47 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: ET tube, Cline, A line, PVC's, urinary catheter; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly;
AS	20:47 Hygiene & Mobility Care Plan
AS	20:47 Hygiene & Mobility Evaluation
AS	20:47 Bedrail Assessment
AS	20:47 Pain Care Plan
AS	20:47 Pain Evaluation
AS	20:47 Infection Control Care Plan
AS	20:57 Infection Control Evaluation
AS	20:47 Infection Control Evaluation: Standard precautions in place, antibiotics reviewed by micro today, further sputum sample sent. Vancomycin commenced.
AS	20:47 Patient & Relatives Care Plan
AS	20:47 Patients & Relatives Evaluation
AS	20:47 Other Information

Nursing Care Plan (RAH) (28/11/2020 22:41) Jasmine Mathew

Nurse Completing Plan

Nurse Name	jasmine mathew
Professional Title	sn
Shift	night

Ward Round/Daily Goals

Ward Round Information	continue current plan

Audit Documentation

Please ensure all audit documentation is completed each shift.
Once documentation complete please tick apporpriate box.

Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; PVC bundle documentation completed; HEI(damp dusting) documentation completed

Person Centred Care

Person Centred Care Evaluation	all care provided in pts best interest

Respiratory

Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change ETT tapes; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Send respiratory specimen; Use appropriate suction method; Utilise communication aids; Wean...
Respiratory Evaluation	* remains in asb 8/10,30%fio2,mod mucopurulent et asp,art line is not aspirating,abg acceptable

Cardiovascular

Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Change transducer set; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	sr/st,normotensive,apyerexial,warm and well perfused peripheries,replaced k and is on regular sando k

Neurological

Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record CPOT score; Record RASS score; Record & report neurological changes
Neurological Evaluation	sedated on propofol and morphine,increased to 22/7 as pt goes for the tubes,rass -3 to +2

Renal/Fluid Balance

Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	* passing good volumes,k replaced,positive >2L /24hrs

Gastrointestinal/Nutrition

Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Clean & dress feeding tube site; Complete NG daily maintenance (Flowsheet); Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Record bowel activity
Gastrointestinal & Nutrition Evaluation	ng feed absorbs well and increased to 65ml/hr,blood sugar fluctuates,on s/c,no bowel action

Malnutrition Screening Tool

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.

Height (cm)	177 cm

Skin/Pressure Areas

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	**Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2-3 or 3-4hrly; Wound:...**
Skin & Pressure Area Evaluation	**skin inyact,lap wound dressing intact,min strike through,min leakage from both drain sites**
Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure damage**
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	**4 Hourly, 4 Hourly**
Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Perform passive limb exercises; Read Physio daily plan; Record & report skin changes; Record all...**
Hygiene & Mobility Evaluation	**bed bath given,all hygienic needs attended regularly**
Falls Risk	
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Bedrail Assessment	**Level 3 Pt Use Bedrails (Assessment Exclusion)**
Pain	
Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record CPOT score**
Pain Evaluation	**on morphine inf**
Infection Control	
Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note**
Infection Control Evaluation	**maintained std inf preventive measures**
Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Keep relatives informed of progress; Utilise communication aids**
Patients & Relatives Evaluation	**pt s sister phoned at night,unable to speak by myself,asked to ring back by hca,but never recived a call back**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
JM	Jasmine Mathew	28/11/2020 22:41 - 29/11/2020 06:57

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	28/11/2020 22:41
JM	22:53 Respiratory Care Plan: Respiratory Plan: Send respiratory specimen; Read Physio daily plan; Sample blood gas; Change ETT tapes; Utilise communication aids; Wean vent as per daily goals; Use appropriate suction method; Record & report resp changes; Check ET tube cuff pressure; Assess & record air entry;
JM	29/11/2020 06:57 Respiratory Evaluation
JM	29/11/2020 01:40 Respiratory Evaluation: remains in asb 8/15,30%fio2,mod mucopurulent et asp,art line is not aspirating,so unable to perform abg overnight
JM	29/11/2020 06:57 Renal & Fluid Balance Evaluation
JM	29/11/2020 01:40 Renal & Fluid Balance Evaluation: passing good volumes,k replaced

JM	22:53 Skin & Pressure Area Care Plan: Skin & PA Care: Assess skin temp, colour, perfus; Record & report wound changes; Complete PUDRA assessment; Reposition 1-2, 2-3 or 3-4hrly; Optimise position; Complete SSKINS bundle; Record & report skin changes; Wound: assess site;
JM	22:53 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: spicra and flowtrons in use; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly;
JM	22:53 Hygiene & Mobility Care Plan: Hygiene&Mobility: Optimise position; Utilise moving & handling aids; Maintain privacy & dignity; Perform passive limb exercises; Perform eye & mouth care; Apply Flotrons & record on/off; Record & report skin changes; Meet all hygiene needs; Involve patient in care; Read Physio daily plan; Record all personal care;

Nursing Care Plan (RAH) (29/11/2020 08:16) NICOLA BUNCE

Nurse Completing Plan

Nurse Name	Nicola Bunce
Professional Title	Staff Nurse
Shift	Dayshift

Ward Round/Daily Goals

Ward Round Information	* SB Dr L Gemmel on the ward round Aim neutral balance - frusemide 20mg Drug infusions to be made in glucose where possible Restart methadone 20mg (titrate back up to 70mg od normal dose) Replace PO4 Regular K+ replacement Wean propofol and morphine Wean PS to 5 through the day Leave PEEP at 8 today Keep intubated today Remove R abdo drain Evening ward round; Remains stable Need to arrange TOE for tomorrow if possible. Updated family Minimal sedation to keep safe. Negative balance with furosemide

Audit Documentation

Please ensure all audit documentation is completed each shift.
Once documentation complete please tick appropriate box.

Person Centred Care

Person Centred Care Evaluation	All care provided in patients best interest

Respiratory

Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change Trach Care & filter; Change ETT tapes; Change ventilator tubing; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method; Utilise...
Respiratory Evaluation	* Pressure support weaned as able on ASB 8/5, 28% Fi02, Bronchial breathing right base otherwise good AE, poor cough, moderate mucopurulent secrections.

Cardiovascular

Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Record cardiac output; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	* CVS stable unsupported remains normatensive, monitoring in SR/ST. Apyrexial. Warm well perfused 17:30 hours arterial line stopped working, troubleshoted but no success, new right arterial line inserted and previous one removed.

Neurological

Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record CPOT score; Record RASS score; Record GCS score; Record & report neurological changes; Request sedation review
Neurological Evaluation	* Propafol 1% running at 18ml/hr and morphine running at 4ml/hr. RASS Score -3 to +2 E4, M6 Vt -appropriate, comfortable and obeying commands. Propofol 1% weaned throughout today now running at 3ml/hr and patient appears settled and appropriate.

Renal/Fluid Balance

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	* Catheter patent and draining >30ml/hr Drain output: Left drain 200 mls haemoserous fluid, Right drain yeilded nil Potassium 3.3 - 40mmols replaced. 17:00 - potassium 3.4 - 60mmols potassium replaced. 18:30 40mg of furosemide given awaiting effect

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Trakcare Referral to Nutrition Team (if MUST +2/feeding >72hrs); Administer feed as prescribed; Clean & dress feeding tube site; Complete NG daily maintenance (Flowsheet); Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report...
Gastrointestinal & Nutrition Evaluation	* NG feed running at 65ml/hr, absorbing well and aspirates minimal. Continues on sliding scale as per protocol. BMs as charted. Large type 6 bowel movement today.

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Involve relatives in care; Optimise position; Record & report skin changes; Record & report wound...
Skin & Pressure Area Evaluation	* Pressure areas intact but marking easily. Nursed on DUO 2 mattress. Laparotomy dressing satisfactory with minimal strike through. Left site intact, right drain removed.

Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	No redness +/or existing pressure damage, Requires assistance to mobilise, Urine+/or faecal incontinence, Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	4 Hourly,

Hygiene/Mobility	
Hygiene & Mobility Care Plan	Apply Flotrons & record on/off; Encourage active limb exercises; Involve patient in care; Involve relatives in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Perform passive limb exercises; Read...
Hygiene & Mobility Evaluation	Fully dependent all care neets met. Regular eye and mouth care. Positional changes as per flowsheet

Falls Risk
Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain	
Pain Care Plan	Optimise position; Optimise relaxation and comfort; Minimise interventions; Record CPOT score; Record pain score
Pain Evaluation	Morphine weaned to 4ml/hr

Infection Control	
Infection Control Care Plan	Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note
Infection Control Evaluation	Damp dusting carried out. unit guidelines adhered to.

Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	Involve patient in care
Patients & Relatives Evaluation	Both Henry's sister and partner was updated via telephone by A.Sharp (sn) and L. Gemmell (consultant)

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
NB	NICOLA BUNCE	29/11/2020 08:16 - 29/11/2020 19:21

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	29/11/2020 08:16
NB	19:21 Ward Round Information
NB	12:28 Ward Round Information: SB Dr L Gemmel on the ward round Aim neutral balance - frusemide 20mg Drug infusions to be made in glucose where possible Restart methadone 20mg (titrate back up to 70mg od normal dose) Replace PO4 Regular K+ replacement Wean propofol and morphine Wean PS to 5 through the day Leave PEEP at 8 today Keep intubated today Remove R abdo drain
NB	08:35 Respiratory Care Plan: Respiratory Plan: Change ETT tapes; Record & report resp changes; Utilise communication aids; Read Physio daily plan; Check ET tube cuff pressure; Change Trach Care & filter; Assess & record air entry; Sample blood gas; Use appropriate suction method; Change ventilator tubing;
NB	19:21 Respiratory Evaluation
NB	12:28 Respiratory Evaluation: Remains on ASB 8/10, 28% Fi02, Bronchial breathing right base otherwise good AE, poor cough, moderate mucopurulent secrections.
NB	08:35 Respiratory Evaluation: Remains on ASB 8/10, 28% Fi02, moderate mucopurulent secrections. ABGs as per flowsheet
NB	19:21 Cardiovascular Evaluation
NB	08:35 Cardiovascular Evaluation: CVS stable unsupported remains normatensive, monitoring in SR/ST. Apyrexial. Warm well perfused
NB	19:21 Neurological Evaluation
NB	12:28 Neurological Evaluation: Propafol 1% running at 18ml/hr and morphine running at 4ml/hr. RASS Score -3 to +2 E4, M6 Vt -appropriate, comfortable and obeying commands
NB	08:35 Neurological Evaluation: Propafol 1% running at 18ml/hr and morphine running at 6ml/hr. RASS Score -3 to +2
NB	19:21 Renal & Fluid Balance Evaluation
NB	08:35 Renal & Fluid Balance Evaluation: Catheter patent and draining >30ml/hr Drain output: Left drain 200 mls haemoserous fluid, Right drain yeilded nil Potassium 3.3 - 40mmols replaced
NB	12:28 GI & Nutrition Care Plan: GI Plan: Record bowel activity; Record length of NG/NJ tube; Record & report GI changes; Administer feed as prescribed; Clean & dress feeding tube site; Trakcare Referral Nutrition Team; Complete NG daily maintenance; Monitor glucose as protocol;
NB	15:19 Gastrointestinal & Nutrition Evaluation
NB	08:35 Gastrointestinal & Nutrition Evaluation: NG feed running at 65ml/hr, absorbing well and aspirates minimal. Continues on sliding scale as per protocol. BMs as charted. Bowels smearing only.
NB	12:28 Skin & Pressure Area Care Plan: Skin & PA Care: Complete SSKINS bundle; Involve relatives in care; Assess skin temp, colour, perfus; Record & report wound changes; Complete PUDRA assessment; Reposition 1-2, 2-3 or 3-4hrly; Record & report skin changes; Involve patient in care; Optimise position;
NB	12:28 Skin & Pressure Area Evaluation
NB	08:35 Skin & Pressure Area Evaluation: Pressure areas intact but marking easily. Nursed on DUO 2 mattress. Laparotomy dressing satisfactory with minimal strike through. Left & Right drain sites intact.
NB	12:28 Hygiene & Mobility Care Plan: Hygiene&Mobility: Maintain privacy & dignity; Meet all hygiene needs; Perform eye & mouth care; Apply Flotrons & record on/off; Optimise position; Read Physio daily plan; Record & report skin changes; Encourage active limb exercises; Record all personal care; Perform passive limb exercises; Involve relatives in care; Involve patient in care;

Nursing Care Plan (RAH) (29/11/2020 20:24) Mini Varughese

Nursing Care Plan (RAH) (29/11/2020 20:24) Mini Varughese

Nurse Completing Plan

Nurse Name	Mini Varughese
Professional Title	Staff Nurse
Shift	Night shift

Ward Round/Daily Goals

Ward Round Information	02:30 Night review- R Carnie Uneventful day today after re-intubation yesterday A- intubated B- sats 96% FiO2 0.28. Spont breathing- PS 5/8 PEEP. RR 20-28. TV ~500ml, minimal secretions. C- unsupported, warm peripheries. MAP 92 (164/66), HR 112 (ST). D- Propofol now at 9ml/hr, morphine at 4ml/hr. Intermittently grabbing at lines/tubes. obeying commands, CAM ICU positive at 9pm E- abdomen soft, midline wound dressed and dry. Main issue overnight has been agitation/pulling at lines etc. NG tube reinserted multiple times- bridle now fitted and clonidine started as per discussion with Dr O'Neil. Plan to stop propofol at 7am. RC

Audit Documentation

Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; PVC bundle documentation completed; HEI(damp dusting) documentation completed

Respiratory

Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change ETT tapes; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method
Respiratory Evaluation	* On ASB FIO2 28% ASB 5 and PEEP 8 Air entries audiable and minimal secreations from suction ABGS as charted, ET Tape changed and spykra changed

Cardiovascular

Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	* Heart rate SR to ST Blood pressure -Hypertensive Temp -38 to 37.7.paracetamol given. A Line patent and clean C Line patent and clean Abdo wound dressing strik through Left abdo drain insitu and emptied 300ml

Neurological

Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record RASS score; Record GCS score
Neurological Evaluation	* Very agitated, pull the NG Tube out and trying to pull ET Tube as well' Apropriate and obeying commands. IV Clonidine 50mg given and increased the sedation. plan to reduce the sedation at 7am.

Renal/Fluid Balance

Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	Urinary catheter patent and draining good volume with Furosemide. Catheter care given.

Gastrointestinal/Nutrition

Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Clean & dress feeding tube site; Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record length of NG/NJ tube; Record & report GI changes; Record bowel..
Gastrointestinal & Nutrition Evaluation	* NG Tube pulled out 8 to9 inches,put it back and X RAY done but not clear . New NG Tube inserted with size12 and cofirmed by X Ray and PH 4.5 Nasal bridal inserted. Restart the feed with 65 ml/hr. and absorbing well. Blood sugar as charted and Actrapid according to the protocol.

Malnutrition Screening Tool

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.

Height (cm)	177 cm

Skin/Pressure Areas

Skin & Pressure Area Care Plan	Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Optimise position; Record & report skin changes; Reposition1-2, 2-3 or 3-4hrly
Skin & Pressure Area Evaluation	Pressure areas intact 4hrly positional done. Nursed on Hill rom total care.

Pressure Ulcer Daily Risk Assessment (PUDRA)

If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

SSKINS Interventional Plan	4 Hourly, 4 Hourly

Hygiene/Mobility

Hygiene & Mobility Care Plan	Apply Flotrons & record on/off; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Read Physio daily plan; Record & report skin changes; Record all personal care
Hygiene & Mobility Evaluation	Bed bathed Maintained dignity and privacy all the time Regular mouth and eye care given All personal care given.

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Bedrail Assessment	Level 3 Pt Use Bedrails (Assessment Exclusion)

Pain

Pain Care Plan	Optimise position; Optimise relaxation and comfort; Minimise interventions; Record CPOT score
Pain Evaluation	No signs of any pain On Morphine (1mg/ml) 4ml/hr.

Infection Control

Infection Control Care Plan	Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note
Infection Control Evaluation	Damp dusting done

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

Patient & Relatives Care Plan	Keep patient informed of progress; Keep relatives informed of progress; Utilise communication aids
Patients & Relatives Evaluation	No phone calls from family.

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
S	Mini Varughese	29/11/2020 20:24 - 30/11/2020 07:14

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	29/11/2020 20:24
S	30/11/2020 07:14 Respiratory Evaluation
S	30/11/2020 06:32 Respiratory Evaluation: On ASB FIO2 28% ASB 5 and PEEP 8 Air entries audiable and minimal secreations from suction ABGS as charted,
S	30/11/2020 07:10 Cardiovascular Evaluation
S	30/11/2020 06:32 Cardiovascular Evaluation: Heart rate SR to ST Blood pressure -Hypertensive Temp-38 to 37.7 A Line patent and clean C Line patent and clean Abdo wound dressing strik through Left abdo drain insitu and emptied 300ml
S	30/11/2020 07:08 Neurological Evaluation
S	30/11/2020 01:52 Neurological Evaluation: Very agitated, pull the NG Tube out and trying to pull ET Tube as well' Apropriate and obeying commands. IV Clonidine 50mg given and increased the sedation.
S	20:36 GI & Nutrition Care Plan: GI Plan: Confirm position of NG/NJ; Monitor glucose as protocol; Record bowel activity; Complete NG daily maintenance; Clean & dress feeding tube site; Record length of NG/NJ tube; Administer feed as prescribed; Record & report GI changes;
S	30/11/2020 01:52 Gastrointestinal & Nutrition Evaluation
S	30/11/2020 00:21 Gastrointestinal & Nutrition Evaluation: NG Tube pulled out 8 to9 inches,put it back and X RAY done

Nursing Care Plan (RAH) (30/11/2020 08:06) Chelsea Cannell

Nurse Completing Plan

Nurse Name	Chelsea Cannell
Professional Title	Staff Nurse
Shift	Day Shift

Ward Round/Daily Goals

Ward Round Information	Impression: min resp settings, agitated and becomign frustrated ? opiate withdrawal Complex patient Septic emboli, renal, hepatic and splenic infarcts. Question over RUL cavitating lesion. For further TTE to assess valvular function. Need clarity on whether requires TOE. Ask for respiratory opinion. Await cardiology (TTE first and then discussion re TOE) Actively withdrawing - for increasing methadone dose and benzodiazepines May be extubatable if all these things are tidied up by this afternoon. Negative fluid balance. L Gemmell (cons)

Audit Documentation

Please ensure all audit documentation is completed each shift. Once documentation complete please tick apporpriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed

Person Centred Care

Person Centred Care Evaluation	All care given in Henry's best interests

Respiratory

Respiratory	
Respiratory Care Plan	* Assess & record air entry; Check ET tube cuff pressure; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method; Utilise communication aids
Respiratory Evaluation	* Air entry heard throughout Size 8.5 ET tube in situ, taped at 23cm, cuff pressure satisfactory ASB mode of ventilation, 5 PEEP, 0 ASB, FiO2 28% Appropriate suction methods used - minimal to moderate amounts of secretions yeilded from ET tube Blood gas samples taken Patient attempting to pull ET tube out
Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Record cardiac output; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	* Patient warm to touch, pink in colour and well perfused. CRT <3 seconds CVC and Arterial line in situ, clean and secure Monitoring in ST Hypertensive - medical staff aware Electrolytes monitored and corrected - sodium acid phosphate administered as prescribed
Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record RASS score; Record & report neurological changes
Neurological Evaluation	All procedures and interventions explained and kept to a minimum Patient aggitated, attempting to pull out NG tube and ET tube reguarly Remains on Morphine infusion - Propofol stopped prior to ward round this am
Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	Electrolytes monitored and corrects - sodium acid phosphate administered as prescribed Fluid balance recorded - passing good amounts of urine following IV Furosemide All infusions being made in Glucose due to high Sodium levels
Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Complete NG daily maintenance (Flowsheet); Monitor blood glucose as protocol; Record length of NG/NJ tube; Record bowel activity
Gastrointestinal & Nutrition Evaluation	NG feed administered as prescribed Patient attempting to pull out NG tube reguarly Blood glucose monitored - Actrapid infusion running Bowrels active +++
Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm
Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2...
Skin & Pressure Area Evaluation	PUDRA and SSKINS completed Position optimised as charted Would to stomach has some strike through on dressing otherwise appears satisfactory Drain remains in situ to left side of abdoment
Pressure Ulcer Daily Risk Assessment (PUDRA)	

Pressure Ulcer Daily Risk Assessment (PUDRA)

Pressure Ulcer Daily Risk Assessment (PUDRA)	No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin not compromised, No risk of developing pressure damage

If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

SSKINS Interventional Plan	4 Hourly, 4 Hourly

Hygiene/Mobility

Hygiene & Mobility Care Plan	* Apply Flotrons & record on/off; Encourage active limb exercises; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Read Physio daily plan; Record & report skin changes; Record all...
Hygiene & Mobility Evaluation	Flotrons in situ Patient able to move all 4 limbs independently, right arm appears strongest All hygiene needs met while maintaining privacy and dignity throughout Regular eye and mouth care carried out

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Pain

Pain Care Plan	Optimise position; Optimise relaxation and comfort; Minimise interventions; Record pain score
Pain Evaluation	Position optimised Morphine infusion running at 4ml/hr Patient denies any pain

Infection Control

Infection Control Care Plan	Use standard precautions; Adhere to unit guidelines; Complete damp dust
Infection Control Evaluation	PPE worn in adherence to guidelines Damp dusting completed

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

Patient & Relatives Care Plan	Involve patient in care; Keep patient informed of progress; Keep relatives informed of progress; Record significant discussions in Relatives Communication Record; Utilise communication aids
Patients & Relatives Evaluation	Phonecall from sister - update given, she will phone later in the day for further progress Miscommunication from nightshift to dayshift - was told at handover that Henry and his partner do not talk. His partner phoned earlier and I advised her that as his sister was down as next of kin I would not be able to share information with her. Was later advised that he does have contact with his partner and that they live together. It was previously his sister who he didnt have contact with however they recently got back in touch. Both his sister and partner have been getting updated via phone. Tried to phone his partner using the number available to us to apologise for this however it went to voicemail

Other Information

Other Information	* Patient able to write with pen and paper when struggling to communicate needs Pharmacy recommend changing methadone to sugar free. Nurses will order this When vanc level below 25 restart at 1250mg 12 hourly Monitor QTc as on methadone and fluconazole currently442

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
CC	Chelsea Cannell	30/11/2020 08:06 - 30/11/2020 19:19

24/11/2020 21:07

LG	26/11/2020 11:21	Height (cm)

30/11/2020 08:06

CC	08:38	Respiratory Care Plan
CC	08:29	Respiratory Care Plan: Assess & record air entry; Check ET tube cuff pressure
CC	18:47	Respiratory Evaluation

	30/11/2020 08:06
CC	12:47 Respiratory Evaluation: Air entry heard throughout Size 8.5 ET tube in situ, taped at 23cm, cuff pressure satisfactory ASB mode of ventilation, 8/5, FiO2 28% Appropriate suction methods used - minimal amounts of secretions yelded from ET tube Blood gas samples taken Patient attempting to pull ET tube out
CC	10:17 Respiratory Evaluation: Air entry heard throughout Size 8.5 ET tube in situ, taped at 23cm, cuff pressure satisfactory ASB mode of ventilation, 8/5, FiO2 28% Appropriate suction methods used - minimal amounts of secretions yelded from ET tube Blood gas samples taken
CC	09:58 Respiratory Evaluation: Air entry heard throughout Size 8.5 ET tube in situ, taped at 23cm, cuff pressure satisfactory ASB mode of ventilation, 8/5, FiO2 28% Appropriate suction methods used - minimal amounts of secretions yelded from ET tube Blood gas samples taken
CC	18:47 Cardiovascular Evaluation
CC	12:47 Cardiovascular Evaluation: Patient warm to touch, pink in colour and well perfused. CRT <3 seconds CVC and Arterial line in situ, clean and secure Monitoring in ST Hypertensive Electrolytes monitored and corrected - sodium acid phosphate administered as prescribed
CC	09:58 Cardiovascular Evaluation: Patient warm to touch, pink in colour and well perfused. CRT <3 seconds CVC and Arterial line in situ, clean and secure Monitoring in ST Hypertensive Electrolytes monitored and corrected - sodium acid phosphate administered
CC	08:38 Skin & Pressure Area Care Plan: Skin & PA Care: Optimise position; Complete SSKINS bundle; Reposition 1-2, 2-3 or 3-4hrly; Complete PUDRA assessment; Involve patient in care; Record & report wound changes; Assess skin temp, colour, perfus; Record & report skin changes;
CC	08:38 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: NG tube, ET tube, ECG dots, Sats prob, CVC, Arterial line, TEDs, Urinary catheter; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly;
CC	13:04 Hygiene & Mobility Care Plan: Hygiene&Mobility: Record all personal care; Read Physio daily plan; Apply Flotrons & record on/off; Optimise position; Encourage active limb exercises; Maintain privacy & dignity; Meet all hygiene needs; Record & report skin changes; Involve patient in care; Perform eye & mouth care;
CC	08:46 Hygiene & Mobility Care Plan: Hygiene&Mobility: Perform eye & mouth care; Record & report skin changes; Encourage active limb exercises; Meet all hygiene needs; Maintain privacy & dignity; Apply TEDS & record on/off; Optimise position; Read Physio daily plan; Involve patient in care; Record all personal care;
CC	19:19 Other Information
CC	17:02 Other Information: Pharmacy recommend changing methadone to sugar free. Nurses will order this When vanc level below 25 restart at 1250mg 12 hourly Monitor QTc as on methadone and fluconazole currently 442
CC	15:28 Other Information
CC	15:19 Other Information: Phonecall from sister - update given, she will phone later in the day for further progress
CC	14:28 Other Information: Phonecall from sister - update given, she will phone later in the day for further progress Recieved phonecall from Henry's partner - advised her that I would be unabe to share information with her as his sister is listed as his NOK however advised her that if she would like an update to contact Henry's sister

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Nursing Care Plan (RAH) (30/11/2020 21:19) Erin Kenny

Nurse Completing Plan

Nurse Name	Erin Kenny
Professional Title	Staff Nurse
Shift	Night shift

Ward Round/Daily Goals

Ward Round Information	KB CT2 @ 21:50 Note events of admission: Admitted in profound septic shock on 24/11/20. Multiple systemic infarcts throughout abdomen with associated pulmonary venous thrombus. Required splenectomy. On rx dose Dalteparin. Background: T1DM; previous IVDU on Methadone programme; treated Hep C. A - ETT Remains intubated, following failed extubation last week, with minimal ventilatory support. PS/ASB, PEEP 5, ASB 0, FiO2 0.28, SpO2 98%. Widespread upper airway noise with moderate secretions from chest. Peripherally warm. Well perfused. Cap refill = 2 seconds. Cardiovascularly unsupported: BP 188/79, MAP 109, HR 92 (regular) Febrile throughout the day. Marked peripheral oedema. Pitting oedema throughout upper and lower limbs. Furosemide given this am. Abdomen soft. Non distended. Denying pain. Bowel sounds present. NG feed running 65mls/hr. Actrapid 5mls/hr. Disgruntled but appropriate. E4, M6, Vt Nursing staff report frequently pulling at tubes but settles with reassurance. Methadone dose increased today in view of active opioid withdrawal. Morphine 4mls/hr Propofol 1% 1ml/hr Passing large urine volumes. Aiming negative balance. Currently -820mls. Antibiotics: Clindamycin, Meropenem, Vancomycin, Fluconazole

Audit Documentation

Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed

Person Centred Care

Person Centred Care Evaluation	All care carried out in Henrys best interests.

Respiratory

Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Change ETT tapes; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method; Utilise communication aids
Respiratory Evaluation	Audible air entry to all lung fields, sounding harsh throughout. Remains ventilating on ASB. Fi02 28%, PEEP 5, ASB 0. ABGs as charted. Yielding moderate amounts of muco-purulent secretions from chest. Makes purposeful movements towards ET tube and NG.

Cardiovascular

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	Skin pink, warm and well perfused. Monitoring in sinus rhythm overnight. MAP> 65 unsupported. Hypertensive, medic aware. CVC, and arterial line insitu, dressings dry and intact.

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record CPOT score; Record RASS score; Record GCS score; Record & report neurological changes
Neurological Evaluation	Patient agitated overnight. Not slept for long periods. RASS score +1-+2 overnight. CPOT score 2. Pulling purposefully on ET tube and NG.

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Perform care of urinary device; Record fluid balance; Record urine output; Record and report renal changes
Renal & Fluid Balance Evaluation	* Urinary catheter remains insitu, patent and draining good hourly volumes. Remains widespread odematous, aiming for negative balance. Surgical drain remains insitu. K+ 3.3 on ABG despite regular Sando K. IV 40mmols potassium replaced.

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Complete NG daily maintenance (Flowsheet); Monitor blood glucose as protocol; Record length of NG/NJ tube; Record bowel activity
Gastrointestinal & Nutrition Evaluation	* NG feed (Nutrison 1.0 Kcal) continues running at 65ml/ph. Aspirates minimal. Bms as charted. Actrapid continues as charted. Type 6 x 1 bowel movement overnight.

Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Height (cm)	177 cm

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2...
Skin & Pressure Area Evaluation	Skin pink, warm and well perfused. Skin marking easily but remains intact, repostioned as per PUDRA. Dressing to wound remains dry and intact, dressing untouched overnight.

Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure damage
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	4 Hourly, 4 Hourly

Hygiene/Mobility	
Hygiene & Mobility Care Plan	Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Read Physio daily plan; Record & report skin changes; Record all personal care
Hygiene & Mobility Evaluation	Flotrons insitu. All hygiene needs met, maintaining privacy and dignity at all times. Regular eye and mouth care as charted.

Falls Risk

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.	
Bedrail Assessment	**Level 3 Pt Use Bedrails (Assessment Exclusion)**

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record CPOT score; Record pain score**
Pain Evaluation	**CPOT score 0. Patient denies pain. Morphine infusion for tube tolerance remains running at 4ml/ph.**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust**
Infection Control Evaluation	**All unit guidelines adhered to. Damp dust complete.**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Keep patient informed of progress; Keep relatives informed of progress; Utilise communication aids**
Patients & Relatives Evaluation	**No phone calls overnight.**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
EK	Erin Kenny	30/11/2020 21:19 - 01/12/2020 07:57

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	30/11/2020 21:19
EK	01/12/2020 05:20 Renal & Fluid Balance Evaluation
EK	01/12/2020 00:21 Renal & Fluid Balance Evaluation: Urinary catheter remains insitu, patent and draining good hourly volumes. Remains widespread odematous, aiming for negative balance. Surgical drain remains insitu.
EK	01/12/2020 05:20 Gastrointestinal & Nutrition Evaluation
EK	01/12/2020 00:21 Gastrointestinal & Nutrition Evaluation: NG feed (Nutrison 1.0 Kcal) continues running at 65ml/ph. Aspirates minimal. Bms as charted. Actrapid continues as charted.
EK	21:37 Skin & Pressure Area Care Plan: Skin & PA Care: Wound: assess site; Reposition 1-2, 2-3 or 3-4hrly; Complete PUDRA assessment; Assess skin temp, colour, perfus; Involve patient in care; Complete SSKINS bundle; Record & report skin changes; Optimise position; Record & report wound changes;
EK	01/12/2020 02:37 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: ET Tube, NG, Left IJ CVC, Right arterial line, urinary catheter; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly; Specify products: Spycra under ET tube;

Nursing Care Plan (RAH) (01/12/2020 11:46) Carevue ICU RAH Nursing Eight

Nurse Completing Plan

Nurse Name	**Heather Scott**
Professional Title	**Staff Nurse**
Shift	**Day shift**

Ward Round/Daily Goals

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Ward Round/Daily Goals	
Ward Round Information	Looks ready to extubate. Have stopped feed to minimise risk of recurrent aspiration. Confirmed has cleak with cuff down. Swinging pyrexia may reflect intra-abdominal collections. Day 6 post (2nd) laparotomy so a CT would be reasonable to assess. I think he will manage this extubated and think we should go ahead and extubate rather than delay. PMG

Audit Documentation	
Please ensure all audit documentation is completed each shift. Once documentation complete please tick appropriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed

Person Centred Care	
Person Centred Care Evaluation	all care given in Henry's best interests, Henry able to participate in care when more awake.

Respiratory	
Respiratory Care Plan	Assess & record air entry; Check ET tube cuff pressure; Planned extubation; Read Physio daily plan; Record & report respiratory changes; Sample blood gas; Use appropriate suction method; Wean ventilation as per daily goals
Respiratory Evaluation	Audible air entry to all lung fields, sounding harsh throughout. Remains ventilated on ASB. Fi02 28%, PEEP 5, ASB 0. ABGs as charted. Yielding moderate amounts of muco-purulent secretions from chest. Makes purposeful movements towards ET tube and NG. update 17:00 now extubated onto humidified oxygen, currently at 35% RR stable coughs and clears own secretions no physio this afternoon

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Record cardiac output; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	Cardiovascularly stable unsupported, remains hypertensive Skin pink, warm and well perfused. Monitoring in sinus rhythm today, rate as charted CVC, and arterial line insitu, dressings dry and intact. apyrexial today morning potassium returned satisfactory remains on sando k

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record Abbreviated Mental Test (AMT); Record CPOT score; Record RASS score; Record GCS score; Record & report neurological changes
Neurological Evaluation	- - GCS now 14, obeying commands but definately confused - Rass as charted very settled today at times drowsy - clonidine withheld for this reason. - CPOT 0 denies pain

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	- routine catheter care given - fluid balence roughly +500 currently, no action at present, reassess if becoming nearer +1000 later

Gastrointestinal/Nutrition

Gastrointestinal/Nutrition

Gastrointestinal & Nutrition Care Plan	Trakcare Referral to Nutrition Team (if MUST +2/feeding >72hrs); Administer feed as prescribed; Clean & dress feeding tube site; Complete NG daily maintenance (Flowsheet); Confirm position of NG/NJ as protocol; Monitor blood glucose as protocol; Record...
Gastrointestinal & Nutrition Evaluation	* - Requires dietician referral (outstanding) - NG care given - feed stopped for extubation and restarted now as charted at 65 mls/hr - remains on actrapid, stopped whilst feed stopped and had 500 mls of nacl with dextrose. - sugers have been variable because of events of today. - have been unable to complete must as patient too drowsy. update 7 pm dietician referral complete

Malnutrition Screening Tool

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.

Height (cm)	177 cm

Skin/Pressure Areas

Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Record & report skin changes; Record & report wound changes
Skin & Pressure Area Evaluation	- skin intact but marking easily - 4 hourly turns required - unable to move for extended peried earlier as required to be upright for chest - Left sided wound drain removed, dressed with mepore, but leaking through this so changed to wound pad with tegaderm, wound site appears sloughly ? may need a wound swab.

Pressure Ulcer Daily Risk Assessment (PUDRA)

Pressure Ulcer Daily Risk Assessment (PUDRA)	No redness +/or existing pressure damage, Requires assistance to mobilise, Urine+/or faecal incontinence, Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure damage

If the person has redness +/or existing pressure damage, prescribe a minimum of 2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

SSKINS Interventional Plan	4 Hourly, 4 Hourly

Hygiene/Mobility

Hygiene & Mobility Care Plan	Apply Flotrons & record on/off; Consider suitable footwear; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Record all personal care
Hygiene & Mobility Evaluation	- 2 x bowel movements today type 6 and 7 - faecal collector now in use - personal care given as charted - eye and mouth care given as charted - flotrons in use

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Falls Risk Assessment	Pt has no Hx of falls last 6 mths, Pt has cognitive impairment +/ delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,
Bedrail Assessment	Level 3 Pt Use Bedrails (Assessment Exclusion)

Pain

Pain Care Plan	Optimise position; Optimise relaxation and comfort; Minimise interventions
Pain Evaluation	uncomplaining of pain

Infection Control

Infection Control

Infection Control Care Plan	Use standard precautions; Adhere to unit guidelines; Complete damp dust
Infection Control Evaluation	standard precaustions adhered to unit guidelines followed damp dust complete

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	Involve patient in care; Involve relatives in care; Keep patient informed of progress; Keep relatives informed of progress
Patients & Relatives Evaluation	Henrys sister called twice and was updated by Consultant ad Nurse in Charge

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
CN1	Carevue ICU RAH Nursing Eight	01/12/2020 11:46 - 01/12/2020 19:24

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	01/12/2020 11:46
CN1	15:39 GI & Nutrition Care Plan: GI Plan: Confirm position of NG/NJ; Complete NG daily maintenance; Clean & dress feeding tube site; Record & report GI changes; Administer feed as prescribed; Trakcare Referral Nutrition Team; Record bowel activity; Monitor glucose as protocol;
CN1	19:24 Gastrointestinal & Nutrition Evaluation
CN1	17:22 Gastrointestinal & Nutrition Evaluation: - Requires dietician referral (outstanding) - NG care given - feed stopped for extubation and restarted now as charted at 65 mls/hr - remains on actrapid, stopped whilst feed stopped and had 500 mls of nacl with dextrose. - sugers have been variable because of events of today. - have been unable to complete must as patient too drowsy.
CN1	17:22 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: see lines and devices; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly; Specify products: spycra, pressure relief mattress;

Nursing Care Plan (RAH) (02/12/2020 00:32) Rachel Burns

Nurse Completing Plan

Nurse Name	Rachel Burns
Professional Title	Staff Nurse
Shift	Night Shift

Ward Round/Daily Goals

Ward Round Information	Night Review Dr Pittman managing well since extubation PRN oramorph if sore monitor fluid balance clonidine at 10pm if desaturating may need chest physio over night

Audit Documentation

Please ensure all audit documentation is completed each shift. Once documentation complete please tick apporpriate box.	
Audit Documentation	CAUTI bundle documentation completed; Central line bundle documentation completed; No PVC in situ; HEI (damp dusting) documentation completed

Person Centred Care

Person Centred Care Care Plan	Complete & Record Below 'What matters to me' with patient
Person Centred Care Evaluation	Patient would like to get a good nights sleep tonight. Patient repositioned at 22.00 and lights dimmed. Intervetions clustered where possible to reduce interruption to sleep.

Respiratory

Respiratory	
Respiratory Care Plan	Assess & record air entry; Sample blood gas; Wean ventilation as per daily goals
Respiratory Evaluation	Patient spontaneously breathing on 2L N/C RR 13-15 SpO2 >96% Air entry audible through out Coughing and expectorating. ABG acceptable.

Cardiovascular	
Cardiovascular Care Plan	Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Monitor & correct electrolytes; Zero transducer as protocol
Cardiovascular Evaluation	Cardiovascuarly stable overnight. HR monitoring in SR Apyrexial. MAP >65 Peripheries warm to touch.

Neurological	
Neurological Care Plan	Explain all procedures & interventions; Minimise interventions; Orientate patient to time & place; Record CAM score; Record RASS score; Record GCS score
Neurological Evaluation	Patient able to follow commands but appears confused at times. PEARL

Renal/Fluid Balance	
Renal & Fluid Balance Care Plan	Monitor & correct electrolytes; Perform care of urinary device; Record fluid balance; Record urine output
Renal & Fluid Balance Evaluation	* 50mg Furosemide adinistered as prescribed. Patient had good diuresis from this. Balance +181mls.

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	Administer feed as prescribed; Monitor blood glucose as protocol; Record length of NG/NJ tube
Gastrointestinal & Nutrition Evaluation	NG feed continues as patient failed STOPPS, NG feed @65mls/hr with minimal aspirates. BMs stable on actrapid 1.5-6mls/hr as charted. Faecal collector insitu nil in bag at present. Senna and lactulose withheld due to loose stools.

Malnutrition Screening Tool

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.

Weight (Current)	70 kg
Weight Source of Information	Estimated
Height (cm)	177 cm
Oedema/Ascities Present	No
MUST Assessment	4

Skin/Pressure Areas	
Skin & Pressure Area Care Plan	Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Record & report skin changes; Record & report wound changes; Reposition 1-2, 2...
Skin & Pressure Area Evaluation	Pressure areas intact. 4hrly positional changes. Wound dressing dry and intact

Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Malnourished +/or unable to eat or drink, Skin compromised, Risk of developing pressure damage
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
SSKINS Interventional Plan	4 Hourly, 4 Hourly

Hygiene/Mobility

Hygiene & Mobility Care Plan	**Apply Flotrons & record on/off; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Perform eye & mouth care; Perform passive limb exercises; Record all personal care**
Hygiene & Mobility Evaluation	**PAtient requires assitance with all aspects of personal care at present. Personal care as per flow sheet.**

Falls Risk

Update this assessment weekly or, at the time of a fall or, upon a change in patient's clinical condition
If a fall has occurred, refer to the Post Fall Poster and report in Datix. Evidence all interventions in nursing care plan.

Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, Pt has no cognitive impairment+/delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,**
Bedrail Assessment	**Level 2 Pt complete bed rail assessment**

Pain

Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions; Record pain score**
Pain Evaluation	**Patient not complaining of pain overnight. PRN Oramorph if required**

Infection Control

Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust**
Infection Control Evaluation	**NIL**

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB

Patient & Relatives Care Plan	**Involve patient in care; Keep patient informed of progress; Keep relatives informed of progress; Record significant discussions in Relatives Communication Record; Ensure patient buzzer available (if applicable)**
Patients & Relatives Evaluation	**Patients sister called and spoke with Dr O'Neil regarding NOK, Please see communication sheet.** **When patient woke up I asked him who he would prefer to be his NOK, his mum, sister or his partner and who we were to give information to. He said he would like his sister to be NOK at this time. If partner phones, Ask Henry prior to giving out any information.**

LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
E	Rachel Burns	02/12/2020 00:32 - 02/12/2020 06:59

	24/11/2020 21:07
LG	26/11/2020 11:21 Height (cm)
	02/12/2020 00:32
E	06:59 Renal & Fluid Balance Evaluation
E	01:19 Renal & Fluid Balance Evaluation: 50mg Furosemide adinistered as prescribed. Patient had good diuresis from this. Currently -94mls.
E	01:19 MUST Assessment: Risk Assessment: BMI>20 (0); Unplanned weight loss in 3-6 mths >10% (2); Patient acutely ill (2); MUST Score: 4;
E	01:19 Skin & Pressure Area Care Plan: Skin & PA Care: Complete SSKINS bundle; Assess skin temp, colour, perfus; Optimise position; Complete PUDRA assessment; Reposition 1-2, 2-3 or 3-4hrly; Record & report wound changes; Record & report skin changes; Involve patient in care;
E	01:19 SSKINS Interventional Plan: Pressure areas c: 4 Hourly; Skin under medic: 4 Hourly; Specify medical: ICU devices; Reposition in be: 4 Hourly; Overnight agreed: 4 Hourly; Skin care to be: 4 Hourly;

Nursing Care Plan (RAH) (02/12/2020 11:55) Jennifer Mcwilliam

Nurse Completing Plan

Nurse Name	**jennifer mcwilliam**
Professional Title	**nurse**
Shift	**day shift**

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020 07:00

EK 07:10 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 33 ml;
EK 07:10 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 315 ml;
EK 07:10 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
EK 07:11 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK 07:11 Drain: Abdomen Left 3: Volume Out: 250 ml; Insertion Date: 24/11/2020; Drain Colour: Pink; Site Care: Connections checked; Dressing dry & Intact; No site redness, pain or inflammation; Skin checked for pressure damage; Site Duration: 8 days;
EK 07:11 Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Orange; Insertion Date: 24/11/2020; Site Duration: 8 days;
CN 08:15 Net Body Balance (24hr): Cumulative Total -1792 ml; Hour Total -248 ml; Action: Automatic Reset;
CN 08:15 Net Body Balance (LOS): Cumulative Total 7288 ml; Hour Total -248 ml;
EK 08:00 HME Filter (Daily): Due Changed: 02/12/2020; Changed: Yes;

01/12/2020 08:00

CN 08:34 CVP: Remarks: Infusion currently administering
CN 08:34 Secretions: Remarks: refused any further suction attempts
CN 08:34 ET Tube: Mouth: Insertion Date: 28/11/2020; Site Duration: 3 days; Tube Size: 8.5;
CN 08:34 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: 0 Alert & calm;
CN 08:34 CPOT: 0 - Relaxed, neutral, 0 - Absence of movements or normal position, 0 - Tolerating ventilator or movement, Not Applicable, 0 - Relaxed, 0;
CN 08:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 28 ml;
CN 08:56 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 4.3 ml; Changes: New bag; New line or giving set; Co-sign Initials: KM;
CN 08:34 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 4.3 ml;
CN 08:34 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 6 ml;
CN 08:34 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CN 08:34 Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Drain Colour: Orange; Insertion Date: 24/11/2020; Site Duration: 8 days;
CN 08:34 Net Body Balance (24hr): Cumulative Total -16 ml; Hour Total -16 ml; Action: Start;
CN 08:34 Net Body Balance (LOS): Cumulative Total 7272 ml; Hour Total -16 ml;

CN 08:18 RAH Bedside Checks: RAH BedsideCheck: Yankeaur suction catheters avail; Oxygen flow checked; Airway management guide complete; Range of soft tip suction; Alarm limits appropriate; Ambu bag function check; Guedel airways; Ventilator settings checked; Infusion pumps (rates/conc.); PEEP valve at appropriate level; Drugs in shared lines compatible; Mapleson c-circuit; Glucometer available QC check; Trauma mask; Suction flow checked; Transducer bags checked; Check IV access;
CN 08:18 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
CN 08:18 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs;

01/12/2020 09:00

CN 10:03 Glucose Test 5.8 mmol/L
Glucometer
No change (as per protocol); Remarks: Actrapid stopped when feed stopped
CN 09:12 Glucose Test 5.8 mmol/L
Glucometer
No change (as per protocol);
CN 09:06 ET Tube: Mouth: Insertion Date: 28/11/2020; Site Duration: 3 days; Tube Size: 8.5;
CN 09:06 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: 0 Alert & calm;
CN 1128 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 24 ml; Action: Suspend;
CN 09:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 24 ml;
CN 09:06 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 278 ml;
A Morphine 1mg/ml mg/hr 1 mg/ml: 17:52 Cosign
CN 17:52 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 mg/hr; Volume Remaining: 2 ml; Changes: New syringe; New line or giving set; Co-sign Initials: KM;
CN 09:06 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 mg/hr; Volume Remaining: 2 ml;
CN 09:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Action: Suspend; Remarks: planning extubation
CN 09:06 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange; Insertion Date: 24/11/2020; Site Duration: 8 days;
CN 09:06 Net Body Balance (24hr): Cumulative Total 23 ml; Hour Total 39 ml;
CN 09:06 Net Body Balance (LOS): Cumulative Total 7311 ml; Hour Total 39 ml;

01/12/2020 10:00

CN 1128 Mobilisation: Roll or turn in bed
Equip: None
Staff: 3;
CN 1128 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
A Fluconazole 400 mg IV OD at 10:00: 12:18 Cosign

CN 12:18 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 200 ml; Dose: 400 mg; Route: IV; Co-sign Initials: KM; Action: Completed;
CN 1113 Lansoprazole 30 mg PO/NG OD at 10:00: Volume Adm: 20 ml; Dose: 30 mg; Route: PO/NG; Action: Completed;
CN 1112 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Action: Completed;
A Methadone 70 mg PO/NG OD at 10:00: 12:18 Cosign
CN 12:18 Methadone 70 mg PO/NG OD at 10:00: Volume Adm: 70 ml; Dose: 70 mg; Solution: Base; Route: PO/NG; Co-sign Initials: KM; Action: Completed;
CN 1128 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr;
CN 1128 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 mg/hr;
CN 1128 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Orange; Insertion Date: 24/11/2020; Site Duration: 8 days;
CN 1128 Net Body Balance (24hr): Cumulative Total: 256 ml; Hour Total: 233 ml;
CN 1128 Net Body Balance (LOS): Cumulative Total 7544 ml; Hour Total 233 ml;
CN 1128 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CN 1128 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CN 1128 Skin Action: Activate dynamic mattress; Apply Sycra to vulnerable areas; Emollients applied;
CN 1128 2. Surface: Equipment appropriate; Equipment in good working order;
CN 1128 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;
CN 1128 Hygiene: Urinary catheter care done; personal care given;
CN 1128 Bowel Movement Record: Large; Type 6: fluffy or mushy stool;

01/12/2020 10:01

DBSvc 10:14 PaO2/FiO2 Ratio
HIS 10:14 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS 10:14 H+ (T) bg (36-44)
HIS 10:14 pCO2 (T) bg (4.6-6.0)
HIS 10:14 pO2 (T) bg (10.5-14.0)
HIS 10:14 Na+ bg
HIS 10:14 K+ bg
HIS 10:14 Cl- bg
HIS 10:14 Glucose bg
HIS 10:14 Lactate bg (0.5-2.0)
HIS 10:14 Hb bg (117-174)
HIS 10:14 COHb bg (0.5-1.5)
HIS 10:14 MetHb bg (0.5-1.5)
HIS 10:14 SO2 bg (95-98)
HIS 10:14 BE bg (-2.0) - (+3.0)
HIS 10:14 HCO3 bg (21-28)

01/12/2020 11:00

CN 1126 Glucose Test 6.9 mmol/L
Glucometer
No change (as per protocol);
CN 1126 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;

CN 1126 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 230 ml;
CN 1126 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 mg/hr; Action: Suspend;
CN 1126 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Orange; Insertion Date: 24/11/2020; Site Duration: 8 days;
CN 1126 Net Body Balance (24hr): Cumulative Total: 198 ml; Hour Total: -58 ml;
CN 1126 Net Body Balance (LOS): Cumulative Total 7486 ml; Hour Total: -58 ml;

01/12/2020 12:00

CN 12:09 Airway: Oral ETT;
CN 12:09 Resp Rate (Spont): 17;
CN 12:09 Humidification: HME;
CN 12:09 Secretions: Muco-purulent;
CN 12:09 Suction/Cough Amount: Moderate;
CN 12:09 Head Of Bed Elevation: Yes;
CN 12:09 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
A Clindamycin 1200 mg IV 6 hrly: 13:22 Cosign
CN 13:22 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 108 ml; Dose: 1200 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: KM; Action: Completed;
CN 12:59 Diazepam 5 mg PO/NG 6 hrly: Volume Adm: 12 ml; Dose: 5 mg; Route: PO/NG; Co-sign Initials: KM; Action: Completed;
CN 12:09 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 214 ml;
CN 12:09 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Drain Colour: Orange; Insertion Date: 24/11/2020; Site Duration: 8 days;
CN 12:59 Net Body Balance (24hr): Cumulative Total: 279 ml; Hour Total: 81 ml;
CN 12:59 Net Body Balance (LOS): Cumulative Total: 7567 ml; Hour Total: 81 ml;

01/12/2020 12:19

CN 12:25 Event
CN 12:25 Airway
CN 12:25 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %;
CN 12:25 Resp Rate (Spont)
CN 12:25 Humidification
CN 12:25 Secretions
CN 12:25 Suction/Cough Amount
CN 12:25 Head Of Bed Elevation
CN 12:25 ET Tube: Mouth: Insertion Date: 28/11/2020; Site Duration: 3 days; Tube Size: 8.5; Removal Date: 01/12/2020;
CN 12:25 Drain: Abdomen Left 3: Volume Out: 40 ml; Insertion Date: 24/11/2020; Removal Date: 01/12/2020 12:19; Site Duration: 9 days;

01/12/2020 12:59

CN 14:03 Sodium Chloride 0.18% + Glucose 4% IV STAT. Volume Adm: 500 ml; Rate: 80 ml/hr; Changes: New bag; New line or giving set; Remarks: fluids commenced at 10 AM as asked by Consultant at 80 mls/hr continuous as feed stopped and patient t1dm, however there was issues with the prescription. Will need to be ammended to continuous infusion.

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	01/12/2020 13:00
A	13:13 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 8 L/min;
A	13:13 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
A	13:13 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 192 ml;
A	13:13 Propofol 1% 10mg/ml mg/hr 10 mg/ml
A	13:13 Enteral Feeds Nutrison NG Continuous PRN
A	13:13 Gt Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 1 days; Tube Type & Size 12G;
A	13:13 Urine: Bladder Urinary Catheter: Volume Out 95 ml; Insertion Date: 24/112020; Site Duration: 9 days;
CN	14:03 Net Body Balance (24hr): Cumulative Total 665 ml; Hour Total 386 ml;
CN	14:03 Net Body Balance (LOS): Cumulative Total 7953 ml; Hour Total 386 ml;
	01/12/2020 14:00
CN	14:09 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 8 L/min;
CN	15:48 Mobilisation: Remarks: upright for chest
CN	14:09 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;
CN	15:36 Meropenem 2000 mg to 2000 mg IV 8 hrly: Route: IV; Action: Held; Remarks: new dose prescribed, old dose not stopped, await medical staff changing this.
CN	15:36 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CN	15:36 Clonidine. 50 mcg PO/NG; IV 8 hrly: Remarks: as per doctor Olivia instructions
CN	14:09 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 181 ml;
CN	14:09 Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 9 days;
CN	14:09 Net Body Balance (24hr): Cumulative Total 576 ml; Hour Total -89 ml;
CN	14:09 Net Body Balance (LOS): Cumulative Total 7864 ml; Hour Total -89 ml;
CN	15:48 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CN	15:48 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CN	15:48 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
CN	15:48 2. Surface: Equipment appropriate; Equipment in good working order;
CN	15:48 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
	01/12/2020 14:33
DBSv c	14:48 PaO2/FIO2 Ratio
HIS	14:45 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	14:45 H+ (T) bg (36-44)
HIS	14:45 pCO2 (T) bg (4.6-6.0)
HIS	14:45 pO2 (T) bg (10.5-14.0)
HIS	14:45 Na+ bg
HIS	14:45 K+ bg
HIS	14:45 Cl- bg
HIS	14:45 Glucose bg
HIS	14:45 Lactate bg (0.5-2.0)
HIS	14:45 Hb bg (117-174)
HIS	14:45 COHb bg (0.5-1.5)
HIS	14:45 MetHb bg (0.5-1.5)
HIS	14:45 SO2 bg (95-98)
HIS	14:45 BE bg (-2.0) - (+3.0)
HIS	14:45 HCO3 bg (21-28)
	01/12/2020 14:37
CN	14:38 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 13 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Action: Suspend; Remarks: Consultant asked me to stop vancomycin infusion, and he will ammend prescription.
	01/12/2020 14:55
CN	15:33 Meropenem 1000 mg IV STAT: Volume Adm: 20 ml; Dose: 1000 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: SM; Action: Completed;
	01/12/2020 15:00
CN	15:48 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %;
CN	15:48 RASS Assessment: RASS Actual: -1 Drowsy; RASS Target 0 Alert & calm;
CN	17:22 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 0 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
CN	17:22 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 65 ml/hr; Line Due At 65;
CN	17:22 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Insertion Date: 24/112020; Site Duration: 9 days;
CN	17:22 Net Body Balance (24hr): Cumulative Total 569 ml; Hour Total -7 ml;
CN	17:22 Net Body Balance (LOS): Cumulative Total 7857 ml; Hour Total -7 ml;
	01/12/2020 15:45
CN	15:48 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 65 ml/hr; Line Due At 65; Action: Start;
CN	15:48 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 9 days;
	01/12/2020 16:00
CN	17:36 Glucose Test 17.2 mmol/L Glucometer Increase (as per protocol);
CN	17:22 SpO2: Remarks: patient removing own o2 mask
CN	17:22 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 8 L/min;
CN	17:22 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
CN	17:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; New line or giving set; Co-sign Initials: SM;
CN	17:34 Net Body Balance (24hr): Cumulative Total 451 ml; Hour Total -118 ml;
CN	17:34 Net Body Balance (LOS): Cumulative Total 7739 ml; Hour Total -118 ml;
CN	17:22 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CN	17:22 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CN	17:22 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
CN	17:22 2. Surface: Equipment appropriate; Equipment in good working order;
CN	17:22 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
	01/12/2020 17:00
CN	17:34 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 35 %;
CN	17:34 RASS Assessment: RASS Actual: -1 Drowsy; RASS Target 0 Alert & calm;
CN	17:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 44 ml;
CN	17:34 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 81 ml; Rate Adm: 65 ml/hr; Line Due At 65; Changes: New bag; New line or giving set;
CN	17:34 Gt Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 1 days; Tube Type & Size 12G;
CN	17:34 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 9 days; Site Care: Connections checked; No site redness, pain or inflammation; Site cleaned; Skin checked for pressure damage; BundleCompliance: Procedure note completed; Indwelling catheter still required; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after); Daily meatal hygiene performed; Drainage bag below bladder level and off floor;
CN	17:34 Net Body Balance (24hr): Cumulative Total 456 ml; Hour Total 15 ml;
CN	17:34 Net Body Balance (LOS): Cumulative Total 7754 ml; Hour Total 15 ml;
CN	17:34 Arterial: Radial Artery Left: Insertion Date: 28/112020; Site Duration: 2 days; Transducer Due 03/12/2020 17:00; Site Care: Connections checked; Dressing dry & intact; Hand hygiene done (before & after care); Hub decontamination done; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;
CN	17:34 Central: Internal Jugular Right: Insertion Date: 28/112020; Site Duration: 3 days; Transducer Due 02/12/2020 17:00; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Site cleaned; Line Patency: All lumens patent; BundleCompliance: Skin checked for pressure damage; Hub decontamination; Hand hygiene (before & after); Need for line reviewed&recorded; Dressing intact & dated; Procedure note completed; Aseptic non-touch technique; Dressing changed within 7 days; Line used in past 24 hours; Site Infection?: No; Dressing Due: 02/12/2020; Removal Date: 02/12/2020;
CN	17:34 Nasal Bridle : Insertion date: 30/112020 0100; Secured at (cm)73 cm; Position ok: Yes; Clip secure: Yes; Skin intact: Yes; Tapes twisted No;
CN	17:34 Urometer (7 Days): Due Changed: 07/12/2020; Changed: Yes;
	01/12/2020 18:00
CN	18:51 Glucose Test 14.7 mmol/L Glucometer Increase (as per protocol);
A	17:52 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 35 %; Oxygen L/min: 8 L/min;
A	17:52 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
CN	18:42 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 108 ml; Dose: 1200 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: SM; Action: Completed;
CN	18:42 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: as per doctors instructions
CN	18:42 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Completed;
A	17:52 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 40 ml;
A	17:52 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65; Changes: New bag; New line or giving set;
A	17:54 Gt Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 1 days; Tube Type & Size 12G;
A	17:54 Urine: Bladder Urinary Catheter: Volume Out: 35 ml; Insertion Date: 24/112020; Site Duration: 9 days;
CN	18:42 Net Body Balance (24hr): Cumulative Total 608 ml; Hour Total 142 ml;
CN	18:42 Net Body Balance (LOS): Cumulative Total 7896 ml; Hour Total 142 ml;
	01/12/2020 19:00
CN	19:23 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 35 %;
CN	19:23 RASS Assessment: RASS Actual: -1 Drowsy; RASS Target 0 Alert & calm;
CN	19:23 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
CN	19:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
CN	19:23 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Insertion Date: 24/112020; Site Duration: 9 days;
CN	19:23 Net Body Balance (24hr): Cumulative Total 577 ml; Hour Total -31 ml;
CN	19:23 Net Body Balance (LOS): Cumulative Total 7865 ml; Hour Total -31 ml;
	01/12/2020 19:13
E	21:06 Furosemide 50 mg IV STAT: Dose: 50 mg; Route: IV; Co-sign Initials: HS; Action: Completed;
	01/12/2020 20:00
E	21:06 Glucose Test 10.8 mmol/L Glucometer No change (as per protocol);
E	21:06 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Respiflow; Oxygen %: 35 %; Oxygen L/min: 8 L/min;
E	22:35 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
E	22:35 RASS Assessment: RASS Actual: -1 Drowsy; RASS Target 0 Alert & calm;
E	21:06 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
E	22:35 CAM-ICU: Yes, Fluctuation in mental status over last 24hrs (Go to question 2), No Inattention 0-2 errors (No delirium), RASS other than zero (Delirium present), Delirium Present;
E	21:06 Pain Score: NIL, 0 = No pain, A - No Limitation;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	-PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

01/12/2020 20:00

E 21:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
E 21:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
E 21:06 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow; Insertion Date 24/112020; Site Duration: 9 days;
E 21:06 Net Body Balance (24hr): Cumulative Total 448 ml; Hour Total -129 ml;
E 21:06 Net Body Balance (LOS): Cumulative Total 7736 ml; Hour Total -129 ml;
E 02/12/2020 00:32 RAH Bedside Checks: RAH BedsideCheck: Range of soft tip suction; Mepleson c-circuit; Transducer bags checked; PEEP valve at appropriate level; Drugs in shared lines compatible; Alarm limits appropriate; Guedel airways; Trauma mask; Glucometer available QC check; Check IV access; Ambu bag function check; Infusion pumps (rates/conc.); Yankaeur suction catheters avail; Airway management guide complete; Ventilator settings checked; Oxygen flow checked; Suction flow checked;
E 02/12/2020 00:32 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
E 02/12/2020 00:32 Infection Control: Damp dusting signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs;

01/12/2020 21:00

E 21:08 Glucose Test
E 21:07 Glucose Test 10.8 mmol/L
Glucometer
No change (as per protocol);
HIS 21:03 Oxygen % bg: Remarks: Oxygen % bg: NA;
E 22:35 Morphine. 5 mg PO/NG 1 hrly: Route: PO/NG; Action: Held; Remarks: Prescription error. Supposed to be PRN dosing
E 21:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 30 ml;
E 21:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
E 21:06 Urine: Bladder Urinary Catheter: Volume Out: 260 ml; Drain Colour: Yellow; Insertion Date 24/112020; Site Duration: 9 days;
E 21:06 Net Body Balance (24hr): Cumulative Total 259 ml; Hour Total -189 ml;
E 21:06 Net Body Balance (LOS): Cumulative Total 7547 ml; Hour Total -189 ml;

01/12/2020 22:00

E 22:35 Glucose Test 7.1 mmol/L
Glucometer
Decrease (as per protocol);
E 22:35 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
E 02/12/2020 00:25 Mobilisation: Roll or turn in bed
Equip: None
Staff: 1;
E 02/12/2020 00:25 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
E 22:35 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;
E 22:35 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E 22:35 Senna 15 mg PO/NG OD at 22:00: Route: PO/NG; Action: Held; Remarks: Loose stools
E 22:35 Sando-K 2 Tab(s) PO/NG 8 hrly: Volume Adm: 30 ml; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
E 22:35 Clonidine. 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Action: Completed;
E 22:35 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 24 ml;
E 22:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
E 22:35 Urine: Bladder Urinary Catheter: Volume Out: 500 ml; Drain Colour: Yellow; Insertion Date 24/112020; Site Duration: 9 days;
E 22:35 Net Body Balance (24hr): Cumulative Total -70 ml; Hour Total -329 ml;
E 22:35 Net Body Balance (LOS): Cumulative Total 7218 ml; Hour Total -329 ml;
E 02/12/2020 00:25 1. Skin Inspection: All visible areas checked; No skin damage;
E 02/12/2020 00:25 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
E 02/12/2020 00:25 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
E 02/12/2020 00:25 Skin Action: Activate dynamic mattress; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
E 02/12/2020 00:25 2. Surface: Equipment appropriate; - Equipment in good working order;
E 02/12/2020 00:25 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
E 02/12/2020 00:25 4. Incontinence: Urine: Yes
Faeces: Collection device insitu;
E 02/12/2020 00:25 5. Nutrition: Diet: Enteral feed
Fluids: Nil by mouth
Supp: Not applicable;
E 02/12/2020 00:25 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to position change; Patient involved in care;

01/12/2020 23:00

E 02/12/2020 00:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 21 ml;
E 02/12/2020 00:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
02/12/2020 00:25 Net Body Balance (24hr): Cumulative Total -2 ml; Hour Total 68 ml;
E 02/12/2020 00:25 Net Body Balance (LOS): Cumulative Total 7286 ml; Hour Total 68 ml;

02/12/2020 00:00

E 00:25 Glucose Test 5.9 mmol/L
Glucometer
Decrease (as per protocol);
E 00:25 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
E 00:25 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;
E 00:25 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E 00:25 Diazepam 5 mg PO/NG 6 hrly; Dose: 5 mg; Route: PO/NG; Co-sign Initials: LMcK; Action: Completed;
E 00:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 18 ml;
E 00:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
E 00:32 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G; Site Care: Connections checked; No site redness, pain or inflammation; Secured with bridle (NG); Skin checked for pressure damage;
E 00:32 Urine: Bladder Urinary Catheter: Volume Out: 260 ml; Drain Colour: Yellow; Insertion Date 24/112020; Site Duration: 9 days; Site Care: Connections checked; No site redness, pain or inflammation; Site cleaned; Skin checked for pressure damage; BundleCompliance: Procedure note completed; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after); Daily meatal hygiene performed; Drainage bag below bladder level and off floor;
E 00:25 Urine: Bladder Urinary Catheter: Volume Out: 260 ml; Drain Colour: Yellow; Insertion Date 24/112020; Site Duration: 9 days;
E 00:25 Net Body Balance (24hr): Cumulative Total -94 ml; Hour Total -62 ml;
E 00:25 Net Body Balance (LOS): Cumulative Total 7194 ml; Hour Total -62 ml;
E 00:32 Arterial: Radial Artery Left: Insertion Date: 29/112020; Site Duration: 3 days; Transducer Due: 03/12/2020 00:00; Site Care: Connections checked; Dressing dry & intact; Hand hygiene done (before & after care); Hub decontamination done; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;
E 00:32 Central: Internal Jugular Left: Insertion Date: 28/112020; Site Duration: 4 days; Transducer Due: 02/12/2020 00:00; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Skin checked for pressure damage; Aseptic non-touch technique; Hub decontamination; Line used in past 24 hours; Need for line reviewed&recorded; Procedure note completed; Dressing intact & dated; Dressing changed within 7 days; Hand hygiene (before & after); Site Infection?: No; Dressing Due: 05/12/2020;
E 00:32 Nasal Bridle: : Insertion date: 30/112020 0100; Secured at (cm)73 cm; Position ok: Yes; Clip secure: Yes; Skin intact: Yes; Tapes twisted No;
E 00:32 Urometer (7 Days): Due Changed: 07/12/2020; Changed: No;

02/12/2020 01:00

E 02:19 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr; Volume Remaining: 15 ml;
E 02:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
E 02:19 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 9 days;
E 02:19 Net Body Balance (24hr): Cumulative Total -27 ml; Hour Total 68 ml;
E 02:19 Net Body Balance (LOS): Cumulative Total 7260 ml; Hour Total 68 ml;

02/12/2020 02:00

E 02:19 Glucose Test 9.1 mmol/L
Glucometer
Increase (as per protocol);
E 02:19 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
E 02:19 Mobilisation: Roll or turn in bed
Equip: None
Staff: 1;
E 02:19 Position: Supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
E 02:19 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: Normal Sleep;
E 03:36 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
E 03:36 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
E 02:19 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow; Insertion Date 24/112020; Site Duration: 9 days;
E 03:36 Net Body Balance (24hr): Cumulative Total -161 ml; Hour Total -134 ml;
E 03:36 Net Body Balance (LOS): Cumulative Total 7127 ml; Hour Total -134 ml;
E 02:19 1. Skin Inspection: All visible areas checked; No skin damage;
E 02:19 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
E 02:19 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
E 02:19 Skin Action: Activate dynamic mattress; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
E 02:19 2. Surface: Equipment appropriate; Equipment in good working order;
E 02:19 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
E 02:19 4. Incontinence: Urine: Yes
Faeces: Collection device insitu;
E 02:19 5. Nutrition: Diet: Enteral feed
Fluids: Nil by mouth
Supp: Not applicable;
E 02:19 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to position change; Patient involved in care;

02/12/2020 03:00

E 04:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
E 03:36 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
E 04:12 Net Body Balance (24hr): Cumulative Total -93 ml; Hour Total 68 ml;
E 04:12 Net Body Balance (LOS): Cumulative Total 7195 ml; Hour Total 68 ml;

02/12/2020 04:00

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

02/12/2020 04:00

E 04:12 Glucose Test 7.6 mmol/L
Glucometer
No change (as per protocol);

E 04:12 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;

E 04:12 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;

E 04:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;

E 04:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

E 04:12 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 9 days;

E 04:12 Net Body Balance (24hr): Cumulative Total -145 ml; Hour Total -52 ml;

E 04:12 Net Body Balance (LOS): Cumulative Total 7143 ml; Hour Total -52 ml;

02/12/2020 05:00

LM 05:33 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 50 ml; Changes: New syringe; New line or giving set; Co-sign Initials: RB;

E 05:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

LM 05:14 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 9 days;

E 06:26 Net Body Balance (24hr): Cumulative Total -137 ml; Hour Total 8 ml;

E 06:26 Net Body Balance (LOS): Cumulative Total 7151 ml; Hour Total 8 ml;

02/12/2020 06:00

E 06:28 Glucose Test 7.6 mmol/L
Glucometer
No change (as per protocol);

E 06:26 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;

E 06:26 Mobilisation: Roll or turn in bed
Equip: None
Staff: 1;

E 06:26 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;

E 06:26 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;

E 06:58 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LMck; Action: Completed;

E 06:58 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: LMck; Action: Completed;

E 06:58 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: loose stools

E 06:58 Pabrinex 1&2 20 ml IV OD at 10:00: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LMck; Action: Completed;

E 06:58 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Co-sign Initials: LMck; Action: Completed;

E 06:58 Clonidine. 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: LMck; Action: Completed;

E 06:58 Diazepam 5 mg PO/NG 8 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: LMck; Action: Completed;

E 06:26 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 44 ml;

E 06:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

E 06:26 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 9 days;

E 06:58 Net Body Balance (24hr): Cumulative Total 181 ml; Hour Total 318 ml;

E 06:58 Net Body Balance (LOS): Cumulative Total 7469 ml; Hour Total 318 ml;

E 06:26 1. Skin Inspection: All visible areas checked; No skin damage;

E 06:26 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;

E 06:26 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;

E 06:26 Skin Action: Activate dynamic mattress; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;

E 06:26 2. Surface: Equipment appropriate; Equipment in good working order;

E 06:26 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;

E 06:26 4. Incontinence: Urine: Yes
Faeces: Collection device insitu;

E 06:26 5. Nutrition: Diet: Enteral feed
Fluids: Nil by mouth
Supp: Not applicable;

E 06:26 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

02/12/2020 06:17

HIS 06:23 Oxygen % bg
HIS 06:23 H+ (T) bg (36-44)
HIS 06:23 pCO2 (T) bg (4.6-6.0)
HIS 06:23 pO2 (T) bg (10.5-14.0)
HIS 06:23 Na+ bg
HIS 06:23 K+ bg
HIS 06:23 Cl- bg
HIS 06:23 Glucose bg
HIS 06:23 Lactate bg (0.5-2.0)
HIS 06:23 Hb bg (117-174)
HIS 06:23 COHb bg (0.5-1.5)
HIS 06:23 MetHb bg (0.5-1.5)
HIS 06:23 SO2 bg (95-98)
HIS 06:23 BE bg (-2.0) - (+3.0)
HIS 06:23 HCO3 bg (21-28)

02/12/2020 07:00

JM1 15:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;

JM1 15:12 Net Body Balance (24hr): Cumulative Total 184 ml; Hour Total 3 ml; Action: Automatic Reset;

JM1 15:12 Net Body Balance (LOS): Cumulative Total 7472 ml; Hour Total 3 ml;

02/12/2020 08:00

A 09:01 Glucose Test 8.6 mmol/L
Glucometer
No change (as per protocol);

A 09:01 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;

A 09:01 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;

A 09:01 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 39 ml;

A 09:01 Propofol 1% 10mg/ml mg/hr 10 mg/ml

A 09:01 Morphine 1mg/ml mg/hr 1 mg/ml

JM1 09:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

A 09:01 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 130 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

A 09:01 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;

A 09:01 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Insertion Date: 24/112020; Site Duration: 9 days;

JM1 09:26 Net Body Balance (24hr): Cumulative Total -9 ml; Hour Total -9 ml; Action: Start;

JM1 15:12 Net Body Balance (LOS): Cumulative Total 7463 ml; Hour Total -9 ml;

02/12/2020 09:00

JM1 15:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;

JM1 09:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

JM1 09:28 Urine: Bladder Urinary Catheter: Volume Out: 75 ml; Insertion Date: 24/112020; Site Duration: 9 days;

JM1 15:12 Net Body Balance (24hr): Cumulative Total -16 ml; Hour Total -7 ml;

JM1 15:12 Net Body Balance (LOS): Cumulative Total 7456 ml; Hour Total -7 ml;

02/12/2020 09:55

JM1 1124 Furosemide 40 mg IV STAT: Dose: 40 mg; Solution: Base; Route: IV; Co-sign Initials: km; Action: Completed;

02/12/2020 10:00

JM1 1147 Mobilisation: Transfer to chair or commode
Equip: Hoist
Staff: 3;

JM1 1141 Lansoprazole 30 mg PO/NG OD at 10:00: Dose: 30 mg; Route: PO/NG; Action: Completed;

A Dalteparin 15000 Units SC Once Daily: 12:54 Cosign

JM1 12:54 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Co-sign Initials: km; Action: Completed;

JM1 1124 Methadone 70 mg PO/NG OD at 10:00: Dose: 70 mg; Route: PO/NG; Co-sign Initials: km; Action: Completed;

JM1 15:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;

JM1 15:12 Net Body Balance (24hr): Cumulative Total -13 ml; Hour Total 3 ml;

JM1 15:12 Net Body Balance (LOS): Cumulative Total 7459 ml; Hour Total 3 ml;

JM1 1154 1. Skin Inspection: All visible areas checked; No skin damage;

JM1 1154 4. Incontinence: Urine: Yes
Faeces: Collection device insitu;

JM1 14:08 5. Nutrition: Diet: Enteral feed
Fluids: Oral fluids taken
Supp: Not applicable;

JM1 1154 5. Nutrition: Diet: Enteral feed
Fluids: Nil by mouth
Supp: Not applicable;

JM1 1154 6. Self Management/Shared Care: Patient agreed to postion change; Patient involved in care;

02/12/2020 11:00

JM1 1124 NIBP: Systolic: 132 mmHg; Diastolic: 83 mmHg; Mean: 96 mmHg; BP Site: Arm Right;

JM1 1124 Glucose Test 7.2 mmol/L
Glucometer
No change (as per protocol);

A 11:01 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;

JM1 1144 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;

A 11:01 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 9 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 31 ml;

A 11:01 Propofol 1% 10mg/ml mg/hr 10 mg/ml

A 11:01 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 130 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

A 11:01 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;

A 11:01 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Insertion Date: 24/112020; Site Duration: 9 days;

JM1 15:12 Net Body Balance (24hr): Cumulative Total 26 ml; Hour Total 39 ml;

JM1 15:12 Net Body Balance (LOS): Cumulative Total 7498 ml; Hour Total 39 ml;

02/12/2020 12:00

JM1 1141 Clindamycin 1200 mg IV 6 hrly: Dose: 1200 mg; Route: IV; Co-sign Initials: RM; Action: Completed;

A 12:57 Diazepam 5 mg PO/NG 6 hrly: Volume Adm: 12 ml; Dose: 5 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;

JM1 15:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;

JM1 1144 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

JM1 1144 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Insertion Date: 24/112020; Site Duration: 9 days;

JM1 15:12 Net Body Balance (24hr): Cumulative Total -34 ml; Hour Total -60 ml;

JM1 15:12 Net Body Balance (LOS): Cumulative Total 7438 ml; Hour Total -60 ml;

02/12/2020 13:00

A 12:41 NIBP: Systolic: 120 mmHg; Diastolic: 84 mmHg; Mean: 94 mmHg; BP Site: Arm Right;

A 12:56 Glucose Test 8.2 mmol/L
Glucometer
No change (as per protocol);

A 12:41 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;

A 12:41 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;

A 12:41 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 27 ml;

A 12:54 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

A 12:54 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;

A 12:54 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2020 13:00

JM1	15:12 Net Body Balance (24hr): Cumulative Total 37 ml; Hour Total 71 ml;
JM1	15:12 Net Body Balance (LOS): Cumulative Total 7509 ml; Hour Total 71 ml;

02/12/2020 14:00

JM1	14:08 Mobilisation: Transfer to bed Equip: Hoist Staff: 3;
A	Meropenem 1000 mg IV 8 hrly: 16:10 Cosign
JM1	16:10 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: km; Action: Completed;
A	12:57 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
JM1	15:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
JM1	14:07 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
A	12:41 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 130 ml; Rate Adm: 65 ml/hr; Line Due At 65;
A	12:41 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;
A	12:41 Urine: Bladder Urinary Catheter: Volume Out: 640 ml; Insertion Date: 24/112020; Site Duration: 10 days;
JM1	15:12 Net Body Balance (24hr): Cumulative Total -515 ml; Hour Total -552 ml;
JM1	15:12 Net Body Balance (LOS): Cumulative Total 6957 ml; Hour Total -552 ml;
JM1	14:08 1 Skin Inspection: All visible areas checked; No skin damage;
JM1	14:08 4. Incontinence: Urine: Yes Faeces: Collection device insitu;
JM1	14:08 5. Nutrition: Diet: Enteral feed Fluids: sips Supp: Not applicable;
JM1	14:08 6. Self Management/Shared Care: Patient agreed to postion change; Patient involved in care;

02/12/2020 15:00

JM1	15:10 NIBP: Systolic: 122 mmHg; Diastolic: 77 mmHg; Mean: 89 mmHg; BP Site: Arm Left;
JM1	15:10 Glucose Test 9.7 mmol/L Glucometer No change (as per protocol);
JM1	14:58 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
JM1	15:58 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: 0 Alert & calm;
JM1	15:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 20 ml;
JM1	15:10 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
JM1	15:10 Urine: Bladder Urinary Catheter: Volume Out: 320 ml; Insertion Date: 24/112020; Site Duration: 10 days;
JM1	15:12 Net Body Balance (24hr): Cumulative Total -767 ml; Hour Total -252 ml;
JM1	15:12 Net Body Balance (LOS): Cumulative Total 6705 ml; Hour Total -252 ml;

02/12/2020 16:00

JM1	16:11Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
JM1	16:11Net Body Balance (24hr): Cumulative Total -702 ml; Hour Total 65 ml;
JM1	16:11Net Body Balance (LOS): Cumulative Total 6770 ml; Hour Total 65 ml;

02/12/2020 17:00

A	17:05 NIBP: Systolic: 109 mmHg; Diastolic: 68 mmHg; Mean: 79 mmHg; BP Site: Arm Left;
A	17:17 Glucose Test 7.3 mmol/L Glucometer No change (as per protocol);
A	17:05 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
JM1	18:11Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 14 ml;
A	17:05 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 14 ml;
A	17:05 Propofol 1% 10mg/ml mg/hr 10 mg/ml
JM1	18:11Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
A	17:05 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 130 ml; Rate Adm: 65 ml/hr; Line Due At 65;
A	17:05 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;
A	17:05 Urine: Bladder Urinary Catheter: Volume Out: 55 ml; Insertion Date: 24/112020; Site Duration: 10 days;
JM1	18:11Net Body Balance (24hr): Cumulative Total -699 ml; Hour Total 3 ml;
JM1	18:11Net Body Balance (LOS): Cumulative Total 6773 ml; Hour Total 3 ml;

02/12/2020 18:00

JM1	19:26 Mobilisation: Roll or turn in bed; up bed Staff: 2;
JM1	18:05 Clindamycin 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: RM; Action: Completed;
JM1	15:58 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: bowels moving frequently,
JM1	18:05 Diazepam 5 mg PO/NG 6 hrly: Route: PO/NG; Action: Held; Remarks: pt sleeping/very drowsy
JM1	19:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
JM1	19:35 Net Body Balance (24hr): Cumulative Total -544 ml; Hour Total 155 ml;
JM1	19:35 Net Body Balance (LOS): Cumulative Total 6928 ml; Hour Total 155 ml;
JM1	19:26 1 Skin Inspection: All visible areas checked; No skin damage;
JM1	19:26 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JM1	19:26 4. Incontinence: Urine: Yes Faeces: Collection device insitu;
JM1	19:26 5. Nutrition: Diet: Enteral feed Fluids: sips Supp: Not applicable;
JM1	19:26 6. Self Management/Shared Care: Patient agreed to postion change; Patient involved in care;
CK	20:40 Mouth Care: Oral sponge with water; parafin wax;

02/12/2020 19:00

JM1	19:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
CK	20:40 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;
CK	21:21Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;
CK	20:40 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 10 days;
CK	21:21Net Body Balance (24hr): Cumulative Total -489 ml; Hour Total 55 ml;
CK	21:21Net Body Balance (LOS): Cumulative Total 6983 ml; Hour Total 55 ml;

02/12/2020 20:00

CK	20:40 NIBP: Systolic: 118 mmHg; Diastolic: 75 mmHg; Mean: 88 mmHg; BP Site: Arm Left;
CK	21:56 Glucose Test 5.8 mmol/L Glucometer Decrease (as per protocol);
CK	20:40 Glucose Test 5.8 mmol/L Glucometer No change (as per protocol);
CK	20:40 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
CK	20:40 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
CK	20:40 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
CK	20:40 CAM-ICU: Able to assess?: Yes; 1. Mental Status: No change in mental status; 2. Inattention: No inattention (No delirium); 3. Consciousness: RASS = zero (Go to Question 4); 4a. Disorganised: Are there fish in the sea?; Can you use a hammer to pound a nail?; Does one pound weigh more than two?; Will a stone float on water?; CAM-ICU Result: No Delirium;
CK	20:40 Pain Score: 0, 0 = No pain, B - Mild Limitation;
CK	20:40 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 9 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
CK	20:40 Propofol 1% 10mg/ml mg/hr 10 mg/ml
CK	20:40 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
CK	21:21GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;
CK	21:21Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 10 days;
CK	20:40 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;
CK	21:54 Net Body Balance (24hr): Cumulative Total -540 ml; Hour Total -51 ml;
CK	21:54 Net Body Balance (LOS): Cumulative Total 6932 ml; Hour Total -51 ml;
CK	20:40 RAH Bedside Checks: RAH BedsideCheck: Range of soft tip suction; Guedel airways; Infusion pumps (rates/conc.); Trauma mask; Alarm limits appropriate; Drugs in shared lines compatible; Oxygen flow checked; Remove excess equipment; Ambu bag function check; Ventilator settings checked; Airway management guide complete; Transducer bags checked; Check IV access; PEEP valve at appropriate level; Glucometer available QC check; Suction flow checked; Yankeaur suction catheters avail;
CK	20:40 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Monitors; Tympanic thermometer;

02/12/2020 21:00

CK	21:54 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
CK	21:21Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
CK	21:21Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;
CK	21:54 Net Body Balance (24hr): Cumulative Total -484 ml; Hour Total 57 ml;
CK	21:54 Net Body Balance (LOS): Cumulative Total 6988 ml; Hour Total 57 ml;

02/12/2020 22:00

CK	21:54 NIBP: Systolic: 115 mmHg; Diastolic: 72 mmHg; Mean: 85 mmHg; BP Site: Arm Left;
CK	21:56 Glucose Test 8.3 mmol/L Glucometer No change (as per protocol);
CK	21:54 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
CK	21:54 Mobilisation: Roll or turn in bed Equip: None Staff: 2;
CK	21:54 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
CK	21:54 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
CK	21:49 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Solution: Sterile Water; Route: IV; Co-sign Initials: MS; Action: Completed;
CK	21:49 Senna 15 mg PO/NG OD at 22:00: Route: PO/NG; Action: Held; Remarks: loose stools
CK	21:49 Sando-K 2 Tab(s) PO/NG 8 hrly: Volume Adm: 50 ml; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CK	21:54 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr; Changes: New syringe; New line or giving set; Co-sign Initials: MS;
CK	21:54 Propofol 1% 10mg/ml mg/hr 10 mg/ml
CK	21:54 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
CK	21:54 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 2 days; Tube Type & Size: 12G;
CK	21:54 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 10 days;
CK	21:54 Net Body Balance (24hr): Cumulative Total -402 ml; Hour Total 82 ml;
CK	21:54 Net Body Balance (LOS): Cumulative Total 7070 ml; Hour Total 82 ml;
CK	21:54 1 Skin Inspection: All visible areas checked; No skin damage; marking from sheets;
CK	21:54 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CK	21:54 Wound Assessment Location: Abdomen Dressing: Dry and intact;
CK	21:54 2. Surface: Equipment appropriate; Equipment in good working order;
CK	21:54 4. Incontinence: Urine: Yes Faeces: Collection device insitu;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2020 22:00

CK	21:54 6. Nutrition: Diet: Enteral feed Fluids: sips Supp: Not applicable;
CK	21:54 6. Self Management/Shared Care: Patient agreed to position change; Patient involved in care;

02/12/2020 23:00

E5	23:51 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
E5	23:51 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
E5	23:51 Net Body Balance (24hr): Cumulative Total -346 ml; Hour Total 57 ml;
E5	23:51 Net Body Balance (LOS): Cumulative Total 7126 ml; Hour Total 57 ml;

03/12/2020 00:00

E5	02/12/2020 23:51 Glucose Test 9.7 mmol/L Glucometer No change (as per protocol);
E5	02/12/2020 23:51 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
E5	00:27 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: lmck; Action Completed;
E5	00:27 Diazepam 5 mg PO/NG 6 hrly: Volume Adm: 12 ml; Dose: 5 mg; Route: PO/NG; Co-sign Initials: lmck; Action Completed;
E5	02/12/2020 23:51 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr; Volume Remaining: 43 ml;
E5	02/12/2020 23:51 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
E5	02/12/2020 23:51 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 3 days; Tube Type & Size: 12G;
E5	02/12/2020 23:51 Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 10 days;
E5	00:27 Net Body Balance (24hr): Cumulative Total -267 ml; Hour Total 79 ml;
E5	00:27 Net Body Balance (LOS): Cumulative Total 7205 ml; Hour Total 79 ml;

03/12/2020 01:00

E5	03:36 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
CC	01:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
E5	03:36 Net Body Balance (24hr): Cumulative Total -211 ml; Hour Total 57 ml;
E5	03:36 Net Body Balance (LOS): Cumulative Total 7261 ml; Hour Total 57 ml;

03/12/2020 02:00

CC	02:03 NIBP: Systolic: 115 mmHg; Diastolic: 72 mmHg; Mean: 84 mmHg; BP Site: Arm Left;
CC	01:59 Glucose Test 119 mmol/L Glucometer Increase (as per protocol);
CC	01:59 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
CC	01:59 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;
CC	01:59 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 40 ml;
CC	01:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
CC	01:59 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Insertion Date: 24/112020; Site Duration: 10 days;
E5	03:36 Net Body Balance (24hr): Cumulative Total -293 ml; Hour Total -82 ml;
E5	03:36 Net Body Balance (LOS): Cumulative Total 7179 ml; Hour Total -82 ml;

03/12/2020 03:00

E5	03:36 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 38 ml;
E5	03:36 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
E5	03:36 Net Body Balance (24hr): Cumulative Total -236 ml; Hour Total 57 ml;
E5	03:36 Net Body Balance (LOS): Cumulative Total 7236 ml; Hour Total 57 ml;

03/12/2020 04:00

CC	04:43 Glucose Test 8.9 mmol/L Glucometer Decrease (as per protocol);
E5	04:41 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
E5	04:41 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 38 ml;
E5	04:41 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
E5	04:41 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 3 days; Tube Type & Size: 12G;
E5	04:41 Urine: Bladder Urinary Catheter: Volume Out: 160 ml; Insertion Date: 24/112020; Site Duration: 10 days;
E5	04:41 Net Body Balance (24hr): Cumulative Total -339 ml; Hour Total -103 ml;
E5	04:41 Net Body Balance (LOS): Cumulative Total 7133 ml; Hour Total -103 ml;

03/12/2020 05:00

DBSvc	06:17 Net Body Balance (24hr): Cumulative Total -338 ml; Hour Total 0 ml;
DBSvc	06:17 Net Body Balance (LOS): Cumulative Total 7133 ml; Hour Total 0 ml;

03/12/2020 06:00

CC	06:23 Glucose Test 12.1 mmol/L Glucometer Increase (as per protocol);
CC	06:23 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
CC	06:23 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
CC	06:23 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action Completed;
CC	06:23 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Action Completed;
SM	10:40 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: Witheld due to loose stools
CC	07:16 Fabrinex 1&2 20 ml IV OD at 10:00: Dose: 20 ml; Route: IV; Action Completed;
CC	07:16 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CC	07:16 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Completed;
CC	06:23 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 32 ml;
CC	06:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 110 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
CC	06:23 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Insertion Date: 24/112020; Site Duration: 10 days;
CC	06:23 Net Body Balance (24hr): Cumulative Total -225 ml; Hour Total 114 ml;
CC	06:23 Net Body Balance (LOS): Cumulative Total 7247 ml; Hour Total 114 ml;

03/12/2020 07:00

SM	10:39 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
SM	10:39 Propofol 1% 10mg/ml mg/hr 10 mg/ml
SM	08:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
SM	08:23 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 3 days; Tube Type & Size: 12G;
SM	08:23 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;
SM	10:39 Net Body Balance (24hr): Cumulative Total -188 ml; Hour Total 57 ml; Action: Automatic Reset;
SM	10:39 Net Body Balance (LOS): Cumulative Total 7304 ml; Hour Total 57 ml;

03/12/2020 08:00

SM	08:30 NIBP: Systolic: 118 mmHg; Diastolic: 69 mmHg; Mean: 83 mmHg; BP Site: Arm Left;
SM	08:23 Glucose Test 10.8 mmol/L Glucometer No change (as per protocol);
SM	08:23 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
SM	08:31 Air Entry Right: Apex: Crackles Midzone: Base: Fair; Crackles;
SM	08:23 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
SM	08:23 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 28 ml;
SM	08:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
SM	08:38 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 3 days; Tube Type & Size: 12G; External Length: 72 cm; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Secured with tape; Skin checked for pressure damage; Tube flushed (if applicable); Removal Date: 03/12/2020;
SM	07:55 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 3 days; Tube Type & Size: 12G; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Secured with tape; Skin checked for pressure damage; Tube flushed (if applicable); Removal Date: 03/12/2020;
SM	08:23 Urine: Bladder Urinary Catheter: Volume Out: 180 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 10 days; Site Care: Connections checked; No site redness, pain or inflammation; Skin checked for pressure damage; BundleCompliance: Indwelling catheter still required; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after); Daily meatal hygiene performed; Drainage bag below bladder level and off floor;
SM	07:55 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days; Site Care: Connections checked; No site redness, pain or inflammation; Skin checked for pressure damage; BundleCompliance: Indwelling catheter still required; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after); Daily meatal hygiene performed; Drainage bag below bladder level and off floor;
SM	08:23 Net Body Balance (24hr): Cumulative Total -21 ml; Hour Total -21 ml; Action: Start;
SM	10:39 Net Body Balance (LOS): Cumulative Total 7283 ml; Hour Total -21 ml;
SM	08:37 Arterial: Radial Artery Left: Removal Date: 02/12/2020;
SM	07:55 Arterial: Radial Artery Left: Insertion Date: 28/112020; Site Duration: 4 days; Transducer Due: 03/12/2020 08:00; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;
SM	07:55 Central: Internal Jugular Left: Insertion Date: 28/112020; Site Duration: 5 days; Line Patency: 3 lumens blocked; BundleCompliance: Need for line reviewed & recorded; Skin checked for pressure damage; Hand hygiene (before & after); Line used in past 24 hours; Dressing intact & dated; Dressing changed within7 days; Site Infection?: No; Removal Date: 02/12/2020;
SM	07:55 Nasal Bridle: : Insertion date: 30/112020 01:00; Secured at (cm)73 cm; Position ok: Yes; Clip secure: Yes; Skin intact: Yes; Tapes twisted No;
SM	07:55 Urometer (7 Days): Due Changed: 07/12/2020; Changed: No;
SM	07:55 RAH Bedside Checks: RAH BedsideCheck: Drugs in shared lines compatible; Guedel airways; Trauma mask; Alarm limits appropriate; Infusion pumps (rates/conc.); Airway management guide complete; Transducer bags checked; Oxygen flow checked; Range of soft tip suction; Check IV access; Mapleson c-circuit; Yankaeur suction catheters avail; Suction flow checked; Ambu bag function check; PEEP valve at appropriate level;
SM	07:55 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
SM	07:55 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs; Weekly deep clean completed (Thursday);

03/12/2020 09:00

SM	10:39 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
SM	10:39 Propofol 1% 10mg/ml mg/hr 10 mg/ml

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	03/12/2020 09:00
SM	10:39 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
SM	10:39 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;
SM	10:39 Net Body Balance (24hr): Cumulative Total 36 ml; Hour Total 57 ml;
SM	10:39 Net Body Balance (LOS): Cumulative Total 7340 ml; Hour Total 57 ml;

	03/12/2020 10:00
SM	10:39 NIBP: Systolic: 132 mmHg; Diastolic: 86 mmHg; Mean: 100 mmHg; BP Site: Arm Left;
SM	10:39 Glucose Test 13.7 mmol/L Glucometer Increase (as per protocol);
SM	10:39 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
SM	10:44 Mobilisation: Transfer to chair or commode; Weight bearing Equip: Stand aid Staff: 2;
SM	10:39 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
SM	10:40 Lansoprazole 30 mg PO/NG OD at 10:00: Volume Adm: 20 ml; Dose: 30 mg; Solution: Sterile Water; Route: PO/NG; Action: Completed;
SM	12:43 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Co-sign Initials: KM; Action: Completed;
SM	10:40 Methadone 70 mg PO/NG OD at 10:00: Volume Adm: 70 ml; Dose: 70 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;
SM	10:39 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set; Co-sign Initials: KM;
SM	10:39 Propofol 1% 10mg/ml mg/hr 10 mg/ml
SM	10:39 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
SM	10:39 Urine: Bladder Urinary Catheter: Volume Out: 240 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 10 days;
SM	10:40 Net Body Balance (24hr): Cumulative Total 444 ml; Hour Total 408 ml;
SM	10:40 Net Body Balance (LOS): Cumulative Total 7748 ml; Hour Total 408 ml;
SM	10:44 1 Skin Inspection: All visible areas checked; No skin damage;
SM	10:44 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
SM	10:44 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: Not required;
SM	10:44 2. Surface: Equipment appropriate; Equipment in good working order;
SM	10:44 4. Incontinence: Urine: Catheterised Faeces: Collection device insitu;
SM	10:44 5. Nutrition: Diet: Enteral feed; Food taken orally Fluids: Not applicable Supp: Not applicable;
SM	10:44 6. Self Management/Shared Care: Patient agreed to postion change; Patient involved in care;

	03/12/2020 10:30
SM	11:03 Methadone 70 mg PO/NG OD at 10:00: Route: PO/NG; Action Held; Remarks: Original Prescription given at 10am. Represcribed after 10am

	03/12/2020 11:00
SM	12:47 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
SM	12:47 Propofol 1% 10mg/ml mg/hr 10 mg/ml
SM	12:47 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
SM	12:47 Urine: Bladder Urinary Catheter: Insertion Date: 24/112020; Site Duration: 10 days;
SM	12:47 Net Body Balance (24hr): Cumulative Total 502 ml; Hour Total 58 ml;
SM	12:47 Net Body Balance (LOS): Cumulative Total 7806 ml; Hour Total 58 ml;

	03/12/2020 12:00
SM	12:47 NIBP: Systolic: 129 mmHg; Diastolic: 83 mmHg; Mean: 96 mmHg; BP Site: Arm Left;
SM	12:47 Glucose Test 17.3 mmol/L Glucometer Increase (as per protocol);
SM	12:47 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
SM	12:47 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
SM	12:43 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: KM; Action: Completed;
SM	12:43 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: KM; Action: Completed;
SM	12:47 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 40 ml;
SM	12:47 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
SM	12:47 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 10 days;
SM	12:47 Net Body Balance (24hr): Cumulative Total 522 ml; Hour Total 20 ml;
SM	12:47 Net Body Balance (LOS): Cumulative Total 7826 ml; Hour Total 20 ml;

	03/12/2020 12:43
SM	12:43 Morphine, 5 mg PO/NG PRN 2 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: KM; Action: Completed;

	03/12/2020 13:00
R	14:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
R	14:07 Net Body Balance (24hr): Cumulative Total 527 ml; Hour Total 5 ml;
R	14:07 Net Body Balance (LOS): Cumulative Total 7831 ml; Hour Total 5 ml;

	03/12/2020 14:00
R	14:08 NIBP: Systolic: 119 mmHg; Diastolic: 72 mmHg; Mean: 86 mmHg; BP Site: Arm Left;
R	14:08 Glucose Test 9.9 mmol/L Glucometer No change (as per protocol);
R	14:04 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
SM	14:41 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
SM	14:41 Sando-K 2 Tab(s) PO/NG 8 hrly: Volume Adm: 20 ml; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
R	14:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 10 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 33 ml;
R	14:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 110 ml; Rate Adm: 55 ml/hr; Line Due At 55;
R	14:09 Urine: Bladder Urinary Catheter: Volume Out: 75 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 11days;
SM	14:41 Net Body Balance (24hr): Cumulative Total 612 ml; Hour Total 85 ml;
SM	14:41 Net Body Balance (LOS): Cumulative Total 7918 ml; Hour Total 85 ml;

	03/12/2020 15:00
SM	14:58 Glucose Test 10.3 mmol/L Glucometer No change (as per protocol);
SM	15:02 Mobilisation: Transfer to bed; Weight bearing Equip: Stand aid Staff: 2;
SM	15:02 Position: Supine; Sitting up in bed; Head of bed elevated; Knee bend altered; Pillows adjusted;
DBSv c	16:17 Net Body Balance (24hr): Cumulative Total 612 ml; Hour Total 0 ml;
DBSv c	16:17 Net Body Balance (LOS): Cumulative Total 7916 ml; Hour Total 0 ml;
SM	15:02 1 Skin Inspection: All visible areas checked; No skin damage;
SM	15:02 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
SM	15:02 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: Not required;
SM	15:02 2. Surface: Equipment appropriate; Equipment in good working order;
SM	15:02 4. Incontinence: Urine: Catheterised Faeces: Collection device insitu;
SM	15:02 5. Nutrition: Diet: Enteral feed; Food refused Fluids: Oral fluids taken Supp: Not applicable;
SM	15:02 6. Self Management/Shared Care: Patient agreed to postion change; Patient involved in care;

	03/12/2020 18:00
DBSv c	17:17 Net Body Balance (24hr): Cumulative Total 612 ml; Hour Total 0 ml;
DBSv c	17:17 Net Body Balance (LOS): Cumulative Total 7916 ml; Hour Total 0 ml;

	03/12/2020 18:00
DBSv c	02/12/2020 18:03 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Pending;
DBSv c	02/12/2020 18:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;

	03/12/2020 22:00
DBSv c	02/12/2020 22:33 Meropenem 1000 mg IV 8 hrly: Dose: 1000 mg; Route: IV; Action: Pending;
DBSv c	02/12/2020 22:33 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Pending;
DBSv c	02/12/2020 22:33 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Pending;

	04/12/2020 00:00
DBSv c	03/12/2020 00:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;

	04/12/2020 06:00
DBSv c	03/12/2020 06:03 Meropenem 1000 mg IV 8 hrly: Dose: 1000 mg; Route: IV; Action: Pending;
DBSv c	03/12/2020 06:03 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Pending;
DBSv c	03/12/2020 06:03 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Pending;
DBSv c	03/12/2020 06:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;

	04/12/2020 10:00
DBSv c	03/12/2020 10:33 Lansoprazole 30 mg PO/NG OD at 10:00: Dose: 30 mg; Route: PO/NG; Action: Pending;
DBSv c	03/12/2020 10:33 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Action: Pending;

	04/12/2020 10:30
DBSv c	03/12/2020 10:33 Methadone 70 mg PO/NG OD at 10:00: Dose: 70 mg; Route: PO/NG; Action: Pending;

	04/12/2020 12:00
DBSv c	03/12/2020 12:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;

	04/12/2020 14:00
DBSv c	03/12/2020 15:03 Meropenem 1000 mg IV 8 hrly: Dose: 1000 mg; Route: IV; Action: Pending;
DBSv c	03/12/2020 15:03 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Pending;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

3. Investigations & Reports (RAH) (24/11/2020 21:07) Richard Price

Investigations and Reports

Investigations and Reports

Investigation 1	24/11/2020; CT.
Investigation 1 Report	CT Thorax abdomen pelvis with contrast: CT thorax, abdomen and pelvis with contrast, no previous cross-sectional imaging for comparison. Cavitating pneumonia in the right upper lobe with patchy multifocal consolidation throughout both lower lobes. Embolus demonstrated within the right upper lobe pulmonary vein, extending as far as the left atrium. Free gas and simple fluid within the peritoneal cavity - demonstrated around the liver and tracking along the para-colic gutters. A wedge of hypodense liver in segment 7/8 is in keeping with a possible infarct. The spleen is markedly abnormal with a collection of subcapsular and intraparenchymal gas. Most of the splenic tissue is thought to have infarcted, with subsequent gas formation and possible perforation into the intraperitoneal cavity. Gallbladder is thin-walled and contains multiple calculi at the neck. No intra or extrahepatic biliary dilatation. Pancreas and adrenal glands unremarkable. The left kidney demonstrates multiple wedge infarcts, whilst the right kidney shows a single focus of hypoenhancement. No evidence of hydronephrosis or retroperitoneal gas/fluid collections. Bowel appearances grossly normal - with no hypoenhancement, pneumatosis intestinalis or mural defects demonstrated. Thoracic and abdominal aorta appear grossly normal, with widely patent major branches. Minimal atherosclerosis of the infrarenal section only. Balloon catheter demonstrated within the urinary bladder. Right-sided femoral line in situ. Superficial system of collateral veins demonstrated in the lower anterior abdominal wall. Well corticated antero-superior corner fracture of L5, suggestive of old injury/possible fractured osteophyte. No acute skeletal abnormalities. Conclusion: Cavitating pneumonia in the right upper lobe with pulmonary venous embolus. Multiple systemic infarcts of the spleen, liver and both kidneys. The spleen demonstrates subcapsular and intraparenchymal gas suggesting older infarct, with subsequent intraperitoneal perforation.
Investigation 2	25/11/2020; Echocardiogram
Investigation 2 Report	Images archived on the VenueGo machine. Suboptimal but workable image set. Ventilated / inotropes / sinus. LV: impression is normal wall thickness and cavity size. No RWMA. In certain views looks a little impaired but seems normal in others. Overall then, at most mild LVSD. Diastolic function not appraised. MV: reasonable views, leaflets look normal, trace MR only AV: cusps not optimally seen but no evidence of vegetations in the views obtained and no suggestion of AR LA: normal RV: mildly dilated with mildly impaired free wall systolic function TV: leaflets look normal with trace only TR PV: no views at all of the PV / RVOT or pulmonary trunk RA: normal IVC: normal size, no variation in context of IPPV Pericardium: no effusion Summary: no evidence of endocarditis of the MV/AV/TV with the usual limitations of TTE. Richard Price
Investigation 3	24/11/2020; Emergency Laparotomy

Investigations and Reports	
Investigation 3 Report	Indication: Sepsis, multi-organ dysfunction, peritonitis and CT evidence of free intra-peritoneal gas. Incision: Long midline Findings: > 2 l pus in peritoneal cavity- apparently sub-acute with organised interloop abscesses and loculated pus in pelvis, paracolic gutters, sub-hepatic and subphrenic spaces. Bubbles of gas adjacent to infarcted spleen. Cirrhotic liver and adhesions from omentum to gallbladder. No evidence of GI tract perforation: Procedure: Extensive finger dissection to free up all omentum and bowel and inspect infracolic compartment from DJ to TI, colon and rectum.
Investigation 4	25/11/2020; Spleenectomy
Investigation 4 Report	Damage control laparotomy last night- laparostomy in situ ventilated with MOF in ICU. Coagulation indices satisfactory. Planned return for splenectomy (source control for infected infarcted spleen and to permit anticoagulation in due course (LA thrombus and multi-visceral presumed arterial embolic events). Laparostomy dressing taken down (ONE (SOLO) PACK FROM LAST NIGHT'S COUNT RETRIEVED AND DISCARDED) Omnitract retractor deployed. Lateral continuation of gastro-colic ligament division towards spleen with combination of Ligasure and suture ligation dividing short gastrics. Splenic attachments divided with ligasure allowing medialisation of spleen. Macerated spleen removed piecemeal without any significant bleeding (arterial supply presumably negligible). Roberts applied to pedicle and transfixed 2.0 prolene. Packed whilst bowel reinspected- no infarcts seen. Infracolic washout performed. Pack removed haemsstasis with sutures adjacent pedicle, diathermy to retroperitoneum and floseal. Dry at end. Drains: left via paracolic gutter to splenic bed. Right via paracolic gutter to subphrenic space. Mass closure loop Nylon. Clips to skin. (Note no evident increase airway pressures on closing) Spleen sent for micro and pathology. Post-op: ICU ventilated Repeat coag including fibrinogen please on return to ICU We will consider anticoagulation with iv heparin later today. Chase micro from peritoneal fluid last night/ spleen today. Leave NG on free drainage please- do not feed yet.
Investigation 5	30/11/2020; Echocardiogram

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Investigations and Reports

Investigation 5 Report	**Images archived on the VenueGo machine. Suboptimal but workable. Sinus. ASB. No inotropes** **LV: normal function and appears to have improved by comparison to last scan.** **AV: the images were limited. There are no obvious vegetations seen on the AV or into the LVOT and no AI apparent** **MV: reasonable images obtained, no obvious vegetations, no MR. The AMVL is very mildly thickened.** **LA: normal. No apparent clot seen within the LA as visualised.** **RV: mildly dilated with normal function** **TV: reasonable images, trace TR only, no obvious vegetations** **PV (and trunk): not seen at all** **RA: normal** **Overall, within the known limits of TTE, no suggestion of endocarditis of the MV/AV/TV and there has not been any change since the previous examination in the appearances of these valves.** **RJP**

J	Richard Price	24/11/2020 21:07 - 30/11/2020 11:47
RS	Radha Sundaram	24/11/2020 21:53 - 24/11/2020 21:53
CT	Claire Thomson	26/11/2020 16:36 - 26/11/2020 16:39

24/11/2020 21:07	
RS	21:53 Investigation 1
RS	21:53 Investigation 1 Report
J	25/11/2020 16:18 Investigation 2: Date: 25/11/2020; Investigation: Echocardiogram; Consent: Valid Incapacity Form; Reason: ? Endocarditis; Requested By: MB;
CT	26/11/2020 16:36 Investigation 3: Date: 24/11/2020; Investigation: Emergency Laparotomy; Consent: Valid Incapacity Form;
CT	26/11/2020 16:36 Investigation 3 Report
CT	26/11/2020 16:39 Investigation 4: Date: 25/11/2020; Investigation: Spleenectomy; Consent: Valid Incapacity Form;
CT	26/11/2020 16:39 Investigation 4 Report
J	30/11/2020 11:47 Investigation 5: Date: 30/11/2020; Investigation: Echocardiogram; Consent: Valid Incapacity Form; Reason: ? endocarditis; Requested By: LG;

Infection Control (RAH)

NHS Greater Glasgow & Clyde

RAH ICU

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Infection Control (RAH) (24/11/2020 21:07) Kirsty Martin

Sample 1

Sample 1	**27/11/2020, AAFB,**

Sample 2

Sample 2	**01/12/2020, Covid-19: NP Swab,**

A1	Kirsty Martin	24/11/2020 21:07 - 01/12/2020 17:56
A	Kathleen McIlroy	27/11/2020 13:46 - 27/11/2020 13:46

	24/11/2020 21:07
A	27/11/2020 13:46 Sample 1

Medical Discharge Form (RAH)

NHS Greater Glasgow & Clyde

RAH ICU

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

Medical Discharge Form (RAH) (28/11/2020 07:34) Kirsty Boswell

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Patient Profile

CHI	2208793218
Patient Name	* Henry Burgess
Patient Address	96A ALICE STREET Paisley Renfrewshire PA2 6EA
Date of Birth	22/08/1979
Age (Admission)	41 years

Hospital Admit Date & Time	24/11/2020 16:13
Critical Care Admit Date & Time	24/11/2020 21:07
Under care of (ICU Cons.)	MacGoey, P
Admitting Specialty	General Surgery

DISCHARGED ALIVE FROM THIS UNIT

Nature of Outcome	1. Improved
Ready for Discharge?	Yes
If Ready - Date & Time Ready for Discharge	03/12/2020 07:34
Discharge to (Name)	Royal Alexandra Hosp (Paisley, GGC)

Discharged to (Type)	Ward
Discharge Housed Within	This Hospital Site
Discharge Reason	Fully ready - non Unit care
Expected Hospital Outcome	Survivor
In Case Of Deterioration	Would re-admit

Background

Admission Comments	41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre
Past Medical History	* Type 1DM Previous ivdu on methadone treated HCV HIV and HBV negative

Problems/Diagnoses

Problem/Diagnosis 1	IDDM Status: Chronic
Problem/Diagnosis 2	sepsis Status: Active
Problem/Diagnosis 3	Cardiac instability on 16/50 Noradrenaline Status: Resolved
Problem/Diagnosis 4	Acute abdomen - spleenectomy Status: Active

Operations/Procedures

Operations & Procedures	24/11/20 Emergency exploratory laparotomy and washout 25/11/20 Relook laparotomy and splenectomy

Microbiology Information

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Microbiology Information

Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Discharge Summary

Discharge Summary	* Dear Dr, Henry was admitted to ICU on 24/11/20 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis with pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/11/20, and by 27/11/20 was requiring minimal respiratory support and was off inotropes, so was extubated successfully. On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin. Transthoracic echo on 25/11/20 showed no evidence of infective endocarditis. He is no longer requiring level 3 care and is ready to be stepped down to HDU level care. A PICC line has been requested on Trakcare as Mr Burgess IV access is very poor. Mr Burgess will required Pneumovac and long term Penicillin in view of his splenectomy. Kind regards

Medication Information - also see Medicines Reconciliation Form

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Medication Information - also see Medicines Reconciliation Form

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:

1. Routine drugs that were WITHHELD but should be considered for RE-STARTING at a clinically appropriate time and dose.

1. Drugs To Restart	**Drugs listed below**
Drugs To Restart	**Mirtazapine**

2. Drugs that were STARTED and should be considered for STOPPING at a clinically appropriate time.

2. Drugs To Stop	**Drugs listed below**
Drugs To Stop	**Meropenem** **Clindamycin**

3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated.

4. Drugs that have been STOPPED and should NOT be re-started.

S	Mini Varughese	24/11/2020 21:07 - 24/11/2020 21:07
HIS	HIS	24/11/2020 21:07 - 24/11/2020 21:07
RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
LG	Lisa Gemmell	26/11/2020 13:42 - 03/12/2020 14:11
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
KB	Kirsty Boswell	28/11/2020 07:34 - 03/12/2020 15:08
E	Roslyn Carnie	28/11/2020 07:35 - 28/11/2020 07:47
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
EB	Emma Bhatti	30/11/2020 13:56 - 30/11/2020 13:56
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21

	24/11/2020 21:06
S	21:07 CHI
RS	21:20 Patient Name
HIS	21:07 Patient Name: Henry Burges Burgess
S	21:07 Patient Name: Henry Burges
	24/11/2020 21:07
HIS	21:07 Patient Address
HIS	21:07 Date of Birth
HIS	21:07 Age (Admission)
RS	21:20 Hospital Admit Date & Time
LG	03/12/2020 14:11 Critical Care Admit Date & Time
RS	21:20 Admitting Specialty
RS	21:20 Admission Comments
RS	25/11/2020 00:10 Past Medical History
RS	21:20 Past Medical History: Type 1DM Previous ivdu on methadone
	25/11/2020 13:29
KB	03/12/2020 13:32 Microbiology Results, Advice & Action

RS 02/12/2020 15:17 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.
02/12 EColi (28/12)resistant to coamoxiclav and taz ; S to mero and temo - continue mero and clindamycin

OP 01/12/2020 15:21 Microbiology Results, Advice & Action: 25/112020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.112020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRL
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow
01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.



PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 [illegible]VE

EB 30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikely- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TE remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow

CM 29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikely- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TE remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern

25/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- continue. uss. bronch

LG 28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG

LG 28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
LS 27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
25.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

LG 26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
J 14:03 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett

28/11/2020 07:34

E 07:35 Problem/Diagnosis 1
E 07:35 Problem/Diagnosis 2
E 07:35 Problem/Diagnosis 3
E 07:35 Problem/Diagnosis 4

KB 03/12/2020 15:08 Discharge Summary
KB 03/12/2020 15:07 Discharge Summary: Dear Dr,

Henry was admitted to ICU on 24/1120 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis with pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/1120, and by 27/1120 was requiring minimal respiratory support and was off inotropes, so was extubated successfully.
On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin.
Transthoracic echo on 25/1120 showed no evidence of infective endocarditis.
He is no longer requiring level3 care and is ready to be stepped down to HDU level care.
A PICC line has been requested on Trakcare as Mr Burgess IV access is very poor.

Kind regards

KB 03/12/2020 09:53 Discharge Summary: Dear Dr,

Henry was admitted to ICU on 24/1120 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis with pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/1120, and by 27/1120 was requiring minimal respiratory support and was off inotropes, so was extubated successfully.
On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin.
Transthoracic echo on 25/1120 showed no evidence of infective endocarditis.
He is now no longer requiring level3 care and is ready to be stepped down to the ward under the care of the surgical team.

Kind regards



PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 13:28

EB 30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow

CM 29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern

CM 29/11/2020 12:26 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG
29/11 continue. uss. bronch

LG 28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone.
LG

LG 28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.

LS 27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.
27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.

LG 26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett
26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB Level 4 GRI.

J 14:03 Microbiology Results, Advice & Action
25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), centipue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole
Ensure BBV screen done and AFB from ETA- M Brett

28/11/2020 07:34

E 07:35 Problem/Diagnosis 1
E 07:35 Problem/Diagnosis 2
E 07:35 Problem/Diagnosis 3
E 07:35 Problem/Diagnosis 4

KB 03/12/2020 15:08 Discharge Summary
KB 03/12/2020 15:07 Discharge Summary: Dear Dr,

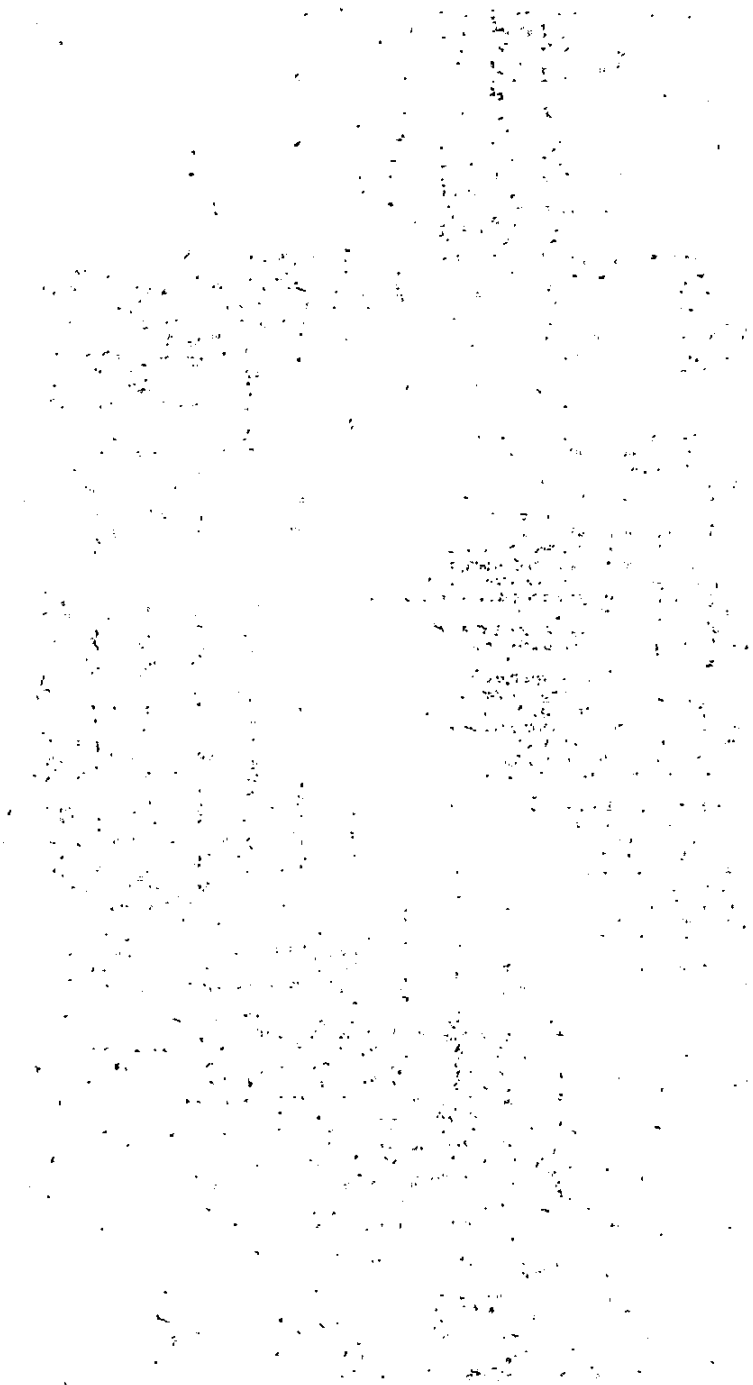
Henry was admitted to ICU on 24/1120 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis with pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/1120, and by 27/1120 was requiring minimal respiratory support and was off inotropes, so was extubated successfully.
On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin. Transthoracic echo on 25/1120 showed no evidence of infective endocarditis.
He is no longer requiring level3 care and is ready to be stepped down to HDU level care.
A PICC line has been requested on Trakcare as Mr Burgess IV access is very poor.

Kind regards

KB 03/12/2020 09:53 Discharge Summary: Dear Dr,

Henry was admitted to ICU on 24/1120 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis with pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/1120, and by 27/1120 was requiring minimal respiratory support and was off inotropes, so was extubated successfully.
On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin. Transthoracic echo on 25/1120 showed no evidence of infective endocarditis.
He is now no longer requiring level3 care and is ready to be stepped down to the ward under the care of the surgical team.

Kind regards



PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	28/11/2020 07:34
E	07:47 Discharge Summary: Dear Dr, Henry was admitted to ICU on 24/1120 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis, and pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/1120, and by 27/1120 was requiring minimal respiratory support and was off inotropes, so was extubated successfully. On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin. Transthoracic echo on 25/1120 showed no evidence of infective endocarditis. He is now no longer requiring level3 care and is ready to be stepped down to the ward under the care of the surgical team. Kind regards
E	07:35 Discharge Summary: Dear Dr, Henry was admitted to ICU from theatre following an emergency laparotomy, after presenting to

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

4. Medical Summary (RAH) (24/11/2020 21:07) Lisa Gemmell

Medical Summary

IMPORTANT MEDICAL INFORMATION FOR COMMUNICATION ON DISCHARGE

TO BE REVIEWED AND UPDATED DAILY DURING THE WARD ROUND ALL ADDITIONS MUST BE DISCUSSED WITH THE CONSULTANT OR SENIOR TRAINEE

Critical Care Admit Date & Time	**24/11/2020 21:07**
Under care of (ICU Cons.)	**MacGoey, P**

Problems/Diagnoses

Problem/Diagnosis 1	*** IDDM** **Status: Chronic**
Problem/Diagnosis 2	**sepsis** **Status: Active**
Problem/Diagnosis 3	*** Cardiac instability on 16/50 Noradrenaline** **Status: Resolved**
Problem/Diagnosis 4	**Acute abdomen - spleenectomy** **Status: Active**

LG	Lisa Gemmell	24/11/2020 21:07 - 03/12/2020 14:12
CT	Claire Thomson	26/11/2020 13:13 - 26/11/2020 14:41

24/11/2020 21:07	
CT	26/11/2020 14:39 Problem/Diagnosis 1
CT	26/11/2020 13:13 Problem/Diagnosis 1: Acute abdomen Status: Active
CT	26/11/2020 14:39 Problem/Diagnosis 2
LG	03/12/2020 14:12 Problem/Diagnosis 3
CT	26/11/2020 14:40 Problem/Diagnosis 3: Cardiac instability on 16/50 Noradrenaline Status: Active
CT	26/11/2020 14:41 Problem/Diagnosis 4

NGT Insertion

NHS Greater Glasgow & Clyde

RAH ICU

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

NGT Insertion (27/11/2020 18:12) Lisa Gemmell

NGT Insertion

Naso-Gastric Tube Insertion	**Date: , Indication: Enteral feeding/Enteral drug administration, Consent: Valid Incapacity Form, Tube Type/Size: fr 10 feeding tube, Inserted By: DR, Insertion Notes:**

Placement Confirmation

Placement Confirmation	**Aspirate: Yes, Safe To Feed: Yes, pH aspirate <=5.5, CXR Requested: Yes**

The sections below must only be completed by medical staff.

CXR Confirmation

CXR Confirmation	**CXR Reported By: Consultant/ST7, CXR Confirmation: Date/Time & ID Of CXR Confirmed as Correct; NGT Visible in the Midline; NGT Bisects the Carina; NGT Remains In Midline & Below Carina; NGT Tip Ok ~7cm below diaphragm, NGT Action: NGT Confirmed In...**

LG	Lisa Gemmell	27/11/2020 18:12 - 28/11/2020 13:43
A	Kathleen Mcilroy	27/11/2020 18:13 - 27/11/2020 18:13

27/11/2020 18:12	
A	18:13 Naso-Gastric Tube Insertion
A	18:13 Placement Confirmation
LG	28/11/2020 13:43 CXR Confirmation: CXR Reported By: Consultant/ST7; CXR Confirmation: Date/Time & ID Of CXR Confirmed as Correct; NGT Visible in the Midline; NGT Bisects the Carina; NGT Remains In Midline & Below Carina; NGT Tip Ok ~7cm below diaphragm; NGT Action: NGT In Stomach: Safe to Use; NGT Notes: Lines, ETT and NG in satisfactory position;

NGT Insertion (29/11/2020 12:42) Alison Sharp

NGT Insertion

Naso-Gastric Tube Insertion	**Date: 29/11/2020 12:42, Indication: Enteral feeding/Enteral drug administration, Consent: Patient consented, Tube Type/Size: 12, Inserted By: A Sharp, Insertion Notes: NG inserted in right nostril, slightly difficult to pass, pt has had a previous...**

Placement Confirmation

Placement Confirmation	**Aspirate: Yes, Safe To Feed: Yes, pH aspirate <=5.5, CXR Requested:**

The sections below must only be completed by medical staff.

AS	Alison Sharp	29/11/2020 12:42 - 29/11/2020 12:46

29/11/2020 12:42	
AS	12:46 Naso-Gastric Insertion: Date: 29/11/2020 12:42; Indication: Enteral feeding/enteral drugs; Consent: Patient consented; Tube Type/Size: 12; Inserted By: A Sharp; Insertion Notes: NG inserted in right nostril, slightly difficult to pass, pt has had a previous broken nose. Unable to pass at all on the left side. taped at 73cm at the nose. NG sited on the 28/1120 but note completed in retrospect.;

Nursing Admission Assessment (RAH)

NHS Greater Glasgow & Clyde

RAH ICU

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Nursing Admission Assessment (RAH) (24/11/2020 21:07) Mini Varughese

Nursing Admission Assessment

Admitting Nurse	**Mini Varughese**
Reason For Admission	**41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre**
Admission: Respiratory	**On SIMV ,FIO2 80% ASB 5, PEEP 8,Set TV 450 R RATE 20**
Admission: Cardiovascular	**Heart rate 129 Blood pressure -on Norad 8mg/50 16ml/hr Temp 37.2**
Admission: Neurological	**Rass score -4**
Admission: Renal & Fluid Balance	**Urinary catheter insitu and**
Admission: GI & Nutrition	**draining moderate amount NG Tube insitu ,and on free drainage**
Admission: Lines, Tubes & Drains Present	*** A Line , Femoral C Line in situ on admission. Open abdomen 2x Drains.**
Admission: Skin & Pressure Areas	**Pressure areas intact , skin very clamy and sweatty.**
Admission: Pressure Ulcer Present	**No;**
Admission: Hygiene & Mobility	**Require assistence to mobilization.**
Admission: Relatives & Social Circumstances	**Updated the partner by medical staff.**

Infection Control

Admission: MRSA Screening	**Done**
Admission: CJD Screen	**Patient not at risk of CJD**
Admission: CPE Screen	**CPE screen not required**

For Creutzfeldt-Jacob Disease (CJD) - if the patient has ever been contacted by Public Health and told that they are possibly at risk of CJD, contact the Infection Control Team

For Carbapenemase Producing Enterobacteriacea (CPE) screen - If the patient has been an inpatient in a hospital outside Scotland, had holiday dialysis outside of Scotland, been told that they have CPE or been in close contact with someone infected with CPE, obtain a rectal swab and send to microbiology for CPE screen. If patient refuses rectal swab, obtain a stool specimen marked 'for CPE'. The patient should be isolated in a side room and the Infection Control Team contacted

Malnutrition Universal Screening Tool (MUST)

Height (cm)	**177 cm**
Body Mass Index	**22.3**

PUDRA - Complete within 6 hours of admission

Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin not compromised, Risk of developing pressure damage**

If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

SSKINS Interventional Plan	**4 Hourly, 4 Hourly**

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Falls Risk Assessment	
Complete On Admission	
Bedrail Assessment	**Level 3 Pt Use Bedrails (Assessment Exclusion)**
ICU Admission Pack	
ICU Admission pack given to family/carer/NOK	**No**

S	Mini Varughese	24/11/2020 21:07 - 25/11/2020 04:33
LG	Lisa Gemmell	26/11/2020 11:21 - 26/11/2020 11:21
E	Rachel Burns	02/12/2020 03:55 - 02/12/2020 03:55

	24/11/2020 21:07
S	25/11/2020 02:59 Admission: Neurological: Free Text (1500)Rass score -4;
S	25/11/2020 04:32 Admission: Lines, Tubes & Drains Present'
S	25/11/2020 02:59 Admission: Lines, Tubes & Drains Present: A Line , Femoral C Line in situ on admission.
S	25/11/2020 02:59 Admission: MRSA Screening Admission:MRSA: Done; had MRSA before?: No; Other Hospital?: No; From a care home: No;
LG	26/11/2020 11:21 Height (cm)
E	02/12/2020 03:55 Body Mass Index

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	02/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Cardiovascular	Heart Rate			83		91		85		71			82
	Heart Rhythm			SR		SR		SR		SR			SR
	Non Invasive Blood Pressure			132/83 (98)		120/84 (94)		122/77 (89)		109/65 (79)			118/75 (88)
	Temperature												36.4 C Tympanic
	Glucose Test			7.2 mmol/L Glucometer No...		9.2 mmol/L Glucometer No...		9.7 mmol/L Glucometer No...		7.3 mmol/L Glucometer No...			* 6.8 mmol/L Glucometer ...
	Capillary Refill												< 3 secs
	Skin Peripheries												Pink; Warm
Respiratory	SpO2			94		94		98		99			95
	Airway			Natural				Natural		Natural			
	Oxygen Delivery			Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula			Nasal cannula
	Respiratory Rate (Spont)			2		2 12		2 12		2 12			2 14
	Air Entry Right												Apex: Fair Midzone: Fair
	Air Entry Left												Apex: Fair
	Secretions												Muco-purulent
	Suction/Cough Amount			Coughs & clears			Coughs & clears						Coughs & clears
	Physiotherapy		Done										
	Mobilisation		Transfer to chair or commode				Transfer to bed Equip: Hoist...				Roll or turn in bed; up bed ...		
	Position						Supine; HOB up				Supine; HOB up		
	Head Of Bed Elevation									Yes			Yes
Neurological	Richmond Agitation Sedation Scale			Actual 0 Alert & calm		Actual 0 Alert & calm		Actual Normal Sleep		Actual Normal Sleep			Actual 0 Alert & calm
	CAM-ICU												Yes, No change in mental...
	GCS Eyes (Chart)												4. Spontaneously
	GCS Motor (Chart)												6. Obeys Commands
	GCS Verbal (Chart)												5. Orientated
	Intubated												No
	GCS Chart Total												15
	Pupil Left												4 mm; Reacts
	Pupil Right												4 mm; Reacts
	Pain Score												0; 0 = No pain, 3 = Mild...
	Nausea & Vomiting Score												0 = None

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Drugs Intermittent												
Clindamycin 1200 mg IV 6 hrly				1200 mg/ (RM)						1200 mg/100 ml (RM)		
Meropenem 1000 mg IV 8 hrly						1000 mg/20 ml (km)						
Furosemide 40 mg IV STAT	40 mg/ (km)											
Lactulose 15 ml PO/NG 12 hrly										Held		
Lansoprazole 30 mg PO/NG OD at 10:00		30 mg/ ()										
Dalteparin 15000 Units SC Once Daily		15000 Units/ (km)										
Sando-K 2 Tab(s) PO/NG 8 hrly						2 Tab(s)/ ()						
Diazepam 5 mg PO/NG 6 hrly				5 mg/12 ml (JM)						Held		
Methadone 70 mg PO/NG OD at 10:00		70 mg/ (km)										

Drugs												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	3 Units/hr/3 ml ()	3 Units/hr/3 ml ()	3 Units/hr/9 ml ()	3 Units/hr/3 ml ()	3 Units/hr/6 ml ()	3 Units/hr/3 ml ()	3 Units/hr/3 ml ()		* 3 Units/hr/3 ml () Chart			3 Units/hr/9 ml () Chart
Propofol 1% 10mg/ml mg/hr 10 mg/ml												
Fluid Balance												
Monitor PO Intake												25 ml ; Water
Enteral Feeds Nutrison NG Continuous	65		130	65	65	65	65	65	55	55	55	55
PRN												
* NG Aspirate Removed: Vol						0						
NG Aspirate Returned: Vol						0						
GI: Nostril Right NG Tube			0			0			0		0	0
Urine: Bladder Urinary Catheter	75		100	140	0	640	320		55		* 0	* 140
Total In (24hr)	68 (139)	3 (142)	139 (281)	80 (361)	71 (432)	88 (520)	68 (588)	65 (653)	58 (711)	155 (866)	55 (921)	89 (1010)
Total Out (24hr)	75 (155)	0 (155)	100 (255)	140 (395)	0 (395)	640 (1035)	320 (1355)	0 (1355)	55 (1410)	0 (1410)	0 (1410)	140 (1550)
Net Body Balance (24hr)	-16	-13	+26	-34	+37	-515	-767	-702	-699	-544	-489	-540
Net Body Balance (LOS)	+7458	+7459	+7498	+7438	+7509	+6957	+6705	+6770	+6773	+6926	+6983	+6932
R												
Net Body Balance (24hr)	-16	-13	+26	-34	+37	-515	-767	-702	-699	-544	-489	-540
SSKIN & Pressure Areas												
1. Skin Inspection		All visible areas checked; No...				All visible areas checked; No...				All visible areas checked; No...		
Skin Assessment Pressure										All areas: Healthy and intact		
Skin Assessment Moisture										All areas, 0 = Healthy,...		
Mattress Type										Duo		
3. Keep Moving		up to sit				back to bed				Reposition 4 hrly		
Mobilisation		Transfer to chair or commode				Transfer to bed Equip: Hoist...				Roll or turn in bed; up bed		
Position						Supine; HOB up				Supine; HOB up		
4. Incontinence		Urine: Yes Faeces:...				Urine: Yes Faeces:...				Urine: Yes Faeces:...		
5. Nutrition		* Diet: Enteral feed Fluids:...				Diet: Enteral feed Fluids:...				Diet: Enteral feed Fluids:...		
6. Self Management/Shared Care		Patient agreed to postion...				Patient agreed to postion...				Patient agreed to postion...		
Personal												
Eye Care						Swabs with water,						
Mouth Care						Oral sponge with water				Oral sponge with water,...		
Flotrons						On						
Lin												
GI: Nostril Right NG Tube			0	0	0	0			0		0	0
Urine: Bladder Urinary Catheter	75		100	140	0	640	320		55		0	140

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

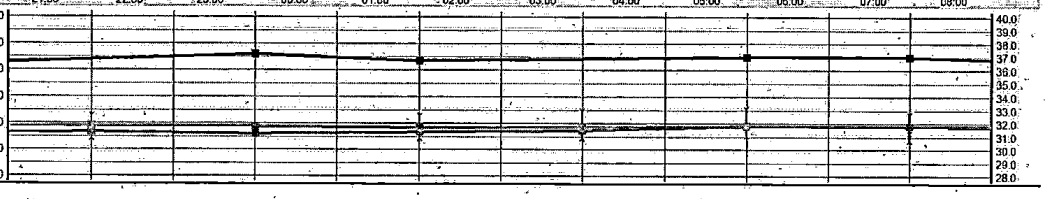
02/12/2020

Safety Checks	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Drug Level Checks												Yes
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for

Quicklook	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate			83		91		85		71			82
Heart Rhythm			SR		SR		SR		SR			SR
Non Invasive Blood Pressure			132/83 (96)		120/84 (94)		122/77 (88)		109/66 (75)			118/75 (88)
Temperature												38.4 C Tympanic
Glucose Test			7.2 mmol/L Glucometer No...		9.2 mmol/L Glucometer No...		9.7 mmol/L Glucometer No...		7.3 mmol/L Glucometer No...			5.8 mmol/L Glucometer ...
SpO2			94		94		98		99			95
Respiratory Rate (Spont)					12		12		12			14
GCS Eyes (Chart)												4. Spontaneously
GCS Motor (Chart)												6. Obeys Commands
GCS Verbal (Chart)												5. Orientated
GCS Chart Total												15
Richmond Agitation Sedation Scale			Actual: 0 Alert & calm		Actual: 0 Alert & calm		Actual: Normal Sleep		Actual: Normal Sleep			Actual: 0 Alert & calm
Urine: Bladder Urinary Catheter	75		100	140	0	640	320		55		0	140
GI: Nostril Right NG Tube			0		0	0			0		0	0
Total In (24hr)	68 (139)	3 (142)	139 (281)	80 (361)	71 (432)	88 (520)	68 (588)	65 (653)	58 (711)	155 (866)	55 (921)	89 (1010)
Total Out (24hr)	75 (155)	0 (155)	100 (255)	140 (395)	0 (395)	840 (1035)	320 (1355)	0 (1355)	55 (1410)	0 (1410)	0 (1410)	140 (1550)
Net Body Balance (24hr)	-16	-13	+26	-34	+37	-515	-767	-702	-699	-544	-489	-540

02/12/2020 - 03/12/2020

Vital Signs Graph	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate												
ABP												
NIBP												
CVP												
SpO2												
Temperature Temperature (C)												



PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2020 - 03/12/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Cardiovascular												
Heart Rate		84		81		84		87		96		96
Heart Rhythm		SR		SR		SR		SR		SR		SR
Non Invasive Blood Pressure		115/72 (85)				115/72 (84)		124/73 (87)		128/78 (93)		118/69 (83)
Temperature				37.2 C Tympanic		36.7 C Tympanic				37.0 C Tympanic		37.0 C Tympanic
Glucose Test		8.3 mmol/L Glucometer No...		9.7 mmol/L Glucometer No...		^ 119 mmol/L Glucometer		9.9 mmol/L Glucometer ...		^ 12.1 mmol/L Glucometer ...		^ 10.8 mmol/L Glucometer No...
Capillary Refill						< 3 secs						< 3 secs
Skin Peripheries						Pink; Warm						Pink; Warm
Respiratory												
SpO2		98		95		92		93		95		98
Airway		Natural				Natural				Natural		Natural
Oxygen Delivery		Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula
Respiratory Rate (Spont)		2 18		2 17		2 15		2 18		2 17		2 17
Air Entry Right												Apex: Crackles Midzone: ...
Air Entry Left												Apex: Clear
Suction/Cough Amount								Coughs & clears		Coughs & clears		Coughs & clears
Mobilisation		Roll or turn in bed Equip:...										
Position		Right tilt; HOB up; Knee bend...										
Head Of Bed Elevation		Yes		Yes				Yes				
Neurological												
Richmond Agitation Sedation Scale		Actual: 0 Alert & calm		Actual: -1 Drowsy		Actual: Normal Sleep		Actual: 0 Alert & calm		Actual: 0 Alert & calm		Actual: 0 Alert & calm
Pupil Left												4 mm; Reacts
Pupil Right												4 mm; Reacts
Pain Score										0 = No pain, 0 = None		
Nausea & Vomiting Score												
Drugs Intermittent												
Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (Imck)						1200 mg/100 ml 0		
Meropenem 1000 mg IV 8 hrly		1000 mg/20 ml (MS)								1000 mg/20 ml 0		
Lactulose 15 ml PO/NG 12 hrly										Held		
Senna 15 mg PO/NG OD at 22:00		Held										
Pabrinex 1&2 20 ml IV OD at 10:00										20 ml/ 0		
Sando-K 2 Tab(s) PO/NG 8 hrly		2 Tab(s)/50 ml 0								2 Tab(s)/ 0		
Diazepam 5 mg PO/NG 6 hrly				5 mg/12 ml (Imck)						5 mg/ 0		
Other In: Volume											(0)	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

02/12/2020 - 03/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	1.5 Units/hr/1.5 ml ()	1.5 Units/hr/1.5 ml (MS)	1.5 Units/hr/1.5 ml ()	1.5 Units/hr/1.5 ml ()	1.5 Units/hr/1.5 ml ()	2 Units/hr/3 ml 0	2 Units/hr/2 ml 0	2 Units/hr/2 ml 0		2 Units/hr/4 ml 0	2 Units/hr/2 ml 0(68.5)	2 Units/hr/4 ml 0
	Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml											(0)	
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml		Chart									Chart(0)	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
	Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)	
	Morphine 1mg/ml mg/hr 1 mg/ml											(0)	
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)	
	Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
Fluid Balance	Monitor PO Intake		25 ml ; Water									(50)	100 ml ; Water
	Enteral Feeds Nutrison NG Continuous PRN	55	55	55	55	55	55	55	55		110	55(1410)	55
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 5% 400 ml IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
	Hartmanns IV STAT @ 999 ml/hr											(0)	
	Other In: Volume											(0)	
	NG Aspirate Removed: Vol		15									(15)	
	NG Aspirate Returned: Vol		15									(15)	
	GI: Nostril Right NG Tube		0		0			0				(0)	0
	Drain: Abdomen Left 3											(0)	
	Drain: Abdomen Right 1											(0)	
	Urine: Bladder Urinary Catheter	0	70		90		140		160		120	(2130)	180
	Total In (24hr)	57 (1066)	167 (1233)	57 (1289)	169 (1458)	57 (1514)	58 (1572)	57 (1629)	57 (1686)	0 (1686)	234 (1920)	57 (1977)	159 (159)
	Total Out (24hr)	0 (1550)	85 (1635)	0 (1635)	90 (1725)	0 (1725)	140 (1865)	0 (1865)	160 (2025)	0 (2025)	120 (2145)	0 (2145)	180 (180)
	Net Body Balance (24hr)	-484	-402	-346	-267	-211	-293	-236	-339	-339	-225	-168	-21
	Net Body Balance (LOS)	+6988	+7070	+7126	+7205	+7281	+7179	+7236	+7133	+7133	+7247	+7304	+7283
R	Net Body Balance (24hr)	-484	-402	-346	-267	-211	-293	-236	-339	-339	-225	-168	-21

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

02/12/2020 - 03/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked; No...										
	Skin Assessment Pressure		All areas: Healthy and intact,										
	Skin Assessment Moisture		All areas, 0 = Healthy,...										
	Wound Assessment		Location: Abdomen Dressing:...										
	Skin Action		Activate dynamic mattress										
	2. Surface		Equipment appropriate:...										
	Mattress Type		Duo										
	3. Keep Moving		Reposition 4 hrly										
	Mobilisation		Roll or turn in bed										
	Position		Equip:... Right tilt; HOB up; Knee bend...										
	4. Incontinence		Urine: Yes Faeces:...										
	5. Nutrition		Diet: Enteral feed										
	6. Self Management/Shared Care		Fluids:... Patient agreed to postion...										
Personal Care	Eye Care		No cleanse required,										
	Mouth Care		sips of water										
	Hygiene										Bed bath		
	Flo=ons										On		
	Bowel Movement Record		Medium; Type 7: entirely liquid										
Lines & Devices	Arterial: Radial Artery Left												Day: 5
	Central: Internal Jugular Left												0
	GI: Nostril Right NG Tube		0		0				0			(0)	
	Drain: Abdomen Right 1											(0)	
	Drain: Abdomen Left 3											(0)	
	Urine: Bladder Urinary Catheter	0	70		90		140		160		120	(2130)	160
	Nasal Bridle:												Insertion date: 30/112020 01...
	Arterial Line Transducer (4 days)												03/12/2020
	Urometer (7 Days)												07/12/2020
	MUST Completed												Last completed: 02/12/2020
	Falls Risk Assessment												Date last completed: 02/12/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2020 - 03/12/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Safety Checks												
Drug Level Checks												N/A
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...
Quicklook												
Heart Rate		84		81		84		87		98		98
Heart Rhythm		SR		SR		SR		SR		SR		SR
Non Invasive Blood Pressure		115/72 (85)				115/72 (84)		124/73 (87)		128/78 (93)		118/69 (85)
Temperature				37.2 C Tympanic		38.7 C Tympanic				37.0 C Tympanic		37.0 C Tympanic
Glucose Test		8.3 mmol/L Glucometer No...		9.7 mmol/L Glucometer No...		^ 119 mmol/L Glucometer		9.9 mmol/L Glucometer		^ 12.1 mmol/L Glucometer		^ 10.8 mmol/L Glucometer No...
SpO2		98		95		92		93		95		96
Respiratory Rate (Spont)		18		17		15		18		17		17
Richmond Agitation Sedation Scale		Actual: 0 Alert & calm		Actual: -1 Drowsy		Actual: Normal Sleep		Actual: 0 Alert & calm		Actual: 0 Alert & calm		Actual: 0 Alert & calm
Urine: Bladder Urinary Catheter	0	70		90		140		160		120	(2130)	180
GI: Nostril Right NG Tube		0		0				0			(0)	0
Total In (24hr)	57 (1068)	167 (1233)	57 (1289)	169 (1458)	57 (1514)	58 (1572)	57 (1629)	57 (1686)	0 (1686)	234 (1920)	57 (1977)	159 (159)
Total Out (24hr)	^ 0 (1550)	85 (1635)	0 (1635)	90 (1725)	0 (1725)	140 (1865)	0 (1865)	160 (2025)	0 (2025)	120 (2145)	0 (2145)	180 (180)
Net Body Balance (24hr)	-484	-402	-346	-267	-211	-293	-236	-339	-339	-225	-168	-21

03/12/2020

	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Vital Signs Graph												
Heart Rate												
ABP												
NIBP												
CVP												
SpO2												
Temperature Temperature (C)												
Cardiovascular												
Heart Rate		92		94		86						
Heart Rhythm		SR		SR		SR						
Non Invasive Blood Pressure		132/86 (100)		129/83 (96)		119/72 (88)						
Temperature		36.6 C Tympanic		37.1 C Tympanic		37.1 C Tympanic						
Glucose Test		^ 13.7 mmol/L Glucometer		^ 17.3 mmol/L Glucometer		9.9 mmol/L Glucometer No...	^ 10.3 mmol/L Glucometer No...					
Sample Sent			Stool; Virology stool									

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

03/12/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
Respiratory	SpO2		96		95		95							
	Airway		Natural		Natural		Natural							
	Oxygen Delivery		Nasal cannula		Nasal cannula		Nasal cannula							
	Respiratory Rate (Spont)		21		19		14							
	Suction/Cough Amount		Coughs & clears											
	Physiotherapy		Done											
	Mobilisation		Transfer to chair or commode;...					Transfer to bed; Weight...						
	Position		Sitting in chair					Supine; Sitting up in bed;...						
Neu	Richmond Agitation Sedation Scale		Actual: 0 Alert & calm		Actual: 0 Alert & calm									
Drugs Intermittent	Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (KM)									
	Meropenem 1000 mg IV 8 hrly						1000 mg/20 ml (JM)							
	Lactulose 15 ml PO/NG 12 hrly										Pending			
	Lansoprazole 30 mg PO/NG OD at 10:00		30 mg/20 ml ()											
	Dalteparin 15000 Units SC Once Daily		15000 Units/... (KM)											
	Sando-K 2 Tab(s) PO/NG 8 hrly						2 Tab(s)/20 ml ()							
	Diazepam 5 mg PO/NG 6 hrly				5 mg/ (KM)						Pending			
	Methadone 70 mg PO/NG OD at 10:00		Held											
	Methadone 70 mg PO/NG OD at 10:00		70 mg/70 ml (JM)											
	Morphine, 5 mg PO/NG PRN 2 hrly				5 mg/ (KM)									
Drugs	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	2 Units/hr/2 ml ()	3 Units/hr/3 ml (KM)	3 Units/hr/3 ml ()	5 Units/hr/5 ml ()	5 Units/hr/5 ml 0	5 Units/hr/10 ml 0							
	Propofol 1% 10mg/ml mg/hr 10 mg/ml	Chart	Chart	Chart										
Fluid Balance	Monitor PO Intake		500 ml ; Water											
	Enteral Feeds Nutrison NG Continuous	55	55	55	55		110							
	PRN													
	NG Aspirate Removed: Vol		5		2									
	NG Aspirate Returned: Vol		5		2									
	Urine: Bladder Urinary Catheter	0	240	0	140		75							
	Total In (24hr)	57 (218)	653 (669)	55 (927)	162 (1089)	5 (1094)	160 (1254)	0 (1254)	0 (1254)					
	Total Out (24hr)	0 (180)	245 (425)	0 (425)	142 (567)	0 (567)	75 (642)	0 (642)	0 (642)					
	Net Body Balance (24hr)	+36	+444	+502	+522	+527	+612	+612	+612					
	Net Body Balance (LOS)	+7340	+7748	+7806	+7826	+7831	+7916	+7916	+7916					
R	Net Body Balance (24hr)	+36	+444	+502	+522	+527	+612	+612	+612					

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

03/12/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked; No...					All visible areas checked; No...						
	Skin Assessment Pressure		All areas: Healthy and intact,					All areas: Healthy and intact,						
	Skin Assessment Moisture		All areas, 0 = Healthy,...					All areas, 0 = Healthy,...						
	Wound Assessment		Location: Abdomen Dressing:...					Location: Abdomen Dressing:...						
	2. Surface		Equipment appropriate;...					Equipment appropriate;...						
	Mattress Type		Duo					Duo						
	3. Keep Moving		Reposition 4 hrly											
	Mobilisation		Transfer to chair or commode;...					Transfer to bed; Weight,,						
	Position		Sitting in chair					Supine; Sitting up in bed,...						
	4. Incontinence		Urine: Catheterised Faeces:...					Urine: Catheterised Faeces:...						
	5. Nutrition		Diet: Enteral feed; Food...					Diet: Enteral feed; Food...						
	6. Self Management/Shared Care		Patient agreed to postion...					Patient agreed to postion...						
Personal Care	Eye Care		No cleanse required,					No cleanse required,						
	Mouth Care		Drinks of water					drinks of water						
	Other Skin Care		Sats probe changed					Sats probe changed						
	Flotrons		Off					Off						
	Bowel Movement Record		Large; Type 7; entirely liquid					Medium; Type 7; entirely liquid						
Li	Urine: Bladder Urinary Catheter	0	240	0	140		75							
Quicklook	Heart Rate		92		94		89							
	Heart Rhythm		SR		SR		SR							
	Non Invasive Blood Pressure		132/86 (100)		129/83 (99)		116/72 (86)							
	Temperature		36.6 C Tympanic		37.1 C Tympanic		37.1 C Tympanic							
	Glucose Test		^ 13.7 mmol/L Glucometer		^ 17.3 mmol/L Glucometer		9.9 mmol/L Glucometer No...	^ 10.3 mmol/L Glucometer No...						
	SpO2		96		95		95							
	Respiratory Rate (Spont)		21		19		14							
	Richmond Agitation Sedation Scale		Actual: 0 Alert & calm		Actual: 0 Alert & calm									
	Urine: Bladder Urinary Catheter	0	240	0	140		75							
	Total In (24hr)	57 (216)	653 (659)	58 (927)	162 (1089)	5 (1094)	160 (1254)	0 (1254)	0 (1254)					
	Total Out (24hr)	0 (180)	245 (425)	0 (425)	142 (567)	0 (567)	75 (642)	0 (642)	0 (642)					
	Net Body Balance (24hr)	+36	+444	+502	+522	+527	+612	+612	+612					

03/12/2020 - 04/12/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

03/12/2020 - 04/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
Drugs Intermittent	Meropenem 1000 mg IV 8 hrly		Pending								Pending			
	Lactulose 15 ml PO/NG 12 hrly										Pending			
	Senna 15 mg PO/NG OD at 22:00		Pending											
	Sando-K 2 Tab(s) PO/NG 8 hrly		Pending											
	Diazepam 5 mg PO/NG 6 hrly				Pending						Pending			
	Other In: Volume											(0)		
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml											(32)		
	Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml											(0)		
	Vancomycin mg/mL (Maintenance) mg/hr 5 mg/ml											(0)		
	Vancomycin mg/mL (Maintenance) mg/hr 5 mg/ml											(0)		
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)		
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)		
	Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)		
	Morphine 1mg/ml mg/hr 1 mg/ml											(0)		
	Alfentanil 1mg/mL mg/hr 1 mg/ml											(0)		
	Alfentanil 1mg/mL mg/hr 1 mg/ml											(0)		
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)		
	Heparin 1000units/mL Units/hr 1000 Units/ml											(0)		
	Noradrenaline mg/mL mg/hr 0.16 mg/ml											(0)		
	Noradrenaline mg/mL mg/hr 0.16 mg/ml											(0)		
	Noradrenaline mg/mL mg/hr 0.32 mg/ml											(0)		
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)		
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)		
Fluid Balance	Monitor PO Intake											(600)		
	Enteral Feeds Nutrison NG Continuous PRN											(385)		
	Albumin 20% 100 ml IV STAT											(0)		
	Albumin 20% 100 ml IV STAT											(0)		
	Albumin 5% 400 ml IV STAT											(0)		
	Glucose 20% IV STAT											(0)		
	Glucose 20% IV STAT											(0)		
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr											(0)		
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)		
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)		
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)		
	Hartmanns IV STAT @ 999 ml/hr											(0)		
	Other In: Volume											(0)		
	NG Aspirate Removed: Vol											(7)		
	NG Aspirate Returned: Vol											(7)		
	GI: Nostril Right NG Tube											(0)		
	Drain: Abdomen Left 3											(0)		
	Drain: Abdomen Right 1											(0)		
	Urine: Bladder Urinary Catheter											(635)		
Lines &	GI: Nostril Right NG Tube											(0)		
	Drain: Abdomen Right 1											(0)		
	Drain: Abdomen Left 3											(0)		
	Urine: Bladder Urinary Catheter											(635)		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

03/12/2020 - 04/12/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Qui												
Urine: Bladder Urinary Catheter											(635)	
GI: Nostril Right NG Tube											(0)	
04/12/2020	09:00	10:00	11:00	12:00	13:00	14:00						
Drugs Interm												
Meropenem 1000 mg IV 8 hrly						Pending						
Lansoprazole 30 mg PO/NG OD at 10:00		Pending										
Dalteparin 15000 Units SC Once Daily		Pending										
Sando-K 2 Tab(s) PO/NG 8 hrly						Pending						
Diazepam 5 mg PO/NG 6 hrly				Pending								
Methadone 70 mg PO/NG OD at 10:00		Pending										
Other In: Volume						(0)						
Drugs Continuous												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml						(0)						
Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml						(0)						
Vancomycin mg/mL (Maintenance) mg/hr 5 mg/ml						(0)						
Vancomycin mg/mL (Maintenance) mg/hr 5 mg/ml						(0)						
Propofol 1% 10mg/ml mg/hr 10 mg/ml						(0)						
Propofol 1% 10mg/ml mg/hr 10 mg/ml						(0)						
Propofol 2% 20mg/ml mg/hr 20 mg/ml						(0)						
Morphine 1mg/ml mg/hr 1 mg/ml						(0)						
Alfentanil 1mg/mL mg/hr 1 mg/ml						(0)						
Alfentanil 1mg/mL mg/hr 1 mg/ml						(0)						
Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml						(0)						
Heparin 1000units/mL Units/hr 1000 Units/mL						(0)						
Noradrenaline mg/mL mg/hr 0.16 mg/ml						(0)						
Noradrenaline mg/mL mg/hr 0.16 mg/ml						(0)						
Noradrenaline mg/mL mg/hr 0.32 mg/ml						(0)						
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml						(0)						
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml						(0)						
Fluid Balance												
Monitor PO Intake						(0)						
Enteral Feeds Nutrison NG Continuous PRN						(0)						
Albumin 20% 100 ml IV STAT						(0)						
Albumin 20% 100 ml IV STAT						(0)						
Albumin 5% 400 ml IV STAT						(0)						
Glucose 20% IV STAT						(0)						
Glucose 20% IV STAT						(0)						
Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr						(0)						
Sodium Chloride 0.18% + Glucose 4% IV STAT						(0)						
Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr						(0)						
Hartmanns IV Continuous PRN @ 999 ml/hr						(0)						
Hartmanns IV STAT @ 999 ml/hr						(0)						
Other In: Volume						(0)						
NG Aspirate Removed: Vol						(0)						
NG Aspirate Returned: Vol						(0)						
GI: Nostril Right NG Tube						(0)						
Drain: Abdomen Left 3						(0)						
Drain: Abdomen Right 1						(0)						
Urine: Bladder Urinary Catheter						(0)						

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

04/12/2020	09:00	10:00	11:00	12:00	13:00	14:00
Lines &	GI: Nostril Right NG Tube					(0)
	Drain: Abdomen Right 1					(0)
	Drain: Abdomen Left 3					(0)
	Urine: Bladder Urinary Catheter					(0)
Quik	Urine: Bladder Urinary Catheter					(0)
	GI: Nostril Right NG Tube					(0)

CB	Clancy Binesh	25/11/2020 18:00 - 26/11/2020 07:00
CA	Carevue ICU RAH Ahp Five	26/11/2020 10:00 - 26/11/2020 19:00
CN2	Carevue ICU RAH Nursing Six	26/11/2020 18:00 - 28/11/2020 00:00
AS	Kathleen Mcilroy	26/11/2020 18:00 - 27/11/2020 19:00
AS	Alison Sharp	28/11/2020 06:00 - 30/11/2020 12:00
CC4	Chelsea Cannell	30/11/2020 07:34 - 30/11/2020 19:00
CN	Carevue ICU RAH Nursing Eight	01/12/2020 06:00 - 01/12/2020 19:00
A	Kirsty Martin	01/12/2020 09:00 - 02/12/2020 17:00
CK	Cara Kelly	02/12/2020 18:00 - 02/12/2020 22:00
CC	Carevue ICU RAH Carevue Four	03/12/2020 01:00 - 03/12/2020 08:00
CM	Christine Mcdougall	30/11/2020 09:00 - 30/11/2020 09:00
CT	Claire Thomson	26/11/2020 14:07 - 26/11/2020 14:07
EK	Erin Kenny	25/11/2020 05:00 - 01/12/2020 07:00
E	Rachel Burns	25/11/2020 10:00 - 02/12/2020 06:00
CW	Catherine Welsh	25/11/2020 18:00 - 25/11/2020 19:00
FM	Liz Lynn	28/11/2020 08:00 - 27/11/2020 13:00
LB	Linzi Blair	25/11/2020 20:00 - 28/11/2020 07:00
EF	Emma Friel	26/11/2020 21:00 - 28/11/2020 05:00
JM	Jasmine Mathew	28/11/2020 14:00 - 01/12/2020 04:00
JM1	Jennifer Mcwilliam	02/12/2020 07:00 - 02/12/2020 19:00
E5	Maureen Stevenson	02/12/2020 23:00 - 03/12/2020 04:00
J	Lisa Murphy	26/11/2020 09:00 - 26/11/2020 19:00
DBSv c	D B Services	24/11/2020 23:50 - 04/12/2020 14:00
GF	Graeme Finnie	26/11/2020 14:00 - 26/11/2020 17:00
HIS	HIS	24/11/2020 21:04 - 02/12/2020 09:17
S	Mini Varughese	24/11/2020 23:00 - 30/11/2020 07:00
NS	NISHA SEBASTIEN	25/11/2020 01:00 - 25/11/2020 03:00
ON	Olivia Nelson	25/11/2020 06:00 - 25/11/2020 17:00
R	Kathryn Murray	25/11/2020 23:00 - 03/12/2020 14:00
PM	Patrick MacGoey	26/11/2020 09:00 - 27/11/2020 08:00
NB	NICOLA BUNCE	27/11/2020 13:00 - 29/11/2020 19:15
ST	Satnam Tumani	28/11/2020 09:00 - 28/11/2020 17:00
SM	Sarah Mclaughlin	28/11/2020 19:00 - 03/12/2020 15:00
LG	Lisa Gemmell	24/11/2020 23:00 - 26/11/2020 10:00
LM	Lindsey Mcknight	02/12/2020 05:00 - 02/12/2020 05:00
LGS	Lisa Gilfillan	25/11/2020 18:00 - 25/11/2020 18:00
SD	Sarah Davidson	28/11/2020 11:00 - 26/11/2020 11:00

24/11/2020 21:04

HIS	21:13 Oxygen % bg
HIS	21:13 H+ (T) bg (36-44)
HIS	21:13 pCO2 (T) bg (4.6-6.0)
HIS	21:13 pO2 (T) bg (10.5-14.0)
HIS	21:13 Na+ bg
HIS	21:13 K+ bg
HIS	21:13 Cl- bg
HIS	21:13 Glucose bg
HIS	21:13 Lactate bg (0.5-2.0)
HIS	21:13 Hb bg (117-174)
HIS	21:13 COHb bg (0.5-1.5)
HIS	21:13 MetHb bg (0.5-1.5)
HIS	21:13 SO2 bg (95-98)
HIS	21:13 BE bg (-2.0) - (+3.0)
HIS	21:13 HCO3 bg (21-28)

24/11/2020 22:24

HIS	22:34 Oxygen % bg
HIS	22:34 H+ (T) bg (36-44)
HIS	22:34 pCO2 (T) bg (4.6-6.0)
HIS	22:34 pO2 (T) bg (10.5-14.0)
HIS	22:34 Na+ bg
HIS	22:34 K+ bg
HIS	22:34 Cl- bg
HIS	22:34 Glucose bg
HIS	22:34 Lactate bg (0.5-2.0)
HIS	22:34 Hb bg (117-174)
HIS	22:34 COHb bg (0.5-1.5)
HIS	22:34 MetHb bg (0.5-1.5)
HIS	22:34 SO2 bg (95-98)
HIS	22:34 BE bg (-2.0) - (+3.0)
HIS	22:34 HCO3 bg (21-28)

24/11/2020 23:17

HIS	25/11/2020 01:14 Calcium Total (2.2-2.60)
HIS	25/11/2020 01:14 Urea (2.5-7.5)
HIS	25/11/2020 01:14 Creatinine (40-130)
HIS	25/11/2020 00:33 WBC (4.0-11)
HIS	25/11/2020 00:33 Haemoglobin (90-170)
HIS	25/11/2020 00:33 Platelets (150-400)
HIS	25/11/2020 00:33 Haematocrit (0.37-0.54)
HIS	25/11/2020 01:33 PT (10.0-13.0)
HIS	25/11/2020 01:33 APTT (26-36)
HIS	25/11/2020 01:33 APTT Ratio
HIS	25/11/2020 01:14 Sodium (133-146)
HIS	25/11/2020 01:14 Potassium (3.5-5.0)
HIS	25/11/2020 01:14 Chloride (95-108)
HIS	25/11/2020 01:14 eGFR
HIS	25/11/2020 01:14 Magnesium (0.7-1.0)
HIS	25/11/2020 03:03 Bilirubin Total (3.0-20)
HIS	25/11/2020 03:03 ALT (<50)
HIS	25/11/2020 03:03 AST (<40)
HIS	25/11/2020 01:14 Alk Phos (30-130)
HIS	25/11/2020 01:14 Albumin (35-50)
HIS	25/11/2020 01:14 CRP (<10)
HIS	25/11/2020 01:14 Calcium Corrected (2.2-2.6)
HIS	25/11/2020 01:14 Phosphate (0.6-1.4)
HIS	25/11/2020 01:04 Troponin I HS (<34)
HIS	25/11/2020 00:33 Neutrophils
HIS	25/11/2020 00:33 Lymphocytes
HIS	25/11/2020 00:33 Monocytes
HIS	25/11/2020 00:33 Eosinophils
HIS	25/11/2020 00:33 Basophils
HIS	25/11/2020 00:33 Nucleated RBCs
HIS	25/11/2020 00:33 MCV
HIS	25/11/2020 00:33 Mean Cell HGB%
HIS	25/11/2020 00:33 RBC
HIS	25/11/2020 01:33 D-Dimer: Remarks: D-Dimer: 8585 ng/ml ng/ml;

24/11/2020 23:50

DBSv c	25/11/2020 00:03 PaO2/FIO2 Ratio
HIS	25/11/2020 00:03 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	25/11/2020 00:03 H+ (T) bg (36-44)
HIS	25/11/2020 00:03 pCO2 (T) bg (4.6-6.0)
HIS	25/11/2020 00:03 pO2 (T) bg (10.5-14.0)
HIS	25/11/2020 00:03 Na+ bg
HIS	25/11/2020 00:03 K+ bg
HIS	25/11/2020 00:03 Cl- bg
HIS	25/11/2020 00:03 Glucose bg
HIS	25/11/2020 00:03 Lactate bg (0.5-2.0)
HIS	25/11/2020 00:03 Hb bg (117-174)
HIS	25/11/2020 00:03 COHb bg (0.5-1.5)
HIS	25/11/2020 00:03 MetHb bg (0.5-1.5)
HIS	25/11/2020 00:03 SO2 bg (95-98)
HIS	25/11/2020 00:03 BE bg (-2.0) - (+3.0)
HIS	25/11/2020 00:03 HCO3 bg (21-28)

25/11/2020 00:00

S	07:14 NIBP
S	00:28 NIBP: 98/58 (68);
S	04:08 Air Entry Right: Apex: Clear Midzone: Fair Base: Fair;
S	01:09 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Co-sign Initials: jm; Action: Completed;
S	00:28 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Action: Start;
S	00:28 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Changes: New syringe; New line or giving set; Co-sign Initials: jm; Action: Start;
S	00:29 Noradrenaline mg/ml. mg/hr 0.16 mg/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 2.8 mg/hr; Volume Remaining: 28 ml; Changes: New syringe; New line or giving set; Co-sign Initials: jm; Action: Start;
S	00:29 Net Body Balance (24hr): Cumulative Total -70 ml; Hour Total -70 ml;
S	00:26 Net Body Balance (LOS): Cumulative Total -70 ml; Hour Total -70 ml;
S	03:54 Other Skin Care: Emollient applied; ECG dots changed; Sats probe changed;
S	03:54 Arterial: Brachial Artery Left: Insertion Date: 24/112020; Site Duration: 1 days; Transducer Due: 26/112020 00:00; Site Care: Connections checked; Dressing changed; Hand hygiene done (before & after care); Line present on admission; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Site swab taken; Skin checked for pressure damage;
S	03:54 Central: Femoral Right: Insertion Date: 24/112020; Site Duration: 1 days; Transducer Due: 29/112020 00:00; Site Care: Connections checked; Dressing changed; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Line present on admission; Procedure note completed; Need for line reviewed & recorded; Skin checked for pressure damage; Dressing intact & dated; Dressing changed within 7 days; Chloroprep for dressing change (insertion site); Site Infection?: No;
S	03:54 PVC: Antecubital Left: Insertion Date: 24/112020; Site Duration: 1 days; PVC Colour: Green; Site Care: Connections checked, Dressing changed; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Line present on admission; Procedure note completed; Skin checked for pressure damage; Dressing dry & intact;
S	03:54 PVC: Arm Right Upper: Insertion Date: 25/112020; Site Duration: 0 days; PVC Colour: Green; Site Care: Connections checked;
S	03:54 HME Filter (Daily): Due Changed: 25/112020; Changed: Yes;

25/11/2020 00:03

S	00:26 Hartmanns IV STAT @999 ml/hr: Volume Adm: 500 ml; Rate: 999 ml/hr;

25/11/2020 01:00

S	07:14 NIBP
S	01:10 NIBP: 91/50 (68);
NS	03:32 Position: Right tilt; Head of bed elevated; Pillows adjusted;
S	04:08 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days;
S	01:38 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Changes: New syringe; New line or giving set; Action: Start;
S	01:36 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr;
S	01:36 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 01:00

S	01:36 Noradrenaline mg/mL mg/hr 0.16 mg/ml: Volume Adm: 23 ml; Rate: 23 ml/hr; Dose: 3.7 mg/hr; Changes: New syringe; New line or giving set;
S	01:06 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr; Co-sign Initials: jm; Action Start;
S	01:38 Hartmanns IV Continuous PRN @ 999 ml/hr; Volume Adm: 1000 ml; Rate: 999 ml/hr; Action Start;
S	00:26 Hartmanns IV Continuous PRN @ 999 ml/hr; Volume Adm: 500 ml; Rate: 999 ml/hr; Action Start;
S	01:38 Net Body Balance (24hr): Cumulative Total 1477 ml; Hour Total 1547 ml;
S	01:38 Net Body Balance (LOS): Cumulative Total 1477 ml; Hour Total 1547 ml;
NS	03:32 1 Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
S	04:08 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas;
S	04:08 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp:;

25/11/2020 02:00

S	07:14 NIBP
NS	02:14 NIBP: 103/58 (71);
S	04:29 Glucose Test 18.3 mmol/L Glucometer Increase (as per protocol);
NS	02:14 Glucose Test: 18.3 mmol/L;
NS	02:14 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 45 ml;
S	04:08 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 25 ml;
NS	02:14 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Rate: 0.5 ml/hr; Dose: 9 mg/hr; Volume Remaining: 25 ml;
NS	02:14 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 37 ml;
S	04:08 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 0 ml; Rate: 11ml/hr; Dose: 3.5 mg/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set;
NS	02:14 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 0 ml; Rate: 18 ml/hr; Dose: 5.8 mg/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set;
S	04:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
NS	02:19 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Rate: 50 ml/hr;
S	04:08 Net Body Balance (24hr): Cumulative Total 2009 ml; Hour Total 532 ml;
S	04:08 Net Body Balance (LOS): Cumulative Total 2009 ml; Hour Total 532 ml;

25/11/2020 02:09

DBSv c	02:13 PaO2/FIO2 Ratio
HIS	02:13 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	02:13 H+ (T) bg (36-44)
HIS	02:13 pCO2 (T) bg (4.6-6.0)
HIS	02:13 pO2 (T) bg (10.5-14.0)
HIS	02:13 Na+ bg
HIS	02:13 K+ bg
HIS	02:13 Cl- bg
HIS	02:13 Glucose bg
HIS	02:13 Lactate bg (0.5-2.0)
HIS	02:13 Hb bg (117-174)
HIS	02:13 COHb bg (0.5-1.5)
HIS	02:13 MetHb bg (0.5-1.5)
HIS	02:13 SO2 bg (95-98)
HIS	02:13 BE bg (-2.0) - (+3.0)
HIS	02:13 HCO3 bg (21-28)

25/11/2020 02:37

S	02:40 Albumin 5% 400 ml IV STAT: Volume Adm: 400 ml; Amount Adm: 400 ml; Co-sign Initials: NS; Action: Completed;

25/11/2020 03:00

S	07:14 NIBP
NS	03:27 NIBP: 106/55 (73);
S	04:29 Glucose Test 15.8 mmol/L Glucometer Increase (as per protocol);
NS	03:27 Glucose Test: 15.8 mmol/L;
S	04:29 Ketone Level: Result: 0.2 mmol/L Method: Ketone Meter;
NS	03:27 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 41ml;
S	04:08 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 45 ml; Changes: New syringe; New line or giving set; Co-sign Initials: ns;
NS	03:27 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 0.5 ml/hr; Dose: 9 mg/hr; Volume Remaining: 45 ml; Changes: New syringe; New line or giving set; Co-sign Initials: ns;
NS	03:27 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
S	04:08 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Rate: 6 ml/hr; Dose: 2.4 Units/hr; Changes: New syringe; New line or giving set; Co-sign Initials: JM; Action: Start;
S	04:08 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 11ml; Rate: 11ml/hr; Dose: 3.5 mg/hr; Volume Remaining: 34 ml;
NS	03:27 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 11ml; Rate: 18 ml/hr; Dose: 5.8 mg/hr; Volume Remaining: 34 ml;
S	04:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
S	04:08 Net Body Balance (24hr): Cumulative Total 2957 ml; Hour Total 948 ml;
S	04:08 Net Body Balance (LOS): Cumulative Total 2957 ml; Hour Total 948 ml;
NS	03:32 Other Skin Care: ECG dots changed; Sats probe changed;

25/11/2020 03:04

S	03:54 Albumin 20% 100 ml IV STAT: Volume Adm: 100 ml; Amount Adm: 100 ml; Action: Completed;

25/11/2020 03:24

DBSv c	03:33 PaO2/FIO2 Ratio
HIS	03:33 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	03:33 H+ (T) bg (36-44)
HIS	03:33 pCO2 (T) bg (4.6-6.0)
HIS	03:33 pO2 (T) bg (10.5-14.0)
HIS	03:33 Na+ bg
HIS	03:33 K+ bg
HIS	03:33 Cl- bg
HIS	03:33 Glucose bg
HIS	03:33 Lactate bg (0.5-2.0)
HIS	03:33 Hb bg (117-174)
HIS	03:33 COHb bg (0.5-1.5)
HIS	03:33 MetHb bg (0.5-1.5)
HIS	03:33 SO2 bg (95-98)
HIS	03:33 BE bg (-2.0) - (+3.0)
HIS	03:33 HCO3 bg (21-28)

25/11/2020 04:00

S	07:14 NIBP
S	04:08 NIBP: 114/56 (77);
S	04:29 Glucose Test 16.3 mmol/L Glucometer Increase (as per protocol);
S	04:08 Position: Supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
S	04:08 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 39 ml;
S	04:08 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 39 ml;
S	04:08 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 30 ml;
S	04:08 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 41ml;
S	04:08 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 3.2 mg/hr; Volume Remaining: 25 ml;
S	04:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
S	04:08 Net Body Balance (24hr): Cumulative Total 3815 ml; Hour Total 658 ml;
S	04:08 Net Body Balance (LOS): Cumulative Total 3815 ml; Hour Total 658 ml;
S	04:08 1 Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
S	04:08 Wound Assessment: Location: Abdomen Dressing: Dry and intact;
S	04:08 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas;
S	04:08 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp:;

25/11/2020 05:00

EK	05:25 Glucose Test 18.9 mmol/L Glucometer Increase (as per protocol);
EK	05:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 33 ml;
EK	05:25 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 28 ml;
EK	05:25 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 25 ml;
EK	05:25 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 33 ml;
EK	05:25 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 3.2 mg/hr; Volume Remaining: 15 ml;
EK	05:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
EK	05:25 Net Body Balance (24hr): Cumulative Total 4149 ml; Hour Total 534 ml;
EK	05:25 Net Body Balance (LOS): Cumulative Total 4149 ml; Hour Total 534 ml;

25/11/2020 06:00

S	07:14 Amoxicillin 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
S	07:14 Clindamycin 1200 mg IV 12 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
S	07:14 Metronidazole 500 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 500 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
ON	08:23 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: Nil by NG
S	07:14 Hydrocortisone 50 mg IV 6 hrly: Volume Adm: 5 ml; Dose: 50 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
S	07:14 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: JM; Action: Completed;
EK	05:57 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 Units/hr; Volume Remaining: 29 ml;
EK	05:57 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 22 ml;
EK	05:57 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 22 ml;
EK	05:57 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 30 ml;
EK	05:57 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 2.9 mg/hr; Volume Remaining: 10 ml;
EK	05:57 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
S	07:14 Net Body Balance (24hr): Cumulative Total 5029 ml; Hour Total 880 ml;
S	07:14 Net Body Balance (LOS): Cumulative Total 5029 ml; Hour Total 880 ml;

25/11/2020 06:10

HIS	08:13 Calcium Total (2.2-2.60)
HIS	08:13 Urea (2.5-7.5)
HIS	08:13 Creatinine (40-130)
HIS	07:55 WBC (4.0-11)
HIS	07:55 Haemoglobin (90-170)
HIS	07:55 Platelets (150-400)
HIS	07:55 Haematocrit (0.37-0.54)
HIS	09:54 PT (10.0-13.0)
HIS	09:54 APTT (26-36)
HIS	09:54 APTT Ratio
HIS	08:13 Sodium (133-148)

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020 08:10

HIS	08:13 Potassium (3.5-5.0)
HIS	08:13 Chloride (95-108)
HIS	08:13 eGFR
HIS	08:13 Magnesium (0.7-1.0)
HIS	08:13 Bilirubin Total (3.0-20)
HIS	08:13 ALT (<50)
HIS	08:13 AST (<40)
HIS	08:13 Alk Phos (20-130)
HIS	08:13 Albumin (35-50)
HIS	08:13 CRP (<10)
HIS	08:13 Calcium Corrected (2.2-2.6)
HIS	08:13 Phosphate (0.6-1.4)
HIS	08:13 Creatine Kinase (25-320)
HIS	07:55 Neutrophils
HIS	07:55 Lymphocytes
HIS	07:55 Monocytes
HIS	07:55 Eosinophils
HIS	07:55 Basophils
HIS	07:55 Nucleated RBCs
HIS	07:55 MCV
HIS	07:55 Mean Cell HGB%
HIS	07:55 RBC
HIS	08:13 Gentamicin

25/11/2020 08:12

HIS	08:13 Troponin I HS (<34)

25/11/2020 08:25

DBSvc	08:33 PaO2/FIO2 Ratio
HIS	08:33 Oxygen % bg; Remarks: Oxygen % bg: NA;
HIS	08:33 H+ (T) bg (36-44)
HIS	08:33 pCO2 (T) bg (4.6-6.0)
HIS	08:33 pO2 (T) bg (10.5-14.0)
HIS	08:33 Na+ bg
HIS	08:33 K+ bg
HIS	08:33 Cl- bg
HIS	08:33 Glucose bg
HIS	08:33 Lactate bg (0.5-2.0)
HIS	08:33 Hb bg (117-174)
HIS	08:33 COHb bg (0.5-1.5)
HIS	08:33 MetHb bg (0.5-1.5)
HIS	08:33 SO2 bg (95-98)
HIS	08:33 BE bg (-2.0) - (+3.0)
HIS	08:33 HCO3 bg (21-28)

25/11/2020 07:00

S	07:14 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
S	07:14 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 Units/hr; Volume Remaining: 22 ml;
S	07:14 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 12 ml;
S	07:14 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
S	07:14 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 24 ml;
S	07:14 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.6 mg/hr; Volume Remaining: 37 ml; Changes: New syringe; New line or giving set;
S	07:14 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
S	07:14 Net Body Balance (24hr): Cumulative Total 5503 ml; Hour Total 474 ml; Action: Automatic Reset;
S	07:14 Net Body Balance (LOS): Cumulative Total 5503 ml; Hour Total 474 ml;
S	07:14 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
S	07:14 Wound Assessment: Location: Abdomen Dressing: Dry and intact;
S	07:14 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas;
S	07:14 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp:;
S	07:14 Other Skin Care: Emollient applied; ECG dots changed; Sats probe changed;

25/11/2020 07:50

ON	08:23 Albumin 20% 100 ml IV STAT: Volume Adm: 100 ml; Amount Adm: 100 ml; Co-sign Initials: RB ; Action: Completed;

25/11/2020 08:00

ON	08:38 Glucose Test 10.3 mmol/L Glucometer No change (as per protocol);
ON	08:23 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
ON	09:16 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
ON	08:23 RASS Assessment: RASS Actual: -4 Deep sedation; RASS Target -4 Deep sedation;
ON	08:23 CAM-ICU: RASS -4 or -5 = Unable to assess.;
ON	08:23 CPOT: 0 - Relaxed, neutral, 0 - Absence of movements or normal position, 0 - Tolerating ventilator or movement, Not Applicable, 0 - Relaxed, 0;
ON	08:23 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 Units/hr; Volume Remaining: 15 ml;
ON	08:23 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 3 ml; Changes: New syringe; Co-sign Initials: MV;
ON	08:23 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 14 ml;
ON	08:23 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 18 ml;
ON	08:23 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 6.5 ml; Rate: 6.5 ml/hr; Dose: 2.1 mg/hr; Volume Remaining: 30 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Action: Suspend;
ON	08:32 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
ON	08:32 Hartmanns IV Continuous PRN @ 999 ml/hr: Volume Adm: 500 ml; Changes: New bag; Co-sign Initials: MV;
ON	08:32 Urine: Bladder Urinary Catheter: Volume Out: 25 ml; Drain Colour: Orange;
ON	08:32 Net Body Balance (24hr): Cumulative Total 657 ml; Hour Total 657 ml; Action: Start;
ON	08:32 Net Body Balance (LOS): Cumulative Total 6160 ml; Hour Total 657 ml;
ON	08:23 RAH Bedside Checks: RAH BedsideCheck: Drugs in shared lines compatible; Remove excess equipment; Ventilator settings checked; Mapleson c-circuit; Yankaeur suction catheters avail; PEEP valve at appropriate level; Check IV access; Alarm limits appropriate; Trauma mask; Oxygen flow checked; Suction flow checked; Range of soft tip suction; Infusion pumps (rates/conc.); Glucometer available QC check; Guedel airways; Transducer bags checked; Ambu bag function check; Airway management guide complete;
ON	08:23 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
ON	08:23 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs; Weekly deep clean completed (Thursday); Infection control care plans completed;

25/11/2020 08:56

DBSvc	09:04 PaO2/FIO2 Ratio
HIS	09:04 Oxygen % bg
HIS	09:04 H+ (T) bg (36-44)
HIS	09:04 pCO2 (T) bg (4.6-6.0)
HIS	09:04 pO2 (T) bg (10.5-14.0)
HIS	09:04 Na+ bg
HIS	09:04 K+ bg
HIS	09:04 Cl- bg
HIS	09:04 Glucose bg
HIS	09:04 Lactate bg (0.5-2.0)
HIS	09:04 Hb bg (117-174)
HIS	09:04 COHb bg (0.5-1.5)
HIS	09:04 MetHb bg (0.5-1.5)
HIS	09:04 SO2 bg (95-98)
HIS	09:04 BE bg (-2.0) - (+3.0)
HIS	09:04 HCO3 bg (21-28)

25/11/2020 09:00

ON	09:16 Glucose Test 113 mmol/L Glucometer Increase (as per protocol);
ON	09:16 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
ON	09:16 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 9 Units/hr; Volume Remaining: 44 ml; Changes: New syringe; New line or giving set;
ON	09:16 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 42 ml;
ON	09:15 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml;
ON	09:16 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; Co-sign Initials: MV;
ON	09:16 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 6.5 ml; Rate: 6.5 ml/hr; Dose: 2.1 mg/hr; Volume Remaining: 23 ml;
ON	09:19 Drain: Abdomen Left 3: Volume Out: 100 ml; Drain Colour: Pink; Dark red;
ON	09:19 Drain: Abdomen Right 1: Volume Out: 150 ml; Drain Colour: Pink; Dark red;
ON	09:16 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange;
ON	09:19 Net Body Balance (24hr): Cumulative Total 392 ml; Hour Total -268 ml;
ON	09:19 Net Body Balance (LOS): Cumulative Total 5895 ml; Hour Total -268 ml;

25/11/2020 10:00

E	13:36 Fluconazole 400 mg IV OD at 10:00: Route: IV; Action: Held; Remarks: Dose given in theatre. See aneasthetic chart
DBSvc	11:17 Net Body Balance (24hr): Cumulative Total 392 ml; Hour Total 0 ml;
DBSvc	11:17 Net Body Balance (LOS): Cumulative Total 5895 ml; Hour Total 0 ml;

25/11/2020 11:00

DBSvc	12:17 Net Body Balance (24hr): Cumulative Total 392 ml; Hour Total 0 ml;
DBSvc	12:17 Net Body Balance (LOS): Cumulative Total 5895 ml; Hour Total 0 ml;

25/11/2020 12:00

E	13:36 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Action: Completed;
DBSvc	13:17 Net Body Balance (24hr): Cumulative Total 392 ml; Hour Total 0 ml;
DBSvc	13:17 Net Body Balance (LOS): Cumulative Total 5895 ml; Hour Total 0 ml;

25/11/2020 13:00

ON	14:45 Glucose Test 5.6 mmol/L Glucometer Stop Infusion (as per protocol);
ON	16:41 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Changes: New bag; New line or giving set; Co-sign Initials: RB; Action: Start;
ON	16:41 Net Body Balance (24hr): Cumulative Total 442 ml; Hour Total 50 ml;
ON	16:41 Net Body Balance (LOS): Cumulative Total 5945 ml; Hour Total 50 ml;

25/11/2020 13:30

E	13:36 Omeprazole 40mg IV Once Daily: Dose: 40mg ; Route: IV; Co-sign Initials: ON; Action: Completed; Remarks: Delayed as patient in theatre

25/11/2020 13:36

HIS	13:46 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	13:46 H+ (T) bg (36-44)
HIS	13:46 pCO2 (T) bg (4.6-6.0)
HIS	13:46 pO2 (T) bg (10.5-14.0)
HIS	13:46 Na+ bg
HIS	13:46 K+ bg
HIS	13:46 Cl- bg
HIS	13:46 Glucose bg
HIS	13:46 Lactate bg (0.5-2.0)
HIS	13:46 Hb bg (117-174)
HIS	13:46 COHb bg (0.5-1.5)

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	25/11/2020 13:36
HIS	13:46 MetHb bg (0.5-1.5)
HIS	13:46 SO2 bg (95-98)
HIS	13:46 BE bg (-2.0) - (+3.0)
HIS	13:46 HCO3 bg (21-28)
	25/11/2020 13:41
E	13:51 Heart Rate
ON	14:45 Heart Rhythm
E	13:51 Heart Rhythm: SR;
E	13:51 ABP
E	13:51 Zero Transducer
E	13:51 Temperature
E	13:51 SpO2
E	13:51 FiO2
E	13:51 Airway
E	13:51 Ventilator
E	13:51 Ventilator Mode
E	13:51 Set Tidal Vol
LG	28/11/2020 11:21 Set Tidal Volume (mls/kg)
E	13:51 I:E Ratio
E	13:51 PEEP
E	13:51 ASB
E	13:51 Resp Rate (Set)
E	13:51 Resp Rate (Spont)
E	13:51 Resp Rate (Total)
E	13:51 Expired Tidal Volume
E	13:51 Minute Volume
E	13:51 Peak Airway Pressure
E	13:51 Mean Airway Pressure
E	13:51 End Tidal CO2
E	13:51 Humidification
E	13:51 Secretions
E	13:51 Suction/Cough Amount
E	13:51 Specimen Type
E	13:51 Blood Gas Reason
E	13:51 Temperature Corrected
E	13:51 Oxygen % bg
E	13:51 Head Of Bed Elevation
E	13:51 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
E	13:51 Sedation Held
E	13:51 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Action: Suspend;
ON	14:45 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 48 ml; Changes: New syringe;
E	13:51 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 42.2 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 48 ml; Changes: New syringe;
ON	14:45 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
E	13:51 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 18.7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 18 ml;
ON	14:45 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 21 ml;
E	13:51 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 28.1 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 21 ml;
ON	14:45 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 1.8 mg/hr; Volume Remaining: 43 ml;
E	13:51 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 30.4 ml; Rate: 5.5 ml/hr; Dose: 1.8 mg/hr; Volume Remaining: 43 ml;
E	13:51 Urine: Bladder Urinary Catheter: Volume Out: 220 ml; Drain Colour: Orange;
	25/11/2020 14:00
ON	16:47 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
ON	14:45 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
ON	14:46 Amoxicillin 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: LG; Action: Completed;
ON	14:45 Amoxicillin 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Action: Completed;
ON	14:46 Metronidazole 500 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 500 mg; Route: IV; Co-sign Initials: LG; Action: Completed;
ON	14:45 Metronidazole 500 mg IV 8 hrly: Dose: 500 mg; Route: IV; Action: Completed;
ON	16:41 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LG ; Action: Completed;
ON	14:45 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 37 ml;
ON	16:41 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 14 ml;
ON	14:45 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
ON	16:41 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 18 ml;
ON	14:45 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;
ON	16:41 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4.5 ml; Rate: 4.5 ml/hr; Dose: 1.4 mg/hr; Volume Remaining: 41 ml;
ON	14:45 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4.5 ml; Rate: 4.5 ml/hr; Dose: 1.4 mg/hr;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
ON	16:41 Net Body Balance (24hr): Cumulative Total 560 ml; Hour Total 118 ml;
ON	16:41 Net Body Balance (LOS): Cumulative Total 6083 ml; Hour Total 118 ml;
ON	16:41 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
ON	16:41 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
ON	16:41 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Theatre dressing 25/1120; Wound Form Done: No;
ON	16:41 Skin Action: Activate dynamic mattress; Apply Sycra to vulnerable areas; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
ON	16:41 2. Surface: Equipment appropriate; Equipment in good working order;
ON	16:47 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
ON	16:47 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp: Nil by mouth;
	25/11/2020 14:51
HIS	28/11/2020 11:02 Calcium Total (2.2-2.60)
HIS	28/11/2020 11:00 Urea (2.5-7.5)
HIS	28/11/2020 11:00 Creatinine (40-130)
HIS	15:46 WBC (4.0-11)
HIS	15:46 Haemoglobin (90-170)
HIS	15:46 Platelets (150-400)
HIS	15:46 Haematocrit (0.37-0.54)
HIS	28/11/2020 10:56 Fibrinogen (1.7-4.0)
HIS	28/11/2020 10:56 PT (10.0-13.0)
HIS	28/11/2020 10:56 APTT (28-36)
HIS	28/11/2020 10:56 APTT Ratio
HIS	28/11/2020 11:00 Sodium (133-146)
HIS	28/11/2020 11:00 Potassium (3.5-5.0)
HIS	28/11/2020 11:00 Chloride (95-108)
HIS	28/11/2020 11:00 eGFR
HIS	28/11/2020 11:00 Magnesium (0.7-1.0)
HIS	28/11/2020 11:00 Bilirubin Total (3.0-20)
HIS	28/11/2020 11:00 ALT (<50)
HIS	28/11/2020 11:00 AST (<40)
HIS	28/11/2020 11:00 Alk Phos (20-130)
HIS	28/11/2020 11:00 Albumin (35-50)
HIS	28/11/2020 11:00 CRP (<10)
HIS	28/11/2020 11:02 Calcium Corrected (2.2-2.6)
HIS	28/11/2020 11:02 Phosphate (0.6-1.4)
HIS	28/11/2020 11:00 Creatine Kinase (25-320)
HIS	15:46 Neutrophils
HIS	15:46 Lymphocytes
HIS	15:46 Monocytes
HIS	15:46 Eosinophils
HIS	15:46 Basophils
HIS	15:46 Nucleated RBCs
HIS	15:46 MCV
HIS	15:46 Mean Cell HGB%
HIS	15:46 RBC
	25/11/2020 15:00
ON	16:41 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
ON	16:41 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 28 ml;
ON	16:41 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
ON	16:41 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 12 ml;
ON	16:41 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4.5 ml; Rate: 4.5 ml/hr; Dose: 1.4 mg/hr; Volume Remaining: 37 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
ON	16:41 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange;
ON	16:41 Net Body Balance (24hr): Cumulative Total 583 ml; Hour Total 23 ml;
ON	16:41 Net Body Balance (LOS): Cumulative Total 6086 ml; Hour Total 23 ml;
	25/11/2020 16:00
ON	17:23 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
ON	16:41 ET Tube: Mouth; Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9; Site Care: Connections checked; Secured with cotton tapes; Skin checked for pressure damage; Sycra applied under ET tapes; Tapes changed; Position: centre of mouth;
ON	16:41 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
ON	16:41 CPOT: 0 - Relaxed, neutral, 0 - Absence of movements or normal position, 0 - Tolerating ventilator or movement, Not Applicable, 0 - Relaxed, 0;
ON	16:41 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 19 ml;
ON	16:41 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 6 ml;
ON	16:41 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 6 ml;
ON	16:41 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Volume Remaining: 33 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
ON	16:41 Urine: Bladder Urinary Catheter: Volume Out: 55 ml; Drain Colour: Orange;
ON	16:41 Net Body Balance (24hr): Cumulative Total: 601 ml; Hour Total: 18 ml;
ON	16:41 Net Body Balance (LOS): Cumulative Total: 6104 ml; Hour Total: 18 ml;
ON	17:23 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
ON	17:23 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
ON	17:23 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Theatre dressing 25/1120; Wound Form Done: No;
ON	17:23 Skin Action: Activate dynamic mattress; Apply Sycra to vulnerable areas; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
ON	17:23 2. Surface: Equipment appropriate; Equipment in good working order;
ON	17:23 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
ON	17:23 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp: Nil by mouth;
ON	16:47 Hygiene: Bed bath; Urinary catheter care done;
ON	16:47 Other Skin Care: ECG dots changed; Sats probe changed;
ON	16:47 Arterial: Brachial Artery Left Insertion Date: 24/112020; Site Duration: 1 days;
ON	16:47 Arterial: Radial Artery Left Insertion Date: 24/112020; Site Duration: 1 days; Transducer Due 28/112020 16:00; Site Care: Hub decontamination done; Skin checked for pressure damage; Connections checked; Dressing changed; No site redness, pain, swelling; Secured with dressing; Hand hygiene done; Dressing dry & intact; Site cleaned; Secured with suture;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 16:00

ON 16:47 Central: Femoral Right: Insertion Date: 24/112020; Site Duration: 1 days; Transducer Due: 28/112020 16:00; Site Care: Connections checked; Dressing changed; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Site cleaned; Line Patency: All lumens patent; BundleCompliance; Procedure note completed; Need for line reviewed & recorded; Skin checked for pressure damage; Hand hygiene (before & after); Hub decontamination; Line used in past 24 hours; Dressing intact & dated; Dressing changed within 7 days; Site Infection?: No; Dressing Due: 28/112020; Removal Date: 29/112020;

25/11/2020 17:00

ON 17:23 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9;
ON 17:23 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
ON 17:23 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 14 ml;
ON 17:23 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 3 ml;
ON 17:23 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 49 ml; Changes: New syringe; Co-sign Initials: RB;
ON 17:23 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Volume Remaining: 27 ml;
ON 17:23 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
ON 17:23 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Orange;
ON 17:23 Net Body Balance (24hr): Cumulative Total 634 ml; Hour Total 33 ml;
ON 17:23 Net Body Balance (LOS): Cumulative Total 6137 ml; Hour Total 33 ml;

25/11/2020 18:00

CW 19:05 Temperature
CW 19:03 Temperature: 37.3 C Tympanic;
CW 19:05 Glucose Test
CW 19:03 Glucose Test 12.9 mmol/L Glucometer;
E 17:58 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9;
E 17:58 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
CB 20:44 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
CW 18:06 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Dose: 4.5 g; Route: IV; Action: Completed;
CB 22:25 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: Nil by NG;
CB 20:44 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: Nil by NG;
CW 19:06 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Action: Completed;
E 17:58 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml

LG6 18:37 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Changes: New syringe; New line or giving set;
E 17:58 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr;
E 17:58 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
E 17:58 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;
E 17:58 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr;
E 17:58 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
E 17:58 Urine: Bladder Urinary Catheter: Volume Out: 20 ml; Drain Colour: Orange;
CB 20:44 Net Body Balance (24hr): Cumulative Total 787 ml; Hour Total 153 ml;
CB 20:44 Net Body Balance (LOS): Cumulative Total 6290 ml; Hour Total 153 ml;

25/11/2020 19:00

E 19:45 PEEP
CW 19:11 PEEP: 8.8;
CW 19:12 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
CB 20:44 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr;
CB 20:44 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
CB 20:44 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;
CB 20:44 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr;
CB 20:44 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CW 19:28 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Orange;
CB 20:44 Net Body Balance (24hr): Cumulative Total 820 ml; Hour Total 33 ml;
CB 20:44 Net Body Balance (LOS): Cumulative Total 6323 ml; Hour Total 33 ml;
CW 19:17 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CW 19:17 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Theatre dressing 25/1120; Wound Form Done: No;
CW 19:17 Skin Action: Activate dynamic mattress; Apply Spyora to vulnerable areas; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
CW 19:17 2. Surface: Equipment appropriate; Equipment in good working order;
CW 19:17 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;

25/11/2020 20:00

CB 26/112020 00:32 Glucose Test 12.2 mmol/L Glucometer
Start infusion (as per protocol);
CB 20:44 Glucose Test 12.2 mmol/L Glucometer;

CB 20:44 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9;
CB 20:44 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
CB 20:44 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 10 ml; Action: Start;
CB 20:44 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 32 ml;
CB 20:44 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;
CB 20:44 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 12 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 31 ml;
CB 20:44 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 8 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 17 ml;
CB 20:44 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
LB 27/112020 20:03 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 3 days; Site Care: Connections checked; No site redness, pain or inflammation; Skin checked for pressure damage; Tube present on admission;
CB 20:44 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange;
CB 20:44 Net Body Balance (24hr): Cumulative Total 857 ml; Hour Total 37 ml;
CB 20:44 Net Body Balance (LOS): Cumulative Total 6360 ml; Hour Total 37 ml;
CB 20:44 RAH Bedside Checks: RAH BedsideCheck: PEEP valve at appropriate level; Yankeaur suction catheters avail; Check IV access; Ventilator settings checked; Infusion pumps (rates/conc.); Oxygen flow checked; Trauma mask; Glucometer available QC check; Drugs in shared lines compatible; Alarm limits appropriate; Suction flow checked; Ambu bag function check; Transducer bags checked; Range of soft tip suction; Guedel airways;
CB 20:44 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain track; Infusion pumps; Monitors; Ventilator; Tympanic thermometer;
CB 20:44 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs;

25/11/2020 20:35

CB 20:44 Gentamicin 360 mg IV Once Only: Volume Adm: 100 ml; Dose: 360 mg; Route: IV; Co-sign Initials: CB; Action: Completed;

25/11/2020 21:00

CB 21:15 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9;
CB 21:15 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
CB 21:15 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 8 ml;
CB 21:15 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 25 ml;

CB 21:15 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;
CB 21:15 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 25 ml;
CB 21:15 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 1 mg/hr; Volume Remaining: 15 ml;
CB 21:15 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB 21:15 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Orange;
CB 21:15 Net Body Balance (24hr): Cumulative Total 991 ml; Hour Total 134 ml;
CB 21:15 Net Body Balance (LOS): Cumulative Total 6484 ml; Hour Total 134 ml;

25/11/2020 22:00

CB 26/112020 00:32 Glucose Test 13.8 mmol/L Glucometer
Increase (as per protocol);
CB 22:25 Glucose Test 13.8 mmol/L Glucometer;
CB 22:25 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9;
CB 22:25 RASS Assessment: RASS Actual: -5 Unrousable; RASS Target -5 Unrousable;
CB 22:25 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: Nil by NG;
CB 22:25 Fabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: CB; Action: Completed;
CB 22:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 6 ml;
CB 22:25 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 16 ml;
CB 22:25 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
CB 22:25 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 19 ml;
CB 22:25 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 1 mg/hr; Volume Remaining: 12 ml;
CB 22:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB 22:25 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Yellow;
CB 22:25 Net Body Balance (24hr): Cumulative Total 1125 ml; Hour Total 134 ml;
CB 22:25 Net Body Balance (LOS): Cumulative Total 6628 ml; Hour Total 134 ml;

25/11/2020 23:00

CB 26/112020 00:32 Glucose Test 13.4 mmol/L Glucometer
Increase (as per protocol);
R 23:10 Glucose Test 13.4 mmol/L Glucometer;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020 23:00

R	23:08 Air Entry Right Apex: Clear Midzone: Base: Clear;
CB	26/112020 00:32 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
R	23:08 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 1 days; Tube Size: 9;
R	23:13 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 50 ml; Changes: New syringe; Co-sign Initials: cb;
R	23:13 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 6 ml;
R	23:13 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
R	23:13 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 14 ml;
R	23:13 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 1 mg/hr; Volume Remaining: 8 ml;
R	23:14 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
R	23:14 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Yellow;
R	23:14 Net Body Balance (24hr): Cumulative Total 1149 ml; Hour Total 24 ml;
R	23:14 Net Body Balance (LOS): Cumulative Total 6652 ml; Hour Total 24 ml;
CB	26/112020 00:32 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CB	26/112020 00:32 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Theatre dressing 25/1120; Wound Form Done: No;
CB	26/112020 00:32 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
CB	26/112020 00:32 2. Surface: Equipment appropriate; Equipment in good working order;
CB	26/112020 00:32 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
CB	26/112020 00:32 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp: Nil by mouth;
R	23:22 Mouth Care: Oral sponge with water; Teeth brushed;

26/11/2020 00:00

CB	00:32 Glucose Test 14.7 mmol/L Glucometer Increase (as per protocol);
CB	00:32 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	00:32 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	00:32 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	00:32 Hydrocortisone 50 mg IV 6 hrly: Volume Adm: 10 ml; Dose: 50 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	00:32 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 47 ml;
CB	00:32 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Changes: New syringe; New line or giving set;
CB	00:32 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
CB	00:32 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 8 ml;
CB	00:32 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 4 ml;
CB	00:32 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Changes: New bag; New line or giving set;
CB	00:32 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange;
CB	00:32 Net Body Balance (24hr): Cumulative Total 1386 ml; Hour Total 236 ml;
CB	00:32 Net Body Balance (LOS): Cumulative Total 6889 ml; Hour Total 236 ml;

26/11/2020 01:00

CB	01:36 Glucose Test 15.8 mmol/L Glucometer Increase (as per protocol);
CB	01:36 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	01:36 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 41 ml;
CB	01:36 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 34 ml;
CB	01:36 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 19 ml;
CB	01:36 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Changes: New syringe; New line or giving set;
CB	02:16 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Changes: New syringe; New line or giving set;
CB	01:36 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Changes: New syringe; New line or giving set;
CB	01:36 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB	01:36 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Drain Colour: Orange;
CB	01:36 Net Body Balance (24hr): Cumulative Total 1405 ml; Hour Total 19 ml;
CB	01:36 Net Body Balance (LOS): Cumulative Total 6908 ml; Hour Total 19 ml;

26/11/2020 02:00

CB	02:16 Glucose Test 15.6 mmol/L Glucometer Increase (as per protocol);
CB	02:16 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	02:16 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 8 ml; Rate: 8 ml/hr; Dose: 8 Units/hr; Volume Remaining: 33 ml;
CB	02:16 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 25 ml;
CB	02:16 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 15 ml;
CB	02:16 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 41 ml;
CB	02:16 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 1.6 mg/hr; Volume Remaining: 44 ml;
CB	02:16 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB	02:15 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Drain Colour: Orange;
CB	02:15 Net Body Balance (24hr): Cumulative Total 1427 ml; Hour Total 22 ml;
CB	02:18 Net Body Balance (LOS): Cumulative Total 6930 ml; Hour Total 22 ml;
CB	07:19 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CB	07:19 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Theatre dressing 25/1120; Wound Form Done: No;
CB	07:19 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Encourage activity as tolerated; Pressure area care as Care Plan; Pressure redistributing mattress;
CB	07:19 2. Surface: Equipment appropriate; Equipment in good working order;
CB	07:19 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
CB	07:19 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp: Nil by mouth;

26/11/2020 03:00

R	03:12 Glucose Test 14.4 mmol/L Glucometer Increase (as per protocol);
R	03:03 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
R	03:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 8 ml; Rate: 10 ml/hr; Dose: 10 Units/hr; Volume Remaining: 23 ml;
R	03:12 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 16 ml;
R	03:12 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 12 ml;
R	03:12 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 35 ml;
R	03:12 Noradrenaline mg/ml. mg/hr 0.16 mg/ml.
R	03:12 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 1.6 mg/hr; Volume Remaining: 39 ml;
R	03:12 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
R	03:12 Urine: Bladder Urinary Catheter: Volume Out: 55 ml; Drain Colour: Orange;
R	03:12 Net Body Balance (24hr): Cumulative Total 1454 ml; Hour Total 27 ml;
R	03:12 Net Body Balance (LOS): Cumulative Total 6957 ml; Hour Total 27 ml;

26/11/2020 03:22

HIS	11:25 WBC (4.0-11)
HIS	11:25 Haemoglobin (90-170)
HIS	11:25 Platelets (150-400)
HIS	11:25 Haematocrit (0.37-0.54)
HIS	11:25 PT (10.0-13.0)
HIS	11:25 APTT (26-36)
HIS	11:25 APTT Ratio
HIS	11:25 Neutrophils
HIS	11:25 Lymphocytes
HIS	11:25 Monocytes
HIS	11:25 Eosinophils
HIS	11:25 Basophils
HIS	11:25 Nucleated RBCs
HIS	11:25 MCV
HIS	11:25 Mean Cell HGB%
HIS	11:25 RBC

26/11/2020 04:00

CB	04:39 Glucose Test 15.6 mmol/L Glucometer Increase (as per protocol);
CB	07:24 PaO2/FIO2 Ratio: 33.14;
CB	07:24 pCO2 (T) bg (4.6-6.0): 5.5;
CB	07:24 pO2 (T) bg (10.5-14.0): 11.6;
CB	07:24 Na+ bg: 131;
CB	07:24 K+ bg: 4.3;
CB	07:24 Cl- bg: 100;
CB	07:24 Glucose bg: 16.8;
CB	07:24 Lactate bg (0.5-2.0): 1.3;
CB	07:24 Hb bg (117-174): 110;
CB	07:24 COHb bg (0.5-1.5): 1.8;
CB	07:24 MetHb bg (0.5-1.5): 1;
CB	07:24 SO2 bg (95-98): 98.9;
CB	07:24 HCO3 bg (21-28): 23.7;
CB	04:39 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	04:39 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 12 ml; Rate: 12 ml/hr; Dose: 12 Units/hr; Volume Remaining: 11ml;
CB	04:39 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 140 mg/hr; Volume Remaining: 11ml;
CB	04:39 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 6 ml;
CB	04:39 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 29 ml;
CB	04:39 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4.3 ml; Rate: 4.3 ml/hr; Dose: 1.4 mg/hr; Volume Remaining: 33 ml;
CB	04:39 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB	04:39 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

26/11/2020 04:00

CB	04:39 Net Body Balance (24hr): Cumulative Total 1487 ml; Hour Total 33 ml;
CB	04:39 Net Body Balance (LOS): Cumulative Total 6990 ml; Hour Total 33 ml;

26/11/2020 04:27

DBSV c	12:00 PaO2/FIO2 Ratio
HIS	12:00 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	12:00 H+ (T) bg (36-44)
HIS	12:00 pCO2 (T) bg (4.6-6.0)
HIS	12:00 pO2 (T) bg (10.5-14.0)
HIS	12:00 Na+ bg
HIS	12:00 K+ bg
HIS	12:00 Cl- bg
HIS	12:00 Glucose bg
HIS	12:00 Lactate bg (0.5-2.0)
HIS	12:00 Hb bg (117-174)
HIS	12:00 COHb bg (0.5-1.5)
HIS	12:00 MetHb bg (0.5-1.5)
HIS	12:00 SO2 bg (95-98)
HIS	12:00 BE bg (-2.0) - (+3.0)
HIS	12:00 HCO3 bg (21-28)

26/11/2020 05:00

CB	06:25 Glucose Test 15.2 mmol/L Glucometer Increase (as per protocol);
CB	06:25 Position: Head of bed elevated; Knee bend altered; Pillows adjusted;
CB	06:25 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	06:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 14 Units/hr; Changes: New syringe; New line or giving set;
CB	06:25 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 140 mg/hr; Volume Remaining: 4 ml;
CB	06:25 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 2 ml;
CB	06:25 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 23 ml;
CB	06:25 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Volume Remaining: 30 ml;
CB	06:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB	06:25 Net Body Balance (24hr): Cumulative Total 1512 ml; Hour Total 25 ml;
CB	06:25 Net Body Balance (LOS): Cumulative Total 7015 ml; Hour Total 25 ml;
CB	06:25 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CB	06:25 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Theatre dressing 25/1120; Wound Form Done: No;
CB	07:19 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
CB	07:19 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp: Nil by mouth;

26/11/2020 06:00

CB	08:25 Glucose Test 14.8 mmol/L Glucometer Increase (as per protocol);
CB	08:25 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	07:09 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: CB; Action Completed;
CB	08:25 Clindamycin 1200 mg IV 6 hrly: Dose: 1200 mg; Route: IV; Action Completed;
CB	07:09 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: CB; Action Completed;
CB	07:09 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action Completed; Reason Drug Held: Nil by NG;
CB	07:09 Hydrocortisone 50 mg IV 8 hrly: Dose: 50 mg; Route: IV; Co-sign Initials: CB; Action Completed;
CB	07:09 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: CB; Action Completed;
CB	08:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 30 ml;
CB	06:25 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 140 mg/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set;
CB	08:25 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 49 ml; Changes: New syringe; New line or giving set;
CB	06:25 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 17 ml;
CB	08:25 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 8.5 ml; Rate: 4.3 ml/hr; Dose: 1.4 mg/hr; Volume Remaining: 27 ml;
CB	08:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB	07:32 Drain: Abdomen Left 3: Volume Out: 450 ml; Drain Colour: Bright red;
CB	07:32 Drain: Abdomen Right 1: Volume Out: 200 ml; Drain Colour: Bright red;
CB	06:25 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Orange;
CB	07:32 Net Body Balance (24hr): Cumulative Total 1204 ml; Hour Total -308 ml;
CB	07:32 Net Body Balance (LOS): Cumulative Total 6707 ml; Hour Total -308 ml;

26/11/2020 05:14

HIS	12:14 Gentamicin

26/11/2020 07:00

CB	07:19 Glucose Test 13.9 mmol/L Glucometer Increase (as per protocol);
CB	07:19 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
CB	07:19 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 12 ml;
CB	07:19 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Volume Remaining: 40 ml;
CB	07:19 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 43 ml;
CB	07:19 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 11ml;
CB	07:19 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 22 ml;
CB	07:19 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CB	07:19 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Orange;
CB	07:32 Net Body Balance (24hr): Cumulative Total 1249 ml; Hour Total 45 ml; Action: Automatic Reset;
CB	07:32 Net Body Balance (LOS): Cumulative Total 6752 ml; Hour Total 45 ml;

26/11/2020 08:00

FM	08:16 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
FM	08:16 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 49 ml; Changes: New syringe; New line or giving set;
FM	08:16 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Volume Remaining: 33 ml;
FM	08:16 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;
FM	08:16 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 6 ml;
FM	08:16 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 19 ml;
FM	08:22 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
FM	12:38 Net Body Balance (24hr): Cumulative Total 35 ml; Hour Total 35 ml; Action: Start;
FM	12:38 Net Body Balance (LOS): Cumulative Total 6788 ml; Hour Total 35 ml;
FM	08:21 RAH Bedside Checks: RAH BedsideCheck: Drugs in shared lines compatible; Ventilator settings checked; Ambu bag function check; Check contents of trache box; Suction flow checked; Alarm limits appropriate; Trauma mask; Check IV access; Airway management guide complete; Glucometer available QC check; Guedel airways; Transducer bags checked; PEEP valve at appropriate level; Infusion pumps (rates/conc.); Yankaeur suction catheters avail; Oxygen flow checked; Mapleson c-circuit; Range of soft tip suction;
FM	08:21 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
FM	08:21 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs; Weekly deep clean completed (Thursday); Infection control care plans completed;

26/11/2020 09:00

FM	09:23 Glucose Test 10.1 mmol/L Glucometer No change (as per protocol);
FM	09:23 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
FM	09:23 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 24 ml;
FM	09:23 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Volume Remaining: 27 ml;
FM	09:23 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;
FM	09:23 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 50 ml; Changes: New syringe;
FM	09:23 Noradrenaline mg/ml. mg/hr 0.16 mg/ml
FM	09:23 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 16 ml;
FM	12:38 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
FM	09:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: 50 ml ();
FM	12:38 Net Body Balance (24hr): Cumulative Total 81 ml; Hour Total 45 ml;
FM	12:38 Net Body Balance (LOS): Cumulative Total 6833 ml; Hour Total 45 ml;

26/11/2020 10:00

FM	10:00 Glucose Test 8.6 mmol/L Glucometer Decrease (as per protocol);
CA	10:37 I:E Ratio
J	10:19 I:E Ratio: 12:;
CA	12:09 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 200 ml; Dose: 400 mg; Route: IV; Co-sign Initials: SD; Action: Completed;
CA	12:09 Omeprazole 40mg IV Once Daily: Dose: 40mg ; Route: IV; Co-sign Initials: SD; Action: Completed;
FM	10:00 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 16 ml;
CA	10:37 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr;
CA	10:37 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
CA	10:37 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;
CA	10:37 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr;
CA	10:37 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
FM	12:38 Net Body Balance (24hr): Cumulative Total 326 ml; Hour Total 245 ml;
FM	12:38 Net Body Balance (LOS): Cumulative Total 7079 ml; Hour Total 245 ml;

26/11/2020 11:00

CA	12:09 Glucose Test 5.7 mmol/L Glucometer Stop Infusion (as per protocol);

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

26/11/2020 11:00

CA	13:35 I:E Ratio
CA	12:09 I:E Ratio: 12:;
CA	13:35 PEEP
CA	12:09 PEEP: 8.8;
CA	13:35 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
FM	12:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Action: Suspend;
FM	12:34 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr;
FM	12:38 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CA	12:09 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: 50 ml ();
SD	12:19 Urine: Bladder Urinary Catheter
CA	12:09 Urine: Bladder Urinary Catheter: 0;
FM	12:38 Net Body Balance (24hr): Cumulative Total 373 ml; Hour Total 47 ml;
FM	12:38 Net Body Balance (LOS): Cumulative Total 7126 ml; Hour Total 47 ml;
FM	12:41 1. Skin Inspection: All visible areas checked; No skin damage; Redness/discolouration present = 2hrly positional changes; Pressure ulcer present = 2hrly positional changes; Skin under medical devices checked; Moisture lesion present; Pressure damage present;
FM	12:41 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
FM	12:41 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp:;

26/11/2020 12:00

CA	12:09 Glucose Test: 5.7 mmol/L;
CA	13:35 I:E Ratio
CA	12:09 I:E Ratio: 12:;
CA	13:35 PEEP
CA	12:09 PEEP: 8.8;
FM	12:38 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 250 ml; Dose: 1200 mg; Route: IV; Action: Completed;
FM	12:38 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Action: Completed;
FM	12:38 Hydrocortisone 50 mg IV 6 hrly: Volume Adm: 10 ml; Dose: 50 mg; Route: IV; Action: Completed;
CA	13:32 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml
FM	12:34 Propofol 2% 20mg/ml mg/hr 20 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Action: Suspend;
FM	12:34 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 23 ml;
FM	12:34 Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml: Volume Adm: 12 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Action: Suspend;
FM	12:34 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 7 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 4 ml;
FM	12:36 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
FM	12:38 Urine: Bladder Urinary Catheter
CA	12:09 Urine: Bladder Urinary Catheter: 15;
FM	12:38 Net Body Balance (24hr): Cumulative Total 741 ml; Hour Total 368 ml;
FM	12:38 Net Body Balance (LOS): Cumulative Total 7494 ml; Hour Total 368 ml;

26/11/2020 12:54

CA	13:04 Glucose Test

26/11/2020 13:00

CA	13:04 Heart Rate: 105;
CA	13:04 ABP: 105/60 (75);
CA	13:04 Temperature: 37.4 C;
CA	13:04 Glucose Test 4.8 mmol/L Glucometer;
CA	13:32 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml
CA	13:32 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 20 ml;
CA	13:32 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 2 ml; Rate: 2.5 ml/hr; Dose: 0.8 mg/hr; Volume Remaining: 45 ml; Changes: New bag;
CA	13:32 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CA	13:32 Net Body Balance (24hr): Cumulative Total 787 ml; Hour Total 26 ml;
CA	13:32 Net Body Balance (LOS): Cumulative Total 7520 ml; Hour Total 26 ml;

26/11/2020 13:06

CA	13:32 Heart Rate
CA	13:32 ABP
CA	13:32 Temperature
CA	16:09 Glucose Test
CA	13:32 Glucose Test 4.8 mmol/L Glucometer;

26/11/2020 14:00

CA	14:33 Heart Rate: 104;
CA	14:33 ABP: 105/56;
CA	17:25 Set Tidal Vol
CA	14:33 Set Tidal Vol: 552;
GF	18:58 Set Tidal Volume (ml/kg)
CA	17:25 Set Tidal Volume (ml/kg)
CA	14:33 Set Tidal Volume (ml/kg): 7.6;
CA	17:23 I:E Ratio
CA	14:33 I:E Ratio: 1.2:2;
J	16:36 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EL; Action: Completed; Remarks: GIVEN AT 16.30
CA	15:39 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
J	16:36 Net Body Balance (24hr): Cumulative Total 921 ml; Hour Total 154 ml;
J	16:36 Net Body Balance (LOS): Cumulative Total 7674 ml; Hour Total 154 ml;

26/11/2020 14:07

CT	Glucose 20% IV STAT: 14:37 Cosign JM
CT	14:37 Glucose 20% IV STAT

26/11/2020 14:20

CA	14:33 Heart Rate
CA	14:33 ABP
CA	14:33 Other In: Volume
CA	14:33 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CA	14:33 Urine: Bladder Urinary Catheter

26/11/2020 15:00

CA	17:25 Set Tidal Vol
CA	15:30 Set Tidal Vol: 599;
GF	18:58 Set Tidal Volume (ml/kg)
CA	17:25 Set Tidal Volume (ml/kg)
CA	15:30 Set Tidal Volume (ml/kg): 8.3;
CA	17:23 I:E Ratio
CA	15:30 I:E Ratio: 1.2:2;
CA	15:38 PEEP
CA	15:30 PEEP: 7.9;
CA	15:30 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 12 ml;
CA	15:30 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 5 ml; Rate: 2.5 ml/hr; Dose: 0.8 mg/hr; Volume Remaining: 43 ml;
J	16:36 Net Body Balance (24hr): Cumulative Total 1004 ml; Hour Total 83 ml;
J	16:36 Net Body Balance (LOS): Cumulative Total 7757 ml; Hour Total 83 ml;

26/11/2020 16:00

CA	17:25 Set Tidal Vol
CA	16:09 Set Tidal Vol: 520;
GF	18:58 Set Tidal Volume (ml/kg)
CA	17:25 Set Tidal Volume (ml/kg)
CA	16:09 Set Tidal Volume (ml/kg): 7.2;
CA	17:23 I:E Ratio
CA	17:09 I:E Ratio: 1.2:2;
CA	16:09 I:E Ratio: 12:2;
CA	15:39 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
CA	16:31 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 2.5 ml; Rate: 0 ml/hr; Dose: 0 mg/hr; Volume Remaining: 41 ml; Action: Suspend;
CA	16:28 Noradrenaline mg/ml. mg/hr 0.32 mg/ml: Volume Adm: 2.5 ml; Rate: 0 ml/hr; Dose: 0 mg/hr; Action: Suspend;
CA	17:11 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CA	17:11 Net Body Balance (24hr): Cumulative Total 801 ml; Hour Total -204 ml;
CA	17:11 Net Body Balance (LOS): Cumulative Total 7553 ml; Hour Total -204 ml;

26/11/2020 16:11

CA	17:20 Heparin 5000 Units IV Once Only: Volume Adm: 5 ml; Dose: 5000 Units; Route: IV; Action: Completed;

26/11/2020 17:00

CA	17:25 Set Tidal Vol
CA	17:09 Set Tidal Vol: 522;
GF	18:58 Set Tidal Volume (ml/kg)
CA	17:25 Set Tidal Volume (ml/kg)
CA	17:09 Set Tidal Volume (ml/kg): 7.2;
CA	17:23 I:E Ratio
CA	17:09 I:E Ratio: 1.2:2;
CA	18:20 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 50 ml; Changes: New line or giving set;
CA	18:30 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CA	17:26 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: 50 ml ();
CA	18:20 Net Body Balance (24hr): Cumulative Total 745 ml; Hour Total -56 ml;
CA	18:20 Net Body Balance (LOS): Cumulative Total 7497 ml; Hour Total -56 ml;

26/11/2020 18:00

CA	17:58 Heart Rate
CA	17:13 Heart Rate: 113;
CA	17:58 Heart Rhythm
CA	17:30 Heart Rhythm
CA	17:29 Heart Rhythm: ST;
CA	17:58 ABP
CA	17:29 ABP
CA	17:13 ABP: 104/56 (73);
CA	18:11 SpO2
CA	17:58 SpO2
CA	17:20 SpO2: 98;
CA	18:11 FiO2
CA	17:58 FiO2
CA	17:20 FiO2: 0.35;
CA	18:35 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
LB	20:36 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 250 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LB; Action: Completed;
CN2	23:14 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Dose: 4.5 g; Route: IV; Action: Completed;
A3	2/112020 1116 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: 14. Other - Record In Notes;
CN2	23:14 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Action: Completed;
CA	18:20 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml;
CA	18:30 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
LB	20:36 Net Body Balance (24hr): Cumulative Total 939 ml; Hour Total 194 ml;
LB	20:36 Net Body Balance (LOS): Cumulative Total 7691 ml; Hour Total 194 ml;

26/11/2020 19:00

FM	18:38 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 45 ml;
FM	18:38 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
LB	20:36 Net Body Balance (24hr): Cumulative Total 973 ml; Hour Total 34 ml;
LB	20:36 Net Body Balance (LOS): Cumulative Total 7725 ml; Hour Total 34 ml;

26/11/2020 19:02

FM	19:05 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 0 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr;
FM	19:04 Heparin 1000units/ml. Units/hr 1000 Units/ml: Rate: 1.2 ml/hr; Dose: 1200 Units/hr;

26/11/2020 20:00

FM	20:24 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9; Site Care: Connections checked; Secured with cotton tapes; Skin checked for pressure damage; Position: left side of mouth;
FM	20:24 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 39 ml;
FM	20:24 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 45 ml;
FM	20:24 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
FM	20:24 Urine: Bladder Urinary Catheter: Volume Out: 160 ml; Drain Colour: Yellow;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

26/11/2020 20:00

LB	20:36 Net Body Balance (24hr): Cumulative Total 868 ml; Hour Total -105 ml;
LB	20:36 Net Body Balance (LOS): Cumulative Total 7621 ml; Hour Total -105 ml;
FM	20:24 Arterial: Radial Artery Left: Insertion Date: 24/112020; Site Duration: 2 days;
FM	20:24 PVC: Antecubital Left: Insertion Date: 24/112020; Site Duration: 2 days;
FM	20:24 PVC: Arm Right Upper: Insertion Date: 25/112020; Site Duration: 1 days;

26/11/2020 21:00

CN2	21:53 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 35 ml; Bolus Dose: 6 mg; Bolus Volume: 6 ml;
CN2	21:53 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 34 ml;
CN2	21:53 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	21:53 Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Yellow;
CN2	21:53 Net Body Balance (24hr): Cumulative Total 839 ml; Hour Total -29 ml;
CN2	21:53 Net Body Balance (LOS): Cumulative Total 7592 ml; Hour Total -29 ml;

26/11/2020 22:00

LB	22:07 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 2 days; Tube Size: 9;
LB	22:07 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: NIL BY NG;
EF	27/112020 02:45 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EF; Action: Completed;
CN2	23:14 Pabrinex 1&2 20 ml IV 8 hrly: Dose: 20 ml; Route: IV; Action: Completed;
CN2	22:37 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
LB	22:07 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
LB	22:07 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr;
LB	22:07 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
LB	22:07 Urine: Bladder Urinary Catheter: Volume Out: 75 ml; Drain Colour: Yellow;
EF	27/112020 02:45 Net Body Balance (24hr): Cumulative Total 920 ml; Hour Total 80 ml;
EF	27/112020 02:45 Net Body Balance (LOS): Cumulative Total 7872 ml; Hour Total 80 ml;
EF	27/112020 02:45 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
EF	27/112020 02:45 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
EF	27/112020 02:45 Wound Assessment Location: Abdomen Dressing: Dry and intact;
EF	27/112020 02:45 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Pressure area care as Care Plan;
EF	27/112020 02:45 2. Surface: Equipment appropriate; Equipment in good working order;
EF	27/112020 02:45 5. Nutrition: Diet: Nil by mouth Fluids: IV fluids Supp:;
EF	27/112020 02:45 6. Self Management/Shared Care: Patient pain score assessed; Patient unable to participate in care;

26/11/2020 23:00

CN2	23:14 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 26 ml; Bolus Dose: 1 mg; Bolus Volume: 1 ml;
CN2	23:14 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 32 ml;
CN2	23:14 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	23:14 Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Yellow;
EF	27/112020 02:45 Net Body Balance (24hr): Cumulative Total 886 ml; Hour Total -34 ml;
EF	27/112020 02:45 Net Body Balance (LOS): Cumulative Total 7638 ml; Hour Total -34 ml;

27/11/2020 00:00

EF	02:45 Clindamycin 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: EF; Action: Completed;
CN2	02:20 Clindamycin 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
EF	02:45 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: EF; Action: Completed;
CN2	02:20 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Action: Completed;
CN2	00:16 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 21 ml;
CN2	00:16 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 30 ml;
CN2	00:16 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	00:16 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Yellow;
EF	02:45 Net Body Balance (24hr): Cumulative Total 1081 ml; Hour Total 175 ml;
EF	02:45 Net Body Balance (LOS): Cumulative Total 7813 ml; Hour Total 175 ml;

27/11/2020 00:57

DBSvc	01:03 PaO2/FIO2 Ratio
HIS	01:03 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	01:03 H+ (T) bg (36-44) .
HIS	01:03 pCO2 (T) bg (4.6-6.0)
HIS	01:03 pO2 (T) bg (10.5-14.0)
HIS	01:03 Na+ bg
HIS	01:03 K+ bg
HIS	01:03 Cl- bg
HIS	01:03 Glucose bg
HIS	01:03 Lactate bg (0.5-2.0)
HIS	01:03 Hb bg (117-174)
HIS	01:03 COHb bg (0.5-1.5)
HIS	01:03 MetHb bg (0.5-1.5)
HIS	01:03 SO2 bg (95-99)
HIS	01:03 BE bg (-2.0) - (+3.0)
HIS	01:03 HCO3 bg (21-28)

27/11/2020 01:00

LB	01:08 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
LB	01:08 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 17 ml;
LB	01:08 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 30 ml;
LB	01:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
LB	01:08 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Drain Colour: Yellow;
EF	02:45 Net Body Balance (24hr): Cumulative Total 1046 ml; Hour Total -15 ml;
EF	02:45 Net Body Balance (LOS): Cumulative Total 7799 ml; Hour Total -15 ml;
HIS	02:14 APTT (26-36)
HIS	02:14 APTT (26-36): 40;
HIS	02:14 APTT Ratio
HIS	02:14 APTT Ratio: 1.3;

27/11/2020 02:00

CN2	02:47 Temperature
CN2	02:20 Temperature: 37.6 C;
CN2	02:54 FIO2
CN2	02:20 FIO2: 0.35;
CN2	02:47 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml; Bolus Dose: 2 mg; Bolus Volume: 2 ml;
CN2	02:20 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml;
CN2	02:20 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 28 ml;
CN2	02:20 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	02:20 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Yellow;
CN2	02:47 Net Body Balance (24hr): Cumulative Total 1053 ml; Hour Total 7 ml;
CN2	02:47 Net Body Balance (LOS): Cumulative Total 7806 ml; Hour Total 7 ml;
CN2	02:55 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
CN2	02:55 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CN2	02:55 Wound Assessment Location: Abdomen Dressing: Dry and intact;
CN2	02:55 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Pressure area care as Care Plan;
CN2	02:55 2. Surface: Equipment appropriate; Equipment in good working order;

27/11/2020 02:40

CN2	02:47 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 0 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Co-sign Initials: EF; Action: Start;

27/11/2020 03:00

CN2	03:10 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 0.3 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 47 ml;
CN2	03:10 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 7 ml;
CN2	04:06 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 27 ml;
CN2	03:10 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 27 ml;
CN2	03:10 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	03:10 Urine: Bladder Urinary Catheter: Volume Out: 55 ml; Drain Colour: Yellow;
CN2	03:10 Net Body Balance (24hr): Cumulative Total 1054 ml; Hour Total 1 ml;
CN2	03:10 Net Body Balance (LOS): Cumulative Total 7806 ml; Hour Total 1 ml;

27/11/2020 04:00

CN2	04:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 48 ml;
CN2	04:06 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 4 ml;
CN2	04:06 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 25 ml;
CN2	04:06 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	04:06 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Drain Colour: Yellow;
CN2	04:06 Net Body Balance (24hr): Cumulative Total 1040 ml; Hour Total -14 ml;
CN2	04:06 Net Body Balance (LOS): Cumulative Total 7793 ml; Hour Total -14 ml;

27/11/2020 05:00

CN2	05:08 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 45 ml;
CN2	05:08 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 44 ml;
CN2	05:08 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 24 ml;
CN2	05:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	05:08 Urine: Bladder Urinary Catheter: Volume Out: 75 ml; Drain Colour: Yellow;
CN2	05:08 Net Body Balance (24hr): Cumulative Total 1022 ml; Hour Total -19 ml;
CN2	05:08 Net Body Balance (LOS): Cumulative Total 7774 ml; Hour Total -19 ml;

27/11/2020 06:00

A3	08:28 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
A3	08:28 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
CN2	07:11 Clindamycin 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LB; Action: Completed;
CN2	07:11 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: LB; Action: Completed;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

27/11/2020 06:00

CN2	07:11Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: NIL BY NG;
CN2	07:11Hydrocortisone 50 mg IV 12 hrly: Volume Adm: 5 ml; Dose: 50 mg; Route: IV; Co-sign Initials: LB; Action: Completed;
CN2	07:11Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LB; Action: Completed;
CN2	06:28 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 42 ml;
CN2	06:28 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 38 ml;
CN2	06:28 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 22 ml;
CN2	06:28 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	06:28 Drain: Abdomen Left 3: Volume Out: 200 ml; Drain Colour: Yellow; Bright red;
CN2	06:28 Drain: Abdomen Right 1: Volume Out: 150 ml; Drain Colour: Yellow;
CN2	06:28 Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Yellow;
CN2	07:11Net Body Balance (24hr): Cumulative Total 944 ml; Hour Total -78 ml;
CN2	07:11Net Body Balance (LOS): Cumulative Total 7697 ml; Hour Total -78 ml;
CN2	06:28 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
CN2	06:28 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CN2	06:28 Wound Assessment: Location: Abdomen Dressing: Dry and intact;
CN2	06:28 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Pressure area care as Care Plan;
CN2	06:28 2. Surface: Equipment appropriate; Equipment in good working order;
CN2	06:28 Central: Femoral Right: Removal Date: 27/11/2020;

27/11/2020 06:31

HIS	07:43 Calcium Total (2.2-2.60)
HIS	07:43 Urea (2.5-7.5)
HIS	07:43 Creatinine (40-130)
HIS	07:14 WBC (4.0-11)
HIS	07:14 Haemoglobin (90-170)
HIS	07:14 Platelets (150-400)
HIS	07:14 Haematocrit (0.37-0.54)
HIS	07:45 Fibrinogen (1.7-4.0)
HIS	07:45 PT (10.0-13.0)
HIS	07:45 APTT (26-36)
HIS	07:45 APTT Ratio
HIS	07:43 Sodium (133-146)
HIS	07:43 Potassium (3.5-5.0)
HIS	07:43 Chloride (95-108)
HIS	07:43 eGFR
HIS	07:43 Magnesium (0.7-1.0)
HIS	07:43 Bilirubin Total (3.0-20)
HIS	07:43 ALT (<50)
HIS	07:43 AST (<40)
HIS	07:43 Alk Phos (20-130)
HIS	07:43 Albumin (35-50)
HIS	07:43 CRP (<10)
HIS	07:43 Calcium Corrected (2.2-2.6)
HIS	07:43 Phosphate (0.8-1.4)
HIS	07:43 Creatine Kinase (25-320)
HIS	07:14 Neutrophils
HIS	07:14 Lymphocytes
HIS	07:14 Monocytes
HIS	07:14 Eosinophils
HIS	07:14 Basophils
HIS	07:14 Nucleated RBCs
HIS	07:14 MCV
HIS	07:14 Mean Cell HGB%
HIS	07:14 RBC

27/11/2020 06:44

DBSv c	06:54 PaO2/FIO2 Ratio
HIS	06:54 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	06:54 H+ (T) bg (36-44)
HIS	06:54 pCO2 (T) bg (4.8-6.0)
HIS	06:54 pO2 (T) bg (10.5-14.0)
HIS	06:54 Na+ bg
HIS	06:54 K+ bg
HIS	06:54 Cl- bg
HIS	06:54 Glucose bg
HIS	06:54 Lactate bg (0.5-2.0)
HIS	06:54 Hb bg (117-174)
HIS	06:54 COHb bg (0.5-1.5)
HIS	06:54 MetHb bg (0.5-1.5)
HIS	06:54 SO2 bg (95-98)
HIS	06:54 BE bg (-2.0) - (+3.0)
HIS	06:54 HCO3 bg (21-28)

27/11/2020 07:00

CN2	07:11Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 40 ml;
CN2	07:11Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 35 ml;
CN2	07:11Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 21ml;
CN2	07:11Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
CN2	07:11Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Yellow;
CN2	07:11Net Body Balance (24hr): Cumulative Total 912 ml; Hour Total -33 ml; Action: Automatic Reset;
CN2	07:11Net Body Balance (LOS): Cumulative Total 7664 ml; Hour Total -33 ml;

27/11/2020 08:00

A3	08:28 Air Entry Right: Apex: Fair Midzone: Fair Base: Clear;
A3	08:06 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	08:28 CAM-ICU: RASS -4 or -5 = Unable to assess.;
A3	08:28 CPOT: 0 - Relaxed, neutral, 0 - Absence of movements or normal position, 0 - Tolerating ventilator or movement, 0;
PM	09:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 0 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 37 ml;
A3	08:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 37 ml;
A3	08:06 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	08:06 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 30 ml;
A3	08:06 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.8 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 20 ml;
A3	08:06 Noradrenaline mg/ml. mg/hr 0.15 mg/ml
A3	08:06 Noradrenaline mg/ml. mg/hr 0.32 mg/ml
A3	08:09 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Drain Colour: Yellow;
A3	09:49 Net Body Balance (24hr): Cumulative Total -64 ml; Hour Total -64 ml; Action: Start;
A3	09:49 Net Body Balance (LOS): Cumulative Total 7600 ml; Hour Total -64 ml;
CN2	06:28 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
A3	08:28 RAH Bedside Checks: RAH BedsideCheck: Glucometer available QC check; Infusion pumps (rates/conc.); Suction flow checked; Drugs in shared lines compatible; Transducer bags checked; Remove excess equipment; Trauma mask; Ambu bag function check; Guedel airways; Range of soft tip suction; Airway management guide complete; PEEP valve at appropriate level; Oxygen flow checked; Ventilator settings checked; Mapleson c-circuit; Alarm limits appropriate; Yankeaur suction catheters avail; Check IV access;
A3	08:28 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
A3	08:28 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs;

27/11/2020 09:00

A3	09:49 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	09:49 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 31ml;
A3	09:49 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
A3	09:49 Heparin 1000units/ml. Units/hr 1000 Units/ml: Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Action: Suspend;
A3	09:49 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
A3	09:49 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Drain Colour: Yellow;
A3	09:49 Net Body Balance (24hr): Cumulative Total -146 ml; Hour Total -82 ml;
A3	09:49 Net Body Balance (LOS): Cumulative Total 7518 ml; Hour Total -82 ml;

27/11/2020 10:00

A3	09:56 Glucose Test: 12.2 mmol/L Glucometer Increase (as per protocol);
A3	09:56 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	1116 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 100 ml; Dose: 400 mg; Route: IV; Co-sign Initials: NB; Action: Completed;
A3	1116 Omeprazole 40mg IV Once Daily: Dose: 40mg 100; Route: IV; Co-sign Initials: NB; Action: Completed;
A3	09:56 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 31ml;
A3	09:56 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	09:56 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
A3	09:56 Heparin 1000units/ml. Units/hr 1000 Units/ml
A3	09:56 Noradrenaline mg/ml. mg/hr 0.16 mg/ml
A3	09:56 Noradrenaline mg/ml. mg/hr 0.32 mg/ml
A3	09:56 Urine: Bladder Urinary Catheter: Volume Out: 65 ml; Drain Colour: Yellow;
A3	1116 Net Body Balance (24hr): Cumulative Total -51 ml; Hour Total: 95 ml;
A3	1116 Net Body Balance (LOS): Cumulative Total 7613 ml; Hour Total 95 ml;
A3	10:03 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
A3	10:03 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
A3	10:03 Wound Assessment: Location: Abdomen Dressing: Dry and intact;
A3	10:03 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Pressure area care as Care Plan;
A3	10:03 2. Surface: Equipment appropriate; Equipment in good working order;
A3	10:03 5. Nutrition: Diet: Nil by mouth Fluids: Supp:;

27/11/2020 11:00

A3	11:31 PaO2/FIO2 Ratio: 42.67;
A3	11:31 H+ (T) bg (36-44): 44.5;
A3	11:31 pCO2 (T) bg (4.8-6.0): 6.8;
A3	11:31 pO2 (T) bg (10.5-14.0): 12.8;
A3	11:31 Na+ bg: 136;
A3	11:31 K+ bg: 3.7;
A3	11:31 Cl- bg: 106;
A3	11:31 Glucose bg: 8.8;
A3	11:31 Lactate bg (0.5-2.0): 0.8;
A3	11:31 Hb bg (117-174): 96;
A3	11:31 COHb bg (0.5-1.5): 1.3;
A3	11:31 MetHb bg (0.5-1.5): 1.1;
A3	11:31 SO2 bg (95-98): 98.7;
A3	11:31 BE bg (-2.0) - (+3.0): 1.2;
A3	11:31 HCO3 bg (21-28): 27.8;
A3	1120 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	1120 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 22 ml;
A3	11:20 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	1120 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 17 ml;
A3	11:20 Heparin 1000units/ml. Units/hr 1000 Units/ml
A3	11:20 Noradrenaline mg/ml. mg/hr 0.16 mg/ml
A3	11:20 Noradrenaline mg/ml. mg/hr 0.32 mg/ml
A3	1120 Urine: Bladder Urinary Catheter: Volume Out: 130 ml; Drain Colour: Yellow;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020 11:00

A3	1120 Net Body Balance (24hr): Cumulative Total -121 ml; Hour Total -70 ml;
A3	1120 Net Body Balance (LOS): Cumulative Total 7543 ml; Hour Total -70 ml;

27/11/2020 11:27

DBSV c	11:35 PaO2/FIO2 Ratio
HIS	11:35 Oxygen % bg
HIS	11:35 H+ (T) bg (36-44)
HIS	11:35 pCO2 (T) bg (4.6-6.0)
HIS	11:35 pO2 (T) bg (10.5-14.0)
HIS	11:35 Na+ bg
HIS	11:35 K+ bg
HIS	11:35 Cl- bg
HIS	11:35 Glucose bg
HIS	11:35 Lactate bg (0.5-2.0)
HIS	11:35 Hb bg (117-174)
HIS	11:35 COHb bg (0.5-1.5)
HIS	11:35 MetHb bg (0.5-1.5)
HIS	11:35 SO2 bg (95-98)
HIS	11:35 BE bg (-2.0) - (+3.0)
HIS	11:35 HCO3 bg (21-28)

27/11/2020 11:55

A3	12:19 Furosemide 20 mg IV Once Only: Volume Adm: 2 ml; Dose: 20 mg; Route: IV; Co-sign Initials: LL; Action Completed;

27/11/2020 12:00

A3	12:29 Glucose Test 7.8 mmol/L Glucometer No change (as per protocol);
A3	12:29 Air Entry Right: Apex:-Fair Midzone: Fair Base: Fair;
A3	12:29 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	12:41 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action Completed;
A3	12:41 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action Completed;
A3	12:29 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 15 ml;
A3	12:29 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	12:29 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 12 ml;
A3	12:29 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow;
A3	12:41 Net Body Balance (24hr): Cumulative Total -62 ml; Hour Total 59 ml;
A3	12:41 Net Body Balance (LOS): Cumulative Total 7802 ml; Hour Total 59 ml;

27/11/2020 13:00

A3	13:46 Position: Left tilt; Knee bend altered; Pillows adjusted; Head down;
FM	13:34 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	15:05 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
FM	13:35 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 12 ml;
FM	13:35 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 8 ml;
FM	13:34 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
A3	15:05 Urine: Bladder Urinary Catheter: Volume Out: 240 ml; Drain Colour: Yellow;
A3	15:05 Net Body Balance (24hr): Cumulative Total -242 ml; Hour Total -160 ml;
A3	15:05 Net Body Balance (LOS): Cumulative Total 7422 ml; Hour Total -160 ml;
A3	13:46 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
A3	13:46 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
A3	13:46 Wound Assessment Location: Abdomen Dressing: Dry and intact;
A3	13:46 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Pressure area care as Care Plan;
A3	13:46 2. Surface: Equipment appropriate; Equipment in good working order;
A3	13:46 5. Nutrition: Diet: Nil by mouth Fluids: Supp:;

27/11/2020 14:00

A3	15:05 Glucose Test 5.3 mmol/L Glucometer Decrease (as per protocol);
A3	15:06 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action Completed;
A3	15:05 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 4 ml;
NB	14:17 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 4 ml;
NB	14:17 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 4 ml;
A3	15:05 Urine: Bladder Urinary Catheter: Volume Out: 280 ml; Drain Colour: Yellow;
A3	15:08 Net Body Balance (24hr): Cumulative Total -415 ml; Hour Total -173 ml;
A3	15:08 Net Body Balance (LOS): Cumulative Total 7249 ml; Hour Total -173 ml;

27/11/2020 15:00

A3	15:05 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	15:05 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; New line or giving set; Co-sign Initials: LL;
A3	15:05 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	15:05 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 42 ml; Changes: New syringe; New line or giving set; Co-sign Initials: LL;
A3	15:56 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow;
A3	15:56 Net Body Balance (24hr): Cumulative Total -610 ml; Hour Total -195 ml;
A3	15:56 Net Body Balance (LOS): Cumulative Total 7054 ml; Hour Total -195 ml;

27/11/2020 16:00

A3	18:34 Glucose Test 6.2 mmol/L Glucometer No change (as per protocol);
A3	16:13 Position: Sitting up in bed; Knee bend altered;
A3	16:49 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9; Site Care: Secured with cotton tapes; Spycra applied under ET tapes; Tapes changed;
A3	16:13 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	16:13 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 45 ml;
A3	16:53 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	16:53 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 39 ml; Bolus Dose: 1 mg; Bolus Volume: 1 ml;
A3	16:13 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 39 ml;
A3	16:13 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml; Changes: New bag; New line or giving set; Action: Start;
A3	16:13 Urine: Bladder Urinary Catheter: Volume Out: 85 ml; Drain Colour: Yellow;
A3	16:53 Net Body Balance (24hr): Cumulative Total -679 ml; Hour Total -69 ml;
A3	16:53 Net Body Balance (LOS): Cumulative Total 6985 ml; Hour Total -69 ml;
A3	16:13 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
A3	16:13 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
A3	16:13 Wound Assessment Location: Abdomen Dressing: Dry and intact;
A3	16:13 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Pressure area care as Care Plan;
A3	16:13 2. Surface: Equipment appropriate; Equipment in good working order;
A3	16:13 5. Nutrition: Diet: Nil by mouth Fluids: Supp:;
A3	16:49 Arterial: Radial Artery Left: Insertion Date: 24/112020; Site Duration: 3 days; Transducer Due: 28/112020 16:00; Site Care: Dressing dry & intact; No site redness, pain or inflammation; Secured with dressing; Secured with suture;
A3	16:49 Central: Femoral Right: Insertion Date: 24/112020; Site Duration: 3 days; Removal Date: 28/112020;
LB	20:03 Central: Internal Jugular Right: Insertion Date: 26/112020; Site Duration: 1 days; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Procedure note completed; Need for line reviewed & recorded; Skin checked for pressure damage; Hand hygiene (before & after); Hub decontamination; Line used in past24 hours; Dressing intact & dated; Site Infection?: No;
A3	16:49 Central: Internal Jugular Right: Insertion Date: 24/112020; Site Duration: 3 days; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent;

27/11/2020 17:00

A3	16:53 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
A3	16:53 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	16:53 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 44 ml;
A3	16:53 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	16:53 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
A3	16:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;
A3	16:53 Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Drain Colour: Yellow;
A3	16:53 Net Body Balance (24hr): Cumulative Total -774 ml; Hour Total -95 ml;
A3	16:53 Net Body Balance (LOS): Cumulative Total 6890 ml; Hour Total -95 ml;

27/11/2020 18:00

A3	18:13 ET Tube: Mouth: Insertion Date: 24/112020; Site Duration: 3 days; Tube Size: 9;
A3	18:13 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Solution: Sterile Water; Route: IV; Co-sign Initials: NB; Action: Completed;
A3	18:13 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action Completed;
A3	18:13 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: nbm;
A3	18:13 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 43 ml;
A3	18:13 Propofol 2% 20mg/ml mg/hr 20 mg/ml
A3	18:13 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 23 ml;
A3	18:13 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;
A3	18:26 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days; Site Care: Connections checked; No site redness, pain or inflammation; BundleCompliance: Catheter present on admission; Indwelling catheter still required; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after);
A3	18:17 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow; Insertion Date: 27/112020; Site Duration: 2 days;
A3	18:15 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Drain Colour: Yellow;
A3	18:15 Net Body Balance (24hr): Cumulative Total -757 ml; Hour Total 17 ml;
A3	18:15 Net Body Balance (LOS): Cumulative Total 6907 ml; Hour Total 17 ml;

27/11/2020 19:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

27/11/2020 19:00

A3 19:10 Glucose Test 7.8 mmol/L
Glucometer
No change (as per protocol);

A3 19:10 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 10 L/min;

A3 19:10 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 42 ml;

A3 19:10 Propofol 2% 20mg/ml mg/hr 20 mg/ml

A3 19:10 Alfentanil 1mg/ml. mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Action: Suspend;

A3 19:10 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;

A3 19:10 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Drain Colour: Yellow; Insertion Date 24/11/2020; Site Duration: 5 days;

A3 19:10 Net Body Balance (24hr): Cumulative Total -842 ml; Hour Total -85 ml;

A3 19:10 Net Body Balance (LOS): Cumulative Total 6822 ml; Hour Total -85 ml;

27/11/2020 20:00

LB 20:12 Glucose Test 8.5 mmol/L
Glucometer
No change (as per protocol);

LB 20:12 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 10 L/min;

LB 20:03 ET Tube: Mouth Insertion Date: 24/11/2020; Site Duration: 3 days; Tube Size: 9; Removal Date: 27/11/2020;

LB 22:10 Gentamicin 360 mg IV Once Only: Volume Adm: 50 ml; Dose: 360 mg; Route: IV; Co-sign Initials: EF; Action: Completed;

LB 20:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 41 ml;

LB 20:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml; Action: Start;

LB 20:12 NG Tube Daily Maintenance: 24hr feeding - pH measurement N/A, Addendum followed; feed to continue, Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Secured with dressing; Skin checked for pressure damage;

LB 20:03 Drain: Abdomen Left 3: Insertion Date: 24/11/2020; Site Care: Connections checked; Dressing dry & intact; Secured with dressing; Secured with suture; Skin checked for pressure damage; Tube present on admission; Site Duration: 5 days;

LB 20:03 Drain: Abdomen Right 1: Insertion Date: 24/11/2020; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage; Tube present on admission; Site Duration: 5 days;

LB 20:12 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Drain Colour: Yellow; Insertion Date 24/11/2020; Site Duration: 5 days; Site Care: Connections checked; No site redness, pain or inflammation; Skin checked for pressure damage; Tube present on admission; BundleCompliance: Daily meatal hygiene performed; Hand hygiene (before & after); Indwelling catheter still requir; Skin checked for pressure damage; Closed drainage system; Bag below bladder and off floor; Procedure note completed; Catheter present on admission;

LB 20:03 Urine: Bladder Urinary Catheter: Insertion Date: 24/11/2020; Site Duration: 5 days; Site Care: Connections checked; No site redness, pain or inflammation; Skin checked for pressure damage; Tube present on admission; BundleCompliance: Daily meatal hygiene performed; Hand hygiene (before & after); Indwelling catheter still requir; Skin checked for pressure damage; Closed drainage system; Bag below bladder and off floor; Procedure note completed; Catheter present on admission;

LB 22:10 Net Body Balance (24hr): Cumulative Total -886 ml; Hour Total -44 ml;

LB 22:10 Net Body Balance (LOS): Cumulative Total 6778 ml; Hour Total -44 ml;

LB 20:03 Arterial: Radial Artery Left: Insertion Date: 24/11/2020; Site Duration: 3 days; Transducer Due 28/11/2020 20:00; Site Care: Connections checked; Dressing dry & intact; Hand hygiene done (before & after care); Hub decontamination done; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;

LB 20:03 Central: Femoral Right: Removal Date: 27/11/2020;

LB 20:03 Central: Internal Jugular Right: Insertion Date: 24/11/2020; Site Duration: 3 days; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Procedure note completed; Need for line reviewed & recorded; Skin checked for pressure damage; Hand hygiene (before & after); Hub decontamination; Line used in past 24 hours; Dressing intact & dated;

27/11/2020 21:00

LB 21:15 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 10 L/min;

LB 21:15 Air Entry Right: Apex: Fair
Midzone: Fair
Base: Fair;

LB 21:15 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 40 ml;

LB 21:15 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;

LB 21:15 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Yellow; Insertion Date: 24/11/2020; Site Duration: 5 days;

LB 22:10 Net Body Balance (24hr): Cumulative Total -955 ml; Hour Total -69 ml;

LB 22:10 Net Body Balance (LOS): Cumulative Total 6709 ml; Hour Total -69 ml;

27/11/2020 22:00

LB 22:02 Glucose Test 9.1 mmol/L
Glucometer
No change (as per protocol);

LB 22:02 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 5 L/min;

LB 22:02 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;

LB 22:10 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed;

LB 22:10 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EF; Action: Completed;

LB 22:02 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 39 ml;

LB 22:02 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;

LB 22:02 Urine: Bladder Urinary Catheter: Volume Out: 35 ml; Drain Colour: Yellow; Insertion Date: 24/11/2020; Site Duration: 5 days;

LB 22:10 Net Body Balance (24hr): Cumulative Total -859 ml; Hour Total: 96 ml;

LB 22:10 Net Body Balance (LOS): Cumulative Total: 6805 ml; Hour Total 96 ml;

LB 22:02 1. Skin Inspection: All visible areas checked; No skin damage;

LB 22:02 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;

LB 22:02 Wound Assessment: Location: Abdomen
Dressing: Dry and intact;

LB 22:02 Skin Action: Activate dynamic mattress; Pressure area care as Care Plan; Pressure redistributing mattress;

LB 22:02 2. Surface: Equipment appropriate; Equipment in good working order;

LB 22:02 5. Nutrition: Diet: Enteral feed; Nil by mouth
Fluids: Not applicable
Supp: Not applicable;

27/11/2020 23:00

EF 23:21 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 4 L/min;

EF 23:21 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr;

EF 23:21 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;

EF 23:21 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Drain Colour: Yellow; Insertion Date: 24/11/2020; Site Duration: 5 days;

EF 23:21 Net Body Balance (24hr): Cumulative Total -968 ml; Hour Total -109 ml;

EF 23:21 Net Body Balance (LOS): Cumulative Total 6996 ml; Hour Total -109 ml;

28/11/2020 00:00

LB 00:00 Glucose Test 9.2 mmol/L
Glucometer
No change (as per protocol);

LB 27/11/2020 23:57 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 4 L/min;

CN2 27/11/2020 00:30 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: EF; Action: Completed;

CN2 27/11/2020 00:30 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: EF; Action: Completed;

EF 01:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 37 ml; Action: Suspend;

LB 27/11/2020 23:57 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 37 ml;

LB 27/11/2020 23:57 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 10 ml;

LB 27/11/2020 23:57 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Drain Colour: Yellow; Insertion Date 24/11/2020; Site Duration: 5 days;

LB 27/11/2020 23:57 Net Body Balance (24hr): Cumulative Total -807 ml; Hour Total 161 ml;

LB 27/11/2020 23:57 Net Body Balance (LOS): Cumulative Total 6857 ml; Hour Total 161 ml;

28/11/2020 01:00

EF 01:12 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 4 L/min;

LB 01:39 Enteral Feeds Nutrison NG Continuous PRN: Action: Suspend;

LB 01:39 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Changes: New bag; New line or giving set; Co-sign Initials: EF; Action: Start;

EF 01:12 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Drain Colour: Yellow; Insertion Date: 24/11/2020; Site Duration: 5 days;

LB 01:39 Net Body Balance (24hr): Cumulative Total -857 ml; Hour Total -50 ml;

LB 01:39 Net Body Balance (LOS): Cumulative Total 6807 ml; Hour Total -50 ml;

28/11/2020 02:00

LB 02:01 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 4 L/min;

LB 02:04 Position: Supine; Head of bed elevated; Knee bend altered; Pillows adjusted;

LB 02:04 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

LB 02:04 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Yellow; Insertion Date: 24/11/2020; Site Duration: 5 days;

LB 02:04 Net Body Balance (24hr): Cumulative Total -887 ml; Hour Total -30 ml;

LB 02:04 Net Body Balance (LOS): Cumulative Total 6777 ml; Hour Total -30 ml;

LB 02:04 1. Skin Inspection: All visible areas checked; No skin damage;

LB 02:04 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;

LB 02:04 Wound Assessment: Location: Abdomen
Dressing: Dry and intact;

LB 02:04 Skin Action: Activate dynamic mattress; Pressure area care as Care Plan; Pressure redistributing mattress;

LB 02:04 2. Surface: Equipment appropriate; Equipment in good working order;

LB 02:04 5. Nutrition: Diet: Enteral feed; Nil by mouth
Fluids: Not applicable
Supp: Not applicable;

28/11/2020 03:00

LB 03:12 Glucose Test 11.3 mmol/L
Glucometer
Start infusion (as per protocol);

LB 03:12 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 4 L/min;

LB 03:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Co-sign Initials: J; Action: Start;

LB 03:12 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

LB 03:12 Urine: Bladder Urinary Catheter: Volume Out: 95 ml; Drain Colour: Yellow; Insertion Date: 24/11/2020; Site Duration: 5 days;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

28/11/2020 03:00

LB	03:12 Net Body Balance (24hr): Cumulative Total -930 ml; Hour Total -43 ml;
LB	03:12 Net Body Balance (LOS): Cumulative Total 6734 ml; Hour Total -43 ml;

28/11/2020 04:00

EF	04:07 Glucose Test 12.8 mmol/L Glucometer Increase (as per protocol);
EF	04:07 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 4 L/min;
EF	04:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
EF	04:07 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
EF	04:07 Urine: Bladder Urinary Catheter: Volume Out: 130 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days;
EF	04:07 Net Body Balance (24hr): Cumulative Total -1008 ml; Hour Total -78 ml;
EF	04:07 Net Body Balance (LOS): Cumulative Total 6656 ml; Hour Total -78 ml;

28/11/2020 05:00

EF	05:20 Glucose Test 14.6 mmol/L Glucometer Increase (as per protocol);
EF	05:11Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
EF	05:11Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
EF	05:11Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
EF	05:11Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days;
EF	05:11Net Body Balance (24hr): Cumulative Total -1085 ml; Hour Total -57 ml;
EF	05:11Net Body Balance (LOS): Cumulative Total 6599 ml; Hour Total -57 ml;

28/11/2020 06:00

LB	07:12 ABP
LB	06:08 ABP: 267/85 (112);
LB	06:29 Glucose Test 12.2 mmol/L Glucometer Increase (as per protocol);
LB	06:08 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
LB	06:29 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
LB	06:16 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: EF; Action Completed;
LB	06:40 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: EF; Action Completed;
AS	1115 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: pt vomiting
LB	06:16 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EF; Action Completed;
LB	06:08 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 39 ml;
LB	06:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
LB	06:08 Urine: Bladder Urinary Catheter: Volume Out: 90 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days;
LB	06:40 Net Body Balance (24hr): Cumulative Total -780 ml; Hour Total 285 ml;
LB	06:40 Net Body Balance (LOS): Cumulative Total 6884 ml; Hour Total 285 ml;
LB	06:29 1. Skin Inspection: All visible areas checked; No skin damage;
LB	06:29 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
LB	06:29 Wound Assessment: Location: Abdomen Dressing: Dry and Intact;
LB	06:29 Skin Action: Activate dynamic mattress; Pressure area care as Care Plan; Pressure redistributing mattress;
LB	06:29 2. Surface: Equipment appropriate; Equipment in good working order;
LB	06:29 5. Nutrition: Diet: Enteral feed; Nil by mouth Fluids: Not applicable Supp: Not applicable;

28/11/2020 07:00

LB	07:12 Glucose Test 10.5 mmol/L Glucometer Increase (as per protocol);
LB	07:12 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
LB	07:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 33 ml;
LB	07:12 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
LB	07:22 Drain: Abdomen Left 3: Volume Out: 120 ml; Insertion Date: 24/112020; Drain Colour: Haemoserous; Site Duration: 5 days;
LB	07:12 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days;
LB	07:22 Net Body Balance (24hr): Cumulative Total -944 ml; Hour Total -164 ml; Action: Automatic Reset;
LB	07:22 Net Body Balance (LOS): Cumulative Total 6720 ml; Hour Total -164 ml;

28/11/2020 07:10

HIS	07:23 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	07:23 H+ (T) bg (36-44)
HIS	07:23 pCO2 (T) bg (4.6-6.0)
HIS	07:23 pO2 (T) bg (10.5-14.0)
HIS	07:23 Na+ bg
HIS	07:23 K+ bg
HIS	07:23 Cl- bg
HIS	07:23 Glucose bg
HIS	07:23 Lactate bg (0.5-2.0)
HIS	07:23 Hb bg (117-174)
HIS	07:23 COHb bg (0.5-1.5)
HIS	07:23 MetHb bg (0.5-1.5)
HIS	07:23 SO2 bg (95-98)
HIS	07:23 BE bg (-2.0) - (+3.0)
HIS	07:23 HCO3 bg (21-28)

28/11/2020 08:00

AS	08:46 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen L/min: 2 L/min;
AS	08:46 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Action: Suspend;
AS	08:48 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Action: Suspend;
AS	08:46 Urine: Bladder Urinary Catheter: Volume Out: 160 ml; Insertion Date: 24/112020; Site Duration: 5 days;
AS	08:46 Net Body Balance (24hr): Cumulative Total -104 ml; Hour Total -104 ml; Action: Start;
AS	08:46 Net Body Balance (LOS): Cumulative Total 6616 ml; Hour Total -104 ml;
AS	08:48 Central: Internal Jugular Right: Removal Date: 28/112020; Reason Removed: Poor flow/dysfunction; Remarks: Pt pulled his own central line out, site nlw dressed with an occlusive dressing. Medical staff informed

28/11/2020 09:00

AS	08:48 Net Body Balance (24hr): Cumulative Total -4 ml; Hour Total 100 ml;
AS	08:46 Net Body Balance (LOS): Cumulative Total 6716 ml; Hour Total 100 ml;

28/11/2020 10:00

ST	10:59 SpO2
ST	10:14 SpO2: 97;
AS	1117 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 10 L/min;
ST	10:59 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen L/min: 4 L/min;
ST	10:59 Resp Rate (Set)
ST	10:18 Resp Rate (Set): 22;
ST	17:11 Nausea & Vomiting Score
ST	10:17 Nausea & Vomiting Score: 0 = None;
AS	1145 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 200 ml; Dose: 400 mg; Route: IV; Action: Completed;
AS	1115 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Action: Completed;
AS	1115 Omeprazole 40mg IV Once Daily: Dose: 40mg ; Route: IV; Action: Completed;
ST	10:21 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 100 ml;
ST	10:21 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days;
AS	15:19 Net Body Balance (24hr): Cumulative Total 256 ml; Hour Total 260 ml;
AS	15:19 Net Body Balance (LOS): Cumulative Total 6976 ml; Hour Total 260 ml;
AS	17:30 5. Nutrition: Diet: Unable to administer Fluids: Oral fluids taken Supp: Not applicable;

28/11/2020 11:00

AS	1117 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen %: 40 %; Oxygen L/min: 10 L/min;
ST	10:59 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Mask; Oxygen L/min: 4 L/min;
ST	1105 Drain: Abdomen Left 3: Volume Out: 350 ml; Insertion Date: 24/112020; Drain Colour: Brown; Site Care: Bag/bottle changed; Site Duration: 5 days;
ST	1106 Drain: Abdomen Right 1: Volume Out: 50 ml; Insertion Date: 24/112020; Drain Colour: Brown; Site Care: Bag/bottle changed; Site Duration: 5 days;
ST	1103 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 5 days;
AS	15:19 Net Body Balance (24hr): Cumulative Total -224 ml; Hour Total -480 ml;
AS	15:19 Net Body Balance (LOS): Cumulative Total 6496 ml; Hour Total -480 ml;

28/11/2020 12:00

AS	12:41 Event: Central line insertion; Intubation;
AS	17:30 Position: Supine; Knee bend altered; Pillows adjusted;
AS	14:40 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
AS	14:40 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Action: Completed;
AS	12:40 Urine: Bladder Urinary Catheter: Volume Out: 180 ml; Insertion Date: 24/112020; Site Duration: 5 days;
AS	15:19 Net Body Balance (24hr): Cumulative Total -204 ml; Hour Total 20 ml;
AS	15:19 Net Body Balance (LOS): Cumulative Total 6516 ml; Hour Total 20 ml;
AS	17:30 5. Nutrition: Diet: Unable to administer Fluids: Supp:;

28/11/2020 12:59

AS	14:40 Vancomycin (Loading Dose) 1500 mg IV Once Only: Volume Adm: 500 ml; Dose: 1500 mg; Solution: Sodium Chloride 0.9%; Route: IV; Action: Completed;

28/11/2020 13:00

AS	14:40 Magnesium sulphate 20mmol, 20 mmol to 20 mmol IV Once Only: Volume Adm: 100 ml; Dose: 20 mmol; Solution: Glucose 5%; Route: IV; Action: Completed;
AS	13:38 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
AS	13:38 Alfentanil 1mg/ml. mg/hr 1 mg/ml
AS	13:38 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Insertion Date: 24/112020; Site Duration: 6 days;
AS	15:19 Net Body Balance (24hr): Cumulative Total 850 ml; Hour Total 1054 ml;
AS	15:19 Net Body Balance (LOS): Cumulative Total 7570 ml; Hour Total 1054 ml;

28/11/2020 14:00

AS	15:10 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 110 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Action: Completed;
AS	17:30 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 110 ml; Dose: 20 ml; Route: IV; Action: Completed;
JM	20:26 Sando-K 2 Tab(s) PO/NG 8 hrly: Route: PO/NG; Action: Held; Remarks: held on drs advice
AS	14:40 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
AS	15:19 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml: Action: Start;
AS	15:19 Urine: Bladder Urinary Catheter: Volume Out: 160 ml; Insertion Date: 24/112020; Site Duration: 6 days;
AS	17:30 Net Body Balance (24hr): Cumulative Total 924 ml; Hour Total 74 ml;
AS	17:30 Net Body Balance (LOS): Cumulative Total 7644 ml; Hour Total 74 ml;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020 14:42

DBSVc	14:52 PaO2/FIO2 Ratio
HIS	14:52 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	14:52 H+ (T) bg (36-44)
HIS	14:52 pCO2 (T) bg (4.6-6.0)
HIS	14:52 pO2 (T) bg (10.5-14.0)
HIS	14:52 Na+ bg
HIS	14:52 K+ bg
HIS	14:52 Cl- bg
HIS	14:52 Glucose bg
HIS	14:52 Lactate bg (0.5-2.0)
HIS	14:52 Hb bg (117-174)
HIS	14:52 COHb bg (0.5-1.5)
HIS	14:52 MetHb bg (0.5-1.5)
HIS	14:52 SO2 bg (95-98)
HIS	14:52 BE bg (-2.0) - (+3.0)
HIS	14:52 HCO3 bg (21-28)

28/11/2020 15:00

AS	17:30 Position Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
AS	15:19 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 0 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Action: Start;
AS	15:19 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
AS	15:19 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml: Volume Adm: 20 ml;
AS	15:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 30 ml/hr; Action: Start;
AS	15:19 Urine: Bladder Urinary Catheter; Volume Out: 160 ml; Insertion Date: 24/112020; Site Duration: 6 days;
AS	17:30 Net Body Balance (24hr): Cumulative Total 778 ml; Hour Total -148 ml;
AS	17:30 Net Body Balance (LOS): Cumulative Total 7498 ml; Hour Total -148 ml;
AS	17:30 1 Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
AS	17:30 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
AS	17:30 Wound Assessment Location: Abdomen Dressing: Dry and intact;
AS	17:30 Skin Action: Activate dynamic mattress; Apply Sycra to vulnerable areas; Pressure area care as Care Plan;
AS	17:30 2. Surface: Equipment appropriate; Equipment in good working order;
AS	17:30 3. Keep Moving: Reposition 4 hrly; Skin tension released after reposition;
AS	17:30 5. Nutrition: Diet: Enteral feed Fluids: iV fluids Supp: Not applicable;
AS	17:30 Hygiene: Bed bath; Urinary catheter care done;

28/11/2020 16:00

ST	16:26 Glucose Test 16.2 mmol/L Glucometer Increase (as per protocol);
ST	16:26 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
ST	16:26 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
ST	16:26 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml: Volume Adm: 20 ml; Rate: 20 ml/hr;
AS	18:15 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
ST	16:26 Urine: Bladder Urinary Catheter; Volume Out: 120 ml; Insertion Date: 24/112020; Site Duration: 6 days;
AS	18:15 Net Body Balance (24hr): Cumulative Total 728 ml; Hour Total -52 ml;
AS	18:15 Net Body Balance (LOS): Cumulative Total 7448 ml; Hour Total -52 ml;
AS	20:57 Arterial Radial Artery Left: Insertion Date: 24/112020; Site Duration: 4 days; Transducer Due: 28/112020 16:00; Site Care: Connections checked; Dressing changed; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;

28/11/2020 17:00

AS	17:30 Mobilisation
ST	17:11Mobilisation: Roll or turn in bed Staff: 4;
AS	17:30 Position
ST	17:11Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
ST	17:14 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 35 ml;
ST	17:14 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr; Volume Remaining: 35 ml;
AS	17:30 Alfentanil 1mg/ml. mg/hr 1 mg/ml
ST	17:14 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Volume Remaining: 0 ml;
AS	17:30 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 60 ml; Rate Adm: 30 ml/hr;
AS	18:16 Urine: Bladder Urinary Catheter; Volume Out: 100 ml; Insertion Date: 24/112020; Site Duration: 6 days;
AS	18:16 Net Body Balance (24hr): Cumulative Total 726 ml; Hour Total 0 ml;
AS	18:16 Net Body Balance (LOS): Cumulative Total 7446 ml; Hour Total 0 ml;

28/11/2020 18:00

AS	19:43 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
AS	19:43 Lactulose 15 ml PO/NG 12 hrly: Volume Adm: 20 ml; Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed;
AS	18:15 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
AS	18:15 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 0 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Action: Start;
AS	18:15 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr; Volume Remaining: 20 ml;
AS	19:43 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Action: Suspend;
AS	18:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
AS	18:16 Urine: Bladder Urinary Catheter; Volume Out: 160 ml; Insertion Date: 24/112020; Site Duration: 6 days;
AS	19:43 Net Body Balance (24hr): Cumulative Total 958 ml; Hour Total 232 ml;
AS	19:43 Net Body Balance (LOS): Cumulative Total 7678 ml; Hour Total 232 ml;

28/11/2020 18:55

HIS	20:14 Calcium Total (2.2-2.60)
HIS	20:14 Urea (2.5-7.5)
HIS	20:14 Creatinine (40-130)
HIS	20:14 Sodium (133-146)
HIS	20:14 Potassium (3.5-5.0)
HIS	20:14 Chloride (95-108)
HIS	20:14 eGFR
HIS	20:14 Alk Phos (20-130)
HIS	20:14 Albumin (35-50)
HIS	20:14 Calcium Corrected (2.2-2.6)
HIS	20:14 Phosphate (0.6-1.4)

28/11/2020 19:00

JM	20:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 8 ml; Rate: 8 ml/hr; Dose: 8 Units/hr;
JM	20:25 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM	20:25 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
JM	20:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
JM	20:25 Net Body Balance (24hr): Cumulative Total 1052 ml; Hour Total 94 ml;
JM	20:25 Net Body Balance (LOS): Cumulative Total 7772 ml; Hour Total 94 ml;

28/11/2020 19:17

DBSVc	19:23 PaO2/FIO2 Ratio
HIS	19:23 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	19:23 H+ (T) bg (36-44)
HIS	19:23 pCO2 (T) bg (4.6-6.0)
HIS	19:23 pO2 (T) bg (10.5-14.0)
HIS	19:23 Na+ bg
HIS	19:23 K+ bg
HIS	19:23 Cl- bg
HIS	19:23 Glucose bg
HIS	19:23 Lactate bg (0.5-2.0)
HIS	19:23 Hb bg (117-174)
HIS	19:23 COHb bg (0.5-1.5)
HIS	19:23 MetHb bg (0.5-1.5)
HIS	19:23 SO2 bg (95-98)
HIS	19:23 BE bg (-2.0) - (+3.0)
HIS	19:23 HCO3 bg (21-28)

28/11/2020 20:00

JM	20:25 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
JM	21:10 RASS Assessment: RASS Actual: -2 Light sedation; RASS Target -1 Drowsy;
JM	21:10 CPOT: 0 - Relaxed, neutral, 2 - Restlessness/Agitation, 0 - Tolerating ventilator or movement, 0 - Relaxed, 4;
JM	20:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 16 ml; Rate: 8 ml/hr; Dose: 8 Units/hr; Volume Remaining: 11ml;
JM	20:25 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 404 ml;
JM	20:25 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 18 ml;
JM	20:25 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 0 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 41ml; Changes: New syringe; New line or giving set; Co-sign Initials: as; Action: Start;
JM	20:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
AS	21:00 CI: Nostril Right NG Tube: Insertion Date: 28/112020; Site Duration: 0 days; Inserted By: A Sharp; Tube Type & Size: Fine bore; 12G; External Length: 73 cm; Position Check: Yes, pH aspirate <=5.5; Dr confirmed X-ray position correct; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Tube position checked;
JM	20:25 Urine: Bladder Urinary Catheter; Volume Out: 140 ml; Insertion Date: 24/112020; Site Duration: 6 days;
JM	20:25 Net Body Balance (24hr): Cumulative Total 1014 ml; Hour Total -38 ml;
JM	20:25 Net Body Balance (LOS): Cumulative Total 7734 ml; Hour Total -38 ml;
AS	20:57 Central: Internal Jugular Right: Insertion Date: 28/112020; Site Duration: 0 days; Transducer Due: 02/12/2020 20:00; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Hand hygiene (before & after); Skin checked for pressure damage; Hub decontamination; Need for line reviewed&recorded; Procedure note completed; Asceptic non-touch technique; Dressing changed within7 days; Dressing intact & dated; Line used in past24 hours;
AS	20:57 PVC: left lower leg: Insertion Date: 28/112020; Site Duration: 0 days; PVC Colour: Green; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Dressing dry & intact; Inserted < 72hrs; Hub decontamination; Line used in past 24 hours; Skin checked for pressure damage; Asceptic non-touch technique; Hand hygiene (before & after); Need for line reviewed&recorded; Procedure note completed;
AS	20:57 PVC: left shin: Insertion Date: 28/112020; Site Duration: 0 days; PVC Colour: Pink; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Inserted < 72hrs; Skin checked for pressure damage; Need for line reviewed&recorded; Dressing dry & intact; Line used in past24 hours; Hub decontamination; Proceduro note completed; Asceptic non-touch technique; Hand hygiene (before & after);
JM	21:18 RAH Bedside Checks: RAH BedsideCheck: Ambu bag function check; Check IV access; Guedel airways; Glucometer available QC check; Drugs in shared lines compatible; Suction flow checked; Yankeeur suction catheters avail; Mapleson c-circuit; Airway management guide complete; Ventilator settings checked; Alarm limits appropriate; Remove excess equipment; PEEP valve at appropriate level; Transducer bags checked; Infusion pumps (rates/conc.); Oxygen flow checked; Trauma mask; Range of soft tip suction;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020 20:00

JM 21:18 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
JM 21:18 Infection Control: Flush Bags opened <24hrs; Sterile Water opened <24hrs;

28/11/2020 21:00

JM 21:10 Glucose Test: 10.1 mmol/L
Glucometer
Decrease (as per protocol);
JM 21:10 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
JM 21:10 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM 21:10 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr;
JM 21:10 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 mg/hr;
JM 21:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM 21:10 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 21:17 GI: Nostril: Right NG Tube: Insertion Date: 28/11/2020; Site Duration: 0 days; Tube Type & Size: Fine bore; 12G; External Length: 73 cm; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Skin checked for pressure damage;
JM 21:17 Drain: Abdomen Left 3: Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 21:17 Drain: Abdomen Right 1: Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 21:17 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Yellow; sediments present; Insertion Date: 24/11/2020; Site Duration: 6 days; Site Care: Connections checked; BundleCompliance: Indwelling catheter still required; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after); Daily meatal hygiene performed; Drainage bag below bladder level and off floor;
JM 21:10 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Drain Colour: Yellow; sediments present; Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 21:25 Net Body Balance (24hr): Cumulative Total: 1136 ml; Hour Total: 122 ml;
JM 21:25 Net Body Balance (LOS): Cumulative Total: 7856 ml; Hour Total: 122 ml;
JM 21:17 Arterial: Radial Artery Left: Insertion Date: 24/11/2020; Site Duration: 4 days; Site Care: Connections checked; Dressing dry & intact; Hand hygiene done (before & after care); Hub decontamination done; No site redness, pain or inflammation; Skin checked for pressure damage;
JM 21:17 Central: Internal Jugular Right: Insertion Date: 28/11/2020; Site Duration: 0 days; Transducer Due: 01/12/2020 21:00; Site Care: Connections checked; No site redness, pain or inflammation; Line Patency: All lumens patent; BundleCompliance: Skin checked for pressure damage; Hand hygiene (before & after); Hub decontamination; Aseptic non-touch technique used; Site Infection?: No; Removal Date: 02/12/2020;
JM 21:17 PVC: left lower leg: Insertion Date: 28/11/2020; Site Duration: 0 days; PVC Colour: Green; Site Care: Connections checked; No site redness, pain or inflammation; VIP Score: 0 = No Phlebitis; BundleCompliance: Need for line reviewed & recorded; Skin checked for pressure damage; Aseptic non-touch technique used; Hub decontamination; Dressing dry & intact; Inserted less than 72hrs;
JM 21:17 PVC: left shin: Insertion Date: 28/11/2020; Site Duration: 0 days; PVC Colour: Pink; Site Care: Connections checked; No site redness, pain or inflammation; VIP Score: 0 = No Phlebitis; BundleCompliance: Need for line reviewed & recorded; Skin checked for pressure damage; Aseptic non-touch technique used; Hand hygiene (before & after); Hub decontamination; Dressing dry & intact; Inserted less than 72hrs;

28/11/2020 21:27

JM 22:00 Potassium Chloride mmol/ml: 40 mmol in 50 mmol IV Once Only: Volume Adm: 50 ml; Dose: 40 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: mv; Action: Completed;

28/11/2020 22:00

JM 22:06 Mobilisation: Roll or turn in bed
Equip: None
Staff: 3;
JM 22:06 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
JM 22:41 RASS Assessment
JM 22:06 RASS Assessment: Actual: -3 Moderate sedation;
JM 20:59 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 110 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: as; Action: Completed;
JM 20:59 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed;
JM 20:59 Fabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: as; Action: Completed;
JM 20:59 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
JM 22:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 3 ml;
JM 22:06 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 333 ml;
JM 22:41 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Volume Remaining: 40 ml; Changes: New syringe; Co-sign Initials: as;
JM 22:06 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM 22:41 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 6 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 26 ml; Bolus Dose: 1 mg; Bolus Volume: 1 ml;
JM 22:41 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM 22:41 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 22:41 Net Body Balance (24hr): Cumulative Total: 1477 ml; Hour Total: 341 ml;
JM 22:41 Net Body Balance (LOS): Cumulative Total: 8197 ml; Hour Total: 341 ml;
JM 22:41 1. Skin Inspection: All visible areas checked; No skin damage;
JM 22:41 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JM 22:41 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
JM 22:41 Skin Action: Apply Spyera to vulnerable areas; Pressure area care as Care Plan; Pressure redistributing mattress;
JM 22:41 2. Surface: Equipment appropriate; Equipment in good working order;
JM 22:41 4. Incontinence: Urine: Catheterised; Yes
Faeces: No;
JM 22:41 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;

28/11/2020 23:00

JM 23/11/2020 00:00 Glucose Test: 11.6 mmol/L
Glucometer
Increase (as per protocol);
JM 23/11/2020 00:00 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Changes: New syringe; Co-sign Initials: mv;
JM 23/11/2020 00:00 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM 23/11/2020 00:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM 23/11/2020 00:00 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
JM 23/11/2020 00:00 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
JM 23/11/2020 00:00 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM 23/11/2020 00:00 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 23/11/2020 00:00 Net Body Balance (24hr): Cumulative Total: 1540 ml; Hour Total: 63 ml;
JM 23/11/2020 00:00 Net Body Balance (LOS): Cumulative Total: 8260 ml; Hour Total: 63 ml;

29/11/2020 00:00

JM 00:05 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: mv; Action: Completed;
JM 00:00 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 43 ml;
JM 00:00 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 253 ml;
JM 00:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 2 ml;
JM 00:00 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 15 ml;
JM 00:00 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM 00:00 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 00:05 Net Body Balance (24hr): Cumulative Total: 1713 ml; Hour Total: 173 ml;
JM 00:05 Net Body Balance (LOS): Cumulative Total: 8433 ml; Hour Total: 173 ml;

29/11/2020 01:00

JM 01:40 Glucose Test: 10.6 mmol/L
Glucometer
No change (as per protocol);
JM 02:05 Air Entry: Right: Apex: Fair
Midzone: Fair
Base: Dull;
JM 06:53 RASS Assessment
JM 01:04 RASS Assessment: Actual: -3 Moderate sedation;
JM 01:04 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 38 ml;
JM 01:04 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 212 ml;
JM 01:04 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 22 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 38 ml;
JM 01:04 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 8 ml;
JM 01:04 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM 01:04 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 01:40 Net Body Balance (24hr): Cumulative Total: 1789 ml; Hour Total: 76 ml;
JM 01:40 Net Body Balance (LOS): Cumulative Total: 8509 ml; Hour Total: 76 ml;
JM 00:39 Arterial: Radial Artery Left: Insertion Date: 24/11/2020; Site Duration: 5 days; Transducer Due: 03/12/2020 01:00;

29/11/2020 02:00

NB 09:09 Heart Rate
JM 02:05 Heart Rate: 97;
JM 02:05 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
JM 02:05 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 32 ml;
JM 02:05 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 180 ml;
JM 05:25 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 22 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 4 ml; Changes: New syringe; Co-sign Initials: mv;
JM 02:05 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 22 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 4 ml;
JM 02:05 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 49 ml; Changes: New syringe; Co-sign Initials: mv;
JM 01:40 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 50 ml/hr;
JM 02:05 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Insertion Date: 24/11/2020; Site Duration: 6 days;
JM 02:05 Net Body Balance (24hr): Cumulative Total: 1890 ml; Hour Total: 101 ml;
JM 02:05 Net Body Balance (LOS): Cumulative Total: 8610 ml; Hour Total: 101 ml;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 02:00

JM 06:53 1 Skin Inspection: All visible areas checked; No skin damage;
JM 06:53 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JM 06:53 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
JM 06:53 Skin Action: Apply Spycra to vulnerable areas; Pressure area care as Care Plan; Pressure redistributing mattress;
JM ✓ 06:53 2. Surface: Equipment appropriate; Equipment in good working order;
JM 06:53 4. Incontinence: Urine: Catheterised; Yes
Faeces: No;
JM 06:53 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;

29/11/2020 03:00

S 03:05 Glucose Test 9.5 mmol/L
Glucometer
No change (as per protocol);
S 03:05 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
S 03:05 Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S 03:05 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
S 03:05 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
S 03:05 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 03:05 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Insertion Date: 24/112020; Site Duration: 6 days;
S 03:05 Net Body Balance (24hr): Cumulative Total 1969 ml; Hour Total 79 ml;
S 03:05 Net Body Balance (LOS): Cumulative Total 8689 ml; Hour Total 79 ml;

29/11/2020 04:00

JM 05:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
JM 05:25 Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM 05:25 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM 05:25 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
JM 05:25 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
JM 05:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 05:25 Urine: Bladder Urinary Catheter: Volume Out: 30 ml; Insertion Date: 24/112020; Site Duration: 6 days;
JM 05:25 Net Body Balance (24hr): Cumulative Total 2078 ml; Hour Total 109 ml;
JM 05:25 Net Body Balance (LOS): Cumulative Total 8798 ml; Hour Total 109 ml;

29/11/2020 05:00

JM 05:25 Glucose Test 7.4 mmol/L
Glucometer
Decrease (as per protocol);
JM 05:25 Sample Sent: Routine Daily Bloods; aspergillus antigen;
JM 05:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 11ml;
JM 05:25 Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 24 ml;
JM 05:25 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Volume Remaining: 38 ml; Changes: New syringe; Co-sign Initials: mv;
JM 05:25 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 28 ml;
JM 05:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 05:25 Urine: Bladder Urinary Catheter: Volume Out: 45 ml; Insertion Date: 24/112020; Site Duration: 6 days;
JM 05:25 Net Body Balance (24hr): Cumulative Total 2172 ml; Hour Total 94 ml;
JM 05:25 Net Body Balance (LOS): Cumulative Total 8892 ml; Hour Total 94 ml;

29/11/2020 05:17

JM 05:25 PaO2/FIO2 Ratio
HIS 05:24 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS 05:24 H+ (T) bg (38-44)
HIS 05:24 pCO2 (T) bg (4.6-6.0)
HIS 05:24 pO2 (T) bg (10.5-14.0)
HIS 05:24 Na+ bg
HIS 05:24 K+ bg
HIS 05:24 Cl- bg
HIS 05:24 Glucose bg
HIS 05:24 Lactate bg (0.5-2.0)
HIS 05:24 Hb bg (117-174)
HIS 05:24 COHb bg (0.5-1.5)
HIS 05:24 MetHb bg (0.5-1.5)
HIS 05:24 SO2 bg (95-98)
HIS 05:24 BE bg (-2.0) - (+3.0)
HIS 05:24 HCO3 bg (21-28)

29/11/2020 05:50

HIS 07:35 Calcium Total (2.2-2.60)
HIS 07:35 Urea (2.5-7.5)
HIS 07:35 Creatinine (40-130)
HIS 07:24 WBC (4.0-11)
HIS 07:24 Haemoglobin (90-170)
HIS 07:24 Platelets (150-400)
HIS 07:24 Haematocrit (0.37-0.54)
HIS 07:24 Fibrinogen (1.7-4.0)
HIS 07:24 PT (10.0-13.0)
HIS 07:24 APTT (26-38)
HIS 07:24 APTT Ratio
HIS 07:35 Sodium (133-146)
HIS 07:35 Potassium (3.5-5.0)
HIS 07:35 Chloride (95-109)
HIS 07:35 eGFR
HIS 07:35 Magnesium (0.7-1.0)
HIS 07:35 Bilirubin Total (3.0-20)
HIS 07:35 ALT (<50)
HIS 07:35 AST (<40)
HIS 07:35 Alk Phos (20-130)
HIS 07:35 Albumin (35-50)
HIS 07:35 CRP (<10)
HIS 07:35 Calcium Corrected (2.2-2.6)
HIS 07:35 Phosphate (0.6-1.4)
HIS 07:35 Creatine Kinase (25-320)
HIS 07:24 Neutrophils
HIS 07:24 Lymphocytes
HIS 07:24 Monocytes
HIS 07:24 Eosinophils
HIS 07:24 Basophils
HIS 07:24 Nucleated RBCs
HIS 07:24 MCV
HIS 07:24 Mean Cell HGB%
HIS 07:24 RBC

29/11/2020 06:00

JM 06:53 Mobilisation: Roll or turn in bed
Equip: Sliding sheets
Staff: 4;
JM 06:53 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
JM 06:41 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: mv; Action: Completed;
JM 06:41 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: mv; Action: Completed;
JM 06:41 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed;
JM 06:41 Fabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: mv; Action: Completed;
JM 06:41 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
JM 06:53 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
JM 06:53 Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Changes: New bag; Co-sign Initials: mv;
JM 06:53 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM 06:53 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
JM 06:53 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
JM 06:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 06:53 Urine: Bladder Urinary Catheter: Volume Out: 30 ml; Insertion Date: 24/112020; Site Duration: 6 days;
JM 06:53 Net Body Balance (24hr): Cumulative Total 2640 ml; Hour Total 468 ml;
JM 06:53 Net Body Balance (LOS): Cumulative Total 9360 ml; Hour Total 468 ml;
JM 06:53 1 Skin Inspection: All visible areas checked; No skin damage;
JM 06:53 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JM 06:53 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
JM 06:53 Skin Action: Apply Spycra to vulnerable areas; Pressure area care as Care Plan; Pressure redistributing mattress;
JM 06:53 2. Surface: Equipment appropriate; Equipment in good working order;
JM 06:53 4. Incontinence: Urine: Catheterised; Yes
Faeces: No;
JM 06:53 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;
JM 06:53 Hygiene: Bed bath; Urinary catheter care done; Shave;
JM 06:53 Other Skin Care: ECG dots changed; Sats probe changed;

29/11/2020 07:00

JM 06:53 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 10 ml;
JM 06:53 Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 468 ml;
JM 07:26 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 8 ml; Changes: New syringe; Co-sign Initials: mv;
JM 06:53 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Volume Remaining: 8 ml; Changes: New syringe; Co-sign Initials: mv;
JM 07:26 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 18 ml;
JM 06:53 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 18 ml;
JM 06:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 06:53 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Insertion Date: 24/112020; Site Duration: 6 days;
JM 06:53 Net Body Balance (24hr): Cumulative Total 2736 ml; Hour Total: 98 ml; Action: Automatic Reset;
JM 06:53 Net Body Balance (LOS): Cumulative Total 9456 ml; Hour Total 98 ml;
JM 07:26 HME Filter (Daily): Due Changed: 30/112020; Changed: No;

29/11/2020 07:14

NB 08:16 Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only: Volume Adm: 60 ml; Dose: 40 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: MU; Action: Completed;

29/11/2020 08:00

NB 08:16 Glucose Test 10.2 mmol/L
Glucometer
Increase (as per protocol);
NB 08:16 CPOT: 0 - Relaxed, neutral, 2 - Restlessness/Agitation, 0 - Tolerating ventilator or movement, Not Applicable.;
NB 08:15 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 6 ml;
NB 08:16 Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 420 ml;
NB 08:16 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 37 ml;
NB 08:16 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 10 ml;
NB 08:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB 08:16 Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr: Volume Adm: 60 ml; Rate: 20 ml/hr; Co-sign Initials: mm;
NB 08:16 Urine: Bladder Urinary Catheter: Volume Out: 45 ml; Insertion Date: 24/112020; Site Duration: 6 days;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 08:00

NB 08:16 Net Body Balance (24hr): Cumulative Total 210 ml; Hour Total 210 ml; Action: Start;
NB 08:16 Net Body Balance (LOS): Cumulative Total 9868 ml; Hour Total 210 ml;
NB 08:16 Arterial: Radial Artery Left: Insertion Date: 24/112020; Site Duration: 5 days;
NB 08:16 PVC: left lower leg: Insertion Date: 28/112020; Site Duration: 1 days;
NB 08:16 HME Filter (Daily): Due Changed: 30/112020; Changed: No;
NB 08:16 RAH Bedside Checks: RAH BedsideCheck: Infusion pumps (rates/conc.); Trauma mask; Glucometer available QC check; Ventilator settings checked; Drugs in shared lines compatible; Mapleson c-circuit; Ambu bag function check; Check contents of trache box; Guedel airways; Oxygen flow checked; Alarm limits appropriate; PEEP valve at appropriate level; Airway management guide complete; Check IV access; Remove excess equipment; Yankeaur suction catheters avail; Range of soft tip suction; Transducer bags checked; Suction flow checked;
NB 08:16 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
NB 08:16 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs; Weekly deep clean completed (Thursday); Infection control care plans completed;

29/11/2020 09:00

NB 10:19 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 3 ml; Changes: New syringe; Co-sign Initials: AS;
NB 09:14 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 3 ml;
NB 09:14 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 368 ml;
NB 10:19 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 13 ml; Changes: New syringe; Co-sign Initials: AS;
NB 09:14 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 13 ml;
NB 12:07 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 48 ml; Changes: New bag; New syringe; Co-sign Initials: AS;
NB 10:19 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml; Changes: New bag; New syringe; Co-sign Initials: AS;
NB 09:14 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 4 ml;
NB 12:07 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
NB 08:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB 10:19 Urine: Bladder Urinary Catheter: Volume Out: 55 ml; Insertion Date: 24/112020; Site Duration: 6 days;
NB 10:19 Net Body Balance (24hr): Cumulative Total 289 ml; Hour Total 79 ml;
NB 10:19 Net Body Balance (LOS): Cumulative Total 9747 ml; Hour Total 79 ml;

29/11/2020 09:08

NB 12:07 Furosemide 20 mg IV Once Only: Dose: 20 mg; Route: IV; Co-sign Initials: AS; Action: Completed;

29/11/2020 10:00

NB 10:37 ABP
NB 10:19 ABP: 144/99 (1091);
NB 15:00 Glucose Test 8.2 mmol/L
Glucometer
- No change (as per protocol);
NB 10:19 Glucose Test 8.2 mmol/L
Glucometer;
NB 10:42 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 100 ml; Dose: 400 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
NB 12:07 Lansoprazole 30 mg PO/NG OD at 10:00: Volume Adm: 30 ml; Dose: 30 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
NB 12:07 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Co-sign Initials: AS; Action: Completed;
NB 12:07 Methadone 20 mg PO/NG OD at 10:00: Volume Adm: 20 ml; Dose: 20 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
NB 12:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 43 ml;
NB 10:19 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 42 ml;
NB 10:19 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 324 ml;
NB 10:19 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 49 ml;
NB 12:07 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 44 ml;
NB 10:19 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 43 ml;
NB 10:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB 10:19 Urine: Bladder Urinary Catheter: Volume Out: 45 ml; Insertion Date: 24/112020; Site Duration: 6 days;
NB 12:07 Net Body Balance (24hr): Cumulative Total 528 ml; Hour Total 239 ml;
NB 12:07 Net Body Balance (LOS): Cumulative Total 9988 ml; Hour Total 239 ml;
NB 10:19 1. Skin Inspection: All visible areas checked; No skin damage;
NB 10:19 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
NB 10:19 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
NB 10:19 Skin Action: Pressure area care as Care Plan; Pressure redistributing mattress;
NB 10:19 4. Incontinence: Urine: Catheterised; Yes
Faeces: No;
NB 10:19 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;

29/11/2020 11:00

NB 12:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 38 ml;
NB 12:07 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
NB 12:07 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr;
NB 12:07 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
NB 10:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB 12:07 Urine: Bladder Urinary Catheter: Volume Out: 40 ml; Insertion Date: 24/112020; Site Duration: 6 days;
NB 12:07 Net Body Balance (24hr): Cumulative Total 622 ml; Hour Total 84 ml;
NB 12:07 Net Body Balance (LOS): Cumulative Total 10080 ml; Hour Total 84 ml;

29/11/2020 12:00

NB 15:00 Glucose Test 7.8 mmol/L
Glucometer
No change (as per protocol);
NB 12:07 Glucose Test 7.8 mmol/L
Glucometer;
NB 12:07 Position: Sitting up in bed; Head of bed elevated; Knee bend altered; Pillows adjusted;
NB 12:07 CPOT: 0 - Relaxed, neutral, 2 - Restlessness/Agitation, 0 - Tolerating ventilator or movement, Not Applicable,;
NB 12:07 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: AS; Action: Completed;
NB 12:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 33 ml;
NB 12:07 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 251 ml;
NB 15:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 21 ml;
NB 12:07 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 38 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 21 ml;
NB 12:07 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;
NB 12:07 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB 12:07 Urine: Bladder Urinary Catheter: Volume Out: 240 ml; Insertion Date: 24/112020; Site Duration: 6 days;
NB 15:00 Net Body Balance (24hr): Cumulative Total 614 ml; Hour Total -8 ml;
NB 15:00 Net Body Balance (LOS): Cumulative Total 10072 ml; Hour Total -8 ml;
NB 12:07 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
NB 12:07 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
NB 12:07 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
NB 12:07 Skin Action: Pressure area care as Care Plan; Pressure redistributing mattress;
NB 12:07 4. Incontinence: Urine: Catheterised; Yes
Faeces: Yes;
NB 12:07 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;
NB 12:07 Mouth Care: Oral sponge with mouthwash; Teeth brushed;
NB 12:07 Other Skin Care: NG/NJ tape changed; ECG dots changed; Sats probe changed;
NB 12:07 PVC: left lower leg: Insertion Date: 28/112020; Site Duration: 1 days; Removal Date: 29/112020; Reason Removed: End of treatment;
NB 12:07 PVC: left shin: Insertion Date: 28/112020; Site Duration: 1 days; Removal Date: 29/112020; Reason Removed: End of treatment;

29/11/2020 13:00

NB 12:57 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 28 ml;
NB 12:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
NB 12:57 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 211ml;
NB 15:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr; Volume Remaining: 8 ml; Changes: New syringe; Co-sign Initials: AS;
NB 12:57 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 8 ml;
NB 12:57 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;
NB 12:57 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB 12:57 Urine: Bladder Urinary Catheter: Volume Out: 550 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB 15:00 Net Body Balance (24hr): Cumulative Total 194 ml; Hour Total -420 ml;
NB 15:00 Net Body Balance (LOS): Cumulative Total 9652 ml; Hour Total -420 ml;

29/11/2020 14:00

NB 15:00 Glucose Test 8.4 mmol/L
Glucometer
No change (as per protocol);
NB 15:50 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 40 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: AS; Action: Completed;
NB 15:50 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: AS; Action: Completed;
NB 15:50 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
NB 15:00 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 23 ml;
NB 15:00 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 170 ml;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	29/11/2020 14:00
NB	15:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 12 ml; Rate: 12 ml/hr; Dose: 120 mg/hr; Volume Remaining: 40 ml;
NB	15:00 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
NB	12:57 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	15:00 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB	15:50 Net Body Balance (24hr): Cumulative Total 362 ml; Hour Total 168 ml;
NB	15:50 Net Body Balance (LOS): Cumulative Total 9820 ml; Hour Total 168 ml;
	29/11/2020 15:00
NB	15:50 ASB
NB	15:00 ASB: 8;
NB	15:00 Position: Right tilt; Chair position in bed; Head of bed elevated; Knee bend altered; Pillows adjusted; Head down;
NB	15:00 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 19 ml;
NB	15:00 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 132 ml;
NB	15:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 100 mg/hr; Volume Remaining: 31 ml;
NB	15:00 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
NB	16:14 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	15:00 Urine: Bladder Urinary Catheter: Volume Out: 130 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB	16:14 Net Body Balance (24hr): Cumulative Total 362 ml; Hour Total 0 ml;
NB	16:14 Net Body Balance (LOS): Cumulative Total 9820 ml; Hour Total 0 ml;
NB	15:00 1. Skin Inspection: All visible areas checked; No skin damage; Skin under medical devices checked;
NB	15:00 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
NB	15:00 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
NB	15:00 4. Incontinence: Urine: Catheterised; Yes Faeces: Yes;
NB	15:00 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
	29/11/2020 16:00
NB	17:37 Temperature
NB	15:00 Temperature: C Tympanic;
NB	16:14 Glucose Test 7.7 mmol/L Glucometer No change (as per protocol);
NB	17:52 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 14 ml;
NB	15:00 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
NB	17:52 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 89 ml;
NB	15:00 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
NB	17:52 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 70 mg/hr; Volume Remaining: 22 ml;
NB	15:50 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 70 mg/hr;
NB	15:00 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 100 mg/hr;
NB	17:52 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
NB	15:00 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
NB	16:14 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	16:14 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB	16:14 Net Body Balance (24hr): Cumulative Total 405 ml; Hour Total 43 ml;
NB	16:14 Net Body Balance (LOS): Cumulative Total 9863 ml; Hour Total 43 ml;
	29/11/2020 17:00
NB	16:39 CPOT: 0 - Relaxed, neutral, 2 - Restlessness/Agitation, 0 - Tolerating ventilator or movement, Not Applicable,;
NB	17:52 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 9 ml;
NB	15:50 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
NB	15:50 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
NB	17:52 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr; Volume Remaining: 16 ml;
NB	16:14 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr;
NB	17:52 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 20 ml;
NB	15:50 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
NB	16:14 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	19:12 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB	19:12 Net Body Balance (24hr): Cumulative Total 475 ml; Hour Total 70 ml;
NB	19:12 Net Body Balance (LOS): Cumulative Total 9933 ml; Hour Total 70 ml;
	29/11/2020 17:30
DBSV c	17:43 PaO2/FIO2 Ratio
HIS	17:43 Oxygen % bg
HIS	17:43 H+ (T) bg (36-44)
HIS	17:43 pCO2 (T) bg (4.6-6.0)
HIS	17:43 pO2 (T) bg (10.5-14.0)
HIS	17:43 Na+ bg
HIS	17:43 K+ bg
HIS	17:43 Cl- bg
HIS	17:43 Glucose bg
HIS	17:43 Lactate bg (0.5-2.0)
HIS	17:43 Hb bg (117-174)
HIS	17:43 COHb bg (0.5-1.5)
HIS	17:43 MetHb bg (0.5-1.5)
HIS	17:43 SO2 bg (95-98)
HIS	17:43 BE bg (-2.0) - (+3.0)
HIS	17:43 HCO3 bg (21-28)
	29/11/2020 18:00
NB	19:12 Glucose Test 8.1 mmol/L Glucometer Decrease (as per protocol);
NB	17:52 Glucose Test 6.1 mmol/L Glucometer Decrease (as per protocol);
NB	19:12 Position: Left tilt; Sitting up in bed; Head of bed elevated; Knee bend altered; Pillows adjusted;
NB	17:52 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
NB	19:12 Lactulose 15 ml PO/NG 12 hrly: Volume Adm: 15 ml; Dose: 15 ml; Solution Base; Route: PO/NG; Co-sign Initials: NB; Action: Completed;
NB	17:52 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 4 ml; Changes: New syringe; Co-sign Initials: NB;
NB	17:52 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 500 ml; Changes: New bag; Co-sign Initials: AS;
NB	17:52 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr; Volume Remaining: 12 ml;
NB	17:52 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 16 ml;
NB	19:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	19:12 Urine: Bladder Urinary Catheter: Volume Out: 65 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB	19:12 Net Body Balance (24hr): Cumulative Total 845 ml; Hour Total 170 ml;
NB	19:12 Net Body Balance (LOS): Cumulative Total 10103 ml; Hour Total 170 ml;
	29/11/2020 19:00
NB	19:12 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 46 ml;
NB	19:12 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 444 ml;
NB	19:12 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr; Volume Remaining: 7 ml;
NB	19:12 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 11ml;
NB	19:12 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml: Volume Adm: 60 ml; Co-sign Initials: AS;
NB	19:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	19:12 Urine: Bladder Urinary Catheter: Volume Out: 45 ml; Insertion Date: 24/112020; Site Duration: 7 days;
NB	19:12 Net Body Balance (24hr): Cumulative Total 780 ml; Hour Total 135 ml;
NB	19:12 Net Body Balance (LOS): Cumulative Total 10238 ml; Hour Total 135 ml;
	29/11/2020 19:15
NB	19:21 Furosemide 40 mg IV PRN: Dose: 40 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
	29/11/2020 20:00
S	22:03 Position: Supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
S	20:36 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 1 days; Tube Size: 8.5; Site Care: Connections checked; Secured with cotton tapes; Skin checked for pressure damage; Spycra applied under ET tapes; Position: left side of mouth;
S	20:36 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 43 ml;
S	20:36 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 413 ml;
S	20:36 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 4 ml;
S	20:36 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 8 ml;
S	20:36 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
S	20:36 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	20:36 GI: Nostril Right NG Tube: Insertion Date: 28/112020; Site Duration: 1 days; Tube Type & Size: Fine bore; 12G; External Length: 73 cm; Position Check: X-ray position incorrect; Site Care: Dressing dry & intact; Secured with tape; Skin checked for pressure damage; ,
S	20:36 Drain: Abdomen Left 3: Insertion Date: 24/112020; Site Duration: 7 days;
S	30/112020 01:39 Drain: Abdomen Right 1: Insertion Date: 24/112020; Removal Date: 29/112020 20:00; Site Duration: 7 days;
S	20:36 Drain: Abdomen Right 1: Insertion Date: 24/112020; Site Duration: 7 days;
S	20:36 Urine: Bladder Urinary Catheter: Volume Out: 660 ml; Insertion Date: 24/112020; Site Duration: 7 days; Site Care: Connections checked; No site redness, pain or inflammation; Skin checked for pressure damage; BundleCompliance: Closed drainage system; Hand hygiene (before & after); Daily meatal hygiene performed; Bag below bladder and off floor; Indwelling catheter still requir; Procedure note completed; Skin checked for pressure damage; Catheter present on admission;
S	20:36 Net Body Balance (24hr): Cumulative Total 237 ml; Hour Total -543 ml;
S	20:36 Net Body Balance (LOS): Cumulative Total 9695 ml; Hour Total -543 ml;
S	22:03 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin; ,
S	22:03 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
S	23:20 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
S	23:20 2. Surface: Equipment appropriate; Equipment in good working order;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

29/11/2020 20:00

S 22:03 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;

S 20:36 Arterial: Radial Artery Left: Insertion Date: 28/112020; Site Duration: 0 days; Transducer Due: 03/12/2020 20:00; Site Care: Chloroprep used for dressing change; Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;

S 20:36 Central: Internal Jugular Right: Insertion Date: 28/112020; Site Duration: 1 days; Transducer Due: 02/12/2020 20:00; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Procedure note completed; Need for line reviewed & recorded; Skin checked for pressure damage; Hub decontamination; Line used in past24 hours; Dressing intact & dated; Dressing changed within7 days; Site Infection?: No;

S 20:36 HME Filter (Daily): Due Changed: 30/112020; Changed: No;

S 20:36 RAH Bedside Checks: RAH BedsideCheck: Infusion pumps (rates/conc.); Guedel airways; Ventilator settings checked; Yankaeur suction catheters avail; Check IV access; Airway management guide complete; Drugs in shared lines compatible; Glucometer available QC check; Range of soft tip suction; Trauma mask; Mapleson c-circuit; Transducer bags checked; Suction flow checked; Ambu bag function check; PEEP valve at appropriate level; Alarm limits appropriate; Oxygen flow checked;

S 20:38 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Remote controls; Ventilator; Tympanic thermometer;

S 20:36 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs;

29/11/2020 21:00

S 20:55 Glucose Test 8.2 mmol/L
Glucometer
No change (as per protocol);

S 22:03 Air Entry Right: Apex: Fair
Midzone: Fair
Base: Fair;

S 20:55 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 1 days; Tube Size: 8.5;

S 20:55 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;

S 20:55 CPOT: 0 - Relaxed, neutral, 2 - Restlessness/Agitation, 0 - Tolerating ventilator or movement, Not Applicable,;

S 20:55 Actrapid Insulin 1unit/ml Units/hr: 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 40 ml;

S 20:55 Vancomycin mg/ml. (Maintenance) mg/hr: 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 372 ml;

S 20:55 Propofol 1% 10mg/ml mg/hr: 10 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 50 ml; Changes: New syringe;

S 20:55 Morphine 1mg/ml mg/hr: 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 4 ml;

S 20:55 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

S 20:55 Urine: Bladder Urinary Catheter: Volume Out: 1000 ml; Insertion Date: 24/112020; Site Duration: 7 days;

S 20:55 Net Body Balance (24hr): Cumulative Total: -646 ml; Hour Total: -683 ml;

S 20:55 Net Body Balance (LOS): Cumulative Total: 8812 ml; Hour Total: -683 ml;

S 20:55 Other Skin Care: Emollient applied; Sats probe changed;

29/11/2020 22:00

S 22:03 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;

S 22:03 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 1 days; Tube Size: 8.5;

S 22:17 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 40 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;

S 22:17 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed;

S 22:17 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: JM; Action: Completed;

S 22:17 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;

S 22:03 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;

S 22:03 Vancomycin mg/ml. (Maintenance) mg/hr: 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;

S 22:03 Propofol 1% 10mg/ml mg/hr: 10 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr;

S 23:20 Morphine 1mg/ml mg/hr: 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Changes: New syringe; New line or giving set; Co-sign Initials: jm;

S 22:03 Morphine 1mg/ml mg/hr: 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;

S 22:03 Potassium Chloride mmol/ml mmol/hr: 2 mmol/ml

S 22:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

S 22:03 Urine: Bladder Urinary Catheter: Volume Out: 400 ml; Insertion Date: 24/112020; Site Duration: 7 days;

S 22:17 Net Body Balance (24hr): Cumulative Total: -789 ml; Hour Total: -143 ml;

S 22:17 Net Body Balance (LOS): Cumulative Total: 8669 ml; Hour Total: -143 ml;

S 22:03 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;

S 22:03 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;

S 23:20 Skin Action: Activate dynamic mattress; Apply Sycra to vulnerable areas; Emollients applied;

S 23:20 2. Surface: Equipment appropriate; Equipment in good working order;

S 22:03 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;

29/11/2020 23:00

S 23:24 Glucose Test 12.7 mmol/L
Glucometer
Increase (as per protocol);

S 23:20 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 1 days; Tube Size: 8.5;

S 23:20 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 34 ml;

S 23:20 Vancomycin mg/ml. (Maintenance) mg/hr: 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 281 ml;

S 23:20 Propofol 1% 10mg/ml mg/hr: 10 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 44 ml;

S 23:20 Morphine 1mg/ml mg/hr: 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 43 ml;

S 23:20 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

S 30/112020 01:39 Drain: Abdomen Left 3: Volume Out: 300 ml; Insertion Date: 24/112020; Site Care: Connections checked, Dressing dry & intact; Secured with suture; Skin checked for pressure damage; Site Duration: 7 days;

S 23:20 Urine: Bladder Urinary Catheter: Volume Out: 200 ml; Insertion Date: 24/112020; Site Duration: 7 days;

S 30/112020 01:39 Net Body Balance (24hr): Cumulative Total: -1172 ml; Hour Total: -383 ml;

S 30/112020 01:39 Net Body Balance (LOS): Cumulative Total: 8288 ml; Hour Total: -383 ml;

30/11/2020 00:00

S 00:10 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;

S 00:10 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

S 00:10 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 30 ml;

S 00:10 Vancomycin mg/ml. (Maintenance) mg/hr: 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 240 ml;

S 00:10 Propofol 1% 10mg/ml mg/hr: 10 mg/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 50 mg/hr; Volume Remaining: 38 ml;

S 00:10 Morphine 1mg/ml mg/hr: 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 39 ml;

S 00:10 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

S 06:25 GI: Nostril Right NG Tube: Insertion Date: 28/112020; Site Duration: 2 days; Tube Type & Size: Fine bore; 12G; Removal Date: 30/112020;

S 06:25 Drain: Abdomen Left 3: Insertion Date: 24/112020; Site Duration: 7 days;

S 00:10 Urine: Bladder Urinary Catheter: Volume Out: 180 ml; Insertion Date: 24/112020; Site Duration: 7 days;

S 01:39 Net Body Balance (24hr): Cumulative Total: -1132 ml; Hour Total: 40 ml;

S 01:39 Net Body Balance (LOS): Cumulative Total: 8328 ml; Hour Total: 40 ml;

S 06:25 Arterial: Radial Artery Left: Insertion Date: 29/112020; Site Duration: 1 days;

S 06:25 Central: Internal Jugular Right: Insertion Date: 28/112020; Site Duration: 2 days; Removal Date: 02/12/2020;

S 06:25 HME Filter (Daily): Due Changed: 30/112020; Changed: No;

30/11/2020 00:52

S 01:39 Paracetamol 1000 mg IV Once Only: Volume Adm: 100 ml; Dose: 1000 mg; Solution: Base; Route: IV; Co-sign Initials: JM; Action: Completed;

30/11/2020 01:00

S 01:39 Event: NG tube insertion; Xray chest; NG BRIDAL INSERTION;

S 01:03 Air Entry Right: Apex: Fair
Midzone: Fair
Base: Fair;

S 01:03 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;

S 01:03 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;

S 01:03 Vancomycin mg/ml. (Maintenance) mg/hr: 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;

S 01:03 Propofol 1% 10mg/ml mg/hr: 10 mg/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 50 mg/hr;

S 01:03 Morphine 1mg/ml mg/hr: 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;

S 01:03 Potassium Chloride mmol/ml mmol/hr: 2 mmol/ml

S 00:11 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 0 ml/hr;

S 06:25 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 0 days; Tube Type & Size: 12G; External Length: 72 cm; Position Check: X-ray position correct; Site Care: Bag/bottle changed; Connections checked; Dressing changed; No site redness, pain or inflammation; Secured with bridle (NG); Secured with tape; Skin checked for pressure damage;

S 06:25 Drain: Abdomen Left 3: Insertion Date: 24/112020; Site Duration: 7 days;

S 01:03 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Insertion Date: 24/112020; Site Duration: 7 days;

S 01:39 Net Body Balance (24hr): Cumulative Total: -1077 ml; Hour Total: 55 ml;

S 01:39 Net Body Balance (LOS): Cumulative Total: 8381 ml; Hour Total: 55 ml;

S 06:25 Arterial: Radial Artery Left: Insertion Date: 29/112020; Site Duration: 1 days;

S 02:11 Nasal Bridle : Insertion date: 30/112020 0100; Secured at (cm)73 cm; Position ok: Yes; Clip secure: Yes; Skin intact: Yes; Tapes twisted: Yes;

S 06:25 HME Filter (Daily): Due Changed: 30/112020; Changed: No;

30/11/2020 01:09

S 01:39 Clonidine. 50 mcg PO/NG; IV STAT: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: JM; Action: Completed;

30/11/2020 02:00

S 02:09 Glucose Test 10.1 mmol/L
Glucometer
No change (as per protocol);

S 02:09 Position: Supine; Head of bed elevated; Knee bend altered; Pillows adjusted;

S 02:09 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;

S 02:09 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 22 ml;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 02:00

S	02:09 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 152 ml;
S	02:09 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr; Volume Remaining: 21 ml;
S	02:09 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 30 ml;
S	02:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	02:09 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Insertion Date: 24/112020; Site Duration: 7 days;
S	02:09 Net Body Balance (24hr): Cumulative Total -883 ml; Hour Total: 94 ml;
S	02:09 Net Body Balance (LOS): Cumulative Total 8475 ml; Hour Total: 94 ml;
S	02:09 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
S	02:09 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
S	02:09 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
S	02:09 2. Surface: Equipment appropriate; Equipment in good working order;
S	02:09 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
S	02:09 Other Skin Care: Emollient applied; Sats probe changed;

30/11/2020 03:00

S	04:30 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
S	04:30 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
S	04:30 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S	04:30 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr;
S	04:30 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
S	04:30 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
S	04:30 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	04:30 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Insertion Date: 24/112020; Site Duration: 7 days;
S	04:30 Net Body Balance (24hr): Cumulative Total -919 ml; Hour Total: 64 ml;
S	04:30 Net Body Balance (LOS): Cumulative Total 8539 ml; Hour Total: 64 ml;

30/11/2020 04:00

S	04:30 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
S	04:30 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
S	04:30 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S	04:30 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr;
S	04:30 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
S	04:30 Potassium Chloride mmol/ml mmol/hr 2 mmol/ml
S	04:30 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	04:30 Urine: Bladder Urinary Catheter: Volume Out: 50 ml; Insertion Date: 24/112020; Site Duration: 7 days;
S	04:30 Net Body Balance (24hr): Cumulative Total -845 ml; Hour Total: 74 ml;
S	04:30 Net Body Balance (LOS): Cumulative Total 8613 ml; Hour Total: 74 ml;

30/11/2020 05:00

S	05:27 Glucose Test 10.2 mmol/L Glucometer Increase (as per protocol);
S	05:21 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
S	05:21 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
S	05:21 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 10 ml;
S	05:21 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 16 ml;
S	05:21 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr; Volume Remaining: 36 ml;
S	05:21 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 17 ml;
S	05:21 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	05:21 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Insertion Date: 24/112020; Site Duration: 7 days;
S	05:21 Net Body Balance (24hr): Cumulative Total -781 ml; Hour Total: 64 ml;
S	05:21 Net Body Balance (LOS): Cumulative Total 8677 ml; Hour Total: 64 ml;

30/11/2020 05:27

DBSv c	05:33 PaO2/FiO2 Ratio
S	06:25 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	05:33 Oxygen % bg: Remarks: Oxygen % bg: NA;
HIS	05:33 H+ (T) bg (36-44)
HIS	05:33 pCO2 (T) bg (4.6-6.0)
HIS	05:33 pO2 (T) bg (10.5-14.0)
HIS	05:33 Na+ bg
HIS	05:33 K+ bg
HIS	05:33 Cl- bg
HIS	05:33 Glucose bg
HIS	05:33 Lactate bg (0.5-2.0)
HIS	05:33 Hb bg (117-174)
HIS	05:33 COHb bg (0.5-1.5)
HIS	05:33 MetHb bg (0.5-1.5)
HIS	05:33 SO2 bg (95-98)
HIS	05:33 BE bg (-2.0) - (+3.0)
HIS	05:33 HCO3 bg (21-28)

30/11/2020 06:00

S	06:25 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
S	06:25 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
S	06:18 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action Completed;
S	06:18 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 40 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action Completed;
S	06:18 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action Completed;
S	06:18 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: JM; Action Completed;
S	06:18 Sando-K 2 Tat(s) PO/NG 8 hrly: Dose: 2 Tat(s); Route: PO/NG; Action Completed;
S	06:18 Clonidine. 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: ON; Action Completed;
S	06:25 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 6 ml;
S	06:25 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 480 ml; Changes: New bag; New line or giving set; Co-sign Initials: ON;
S	06:25 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr; Volume Remaining: 25 ml;
S	06:25 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml;
S	06:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	06:25 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Insertion Date: 24/112020; Site Duration: 7 days;
S	06:25 Net Body Balance (24hr): Cumulative Total -437 ml; Hour Total: 344 ml;
S	06:25 Net Body Balance (LOS): Cumulative Total 9021 ml; Hour Total: 344 ml;
S	06:25 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
S	06:25 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
S	06:25 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
S	06:25 2. Surface: Equipment appropriate; Equipment in good working order;
S	06:25 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
S	06:25 Hygiene: Bed bath; Urinary catheter care done;
S	06:25 Other Skin Care: Emollient applied; NG/NJ tape changed; ECG dots changed; Sats probe changed;

30/11/2020 07:00

S	07:04 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
S	07:04 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 46 ml; Changes: New syringe; New line or giving set; Co-sign Initials: ON;
S	07:04 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 440 ml;
S	07:04 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 20 ml;
S	07:04 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
S	07:04 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	07:04 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Insertion Date: 24/112020; Site Duration: 7 days;
S	07:04 Net Body Balance (24hr): Cumulative Total -379 ml; Hour Total: 58 ml; Action: Automatic Reset;
S	07:04 Net Body Balance (LOS): Cumulative Total 9079 ml; Hour Total: 58 ml;

30/11/2020 07:34

CC4	08:29 Furosemide 20 mg IV STAT: Dose: 20 mg; Route: IV; Co-sign Initials: AS; Action: Completed;

30/11/2020 07:35

CC4	08:29 Sodium Acid Phosphate mmol/ml 20 mmol in 20 mmol IV Once Only: Volume Adm: 60 ml; Dose: 20 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: AS; Action: Completed;

30/11/2020 08:00

CC4	08:03 Glucose Test 10.7 mmol/L Glucometer Increase (as per protocol);
CC4	08:03 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
CC4	08:38 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5; Site Care: Connections checked; Communication aid provided; Secured with cotton tapes; Skin checked for pressure damage; Spycra applied under ET tapes; Position: left side of mouth;
CC4	08:03 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4	08:03 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
CC4	08:59 CAM-ICU: Yes, Fluctuation in mental status over last 24hrs (Go to question 2), Inattention >2 errors (Go to question 3), RASS = zero (Go to Question 4), Disorganised thinking >1 error (Delirium Present), Delirium Present;
CC4	08:03 CAM-ICU: Yes, Fluctuation in mental status over last 24hrs (Go to question 2), Inattention >2 errors (Go to question 3), RASS = zero (Go to Question 4), No Delirium;
CC4	08:03 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 42 ml;
CC4	08:03 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 411ml;
CC4	08:03 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 17 ml;
CC4	08:03 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 7 ml;
CC4	08:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 08:00

CC4 08:38 Gt Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 0 days; Tube Type & Size: 12G; External Length: 72 cm; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Secured with bridle (NG); Site cleaned; Skin checked for pressure damage;
CC4 08:38 Drain: Abdomen Left 3: Insertion Date: 24/112020; Drain Colour: Orange; Site Care: Connections checked; Dressing dry & intact; No site redness, pain or inflammation; Skin checked for pressure damage; Site Duration: 7 days;
CC4 08:38 Urine: Bladder Urinary Catheter: Volume Out: 75 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 7 days; Site Care: Bag/bottle changed; Connections checked; No site redness, pain or inflammation; Site cleaned; Skin checked for pressure damage; BundleCompliance: Closed drainage system; Daily meatal hygiene performed; Skin checked for pressure damage; Hand hygiene (before & after); Catheter present on admission; Bag below bladder and off floor; Procedure note completed; Indwelling catheter still requir;
CC4 08:03 Urine: Bladder Urinary Catheter: Volume Out: 75 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 7 days;
CC4 08:28 Net Body Balance (24hr): Cumulative Total: 104 ml; Hour Total: 104 ml; Action: Start;
CC4 08:29 Net Body Balance (LOS): Cumulative Total: 9183 ml; Hour Total: 104 ml;
CC4 08:38 Arterial: Radial Artery Left: Insertion Date: 29/112020; Site Duration: 1 days; Transducer Due: 03/12/2020 08:00; Site Care: Connections checked; Dressing dry & intact; Hand hygiene done (before & after care); Hub decontamination done; No site redness, pain or inflammation; Secured with dressing; Secured with suture; Skin checked for pressure damage;
CC4 08:38 Central: Internal Jugular Right: Insertion Date: 28/112020; Site Duration: 2 days; Transducer Due: 02/12/2020 08:00; Site Care: Connections checked; No site, redness, pain or inflammation; Secured with dressing; Secured with suture; Line Patency: All lumens patent; BundleCompliance: Need for line reviewed & recorded; Skin checked for pressure damage; Hand hygiene (before & after); Hub decontamination; Aseptic non-touch technique used; Line used in past 24 hours; Dressing intact & dated; Site Infection?: No;
CC4 08:39 Nasal Bridle: : Insertion date: 30/112020 01:00; Secured at (cm)73 cm; Position ok: Yes; Clip secure: Yes; Skin intact: Yes; Tapes twisted Yes;
CC4 08:39 HME Filter (Daily): Due Changed: 30/112020; Changed: No;
CC4 08:39 Urometer (7 Days): Due Changed: 07/12/2020; Changed: Yes;
CC4 08:03 RAH Bedside Checks: RAH BedsideCheck: Infusion pumps (rates/conc.); Check IV access; PEEP valve at appropriate level; Airway management guide complete; Trauma mask; Yankeaur suction catheters avail; Alarm limits appropriate; Glucometer available QC check; Ventilator settings checked; Suction flow checked; Guedel airways; Drugs in shared lines compatible; Oxygen flow checked; Transducer bags checked; Range of soft tip suction; Ambu bag function check; Mapleson c-circuit;
CC4 08:03 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Pendants; Remote controls; Swivel/patient chairs; Ventilator; Tympanic thermometer;
CC4 08:03 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs;

30/11/2020 09:00

CC4 08:59 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4 08:59 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
CC4 08:59 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 37 ml;
CC4 08:59 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 368 ml;
CC4 08:59 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 3 ml; Rate: 1 ml/hr; Dose: 10 mg/hr; Volume Remaining: 14 ml;
CC4 08:59 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 49 ml; Changes: New syringe; New line or giving set;
CC4 08:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4 08:59 Urine: Bladder Urinary Catheter: Volume Out: 500 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 7 days;
CC4 08:59 Net Body Balance (24hr): Cumulative Total: -277 ml; Hour Total: -381 ml;
CC4 08:59 Net Body Balance (LOS): Cumulative Total: 8802 ml; Hour Total: -381 ml;
CC4 11:41 Eye Care
CC4 08:48 Eye Care: Swabs with water.;
CC4 1141 Mouth Care: Oral sponge with mouthwash; Oral sponge with water;

30/11/2020 10:00

CC4 10:07 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4 10:07 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
CC4 1144 Fluconazole 400 mg IV OD at 10:00: Dose: 400 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
CC4 1144 Lansoprazole 30 mg PO/NG OD at 10:00: Dose: 30 mg; Route: PO/NG; Action: Completed;
CC4 1144 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Action: Completed;
CC4 1145 Methadone 20 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: changed to full dose of 70mg
CC4 12:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 32 ml;
CC4 10:07 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 32 ml;
CC4 10:07 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 324 ml;
CC4 1141 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 10 mg/hr; Volume Remaining: 13 ml; Action: Suspend;
CC4 10:07 Propofol 1% 10mg/ml mg/hr 10 mg/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 10 mg/hr; Volume Remaining: 13 ml;
CC4 10:07 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 45 ml;
CC4 09:43 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4 10:07 Urine: Bladder Urinary Catheter: Volume Out: 660 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 7 days;
CC4 09:43 Urine: Bladder Urinary Catheter: Volume Out: 460 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 7 days;
CC4 14:25 Net Body Balance (24hr): Cumulative Total: -820 ml; Hour Total: -543 ml;
CC4 14:25 Net Body Balance (LOS): Cumulative Total: 8259 ml; Hour Total: -543 ml;
CC4 11:41 Eye Care
CC4 09:43 Eye Care: Swabs with water.;

30/11/2020 11:00

CC4 1141 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
CC4 1141 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4 1141 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
CC4 12:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 6 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 28 ml;
CC4 1141 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 28 ml;
CC4 1141 Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Action: Suspend;
CC4 1141 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 41 ml;
CC4 1141 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4 1141 Urine: Bladder Urinary Catheter: Volume Out: 350 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 7 days;
CC4 12:34 Net Body Balance (24hr): Cumulative Total: -1053 ml; Hour Total: -233 ml;
CC4 12:34 Net Body Balance (LOS): Cumulative Total: 8026 ml; Hour Total: -233 ml;
CC4 1141 Skin Assessment: Moisture: All areas, 0 = Healthy, intact skin;
CC4 1141 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CC4 1141 Skin Action: Activate dynamic mattress; Apply Sycra to vulnerable areas; Emollients applied;
CC4 1141 2. Surface: Equipment appropriate; Equipment in good working order;
CC4 1141 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
CC4 1141 Bowel Movement Record: Large; Type 6: fluffy or mushy stool;

30/11/2020 11:44

CC4 1146 Methadone 70 mg PO/NG Once Only: Dose: 70 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;

30/11/2020 12:00

AS 12:07 Glucose Test 6.2 mmol/L Glucometer Decrease (as per protocol);
CC4 12:34 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4 12:34 RASS Assessment: RASS Actual: +2 Agitated; RASS Target: 0 Alert & calm;
CC4 12:34 Clindamycin 1200 mg IV 6 hrly: Dose: 1200 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
CC4 12:34 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
CC4 12:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 15 ml;
CC4 12:34 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 37 ml;
CC4 12:34 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4 12:34 Urine: Bladder Urinary Catheter: Volume Out: 550 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 7 days;
CC4 12:34 Net Body Balance (24hr): Cumulative Total: -1529 ml; Hour Total: -476 ml;
CC4 12:34 Net Body Balance (LOS): Cumulative Total: 7550 ml; Hour Total: -476 ml;

30/11/2020 13:00

CC4 12:59 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4 12:59 RASS Assessment: RASS Actual: +2 Agitated; RASS Target: 0 Alert & calm;
CC4 12:59 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 13 ml;
CC4 12:59 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 33 ml;
CC4 12:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4 12:59 Urine: Bladder Urinary Catheter: Volume Out: 105 ml; Drain Colour: Yellow; Insertion Date: 24/112020; Site Duration: 8 days;
CC4 12:59 Net Body Balance (24hr): Cumulative Total: -1560 ml; Hour Total: -31 ml;
CC4 12:59 Net Body Balance (LOS): Cumulative Total: 7520 ml; Hour Total: -31 ml;

30/11/2020 14:00

CC4 14:02 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
CC4 14:02 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4 14:02 RASS Assessment: RASS Actual: +3 Very agitated; RASS Target: 0 Alert & calm;
CC4 15:18 Meropenem 2000 mg to 2000 mg IV 8 hrly: Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: PO; Action: Completed;
CC4 15:18 Fabrinex 1&2 20 ml IV 8 hrly: Dose: 20 ml; Route: IV; Co-sign Initials: PO; Action: Completed;
CC4 15:18 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2020 14:00
CC4	15:18 Clonidine. 50 mcg PO/NG; IV 8 hrly: Dose: 50 mcg; Route: IV; Action Completed; Remarks; Given IV as per Dr Lisa Gemmells instructions as no PO/NG medications available
CC4	14:02 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 7 ml;
CC4	14:02 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
CC4	14:02 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4	14:02 Urine: Bladder Urinary Catheter: Volume Out: 180 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	18:09 Net Body Balance (24hr): Cumulative Total -1845 ml; Hour Total -86 ml;
CC4	18:09 Net Body Balance (LOS): Cumulative Total 7434 ml; Hour Total -86 ml;
CC4	14:02 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CC4	14:02 Wound Assessment Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CC4	14:02 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
CC4	14:02 2. Surface: Equipment appropriate; Equipment in good working order;
CC4	14:02 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
	30/11/2020 15:00
CC4	15:42 Glucose Test 8.1 mmol/L Glucometer No change (as per protocol);
CC4	15:42 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4	15:42 RASS Assessment: RASS Actual: +3 Very agitated; RASS Target: 0 Alert & calm;
CC4	15:42 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; New line or giving set; Action: Start;
CC4	15:42 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
CC4	15:42 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4	15:42 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	15:42 Net Body Balance (24hr): Cumulative Total -1691 ml; Hour Total -46 ml;
CC4	15:42 Net Body Balance (LOS): Cumulative Total 7389 ml; Hour Total -46 ml;
	30/11/2020 16:00
CC4	16:09 Air Entry Right: Apex: Fair Midzone: Fair Base: Fair;
CC4	16:09 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
CC4	16:09 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4	16:09 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
CC4	16:09 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 42 ml;
CC4	16:09 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
CC4	16:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4	16:09 Urine: Bladder Urinary Catheter: Volume Out: 220 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	16:09 Net Body Balance (24hr): Cumulative Total -1636 ml; Hour Total -146 ml;
CC4	16:09 Net Body Balance (LOS): Cumulative Total 7243 ml; Hour Total -146 ml;
CC4	16:09 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CC4	16:09 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CC4	16:09 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
CC4	16:09 2. Surface: Equipment appropriate; Equipment in good working order;
CC4	16:09 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
	30/11/2020 16:31
HIS	17:53 Calcium Total (2.2-2.60)
HIS	17:53 Urea (2.5-7.5)
HIS	17:53 Creatinine (40-130)
HIS	17:53 Sodium (133-146)
HIS	17:53 Potassium (3.5-5.0)
HIS	17:53 Chloride (95-108)
HIS	17:53 eGFR
HIS	17:53 Alk Phos (20-130)
HIS	17:53 Albumin (35-50)
HIS	17:53 Calcium Corrected (2.2-2.6)
HIS	17:53 Phosphate (0.6-1.4)
	30/11/2020 16:42
CBSv c	16:54 PaO2/FIO2 Ratio
HIS	16:54 Oxygen % bg
HIS	16:54 H+ (T) bg (38-44)
HIS	16:54 pCO2 (T) bg (4.6-6.0)
HIS	16:54 pO2 (T) bg (10.5-14.0)
HIS	16:54 Na+ bg
HIS	16:54 K+ bg
HIS	16:54 Cl- bg
HIS	16:54 Glucose bg
HIS	16:54 Lactate bg (0.5-2.0)
HIS	16:54 Hb bg (117-174)
HIS	16:54 COHb bg (0.5-1.5)
HIS	16:54 MetHb bg (0.5-1.5)
HIS	16:54 SO2 bg (95-98)
HIS	16:54 BE bg (-2.0) - (+3.0)
HIS	16:54 HCO3 bg (21-28)
	30/11/2020 17:00
CC4	17:09 Glucose Test 5.4 mmol/L Glucometer Decrease (as per protocol);
CC4	17:07 Glucose Test 5.4 mmol/L Glucometer;
CC4	17:02 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4	17:02 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
CC4	18:09 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 34 ml;
CC4	17:34 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 37 ml;
CC4	17:02 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 37 ml;
CC4	17:02 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
CC4	17:02 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4	17:07 Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	17:07 Net Body Balance (24hr): Cumulative Total -1872 ml; Hour Total -36 ml;
CC4	17:07 Net Body Balance (LOS): Cumulative Total 7208 ml; Hour Total -36 ml;
	30/11/2020 18:00
CC4	18:47 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
CC4	18:09 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4	18:09 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
CC4	19:09 Clindamycin 1200 mg IV 8 hrly: Dose: 1200 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
CC4	17:45 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: Bowels moved multiple times throughout the day - type 8/7
CC4	19:09 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
CC4	18:09 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 27 ml;
CC4	18:09 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 16 ml;
CC4	18:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC4	18:09 Drain: Abdomen Left 3: Volume Out: 200 ml; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	18:09 Urine: Bladder Urinary Catheter: Volume Out: 105 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	18:09 Net Body Balance (24hr): Cumulative Total -2103 ml; Hour Total -231 ml;
CC4	18:09 Net Body Balance (LOS): Cumulative Total 6977 ml; Hour Total -231 ml;
CC4	18:47 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
CC4	18:47 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
CC4	18:47 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
CC4	18:47 2. Surface: Equipment appropriate; Equipment in good working order;
CC4	18:47 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;
CC4	18:47 Bowel Movement Record: Medium; Type 6: fluffy or mushy stool;
	30/11/2020 19:00
CC4	19:06 Glucose Test 4.2 mmol/L Glucometer Decrease (as per protocol);
CC4	19:06 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
CC4	19:06 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
CC4	19:09 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 23 ml;
CC4	18:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 23 ml;
CC4	19:06 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml;
CC4	18:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Changes: New bag; New line or giving set;
CC4	19:06 Urine: Bladder Urinary Catheter: Volume Out: 95 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CC4	19:06 Net Body Balance (24hr): Cumulative Total -2124 ml; Hour Total -21 ml;
CC4	19:06 Net Body Balance (LOS): Cumulative Total 6956 ml; Hour Total -21 ml;
	30/11/2020 20:00
EK	19:55 Glucose Test 4.5 mmol/L Glucometer Decrease (as per protocol);
EK	01/12/2020 02:31 Air Entry Right: Apex: Harsh Midzone: Harsh Base: Harsh;
EK	19:55 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;
EK	19:55 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
EK	19:55 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 21 ml;
EK	19:55 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 9 ml;
EK	19:55 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	19:55 Urine: Bladder Urinary Catheter: Volume Out: 95 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
EK	19:55 Net Body Balance (24hr): Cumulative Total -2149 ml; Hour Total -25 ml;
EK	19:55 Net Body Balance (LOS): Cumulative Total 6931 ml; Hour Total -25 ml;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2020 20:00

EK 19:55 RAH Bedside Checks: RAH BedsideCheck: Airway management guide complete; Mapleson c-circuit; Suction flow checked; Guedel airways; Ambu bag function check; Ventilator settings checked; Infusion pumps (rates/conc.); Check IV access; Alarm limits appropriate; Transducer bags checked; Glucometer available QC check; Yankaeur suction catheters avail; Range of soft tip suction; PEEP valve at appropriate level; Oxygen flow checked; Trauma mask;

EK 21:10 RAH Damp Dust: Back of bed space; Bed rails; Bedside trolleys; Blood glucose machine & box; Curtain check; Infusion pumps; Monitors; Ventilator; Tympanic thermometer;

EK 21:10 Infection Control: Damp dusting signed for; Tap ran for 1 minute and signed for; Flush Bags opened <24hrs; Sterile Water opened <24hrs;

30/11/2020 21:00

EK 21:03 Glucose Test 6.9 mmol/L
Glucometer
No change (as per protocol);

EK 21:03 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;

EK 21:03 RASS Assessment: RASS Actual: +2 Agitated; RASS Target: 0 Alert & calm;

EK 21:44 CPOT: 0 - Relaxed, neutral, 2 - Restlessness/Agitation, 0 - Tolerating ventilator or movement, Not Applicable, 0 - Relaxed, 2;

EK 21:03 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 20 ml;

JM Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: 21:11 Cosign

EK 21:11 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 245 ml; Co-sign Initials: JM; Action: Start;

EK 22:24 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Changes: New syringe; New line or giving set;

EK 21:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

EK 21:03 Urine: Bladder Urinary Catheter: Volume Out: 120 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;

EK 22:24 Net Body Balance (24hr): Cumulative Total -2178 ml; Hour Total -29 ml;

EK 22:24 Net Body Balance (LOS): Cumulative Total 6902 ml; Hour Total -29 ml;

30/11/2020 22:00

EK 22:24 CVP: Remarks: In use

EK 01/12/2020 00:08 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;

EK 22:24 RASS Assessment: RASS Actual: +2 Agitated; RASS Target: 0 Alert & calm;

EK 23:10 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 140 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;

EK 23:10 Senna 15 mg PO/NG OD at 22:00: Route: PO/NG; Action: Held; Remarks: Type 7 stool today

EK 23:10 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;

EK 23:10 Clonidine. 50 mcg PO/NG; IV 8 hrly: Dose: 50 mcg; Route: IV; Co-sign Initials: JM; Action: Completed;

EK 22:24 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 19 ml;

EK 22:24 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 217 ml;

EK 22:24 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml;

EK 22:24 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

EK 22:24 Urine: Bladder Urinary Catheter: Volume Out: 140 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;

EK 01/12/2020 00:08 Net Body Balance (24hr): Cumulative Total -2087 ml; Hour Total 91 ml;

EK 01/12/2020 00:08 Net Body Balance (LOS): Cumulative Total 6993 ml; Hour Total 91 ml;

EK 01/12/2020 00:08 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;

EK 01/12/2020 00:08 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;

EK 01/12/2020 00:08 Skin Action: Activate dynamic mattress; Apply Sypcra to vulnerable areas; Emollients applied;

EK 01/12/2020 00:08 2. Surface: Equipment appropriate; Equipment in good working order;

EK 01/12/2020 00:08 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;

30/11/2020 23:00

EK 23:22 Glucose Test 11 mmol/L
Glucometer
Increase (as per protocol);

EK 23:10 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 2 days; Tube Size: 8.5;

EK 23:10 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;

EK 23:17 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 17 ml;

EK 23:17 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 169 ml;

EK 23:17 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 43 ml;

EK 23:17 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

EK 23:17 Urine: Bladder Urinary Catheter: Volume Out: 80 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;

EK 23:17 Net Body Balance (24hr): Cumulative Total -2085 ml; Hour Total 2 ml;

EK 23:17 Net Body Balance (LOS): Cumulative Total 6995 ml; Hour Total 2 ml;

01/12/2020 00:00

EK 00:08 CVP: Remarks: In use

EK 00:08 Glucose Test 13.7 mmol/L
Glucometer
Increase (as per protocol);

EK 00:08 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5;

EK 00:08 RASS Assessment: RASS Actual: +1 Restless; RASS Target: Normal Sleep;

EK 30/112020 23:53 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

EK 30/112020 23:53 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;

EK 00:08 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 15 ml;

EK 00:08 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 181 ml;

EK 00:08 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;

EK 00:08 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

EK 00:08 Urine: Bladder Urinary Catheter: Volume Out: 60 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;

EK 00:08 Net Body Balance (24hr): Cumulative Total -1982 ml; Hour Total 103 ml;

EK 00:08 Net Body Balance (LOS): Cumulative Total 7098 ml; Hour Total 103 ml;

01/12/2020 00:39

DBSvc 00:44 PaO2/FIO2 Ratio

HIS 00:44 Oxygen % bg

HIS 00:44 H+ (T) bg (36-44)

HIS 00:44 pCO2 (T) bg (4.6-8.0)

HIS 00:44 pO2 (T) bg (10.5-14.0)

HIS 00:44 Na+ bg

HIS 00:44 K+ bg

HIS 00:44 Cl- bg

HIS 00:44 Glucose bg

HIS 00:44 Lactate bg (0.5-2.0)

HIS 00:44 Hb bg (117-174)

HIS 00:44 COHb bg (0.5-1.5)

HIS 00:44 MetHb bg (0.5-1.5)

HIS 00:44 SO2 bg (95-98)

HIS 00:44 BE bg (-2.0) - (+3.0)

HIS 00:44 HCO3 bg (21-28)

01/12/2020 01:00

EK 01:16 Glucose Test 13.1 mmol/L
Glucometer
Increase (as per protocol);

EK 02:02 Position: Right tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;

EK 01:58 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5; Site Care: Connections checked; Communication aid provided; Secured with cotton tapes; Skin checked for pressure damage; Sypcra applied under ET tapes; Tapes changed; Position centre of mouth;

EK 01:16 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5;

EK 01:16 RASS Assessment: RASS Actual: +1 Restless; RASS Target: Normal Sleep;

EK 01:19 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 12 ml;

EK 01:16 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 158 ml;

EK 01:16 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;

EK 01:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;

EK 01:58 GI: Nostril Right NG Tube: Insertion Date: 30/112020; Site Duration: 1 days; Tube Type & Size: 12G; External Length: 72 cm; Position Check: Yes, pH aspirate <=5.5; Site Care: Connections checked; No site redness, pain or inflammation; Secured with bridle (NG); Skin checked for pressure damage;

EK 01:16 Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;

EK 01:16 Net Body Balance (24hr): Cumulative Total -1998 ml; Hour Total -16 ml;

EK 01:16 Net Body Balance (LOS): Cumulative Total 7082 ml; Hour Total -16 ml;

EK 01:16 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;

EK 01:18 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;

EK 01:16 Skin Action: Activate dynamic mattress; Apply Sypcra to vulnerable areas; Emollients applied;

EK 01:16 2. Surface: Equipment appropriate; Equipment in good working order;

EK 01:16 5. Nutrition: Diet: Enteral feed Fluids: Not applicable Supp:;

EK 01:18 Bowel Movement Record: Medium; Type 6: fluffy or mushy stool;

EK 01:58 Arterial: Radial Artery Left: Insertion Date: 29/112020; Site Duration: 2 days; Transducer Due: 03/12/2020 01:00; Site Care: Connections checked; Dressing dry & intact; Hand hygiene done (before & after care); Hub decontamination done; No site redness, pain or inflammation; Secured with dressing; Skin checked for pressure damage;

EK 01:58 Central: Internal Jugular Right: Insertion Date: 28/112020; Site Duration: 3 days; Transducer Due: 02/12/2020 01:00; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; Line Patency: All lumens patent; BundleCompliance: Procedure note completed; Need for line reviewed & recorded; Skin checked for pressure damage; Hand hygiene (before & after); Hub decontamination; Aseptic non-touch technique used; Line used in past 24 hours; Dressing intact & dated; Site Infection?: No;

EK 02:07 Nasal Bridle: : Insertion date: 30/112020 0100; Secured at (cm)73 cm; Position ok: Yes; Clip secure: Yes; Skin Intact: Yes; Tapes twisted Yes;

01/12/2020 01:28

JM Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only: 02:36 Cosign

EK 02:36 Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only: Volume Adm: 60 ml; Dose: 40 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;

01/12/2020 02:00

EK 02:00 CVP: Remarks: In use

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020 02:00

EK 02:00 Glucose Test 12 mmol/L
Glucometer
Increase (as per protocol);
EK 02:04 RASS Assessment: RASS Actual: +1 Restless; RASS Target: Normal Sleep;
EK 02:04 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 9 ml;
JM 03:06 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 139 ml; Action: Suspend;
EK 02:04 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 139 ml;
EK 02:04 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
EK 02:07 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK 02:07 Urine: Bladder Urinary Catheter: Volume Out: 100 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days; Site Care: Connections checked; No site redness, pain or inflammation; Site cleaned; Skin checked for pressure damage; BundleCompliance: Procedure note completed; Indwelling catheter still required; Connected to closed drainage system; Skin checked for pressure damage; Hand hygiene (before & after); Daily meatal hygiene performed; Drainage bag below bladder level and off floor;
EK 02:07 Net Body Balance (24hr): Cumulative Total -1943 ml; Hour Total 55 ml;
EK 02:07 Net Body Balance (LOS): Cumulative Total 7137 ml; Hour Total 55 ml;
EK 02:07 HME Filter (Daily): Due Changed: 07/12/2020; Changed: No;
EK 02:07 Closed Suction (72 Hours): Due Changed: 07/12/2020; Changed: No;
EK 02:07 Urometer (7 Days): Due Changed: 07/12/2020; Changed: Yes;

01/12/2020 03:00

JM 03:06 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5;
JM 03:06 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 3 ml;
JM 03:06 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 0 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 117 ml; Action: Start;
JM 03:06 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
JM 03:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 03:06 Urine: Bladder Urinary Catheter: Volume Out: 110 ml; Insertion Date: 24/112020; Site Duration: 8 days;
JM 03:06 Net Body Balance (24hr): Cumulative Total -1979 ml; Hour Total -36 ml;
JM 03:06 Net Body Balance (LOS): Cumulative Total 7101 ml; Hour Total -36 ml;

01/12/2020 04:00

JM 03:59 Glucose Test 8.9 mmol/L
Glucometer
Decrease (as per protocol);
JM 03:53 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5;
JM 03:53 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Changes: New syringe; Co-sign Initials: jm;
JM 03:53 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 99 ml;
JM 03:53 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
JM 03:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM 03:53 Urine: Bladder Urinary Catheter: Volume Out: 70 ml; Insertion Date: 24/112020; Site Duration: 8 days;
JM 03:53 Net Body Balance (24hr): Cumulative Total -1954 ml; Hour Total 25 ml;
JM 03:53 Net Body Balance (LOS): Cumulative Total 7128 ml; Hour Total 25 ml;

01/12/2020 05:00

EK 05:20 Glucose Test 7.3 mmol/L
Glucometer
No change (as per protocol);
EK 06:03 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
EK 05:20 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5;
EK 05:20 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
EK 05:20 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 41 ml;
EK 05:20 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 70 ml;
EK 05:20 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
EK 05:20 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK 05:20 Urine: Bladder Urinary Catheter: Volume Out: 105 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
EK 05:20 Net Body Balance (24hr): Cumulative Total -1965 ml; Hour Total -11ml;
EK 05:20 Net Body Balance (LOS): Cumulative Total 7115 ml; Hour Total -11ml;
EK 06:03 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
EK 06:03 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
EK 06:03 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
EK 06:03 2. Surface: Equipment appropriate; Equipment in good working order;
EK 06:03 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;

01/12/2020 05:01

DBSv c 05:14 PaO2/FiO2 Ratio
HIS 05:14 Oxygen % bg
HIS 05:14 H+ (T) bg (36-44)
HIS 05:14 pCO2 (T) bg (4.6-6.0)
HIS 05:14 pO2 (T) bg (10.5-14.0)
HIS 05:14 Na+ bg
HIS 05:14 K+ bg
HIS 05:14 Cl- bg
HIS 05:14 Glucose bg
HIS 05:14 Lactate bg (0.5-2.0)
HIS 05:14 Hb bg (117-174)
HIS 05:14 COHb bg (0.5-1.5)
HIS 05:14 MetHb bg (0.5-1.5)
HIS 05:14 SO2 bg (95-98)
HIS 05:14 BE bg (-2.0) - (+3.0)
HIS 05:14 HCO3 bg (21-28)

01/12/2020 05:04

HIS 06:23 Calcium Total (2.2-2.60)
HIS 06:23 Urea (2.5-7.5)
HIS 06:23 Creatinine (40-130)
HIS 05:54 WBC (4.0-11)
HIS 05:54 Haemoglobin (90-170)
HIS 05:54 Platelets (150-400)
HIS 05:54 Haematocrit (0.37-0.54)
HIS 06:24 PT (10.0-13.0)
HIS 06:24 APTT (28-36)
HIS 06:24 APTT Ratio
HIS 06:23 Sodium (133-146)
HIS 06:23 Potassium (3.5-5.0)
HIS 06:23 Chloride (95-108)
HIS 06:23 eGFR
HIS 06:23 Magnesium (0.7-1.0)
HIS 06:23 Bilirubin Total (3.0-20)
HIS 06:23 ALT (<50)
HIS 06:23 AST (<40)
HIS 06:23 Alk Phos (20-130)
HIS 06:23 Albumin (35-50)
HIS 06:23 CRP (<10)
HIS 06:23 Calcium Corrected (2.2-2.6)
HIS 06:23 Phosphate (0.6-1.4)
HIS 06:23 Creatine Kinase (25-320)
HIS 05:54 Neutrophils
HIS 05:54 Lymphocytes
HIS 05:54 Monocytes
HIS 05:54 Eosinophils
HIS 05:54 Basophils
HIS 05:54 Nucleated RBCs
HIS 05:54 MCV
HIS 05:54 Mean Cell HGB%
HIS 05:54 RBC

01/12/2020 06:00

EK 06:03 CVP: Remarks: in use
EK 06:05 Glucose Test 8.8 mmol/L
Glucometer
No change (as per protocol);
EK 07:09 Air Entry Right: Apex: Harsh
Midzone: Harsh
Base: Harsh;
EK 07:13 Mobilisation: Roll or turn in bed
Equip: None
Staff: 3;
EK 07:13 Position: Left tilt; Head of bed elevated; Knee bend altered; Pillows adjusted;
EK 06:03 RASS Assessment: RASS Actual: +1 Restless; RASS Target: 0 Alert & calm;
EK 05:57 Clindamycin 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LF; Action: Completed;
EK 05:57 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 140 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: LF; Action: Completed;
EK 05:57 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Reason Drug Held: 14. Other - Record In Notes; Remarks: type 7 stool
EK 06:22 Pabrinex 1&2 20 ml IV OD at 10:00: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LF; Action: Completed;
EK 07:04 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CN 08:15 Clonidine, 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: KM; Action: Completed;
CN 08:14 Clonidine, 50 mcg PO/NG; IV 8 hrly: Dose: 50 mcg; Route: IV; Co-sign Initials: KM; Action: Completed;
EK 08:22 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;
EK 08:03 Actrapid Insulin 1unit/ml Units/hr 1 Units/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 38 ml;
EK 08:03 Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 55.5 ml;
EK 08:03 Morphine 1mg/ml mg/hr 1 mg/ml: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 15 ml;
EK 08:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK 08:03 Urine: Bladder Urinary Catheter: Volume Out: 65 ml; Drain Colour: Orange; Insertion Date: 24/112020; Site Duration: 8 days;
CN 08:15 Net Body Balance (24hr): Cumulative Total -1546 ml; Hour Total 419 ml;
CN 08:15 Net Body Balance (LOS): Cumulative Total 7534 ml; Hour Total 419 ml;
EK 07:13 Skin Assessment: Moisture: All areas, 0 = Healthy, intact skin;
EK 07:13 Wound Assessment: Location: Abdomen; Dressing: Dry and intact; Wound Form Done: No;
EK 07:13 Skin Action: Activate dynamic mattress; Apply Spycra to vulnerable areas; Emollients applied;
EK 07:13 2. Surface: Equipment appropriate; Equipment in good working order;
EK 07:13 5. Nutrition: Diet: Enteral feed
Fluids: Not applicable
Supp:;
EK 07:13 Hygiene: Bed bath; Urinary catheter care done;
EK 07:13 Bowel Movement: Record: Medium; Type 6: fluffy or mushy stool;

01/12/2020 07:00

EK 07:08 Glucose Test 9 mmol/L
Glucometer
No change (as per protocol);
EK 07:08 Glucose Test 9 mmol/L
Glucometer;
EK 07:10 ET Tube: Mouth: Insertion Date: 28/112020; Site Duration: 3 days; Tube Size: 8.5;
EK 07:04 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: 0 Alert & calm;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2020 - 01/12/2020

		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Neurological	Richmond Agitation Sedation Scale	Actual: +2 Agitated	Actual: +2 Agitated	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: Normal Sleep	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: Normal Sleep	Actual: Normal Sleep
	GCS Eyes (Chart)	4. Spontaneously											4. Spontaneously
	GCS Motor (Chart)	6. Obeys Commands											6. Obeys Commands
	GCS Verbal (Chart)	Not Testable											Not Testable
	Intubated	Yes											Yes
	Pupil Left												3 mm; Reacts
	Pupil Right												3 mm; Reacts
	Critical Care Pain Observation Tool (CPOT)	0 - Relaxed, neutral, 2 -...											0 - Relaxed, neutral, 0 -...
	Nausea & Vomiting Score	0 = None											
Drugs Intermittent	Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (JM)						1200 mg/100 ml (LF)		
	Meropenem 2000 mg to 2000 mg IV 8 hrly		2000 mg/140 ml (JM)								2000 mg/140 ml (LF)		
	Lactulose 15 ml PO/NG 12 hrly										* Held		
	Senna 15 mg PO/NG OD at 22:00		* Held										
	Pabrinex 1&2 20 ml IV OD at 10:00										20 ml/100 ml (LF)		
	Sando-K 2 Tab(s) PO/NG 8 hrly		2 Tab(s)/ ()								2 Tab(s)/ ()		
	Clonidine. 50 mcg PO/NG; IV 8 hrly		50 mcg/ (JM)								* 50 mcg/50 ml (KM)		
	Diazepam 5 mg PO/NG 6 hrly				5 mg/ (JM)						5 mg/ (JM)		
	Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only					* 40 mmol/60 ml (JM)							
	Other In: Volume											(0)	
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	1 Units/hr/1 ml ()	1 Units/hr/1 ml ()	2 Units/hr/2 ml ()	3 Units/hr/3 ml ()	4 Units/hr/4 ml ()	5 Units/hr/5 ml ()	5 Units/hr/5 ml ()	5 Units/hr/5 ml (JM)	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()(102.5) (165)	4 Units/hr/4 ml ()
	Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml							105 mg/hr/0 ml ()	105 mg/hr/21 ml ()	105 mg/hr/21 ml ()	105 mg/hr/21 ml ()	105 mg/hr/21 ml ()(84) (126)	* 105 mg/hr/21 ml (KM)
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml	105 mg/hr/21 ml (JM)	105 mg/hr/21 ml ()	105 mg/hr/21 ml ()	105 mg/hr/21 ml ()	105 mg/hr/21 ml ()	* 105 mg/hr/21 ml ()						
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(7)	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
	Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)	
	Morphine 1mg/ml mg/hr 1 mg/ml	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml () (96)	4 mg/hr/4 ml ()
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)	
	Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 - 01/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Fluid Balance	Monitor PO Intake											(0)	
	Enteral Feeds Nutrison NG Continuous PRN	65	65	65	65	65	65	65	65	65	65	65(1560)	65
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 5% 400 ml IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
	Hartmanns IV STAT @ 999 ml/hr											(0)	
	Other In: Volume											(0)	
	NG Aspirate Removed: Vol		35								25	(240)	
	NG Aspirate Returned: Vol		35								25	(240)	
	GI: Nostril Right NG Tube					0						(0)	
	Drain: Abdomen Left 3											^ 250(450)	
	Drain: Abdomen Right 1											(0)	
	Urine: Bladder Urinary Catheter	120	140	90	90	110	100	110	70	105	65	90(4235)	110
	Total In (24hr)	91 (1467)	265 (1733)	92 (1825)	193 (2018)	94 (2112)	155 (2267)	74 (2341)	95 (2436)	94 (2530)	509 (3039)	84 (3133)	84 (84)
	Total Out (24hr)	120 (3645)	175 (3820)	90 (3910)	90 (4000)	110 (4110)	100 (4210)	110 (4320)	70 (4390)	105 (4495)	90 (4585)	340 (4925)	110 (110)
	Net Body Balance (24hr)	-2178	-2087	-2085	-1982	-1998	-1943	-1979	-1954	-1965	-1548	-1792	-16
	Net Body Balance (LOS)	+6802	+6993	+6995	+7098	+7082	+7137	+7101	+7126	+7115	+7534	+7288	+7272
Renal	Calcium Total (2.2-2.60)										^* 1.62		
	Urea (2.5-7.5)										* 4		
	Creatinine (40-130)										* 48		
	Net Body Balance (24hr)	-2178	-2087	-2085	-1982	-1998	-1943	-1979	-1954	-1965	-1548	-1792	-16

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 - 01/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked			All visible areas checked				All visible areas checked	All visible areas checked		
	Skin Assessment Pressure		All areas: Healthy and intact;			All areas: Healthy and intact;				All areas: Healthy and intact;	All areas: Healthy and intact;		
	Skin Assessment Moisture		All areas, 0 = Healthy,...			All areas, 0 = Healthy,...				All areas, 0 = Healthy,...	All areas, 0 = Healthy,...		
	Wound Assessment		Location: Abdomen; Dressing:...			Location: Abdomen; Dressing:...				Location: Abdomen; Dressing:...	Location: Abdomen; Dressing:...		
	Skin Action		Activate dynamic mattress;...			Activate dynamic mattress;...				Activate dynamic mattress;...	Activate dynamic mattress;...		
	2. Surface		Equipment appropriate;...			Equipment appropriate;...				Equipment appropriate;...	Equipment appropriate;...		
	Mattress Type		Hill rom total care			Hill rom total care				Hill rom total care	Hill rom total care		
	3. Keep Moving		Reposition 4 hrly			Reposition 4 hrly				Reposition 4 hrly	Reposition 4 hrly		
	Mobilisation		Pillows removed; Staff: 2			Roll or turn in bed; Staff: 4				Pillows removed; Staff: 2	Roll or turn in bed; Equip:...		
	Position		Semi supine; HOB up; Knee...			Right tilt; HOB up; Knee bend...				Semi supine; HOB up; Knee...	Left tilt; HOB up; Knee bend...		
	4. Incontinence		Urine: Catheterised; Faeces:			Urine: Catheterised; Faeces:				Urine: Catheterised; Faeces:	Urine: Catheterised; Faeces:		
	5. Nutrition		Diet: Enteral feed; Fluids:...			Diet: Enteral feed; Fluids:...				Diet: Enteral feed; Fluids:...	Diet: Enteral feed; Fluids:...		
	6. Self Management/Shared Care		Patient unable to participate			Patient unable to participate				Patient unable to participate	Patient unable to participate		
Personal Care	Eye Care		Swabs with water;			No cleanse required;					Swabs with water;		No cleanse required;
	Mouth Care	Oral sponge with water	Oral sponge with water		Oral sponge with water	Oral sponge with water			Oral sponge with water	Oral sponge with water	Oral sponge with water		Oral sponge with water
	Hygiene										Bed bath; Urinary catheter...		
	Other Skin Care		Sats probe changed								Sats probe changed		
	Flotrons		On			On					Off	On	On
	Bowel Movement Record		None			Medium; Type 6: fluffy or...					Medium; Type 6: fluffy or...		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 - 01/12/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Lines & Devices												
ET Tube: Mouth	Day: 2		Day: 2	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3
Arterial: Radial Artery Left					Day: 2 Transducer Due: 03/12...							
Central: Internal Jugular Right					Day: 3 Transducer Due: 02/12...							
GI: Nostril Right NG Tube					0						(0)	
Drain: Abdomen Right 1											(0)	
Drain: Abdomen Left 3											250(450)	
Urine: Bladder Urinary Catheter	120	140	80	90	110	100	110	70	105	85	90(4235)	110
Nasal Bridle:					Insertion date: 30/112020 01...							
HME Filter (Daily)						01/12/2020					02/12/2020	
Closed Suction (72 Hours)						01/12/2020						
Arterial Line Transducer (4 days)						03/12/2020						
Urometer (7 Days)						07/12/2020						
MUST Completed						Last completed 24/112020						
Falls Risk Assessment						Date last completed 24/112020						
Lab Results												
WBC (4.0-11)									A* 15.4			
Haemoglobin (90-170)									A* 88			
Platelets (150-400)									A* 469			
Haematocrit (0.37-0.54)									A* 0.269			
PT (10.0-13.0)									A* 14			
APTT (26-36)									* 29			
APTT Ratio									* 0.8			
Sodium (133-146)									* 138			
Potassium (3.5-5.0)									* 4.2			
Chloride (95-108)									* 102			
Urea (2.5-7.5)									* 4			
Creatinine (40-130)									* 46			
eGFR									* 80			
Magnesium (0.7-1.0)									A* 0.69			
Bilirubin Total (3.0-20)									* 7			
ALT (<50)									* 30			
AST (<40)									A* 42			
Alk Phos (20-130)									* 75			
Albumin (35-50)									A* 13			
CRP (<10)									A* 121			
Calcium Total (2.2-2.60)									A* 1.62			
Calcium Corrected (2.2-2.6)									A* 2.01			
Phosphate (0.8-1.4)									0.92			
Creatine Kinase (25-320)									* 79			
Neutrophils									A* 10.2			
Lymphocytes									* 3.3			
Monocytes									A* 1.7			
Eosinophils									* 0.1			
Basophils									* 0			
Nucleated RBCs									* 0.2			
MCV									* 83.3			
Mean Cell HGB%									* 27.2			
RBC									A* 3			

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 - 01/12/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Safety Checks												
ET Tube Length at Lips					Tied at 24 cm							Tied at 24 cm
Tube Cuff Pressure												30
Drug Level Checks												Yes
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

30/11/2020 - 01/12/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	92	86	87	89	88	87	88	90	89	89	90	88
Heart Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Arterial Blood Pressure	188/79 (109)	180/72 (101)	175/69 (99)	166/66 (92)	177/67 (94)	120/80 (97)	162/61 (84)	168/68 (94)	160/64 (89)	154/61 (83)	168/72 (95)	158/65 (87)
Central Venous Pressure	2	* 307	0	* 302	1	* 290	9	7	1	* 278	2	* 290
Temperature	38.0 C Tympanic	37.8 C Tympanic	37.8 C Tympanic	37.9 C Tympanic	37.9 C Tympanic	37.8 C Tympanic		37.2 C Tympanic	37.1 C Tympanic	37.3 C Tympanic	37.2 C Tympanic	37.5 C Tympanic
Glucose Test	6.9 mmol/L Glucometer No...		^ 11mmol/L Glucometer	^ 13.7 mmol/L Glucometer	^ 13.1 mmol/L Glucometer	^ 12 mmol/L Glucometer		8.9 mmol/L Glucometer	7.3 mmol/L Glucometer No...	8.8 mmol/L Glucometer No...	9 mmol/L Glucometer No...	
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
SpO2	88	86	85	93	95	95	86	86	86	86	87	85
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Minute Volume	9.51	10.4	9.45	10.7	10.5	10.1	9.9	9.49	9.5	9.09	9.79	10
Respiratory Rate (Spont)	24	18	17	23	22	20	21	22	19	19	21	20
Peak Airway Pressure	6.4	7.4	7.8	7.2	7.2	6.7	6.9	6.9	6.5	6.5	6.4	6.8
End Tidal CO2	4.4	5.2	4.9	4.9	4.7	5.1	4.9	5	5.1	5.1	5.4	4.9
PaO2/FiO2 Ratio				* 42.5					* 38.21			
pO2 (T) bg (10.5-14.0)				* 11.9					10.7			
pCO2 (T) bg (4.6-8.0)				* 6					* 5.8			
H+ (T) bg (35-44)				^* 32					^* 31			
BE bg (-2.0) - (+3.0)				^* 9					^* 9			
Lactate bg (0.5-2.0)				* 1					* 1			
Glucose bg				^* 12.9					^* 6.8			
K+ bg				^* 3.3					* 3.8			
GCS Eyes (Chart)	4. Spontaneously											4. Spontaneously
GCS Motor (Chart)	6. Obeys Commands											6. Obeys Commands
GCS Verbal (Chart)	Not Testable											Not Testable
Richmond Agitation Sedation Scale	Actual: +2 Agitated	Actual: +2 Agitated	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: Normal Sleep	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: Normal Sleep	Actual: Normal Sleep
Urine: Bladder Urinary Catheter	120	140	90	90	110	100	110	70	105	65	90(4235)	110
GI: Nostril Right NG Tube					0						(0)	
Total In (24hr)	91 (1487)	268 (1733)	92 (1825)	193 (2018)	94 (2112)	155 (2267)	74 (2341)	95 (2436)	84 (2530)	509 (3039)	94 (3133)	94 (94)
Total Out (24hr)	120 (3645)	175 (3820)	90 (3910)	90 (4000)	110 (4110)	100 (4210)	110 (4320)	70 (4390)	105 (4495)	90 (4585)	340 (4925)	110 (110)
Net Body Balance (24hr)	-2178	-2087	-2085	-1982	-1998	-1943	-1979	-1954	-1965	-1545	-1792	-16
Sodium (133-146)									* 138			
Potassium (3.5-5.0)									* 4.2			
Urea (2.5-7.5)									* 4			
Creatinine (40-130)									* 46			
Bilirubin Total (3.0-20)									* 7			
ALT (<50)									* 30			
AST (<40)									^* 42			
Alk Phos (20-130)									* 75			
Albumin (35-50)									^* 13			
Calcium Total (2.2-2.60)									^* 1.82			
Phosphate (0.8-1.4)									* 0.92			
Magnesium (0.7-1.0)									^* 0.69			
CRP (<10)									^* 121			
WBC (4.0-11)									^* 15.4			
Platelets (150-400)									^* 469			
Haemoglobin (90-170)									^* 88			
PT (10.0-13.0)									^* 14			

01/12/2020

09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00

PATIENT NAME
Henry Burgess

CHI
2208793218

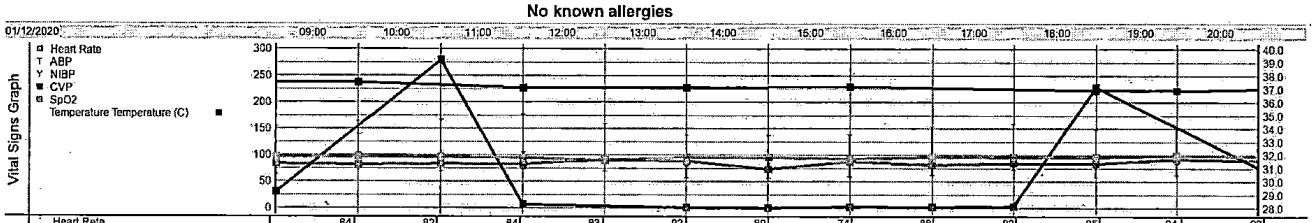
ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies



Cardiovascular

	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	84	82	84	83	92	89	74	88	82	85	84	93
Heart Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Arterial Blood Pressure	155/64 (86)	165/72 (101)	168/70 (100)	178/74 (103)	160/70 (94)	137/58 (78)	137/67 (83)	139/60 (90)	154/82 (84)	160/72 (94)	149/59 (81)	154/62 (88)
Central Venous Pressure	31		280	7		1	1	3	2	4	229	
Zero Transducer			Done					Done				
Temperature		37.5 C Tympanic		37.1 C Tympanic		37.1 C Tympanic		37.2 C Tympanic			36.9 C Tympanic	36.9 C Tympanic
Glucose Test	* 5.8 mmol/L Glucometer No...	^ 3.5 mmol/L Glucometer	6.9 mmol/L Glucometer No...		^ 15.9 mmol/L Glucometer	^ 19.9 mmol/L Glucometer		^ 17.2 mmol/L Glucometer		^ 14.7 mmol/L Glucometer		^ 10.8 mmol/L Glucometer No...
Event				* Extubation (as planned)								

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Respiratory												
SpO2	97	97	97	95	90	98	98	* 93	97	97	97	100
FiO2	0.28	0.28	0.28	0.28	0.4	0.4	0.4	0.35	0.35	0.35	0.35	0.35
PaO2/FiO2 Ratio		* 44.29				* 29.5						
Airway	Oral ETT	Oral ETT	Oral ETT	* Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural
Oxygen Delivery				* Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Respiflow
				40	40	40	40	40	35	35	35	35
					8	8		8		8		8
Ventilator	NKV-550	NKV-550	NKV-550	NKV-550								
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB								
PEEP	5.0	5.0	5.0	5.0								
ASB	0	0	0	0								
Respiratory Rate (Spont)	17	19	19	* 18		21	20	14	15	12		15
Expired Tidal Volume	461	475	481	454								
Minute Volume	8.81	8.61	8.62	8.36								
Peak Airway Pressure	6.4	6.3	6.5	6.9								
Mean Airway Pressure	4.4	4.4	4.5	4.5								
End Tidal CO2	5.4	5.4	5.2	5								
Humidification	HME	HME	HME	* Humidified	Humidified	Humidified	Humidified	Humidified	Humidified	Humidified	Humidified	Humidified
				sterile water	sterile water	sterile water	sterile water	sterile water	sterile water	sterile water	sterile water	sterile water
Air Entry Right												Apex: Fair
												Midzone: Fair
Air Entry Left												Apex: Fair
Secretions	Muco-purulent		Muco-purulent	* Muco-purulent						Muco-purulent		
Suction/Cough Amount	Minimal		Moderate	* Moderate		Coughs & clears			Coughs & clears	Moderate	Coughs & clears	
Oxygen % bg		*				*						
H+ (T) bg (36-44)		^* 34				* 37						
pCO2 (T) bg (4.6-6.0)		* 6				* 5.8						
pO2 (T) bg (10.5-14.0)		* 12.4				* 11.9						
Na+ bg		* 137				* 135						
K+ bg		* 3.7				* 4.2						
Cl- bg		* 103				* 101						
Glucose bg		* 3.6				^* 15.2						
Lactate bg (0.5-2.0)		* 0.7				* 0.7						
Hb bg (117-174)		* 89				* 88						
COHb bg (0.5-1.5)		^* 2				^* 2						
MetHb bg (0.5-1.5)		* 1.1				* 1.1						
SO2 bg (95-98)		^* 99				^* 99						
BE bg (-2.0) - (+3.0)		^* 7				^* 5						
HCO3 bg (21-28)		^* 32				^* 30						
Mobilisation		Roll or turn in bed				* Not mobilised		Roll or turn in bed				
		Equip:...				Staff: 3						
								Staff: 3				
Position		Sitting up in bed; HOB up				Sitting up in bed		Left tilt				
Head Of Bed Elevation	Yes		Yes	* Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ET Tube: Mouth	Day: 3			* Day: 3								

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Neurological												
Richmond Agitation Sedation Scale	Actual: Normal Sleep	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: Normal Sleep	Actual: -1 Drowsy	Actual: 0 Alert & calm	Actual: -1 Drowsy	Actual: 0 Alert & calm	Actual: -1 Drowsy	* Actual: -1 Drowsy
CAM-ICU												Yes, Fluctuation in mental...
GCS Eyes (Chart)								4. Spontaneously				4. Spontaneously
GCS Motor (Chart)								6. Obeys Commands				6. Obeys Commands
GCS Verbal (Chart)								4. Confused				4. Confused
Intubated								Yes				No
GCS Chart Total								14				14
Pain Score												NIL, 0 = No pain, A - No...
Nausea & Vomiting Score												0 = None
Drugs Intermittent												
Clindamycin 1200 mg IV 8 hrly				1200 mg/108 ml (KM)						1200 mg/108 ml (SM)		
Fluconazole 400 mg IV OD at 10:00		400 mg/200 ml (KM)										
Meropenem 1000 mg IV STAT						* 1000 mg/20 ml (SM)						
Meropenem 2000 mg to 2000 mg IV 8 hrly						* Held						
Furosemide 20 mg IV STAT											* 50 mg/ (HS)	
Lactulose 15 ml PO/NG 12 hrly										* Held		
Lansoprazole 30 mg PO/NG OD at 10:00		30 mg/20 ml ()										
Dalteparin 15000 Units SC Once Daily		15000 Units/ ()										
Sando-K 2 Tab(s) PO/NG 8 hrly						2 Tab(s)/ ()						
Clonidine, 50 mcg PO/NG, IV 6 hrly						* Held						
Diazepam 5 mg PO/NG 6 hrly				5 mg/12 ml (KM)						5 mg/ ()		
Methadone 70 mg PO/NG OD at 10:00		70 mg/70 ml (KM)										
Drugs Contin												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	* 4 Units/hr/4 ml ()						2 Units/hr/0 ml ()	4 Units/hr/2 ml (SM)	4 Units/hr/4 ml 0	4 Units/hr/4 ml 0	6 Units/hr/4 ml 0	6 Units/hr/6 ml 0
Vancomycin mg/mL (Maintenance) mg/hr 5 mg/ml	105 mg/hr/21 ml 0	105 mg/hr/21 ml 0	105 mg/hr/21 ml 0	105 mg/hr/21 ml 0	105 mg/hr/21 ml 0	* 105 mg/hr/13 ml ()						
Propofol 1% 10mg/ml mg/hr 10 mg/ml					Chart							
Morphine 1mg/ml mg/hr 1 mg/ml	* 2 mg/hr/4 ml (KM)	2 mg/hr/2 ml ()	1 mg/hr/1 ml ()									
Fluid Balance												
Enteral Feeds Nutrison NG Continuous PRN	* 65				Chart		0	* 0	81	65	65	65
Sodium Chloride 0.18% + Glucose 4% IV STAT					* 500 ml ()							
NG Aspirate Removed: Vol	5	5										
NG Aspirate Returned: Vol	0	5										
GI: Nostril Right NG Tube					0				0	0		
Drain: Abdomen Left 3					* 40							
Urine: Bladder Urinary Catheter	50	80	80	60	95	110	40	* 120	70	35	100	200
Total In (24hr)	94 (188)	318 (636)	22 (528)	141 (669)	521 (1190)	21 (1211)	33 (1244)	2 (1246)	85 (1331)	177 (1508)	69 (1577)	71 (1648)
Total Out (24hr)	55 (165)	85 (250)	80 (330)	60 (390)	135 (525)	110 (635)	40 (675)	120 (795)	70 (865)	35 (900)	100 (1000)	200 (1200)
Net Body Balance (24hr)	+23	+256	+198	+279	+685	+576	+569	+451	+466	+608	+577	+448
Net Body Balance (LOS)	+7311	+7544	+7486	+7687	+7953	+7864	+7857	+7739	+7754	+7896	+7865	+7736
R	Net Body Balance (24hr)	+23	+256	+198	+279	+685	+576	+569	+451	+466	+608	+577	+448

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

01/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SSKIN & Pressure Areas												
1. Skin Inspection		All visible areas checked				All visible areas checked		All visible areas checked				
Skin Assessment Pressure		All areas: Healthy and intact,				All areas: Healthy and intact,		All areas: Healthy and intact,				
Skin Assessment Moisture		All areas, 0 = Healthy,...				All areas, 0 = Healthy,...		All areas, 0 = Healthy,...				
Wound Assessment		Location: Abdomen Dressing:...				Location: Abdomen Dressing:...		Location: Abdomen Dressing:...				
Skin Action		Activate dynamic mattress;...				Activate dynamic mattress;...		Activate dynamic mattress;...				
2. Surface		Equipment appropriate;...				Equipment appropriate;...		Equipment appropriate;...				
Mattress Type		Hill rom total care				Hill rom total care		Hill rom total care				
3. Keep Moving		Reposition 4 hrly				Reposition 4 hrly		Reposition 4 hrly				
Mobilisation		Roll or turn in bed Equip:...				* not mobilised Staff: 3		Roll or turn in bed Staff: 3				
Position		Sitting up in bed; HOB up				Sitting up in bed		Left tilt				
4. Incontinence		Urine: Catheterised Faeces:				Urine: Catheterised Faeces:		Urine: Catheterised Faeces:				
5. Nutrition		Diet: Enteral feed Fluids:...				Diet: Enteral feed Fluids:...		Diet: Enteral feed Fluids:...				
6. Self Management/Shared Care		Patient unable to participate				Patient unable to participate		Patient unable to participate				
Personal Care												
Eye Care			No cleanse required,					No cleanse required,				
Mouth Care			Oral sponge with water					Oral sponge with water				
Hygiene		Urinary catheter care done;...										
Flotrons		Off	On					Off				
Bowel Movement Record		Large; Type 6: fluffy or...						Large; Type 7: entirely liquid				

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

01/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Lines & Devices												
ET Tube: Mouth	Day: 3			Day: 3								
Arterial: Radial Artery Left									Day: 2 Transducer Due: 03/12...			
Central: Internal Jugular Right									Day: 3 Transducer Due: 02/12...			
GI: Nostril Right NG Tube					0				0	0		
Drain: Abdomen Left 3					40							
Urine: Bladder Urinary Catheter	50	80	80	60	95	110	40	120	70	35	100	200
Nasal Bridle:									Insertion date: 30/112020 01...			
Arterial Line Transducer (4 days)									03/12/2020 07/12/2020			
Urometer (7 Days)									Last completed: 24/112020			
MUST Completed									Date last completed: 24/112020			
Falls Risk Assessment												
Safety Checks												
Drug Level Checks												N/A
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for;...

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

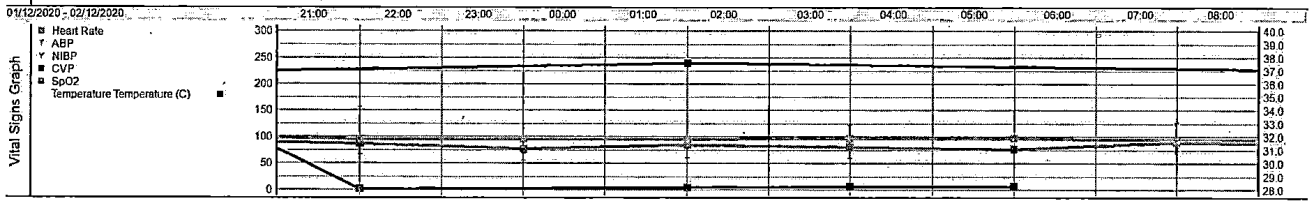
ALLERGIES & SENSITIVITIES

No known allergies

Quicklook

01/12/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	84	82	84	89	92	89	74	88	82	85	84	93
Heart Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Arterial Blood Pressure	155/64 (86)	165/72 (101)	168/70 (100)	178/74 (103)	160/70 (94)	137/58 (78)	137/57 (83)	139/60 (90)	154/62 (84)	160/72 (94)	149/59 (81)	154/62 (88)
Central Venous Pressure	31		280	7		1	1	3	2	4	229	
Temperature		37.5 C Tympanic		37.1 C Tympanic		37.1 C Tympanic		37.2 C Tympanic			36.9 C Tympanic	36.9 C Tympanic
Glucose Test	^ 5.8 mmol/L Glucometer No...	^ 3.5 mmol/L Glucometer	6.9 mmol/L Glucometer No...		^ 15.9 mmol/L Glucometer	^ 19.9 mmol/L Glucometer		^ 17.2 mmol/L Glucometer		^ 14.7 mmol/L Glucometer		^ 10.8 mmol/L Glucometer No...
FiO2	0.28	0.28	0.28	0.28	0.4	0.4	0.4	0.35	0.35	0.35	0.35	0.35
SpO2	97	97	97	95	90	98	96	* 93	97	97	97	100
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB								
PEEP	5.0	5.0	6.0	5.0								
Minute Volume	8.61	8.61	8.62	8.36								
Respiratory Rate (Spont)	17	18	19	* 18		21	20	14	15	12		15
Peak Airway Pressure	6.4	6.3	6.5	6.9								
End Tidal CO2	5.4	5.4	5.2	5								
PaO2/FIO2 Ratio		* 44.28				* 29.5						
pO2 (T) bg (10.5-14.0)		* 12.4				* 11.8						
pCO2 (T) bg (4.6-6.0)		* 6				* 6.8						
H+ (T) bg (36-44)		^* 34				* 37						
BE bg (-2.0) - (+3.0)		^* 7				^* 5						
Lactate bg (0.5-2.0)		* 0.7				* 0.7						
Glucose bg		* 3.6				^* 15.2						
K+ bg		* 3.7				* 4.2						
GCS Eyes (Chart)								4. Spontaneously				4. Spontaneously
GCS Motor (Chart)								6. Obeys Commands				6. Obeys Commands
GCS Verbal (Chart)								4. Confused				4. Confused
GCS Chart Total								14				14
Richmond Agitation Sedation Scale	Actual: Normal Sleep	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: Normal Sleep	Actual: -1 Drowsy	Actual: 0 Alert & calm	Actual: -1 Drowsy	Actual: 0 Alert & calm	Actual: -1 Drowsy	Actual: -1 Drowsy
Urine: Bladder Urinary Catheter	50	80	80	60	65	110	40	* 120	70	35	100	200
GI: Nostril Right NG Tube					0				0	0		
Total In (24hr)	94 (188)	318 (506)	22 (528)	141 (669)	521 (1190)	21 (1211)	33 (1244)	2 (1246)	85 (1331)	177 (1508)	69 (1577)	71 (1648)
Total Out (24hr)	55 (185)	85 (250)	80 (330)	60 (390)	135 (525)	110 (635)	40 (675)	120 (795)	70 (865)	35 (900)	100 (1000)	200 (1200)
Net Body Balance (24hr)	+23	+256	+198	+279	+665	+576	+569	+451	+486	+608	+577	+448

Vital Signs Graph



PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020 - 02/12/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Cardiovascular												
Heart Rate		87		78		85		81		77		90
Heart Rhythm		SR		SR		SR		SR		SR		SR
Arterial Blood Pressure		158/85 (92)		125/56 (73)		130/61 (84)		122/60 (81)				127/70 (78)
Central Venous Pressure		2				5		7		7		
Zero Transducer		Done										
Temperature						37.6 C Tympanic						
Glucose Test		7.1 mmol/L Glucometer		5.9 mmol/L Glucometer		9.1 mmol/L Glucometer		7.8 mmol/L Glucometer No...		7.6 mmol/L Glucometer No...		8.8 mmol/L Glucometer No...
Capillary Refill		< 3 secs										
Skin Peripheries		Pink; Warm										
Respiratory												
SpO2		98		96		98		97		97		95
PaO2/FIO2 Ratio	34											
Airway		Natural		Natural		Natural		Natural		Natural		Natural
Oxygen Delivery		Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula		Nasal cannula
		2		2		2		2		2		2
Respiratory Rate (Spont)		15		13		14		11		12		21
Suction/Cough Amount		Coughs & clears				Coughs & clears		Coughs & clears				
Specimen Type		Arterial										
Blood Gas Reason		Routine										
Temperature Corrected		yes										
Oxygen % bg										* 28		
H+ (T) bg (35-44)	^ 35									^* 32		
pCO2 (T) bg (4.6-6.0)	6									* 5.8		
pO2 (T) bg (10.5-14.0)	11.9									* 13.8		
Na+ bg	136									* 134		
K+ bg	3.8									* 3.9		
Cl- bg	102									^* 102		
Glucose bg	^ 8.6									^* 7.2		
Lactate bg (0.5-2.0)	^ 1.3									* 1		
Hb bg (117-174)	93									* 89		
COHb bg (0.5-1.5)	^ 1.7									^* 1.8		
MetHb bg (0.5-1.5)	0.5									* 0.9		
SO2 bg (95-98)	^ 99									^* 100		
BE bg (-2.0) - (+3.0)	^ 7									^* 9		
HCO3 bg (21-28)	^ 32									^* 34		
Mobilisation		Roll or turn in bed Equip...				Roll or turn in bed Equip...				Roll or turn in bed Equip...		
Position		Right tilt; HOB up; Knee bend...				Supine; HOB up; Knee bend...				Left tilt; HOB up; Knee bend...		
Head Of Bed Elevation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Neu												
Richmond Agitation Sedation Scale		Actual: Normal Sleep		Actual: Normal Sleep		Actual: 0 Alert & calm		Actual: Normal Sleep		Actual: Normal Sleep		Actual: 0 Alert & calm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020 - 02/12/2020

		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Drugs Intermittent	Clindamycin 1200 mg IV 8 hrly				1200 mg/100 ml (LMcK)						1200 mg/100 ml (LMcK)		
	Meropenem 1000 mg IV 8 hrly		1000 mg/20 ml (LMcK)								1000 mg/20 ml (LMcK)		
	Lactulose 15 ml PO/NG 12 hrly										* Held		
	Senna 15 mg PO/NG OD at 22:00		* Held										
	Pabrinex 1&2 20 ml IV OD at 10:00										20 ml/120 ml (LMcK)		
	Sando-K 2 Tab(s) PO/NG 8 hrly		2 Tab(s)/30 ml 0								2 Tab(s)/ (LMcK)		
	Clonidine. 50 mcg PO/NG, IV 8 hrly		50 mcg/50 ml 0								50 mcg/50 ml (LMcK)		
	Diazepam 5 mg PO/NG 6 hrly				5 mg/ (LMcK)						5 mg/ (LMcK)		
	Morphine. 5 mg PO/NG 1 hrly	* Held											
	Other In: Volume											(0)	
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	6 Units/hr/6 ml 0	6 Units/hr/6 ml 0	3 Units/hr/3 ml 0	3 Units/hr/3 ml 0	1.5 Units/hr/1.5 ml 0	1.5 Units/hr/1.5 ml 0	3 Units/hr/3 ml 0	3 Units/hr/3 ml 0	3 Units/hr/3 ml (RB)	3 Units/hr/3 ml 0	3 Units/hr/3 ml 0(84)	3 Units/hr/6 ml 0
	Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml											(0)	
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(160)	
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	Chart
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
	Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)	
	Morphine 1mg/ml mg/hr 1 mg/ml											(11)	Chart
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Argipressin (Synthetic-Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)	
	Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

01/12/2020 - 02/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Fluid Balance	Monitor PO Intake											(0)	
	Enteral Feeds Nutrison NG Continuous PRN	65	65	65	65	65	65	65	65	65	65	(1058)	65
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 5% 400 ml IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(500)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
	Hartmanns IV STAT @ 999 ml/hr											(0)	
	Other In: Volume											(0)	
	NG Aspirate Removed: Vol		40				10					(60)	
	NG Aspirate Returned: Vol		40				10					(55)	
	GI: Nostril Right NG Tube				0							(0)	0
	Drain: Abdomen Left 3											(40)	
	Drain: Abdomen Right 1											(0)	
	Urine: Bladder Urinary Catheter	260	500	260	0	200	120	60	40	(2590)	80		
	Total In (24hr)	71 (1719)	211 (1930)	68 (1998)	168 (2166)	66 (2233)	76 (2309)	68 (2377)	68 (2445)	68 (2513)	358 (2871)	3 (2874)	71 (71)
	Total Out (24hr)	260 (1460)	540 (2000)	0 (2000)	260 (2260)	0 (2260)	210 (2470)	0 (2470)	120 (2590)	60 (2650)	40 (2690)	0 (2690)	80 (80)
	Net Body Balance (24hr)	+259	-70	-2	-94	-27	-161	-93	-145	-137	+181	+184	-9
	Net Body Balance (LOS)	+7547	+7218	+7266	+7164	+7260	+7127	+7195	+7143	+7151	+7469	+7472	+7463
Renal	Calcium Total (2.2-2.60)												
	Urea (2.5-7.5)										1.69		
	Creatinine (40-130)										4.7		
	Net Body Balance (24hr)	+259	-70	-2	-94	-27	-161	-93	-145	-137	47 +181	+184	-9

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

01/12/2020 - 02/12/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked; No...				All visible areas checked; No...				All visible areas checked; No...			
	Skin Assessment Pressure		All areas: Healthy and intact				All areas: Healthy and intact				All areas: Healthy and intact			
	Skin Assessment Moisture		All areas, 0 = Healthy...				All areas, 0 = Healthy...				All areas, 0 = Healthy...			
	Wound Assessment		Location: Abdomen Dressing:...				Location: Abdomen Dressing:...				Location: Abdomen Dressing:...			
	Skin Action		Activate dynamic mattress;...				Activate dynamic mattress;...				Activate dynamic mattress;...			
	2. Surface		Equipment appropriate;...				Equipment appropriate;...				Equipment appropriate;...			
	Mattress Type		Total care sport				Total care sport				Total care sport			
	3. Keep Moving		Reposition 4 hrly; Skin...				Reposition 4 hrly; Skin...				Reposition 4 hrly; Skin...			
	Mobilisation		Roll or turn in bed				Roll or turn in bed				Roll or turn in bed			
			Equip...				Equip...				Equip...			
	Position		Right tilt; HOB up; Knee bend...				Supine; HOB up; Knee bend...				Left tilt; HOB up; Knee bend...			
	4. Incontinence		Urine: Yes Faeces:...				Urine: Yes Faeces:...				Urine: Yes Faeces:...			
	5. Nutrition		Diet: Enteral feed				Diet: Enteral feed				Diet: Enteral feed			
			Fluids:...				Fluids:...				Fluids:...			
	6. Self Management/Shared Care		Patient pain score assessed;...				Patient pain score assessed;...				Patient pain score assessed;...			
Personal Care	Eye Care		No cleanse required, 0, No				No cleanse required, 0, No				No cleanse required, 0, No			
	Mouth Care		Oral sponge with water				Oral sponge with water				Oral sponge with water			
	Other Skin Care		Sats probe changed				Sats probe changed				Sats probe changed			
	Flotrons		Off				On				On			
	Bowel Movement Record		None								None			

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2020 - 02/12/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Lines & Devices												
Arterial: Radial Artery Left				Day: 3 Transducer Due: 03/12...								
Central: Internal Jugular Left				Day: 4 Transducer Due: 02/12...								
GI: Nostril Right NG Tube				0							(0)	0
Drain: Abdomen Right 1											(0)	
Drain: Abdomen Left 3											(40)	
Urine: Bladder Urinary Catheter	280	500		280	0	200	120	60	40		(2590)	80
Nasal Bridle:				Insertion date: 30/12/2020 01...								
Arterial Line Transducer (4 days)				03/12/2020								
Urometer (7 Days)				07/12/2020								
MUST Completed				Last completed: 02/12/2020								
Falls Risk Assessment				Date last completed: 02/12/2020								
Lab Results												
WBC (4.0-11)										^ 14		
Haemoglobin (90-170)										^ 84		
Platelets (150-400)										^ 519		
Haematocrit (0.37-0.54)										^ 0.264		
PT (10.0-13.0)										13		
APTT (26-36)										27		
APTT Ratio										0.9		
Sodium (133-146)										137		
Potassium (3.5-5.0)										4.4		
Chloride (95-108)										101		
Urea (2.5-7.5)										4.7		
Creatinine (40-130)										47		
eGFR										60		
Magnesium (0.7-1.0)										0.71		
Bilirubin Total (3.0-20)										5		
ALT (<50)										32		
AST (<40)										^ 57		
Alk Phos (20-130)										75		
Albumin (35-50)										^ 12		
CRP (<10)										^ 122		
Calcium Total (2.2-2.60)										^ 1.69		
Calcium Corrected (2.2-2.6)										^ 2.1		
Phosphate (0.8-1.4)										0.96		
Neutrophils										^ 10.1		
Lymphocytes										2.4		
Monocytes										^ 1.3		
Eosinophils										0.1		
Basophils										0		
Nucleated RBCs										0.3		
MCV										85.4		
Mean Cell HGB%										27.2		
RBC										^ 3		

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

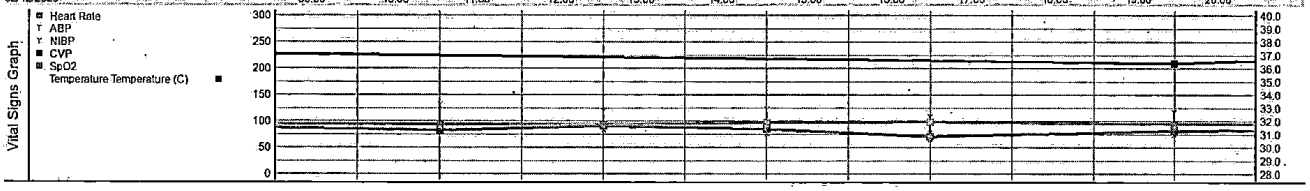
01/12/2020 - 02/12/2020

Quicklook

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	67			78		85		81		77		80
Heart Rhythm	SR			SR		SR		SR		SR		SR
Arterial Blood Pressure	156/88 (92)			125/56 (73)		130/61 (84)		122/60 (81)				127/70 (78)
Central Venous Pressure	2					5		7		7		
Temperature						37.6 C Tympanic						
Glucose Test	7.1 mmol/L Glucometer			5.9 mmol/L Glucometer		9.1 mmol/L Glucometer		7.8 mmol/L Glucometer No...		7.8 mmol/L Glucometer No...		8.6 mmol/L Glucometer No...
SpO2	96			96		96		97		97		95
Respiratory Rate (Spont)	15			13		14		11		12		21
PaO2/FiO2 Ratio	34											
pO2 (T) bg (10.5-14.0)	11.9									^ 13.8		
pCO2 (T) bg (4.6-6.0)	6									* 5.8		
H+ (T) bg (36-44)	^ 35									^* 32		
BE bg (-2.0) - (+3.0)	^ 7									^* 9		
Lactate bg (0.5-2.0)	^ 1.3									^ 1		
Glucose bg	^ 9.6									^* 7.2		
K+ bg	3.8									3.9		
Richmond Agitation Sedation Scale		Actual: Normal Sleep		Actual: Normal Sleep		Actual: 0 Alert & calm		Actual: Normal Sleep		Actual: Normal Sleep		Actual: 0 Alert & calm
Urine: Bladder Urinary Catheter	260	500		260	0	200		120	60	40	(2590)	80
GI: Nostril Right NG Tube				0							(0)	0
Total In (24hr)	71 (1718)	211 (1930)	68 (1998)	168 (2166)	68 (2233)	76 (2309)	68 (2377)	68 (2445)	68 (2513)	358 (2871)	3 (2874)	71 (71)
Total Out (24hr)	260 (1460)	540 (2000)	0 (2000)	260 (2260)	0 (2260)	210 (2470)	0 (2470)	120 (2590)	60 (2650)	40 (2690)	0 (2690)	80 (80)
Net Body Balance (24hr)	+259	-70	-2	-94	-27	-161	-93	-145	-137	+181	+184	-9
Sodium (133-146)										137		
Potassium (3.5-5.0)										4.4		
Urea (2.5-7.5)										4.7		
Creatinine (40-130)										47		
Bilirubin Total (3.0-20)										5		
ALT (<50)										32		
AST (<40)										^ 57		
Alk Phos (20-130)										75		
Albumin (35-50)										^ 12		
Calcium Total (2.2-2.60)										^ 1.69		
Phosphate (0.6-1.4)										0.96		
Magnesium (0.7-1.0)										0.71		
CRP (<10)										^ 122		
WBC (4.0-11)										^ 14		
Platelets (150-400)										^ 519		
Haemoglobin (90-170)										^ 84		
PT (10.0-13.0)										13		

02/12/2020

Vital Signs Graph



16/07/2026 08:32

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked; No...		All visible areas checked; No...			All visible areas checked; No...					All visible areas checked
	Skin Assessment Pressure		All areas: Healthy and intact		All areas: Healthy and intact			All areas: Healthy and intact					All areas: Healthy and intact
	Skin Assessment Moisture		All areas, 0 = Healthy,...		All areas, 0 = Healthy,...			All areas, 0 = Healthy,...					All areas, 0 = Healthy,...
	Wound Assessment		Location: Abdomen Dressing:...		Location: Abdomen Dressing:...			Location: Abdomen Dressing:...					Location: Abdomen Dressing:...
	Skin Action		Pressure area care as Care...		Pressure area care as Care...								Activate dynamic mattress;...
	2. Surface												Equipment appropriate;...
	Mattress Type		hillrom bariatric		hillrom bariatric								Hill rom total care
	3. Keep Moving		Reposition 4 hrly		Reposition 4 hrly			Reposition 4 hrly					Reposition 4 hrly
	Position				Sitting up in bed; HOB up;...			Right tilt; Chair position in...			Left tilt; Sitting up in bed;...		Supine; HOB up; Knee bend...
	4. Incontinence		Urine: Catheterised; Yes		Urine: Catheterised; Yes			Urine: Catheterised; Yes					Urine: Catheterised Faeces:
	5. Nutrition		Diet: Enteral feed Fluids:...		Diet: Enteral feed Fluids:...			Diet: Enteral feed Fluids:...					Diet: Enteral feed Fluids:...
	6. Self Management/Shared Care		Patient unable to participate		Patient unable to participate			Patient unable to participate					Patient unable to participate
Personal Care	Eye Care		Swabs with water,		Swabs with water,			Swabs with water,					
	Mouth Care		Oral sponge with water		Oral sponge with mouthwash;...			Oral sponge with water					
	Other Skin Care		Sats probe changed		NG/NJ tape changed; ECG dots...			Sats probe changed					
	Flotrons Bowel Movement Record				On Large;		Off	On Small;					

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020

	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Lines & Devices												
ET Tube: Mouth												Day: 1
Arterial: Radial Artery Left												Day: 0 Transducer Due: 03/12...
Central: Internal Jugular Right												Day: 1 Transducer Due: 02/12...
PVC: left lower leg				Day: 1								0
PVC: left shin				Day: 1								A 0
GI: Nostril Right NG Tube												A 0
Drain: Abdomen Right 1												A 0
Drain: Abdomen Left 3												A 0
Urine: Bladder Urinary Catheter	55	45	40	240	550	100	130	80	50	65	45	660
HME Filter (Daily)												30/11/2020
Closed Suction (72 Hours)												01/12/2020
Arterial Line Transducer (4 days)												03/12/2020
Urometer (7 Days)												30/11/2020
MUST Completed												Last completed: 24/11/2020
Falls Risk Assessment												Date last completed: 24/11/2020
Safety Checks												
ET Tube Length at Lips				Tied at 23 cm				Tied at 23 cm				Tied at 23 cm
Tube Cuff Pressure												30
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

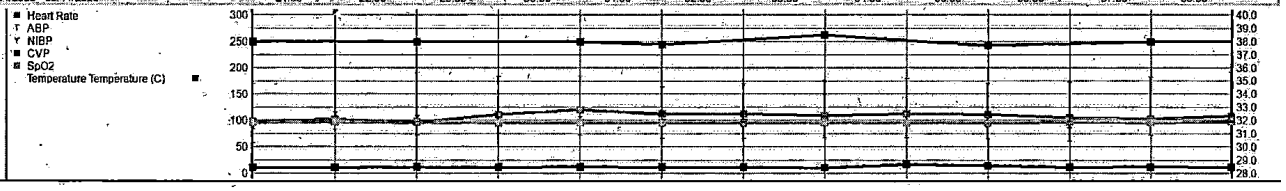
29/11/2020

Quicklook

	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	99	112	109	110	106	100	104	104	110	113	99	99
Heart Rhythm	SR	ST	ST	ST	ST	ST	ST	ST	ST	ST	SR	SR
Arterial Blood Pressure	137/98 (102)	144/99 (109)	130/88 (115)	145/80 (94)	110/67 (88)	100/72 (69)	119/80 (72)	113/79 (88)	130/82 (90)	160/61 (90)	170/60 (90)	171/59 (88)
Central Venous Pressure	22	23	29	23	22	23	21	23	27	33	22	11
Temperature		36.2 C Tympanic		36.4 C Tympanic		36.5 C Tympanic		36.4 C Tympanic		36.6 C Tympanic	37.1 C Tympanic	37.9 C Tympanic
Glucose Test		8.2 mmol/L Glucometer No...		7.8 mmol/L Glucometer No...		8.4 mmol/L Glucometer No...		7.7 mmol/L Glucometer No...		8.1 mmol/L Glucometer		
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
SpO2	97	98	98	97	98	99	98	98	98	98	98	98
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	11	10.1	13.9	13.8	11.4	10.6	10.1	11.6	11.5	11.9	10.4	10.9
Respiratory Rate (Spont)	21	28	30	27	28	28	28	27	25	28	23	19
Peak Airway Pressure	14.8	15.4	17.1	17.3	16.4	16.1	16	14.2	14.8	14.8	14.7	14.7
End Tidal CO2	3.7	3.9	3.8	3.9	4.2	4.2	4	4.3	4.2	4.1	4.3	4.4
PaO2/FiO2 Ratio									* 35.38			
pO2 (T) bg (10.5-14.0)									* 9.9			
pCO2 (T) bg (4.6-6.0)									* 5.1			
H+ (T) bg (36-44)									A* 32			
BE bg (-2.0) - (+3.0)									A* 7			
Lactate bg (0.5-2.0)									* 1.1			
Glucose bg									* 5.4			
K+ bg									A* 3.4			
GCS Eyes (Chart)				4					4			
GCS Motor (Chart)				6, Obeys Commands					6, Obeys Commands			
GCS Verbal (Chart)				Not Testable					Not Testable			
Richmond Agitation Sedation Scale	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless
Urine: Bladder Urinary Catheter	55	45	40	240	550	100	130	80	50	65	45	660
GI: Nostril Right NG Tube												0
Total In (24hr)	194 (389)	309 (698)	134 (832)	232 (1064)	130 (1194)	298 (1492)	130 (1622)	123 (1745)	120 (1865)	235 (2100)	200 (2300)	117 (2417)
Total Out (24hr)	55 (100)	70 (170)	40 (210)	240 (450)	550 (1000)	130 (1130)	130 (1250)	80 (1340)	50 (1390)	65 (1455)	65 (1520)	660 (2180)
Net Body Balance (24hr)	+289	+528	+622	+614	+194	+362	+362	+405	+475	+645	+780	+237

29/11/2020 - 30/11/2020

Vital Signs Graph



PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 - 30/11/2020

Cardiovascular	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	99	102	97	111	120	112	112	109	112	111	105	103
Heart Rhythm	SR	ST	SR	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	170/58 (88)	118/84 (113)	191/73 (105)	184/76 (107)	185/73 (104)	164/65 (92)	170/68 (93)	178/68 (97)	160/67 (96)	170/65 (91)	172/81 (90)	182/72 (101)
Central Venous Pressure	11	11	12	12	13	12	12	11	17	15	12	13
Temperature	38.0 C Tympanic		38.0 C Tympanic		38.0 C Tympanic	37.6 C Tympanic		38.5 C Tympanic		37.7 C Tympanic		38.0 C Tympanic
Glucose Test	8.2 mmol/L Glucometer No...		12.7 mmol/L Glucometer			10.1 mmol/L Glucometer No...			10.2 mmol/L Glucometer		10.8 mmol/L	10.7 mmol/L Glucometer
Event				Xray chest	NG tube Insertion; Xray chest...							
Sample Sent									Routine Daily Bloods			
Capillary Refill												< 3 secs
Skin Peripheries												Pink; Warm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

29/11/2020 - 30/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Respiratory												
SpO2	98	97	96	95	98	96	96	98	95	95	97	98
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
PaO2/FiO2 Ratio									* 39.64			
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB	5	5	5	5	5	5	5	5	5	5	5	5
Respiratory Rate (Spont)	21	26	24	28	28	28	26	27	27	26	24	22
Expired Tidal Volume	510	488	456	563	524	483	515	485	478	467	557	589
Minute Volume	12.1	13	13.3	14.4	14.1	13.3	12.7	12.1	13.1	13.6	12.5	12.9
Peak Airway Pressure	14.6	14.7	15.1	14.9	14.7	14.8	14.9	14.4	14.9	14.6	14.6	14.6
Mean Airway Pressure	9.8	9.7	9.8	9.8	9.9	9.9	9.8	9.7	9.9	9.8	9.6	9
End Tidal CO2	4.2	4.5	4.4	4.1	4	4	4.1	4.2	4	4	4.1	4.4
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Air Entry Right	Apex: Fair Midzone: Fair "				Apex: Fair Midzone: Fair "				Apex: Fair Midzone: Fair "			Apex: Fair Midzone: Fair "
Air Entry Left	Apex: Fair				Apex: Fair				Apex: Fair			Apex: Fair
Secretions									Muco-purulent			
Suction/Cough Amount									Minimal			
Oxygen % bg									* 28			
H+ (T) bg (36-44)									^* 29			
pCO2 (T) bg (4.6-6.0)									* 5.3			
pO2 (T) bg (10.5-14.0)									* 11.1			
Na+ bg									* 144			
K+ bg									* 3.9			
Cl- bg									^* 109			
Glucose bg									^* 9.1			
Lactate bg (0.5-2.0)									* 1.6			
Hb bg (117-174)									* 95			
COHb bg (0.5-1.5)									^* 1.8			
MetHb bg (0.5-1.5)									* 0.9			
SO2 bg (95-98)									* 98			
BE bg (-2.0) - (+3.0)									* 9			
HCO3 bg (21-28)									^* 32			
Tube Cuff Pressure										30		26
Mobilisation						Roll or turn in bed Staff: 2				Roll or turn in bed Staff: 3		
Position		Left tilt; HOB up; Knee bend...				Supine; HOB up; Knee bend...				Right tilt; HOB up; Knee bend...		
Head Of Bed Elevation										Yes		Yes
ET Tube; Mouth	Day: 1	Day: 1	Day: 1	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	* Day: 2
ET Tube Length at Lips										Tied at 23 cm		Tied at 23 cm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

29/11/2020 - 30/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Neurological												
Richmond Agitation Sedation Scale	Actual +1 Restless	Actual +1 Restless	Actual +1 Restless	Actual +2 Agitated	Actual +1 Restless	Actual +1 Restless	Actual +1 Restless	Actual +1 Restless	Actual +1 Restless	Actual +1 Restless	Actual Normal Sleep	Actual 0 Alert & calm
Sedation Hold												Not Done (Exc)
CAM-ICU	Yes, No Delirium											* Yes, Fluctuation in mental...
GCS Eyes (Chart)	4											4
GCS Motor (Chart)	Spontaneously											Spontaneously
GCS Verbal (Chart)	6, Obeys Commands											6, Obeys Commands
Intubated	Not Testable											Not Testable
Pupil Left	Yes										Yes	Yes
Pupil Right	2 mm; Reacts											3 mm; Reacts
Pain Score	2 mm; Reacts											3 mm; Reacts
Critical Care Pain Observation Tool (CPOT)												0 = No pain
Nausea & Vomiting Score	0 - Relaxed, neutral, 2 -...											
	Unable to assess											0 = None
Drugs Intermittent												
Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (JM)						1200 mg/100 ml (JM)		
Meropenem 2000 mg to 2000 mg IV 8 hrly		2000 mg/40 ml (JM)								2000 mg/40 ml (JM)		
Furosemide 20 mg IV STAT											* 20 mg/ (AS)	
Lactulose 15 ml PO/NG 12 hrly										15 ml/ ()		
Senna 15 mg PO/NG OD at 22:00		15 mg/ ()										
Pabrinex 1&2 20 ml IV 8 hrly		20 ml/100 ml (JM)								20 ml/100 ml (JM)		
Sando-K 2 Tab(s) PO/NG 8 hrly		2 Tab(s)/ ()								2 Tab(s)/ ()		
Clonidine, 50 mcg PO/NG, IV 8 hrly										50 mcg/50 ml (ON)		
Clonidine, 50 mcg PO/NG, IV STAT					* 50 mcg/50 ml (JM)							
Paracetamol 1000 mg IV Once Only				* 1000 mg/100 ml (JM)								
Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only											* 20 mmol/50 ml (AS)	
Other In: Volume											(0)	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 - 30/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Drugs Continuous												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	3 Units/hr/3 ml ()	3 Units/hr/3 ml ()	3 Units/hr/3 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml (ON)(103)	5 Units/hr/5 ml ()
Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml (ON)	126 mg/hr/42 ml ()(1008)	126 mg/hr/42 ml ()
Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
Propofol 1% 10mg/ml mg/hr 10 mg/ml	30 mg/hr/3 ml ()	30 mg/hr/3 ml ()	30 mg/hr/3 ml ()	50 mg/hr/5 ml ()	50 mg/hr/5 ml ()	90 mg/hr/9 ml ()	90 mg/hr/9 ml ()	90 mg/hr/9 ml ()	90 mg/hr/9 ml ()	90 mg/hr/9 ml ()	30 mg/hr/3 ml ()(213)	30 mg/hr/3 ml ()
Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)	
Morphine 1mg/ml mg/hr 1 mg/ml	4 mg/hr/4 ml ()	4 mg/hr/4 ml (im)	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()(102)	4 mg/hr/4 ml ()
Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)	
Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.32 mg/ml											(0)	
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml		Chart			Chart		Chart	Chart			(60)	
Fluid Balance												
Monitor PO Intake											(0)	
Enteral Feeds Nutrison NG Continuous PRN	65	65	65	65	0	65	65	65	65	65	65(1495)	65
Albumin 20% 100 ml IV STAT											(0)	
Albumin 20% 100 ml IV STAT											(0)	
Albumin 5% 400 ml IV STAT											(0)	
Glucose 20% IV STAT											(0)	
Glucose 20% IV STAT											(0)	
Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr											(0)	
Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(80)	
Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
Hartmanns IV STAT @ 999 ml/hr											(0)	
Other Iv Volume											(0)	
NG Aspirate Removed: Vol			50		40				60		(215)	
NG Aspirate Returned: Vol			50						50		(175)	
GI: Nostril Right NG Tube				0	0						(0)	0
Drain: Abdomen Left 3			^ 300	^ 0	^ 0						(300)	^ 0
Drain: Abdomen Right 1											(0)	
Urine: Bladder Urinary Catheter	1000	400	200	180	60	80	60	50	60	70	60(4325)	75
Total In (24hr)	117 (2534)	257 (2791)	167 (2958)	220 (3178)	155 (3333)	174 (3507)	124 (3631)	124 (3755)	174 (3929)	414 (4343)	118 (4461)	179 (179)
Total Out (24hr)	1000 (3180)	400 (3580)	560 (4130)	180 (4310)	100 (4410)	80 (4490)	60 (4550)	50 (4600)	110 (4710)	70 (4780)	60 (4840)	75 (75)
Net Body Balance (24hr)	-846	-786	-1172	-1132	-1077	-983	-919	-845	-781	-437	-379	+104
Net Body Balance (LOS)	+8812	+8869	+8286	+8326	+8381	+8475	+8539	+8613	+8677	+9021	+9079	+9183
Renal												
Calcium Total (2.2-2.60)									^ 1.76			
Urea (2.5-7.5)									5.6			
Creatinine (40-130)									50			
Net Body Balance (24hr)	-846	-786	-1172	-1132	-1077	-983	-919	-845	-781	-437	-379	+104

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 - 30/11/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked				All visible areas checked				All visible areas checked			
	Skin Assessment Pressure		All areas: Healthy and intact;				All areas: Healthy and intact;				All areas: Healthy and intact;			
	Skin Assessment Moisture		All areas, 0 = Healthy;...				All areas, 0 = Healthy;...				All areas, 0 = Healthy;...			
	Wound Assessment		Location: Abdomen; Dressing:...				Location: Abdomen; Dressing:...				Location: Abdomen; Dressing:...			
	Skin Action		Activate dynamic mattress;...				Activate dynamic mattress;...				Activate dynamic mattress;...			
	2. Surface		Equipment appropriate;...				Equipment appropriate;...				Equipment appropriate;...			
	Mattress Type		Hill rom total care				Hill rom total care				Hill rom total care			
	3. Keep Moving		Reposition 4 hrly				Reposition 4 hrly				Reposition 4 hrly			
	Mobilisation						Roll or turn in bed				Roll or turn in bed			
	Position		Left tilt; HOB up; Knee bend...				Staff: 2 Supine; HOB up; Knee bend...				Staff: 3 Right tilt; HOB up; Knee bend...			
	4. Incontinence		Urine: Catheterised Faeces:				Urine: Catheterised Faeces:				Urine: Catheterised Faeces:			
	5. Nutrition		Diet: Enteral feed				Diet: Enteral feed				Diet: Enteral feed			
	6. Self Management/Shared Care		Fluids:... Patient unable to participate				Fluids:... Patient unable to participate				Fluids:... Patient unable to participate			
Personal Care	Eye Care													
	Mouth Care		Swabs with water, Oral sponge with mouthwash	Oral sponge with water	Oral sponge with water	Oral sponge with water	Swabs with water, Oral sponge with water				Swabs with water, Oral sponge with mouthwash		Swabs with water, Oral sponge with water	
	Hygiene										Bed bath; Urinary catheter...			
	Other Skin Care		Emollient applied; Sats probe...				Emollient applied; Sats proba...				Emollient applied; NGNJ tape...			
	Flotrons		On				On				On			
	Bowel Movement Record		Small;				Small;				Large;			

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Lines & Devices

29/11/2020 - 30/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
ET Tube: Mouth	Day: 1	Day: 1	Day: 1	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2
Arterial: Radial Artery Left				Day: 1	Day: 1							Day: 1 Transducer Due: 03/12...
Central: Internal Jugular Right				Day: 2								Day: 2 Transducer Due: 02/12...
GI: Nostril Right NG Tube				0	0						(0)	0
Drain: Abdomen Right 1											(0)	
Drain: Abdomen Left 3			300	0	0						(300)	0
Urine: Bladder Urinary Catheter	1000	400	200	180	60	80	60	50	60	70	60(4325)	75
Nasal Bridle:					Insertion date: 30/11/2020 01...							Insertion date: 30/11/2020 01...
HME Filter (Daily)				30/11/2020	30/11/2020							30/11/2020
Closed Suction (72 Hours)				01/12/2020	01/12/2020							01/12/2020
Arterial Line Transducer (4 days)				03/12/2020	03/12/2020							03/12/2020
Urometer (7 Days)				30/11/2020	30/11/2020							07/12/2020
MUST Completed				Last completed: 24/11/2020	Last completed: 24/11/2020							Last completed: 24/11/2020
Falls Risk Assessment				Date last completed: 24/11/2020	Date last completed: 24/11/2020							Date last completed: 24/11/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 - 30/11/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Lab Results												
WBC (4.0-11)									^ 14.6			
Haemoglobin (90-170)									^ 80			
Platelets (150-400)									381			
Haematocrit (0.37-0.54)									^ 0.293			
Fibrinogen (1.7-4.0)									^ 5			
PT (10.0-13.0)									13			
APTT (26-36)									^ 25			
APTT Ratio									^ 0.8			
Sodium (133-146)									146			
Potassium (3.5-5.0)									4.3			
Chloride (95-108)									^ 109			
Urea (2.5-7.5)									5.6			
Creatinine (40-130)									50			
eGFR									60			
Magnesium (0.7-1.0)									0.75			
Bilirubin Total (3.0-20)									7			
ALT (<50)									42			
AST (<40)									^ 47			
Alk Phos (20-130)									88			
Albumin (35-50)									^ 15			
CRP (<10)									^ 94			
Calcium Total (2.2-2.60)									^ 1.76			
Calcium Corrected (2.2-2.6)									^ 2.12			
Phosphate (0.6-1.4)									^ 0.63			
Creatine Kinase (25-320)									89			
Neutrophils									^ 11.1			
Lymphocytes									2			
Monocytes									^ 1.5			
Eosinophils									0			
Basophils									0			
Nucleated RBCs									0.3			
MCV									87.2			
Mean Cell HGB%									^ 26.8			
RBC									^ 3			
Safety Checks												
ET Tube Length at Lips										Tied at 23 cm		Tied at 23 cm
Tube Cuff Pressure										30		29
Drug Level Checks									Yes			Yes
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed; Filed in notes
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Quicklook

29/11/2020 - 30/11/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	99	102	97	111	120	112	112	109	112	111	105	103
Heart Rhythm	SR	ST	SR	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	170/58 (88)	1160/84 (113)	191/73 (105)	184/76 (107)	185/73 (104)	164/66 (92)	170/86 (93)	176/68 (97)	180/67 (96)	170/65 (91)	172/81 (90)	182/72 (101)
Central Venous Pressure	11	11	12	12	13	12	12	11	17	15	12	13
Temperature	38.0 C Tympanic		38.0 C Tympanic		38.0 C Tympanic	37.8 C Tympanic		38.5 C Tympanic		37.7 C Tympanic		38.0 C Tympanic
Glucose Test	8.2 mmol/L Glucometer No...		^ 12.7 mmol/L Glucometer			^ 10.1 mmol/L Glucometer No...			^ 10.2 mmol/L Glucometer		^ 10.8 mmol/L	^ 10.7 mmol/L Glucometer
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
SpO2	96	97	96	95	96	96	96	98	^ 96	^ 95	97	98
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	12.1	13	13.3	14.4	14.1	13.3	12.7	12.1	13.1	13.8	12.5	12.9
Respiratory Rate (Spont)	21	26	24	28	28	28	26	27	27	28	24	22
Peak Airway Pressure	14.6	14.7	15.1	14.9	14.7	14.8	14.9	14.4	14.8	14.6	14.6	14.6
End Tidal CO2	4.2	4.5	4.4	4.1	4	4	4.1	4.2	4	4	4.1	4.4
PaO2/FIO2 Ratio									^ 39.64			
pO2 (T) bg (10.5-14.0)									^ 11.1			
pCO2 (T) bg (4.6-6.0)									^ 5.3			
H+ (T) bg (36-44)									^^ 29			
BE bg (-2.0) - (+3.0)									^^ 9			
Lactate bg (0.5-2.0)									^ 1.6			
Glucose bg									^^ 9.1			
K+ bg									^ 3.9			
GCS Eyes (Chart)	4 Spontaneously											4 Spontaneously
GCS Motor (Chart)	6, Obeys Commands											6, Obeys Commands
GCS Verbal (Chart)	Not Testable											Not Testable
Richmond Agitation Sedation Scale	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +2 Agitated	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: Normal Sleep	Actual: 0 Alert & calm
Urine: Bladder Urinary Catheter	1000	400	200	180	60	80	60	50	90	70	60(4325)	75
GI: Nostril Right NG Tube				0	0						(0)	0
Total In (24hr)	117 (2534)	257 (2791)	167 (2958)	220 (3178)	155 (3333)	174 (3507)	124 (3631)	124 (3755)	174 (3929)	414 (4343)	118 (4461)	179 (179)
Total Out (24hr)	1000 (3180)	400 (3580)	550 (4130)	180 (4310)	100 (4410)	80 (4490)	60 (4550)	50 (4600)	110 (4710)	70 (4780)	60 (4840)	75 (75)
Net Body Balance (24hr)	-646	-789	-1172	-1132	-1077	-983	-919	-845	-781	-437	-379	+104
Sodium (133-146)									146			
Potassium (3.5-5.0)									4.3			
Urea (2.5-7.5)									5.6			
Creatinine (40-130)									50			
Bilirubin Total (3.0-20)									7			
ALT (<50)									42			
AST (<40)									^ 47			
Alk Phos (20-150)									86			
Albumin (35-50)									^ 15			
Calcium Total (2.2-2.60)									^ 1.76			
Phosphate (0.8-1.4)									^ 0.63			
Magnesium (0.7-1.0)									0.75			
CRP (<10)									^ 94			
WBC (4.0-11)									^ 14.8			
Platelets (150-400)									381			
Haemoglobin (90-170)									^ 90			
PT (10.0-13.0)									13			

30/11/2020

09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00

PATIENT NAME
Henry Burgess

CHI
2208793218

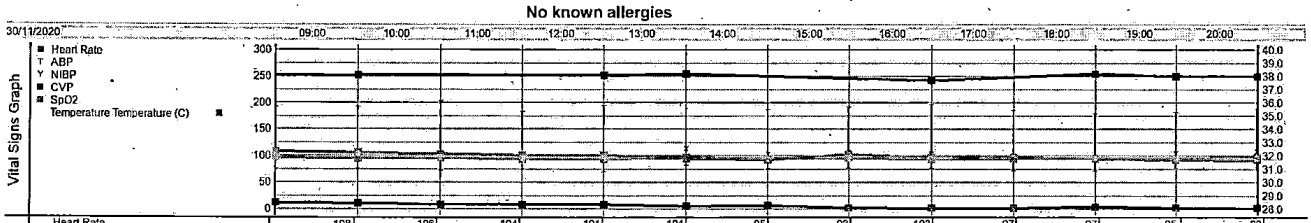
ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies



Cardiovascular	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	108	106	104	101	101	95	93	103	97	97	95	93
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	SR
Arterial Blood Pressure	192/76 (104)	193/76 (105)	204/72 (105)	184/75 (102)	195/70 (102)	190/83 (114)	187/76 (104)	193/78 (107)	196/76 (104)	188/73 (101)	180/73 (99)	183/77 (105)
Central Venous Pressure	12	11	9	9	8	6	7	3	2	2	5	2
Zero Transducer			Done			Done		Done				
Temperature		38.1 C Tympanic			38.1 C Tympanic	38.2 C Tympanic			37.7 C Tympanic		38.2 C Tympanic	38.0 C Tympanic
Glucose Test	9.2 mmol/L Glucometer			6.2 mmol/L Glucometer			8.1 mmol/L Glucometer No...		5.4 mmol/L Glucometer		4.2 mmol/L Glucometer	4.5 mmol/L Glucometer
Sample Sent									Venc level; Bone profile; U+Es			
Capillary Refill						< 3 secs						
Skin Peripheries						Pink; Warm						

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Respiratory												
SpO2	97	95	96	94	94	97	95	96	94	95	95	95
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
PaO2/FiO2 Ratio								* 37.86				
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
ASB	5	5	0	0	0	0	0	0	0	0	0	0
Respiratory Rate (Spont)	28	24	30	32	31	30	28	23	21	22	23	23
Expired Tidal Volume	485	518	468	391	487	495	458	533	586	536	423	475
Minute Volume	13.6	12.9	14.3	14.5	13	14.3	13.3	12.3	11.6	11.1	10.1	10.7
Peak Airway Pressure	14.6	14.9	10.8	5.9	7.5	7.8	9.2	7.2	7.4	7.3	7.3	7
Mean Airway Pressure	9.2	9.9	7.6	5.3	5.2	5.3	5.1	5.3	5.2	5.2	5	5.1
End Tidal CO2	3.9	4.1	3.2	4.6	4.1	4.7	4.2	4.6	4.7	4.7	4.8	4.8
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Air Entry Right								Apex: Fair Midzone: Fair				Apex: Harsh Midzone: Harsh
Air Entry Left								Apex: Fair				Apex: Crackles; Harsh
Secretions	Muco-purulent		Muco-purulent					Muco-purulent		Muco-purulent	Muco-purulent	Muco-purulent
Suction/Cough Amount	Minimal		Moderate					Moderate		Moderate	Moderate	Moderate
Specimen Type								Arterial				
Blood Gas Reason								Routine				
Oxygen % bg								* 28				
H+ (T) bg (36-44)								A* 30				
pCO2 (T) bg (4.6-6.0)								* 5.8				
pO2 (T) bg (10.5-14.0)								* 10.6				
Na+ bg								* 141				
K+ bg								* 3.5				
Cl- bg								* 105				
Glucose bg								* 5.4				
Lactate bg (0.5-2.0)								* 1.1				
Hb bg (117-174)								* 94				
COHb bg (0.5-1.5)								A* 2				
MetHb bg (0.5-1.5)								* 1.1				
SO2 bg (95-99)								* 98				
BE bg (-2.0) - (+3.0)								A* 10				
HCO3 bg (21-28)								A* 34				
Tube Cuff Pressure												32
Physiotherapy	Done											
Mobilisation			Roll or turn in bed Staff: 4			Roll or turn in bed Staff: 3		Roll or turn in bed Staff: 3		Roll or turn in bed Staff: 3		
Position			Left tilt; HOB up; Knee bend...			Right tilt; HOB up; Knee bend...		Left tilt; HOB up; Knee bend...		Right tilt; HOB up; Knee bend...		
Head Of Bed Elevation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
ET Tube: Mouth	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2
ET Tube Length at Lips												Tied at 25 cm
Neurol												
Richmond Agitation Sedation Scale	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: +1 Restless	Actual: +2 Agitated	Actual: +2 Agitated	Actual: +3 Very agitated	Actual: +3 Very agitated	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless
Pain Score				0 = No pain,				0 = No pain,			0 = No pain,	
Nausea & Vomiting Score				0 = None				0 = None			0 = None	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
Drugs Intermittent													
Clindamycin 1200 mg IV 6 hrly				1200 mg/ (AS)						1200 mg/ (AS)			
Fluconazole 400 mg IV OD at 10:00		400 mg/ (AS)											
Meropenem 2000 mg to 2000 mg IV 8 hrly						2000 mg/ (PO)							
Lactulose 15 ml PO/NG 12 hrly										* Held			
Lansoprazole 30 mg PO/NG OD at 10:00		30 mg/ ()											
Dalteparin 15000 Units SC Once Daily		15000 Units/ ()											
Pabrinex 1&2 20 ml IV 8 hrly						20 ml/ (PO)							
Sando-K 2 Tab(s) PO/NG 8 hrly						2 Tab(s)/ ()							
Clonidine, 50 mcg PO/NG, IV 8 hrly						* 50 mcg/ ()							
Diazepam 5 mg PO/NG 8 hrly				5 mg/ (AS)						5 mg/ (AS)			
Methadone 20 mg PO/NG OD at 10:00		* Held											
Methadone 70 mg PO/NG Once Only		* 70 mg/ (AS)											
Drugs Contin													
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	5 Units/hr/5 ml ()	* 6 Units/hr/5 ml ()	* 5 Units/hr/5 ml ()	5.5 Units/hr/5 ml ()	5.5 Units/hr/5.5 ml ()	5.5 Units/hr/5.5 ml ()	5.5 Units/hr/5.5 ml ()	5.5 Units/hr/5.5 ml ()	* 5 Units/hr/5.5 ml ()	5 Units/hr/5 ml ()	* 2 Units/hr/5 ml ()	1 Units/hr/1 ml ()	
Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()										
Propofol 1% 10mg/ml mg/hr 10 mg/ml	10 mg/hr/3 ml ()	* 10 mg/hr/1 ml ()											
Morphine 1mg/ml mg/hr 1 mg/ml	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	
Fluid Balance													
Enteral Feeds Nutrison NG Continuous	65	65	65	65	65	65	65	65	65	65	65	65	
PRN													
NG Aspirate Removed: Vol		45				50				85			
NG Aspirate Returned: Vol		45				50				85			
Drain: Abdomen Left 3										^ 200			
Urine: Bladder Urinary Catheter	500	* 660	350	550	105	160	120	220	110	105	95	95	
Total In (24hr)	119 (298)	162 (460)	117 (577)	74 (651)	74 (725)	124 (850)	74 (924)	74 (998)	74 (1073)	159 (1232)	74 (1306)	70 (1376)	
Total Out (24hr)	500 (575)	705 (1280)	350 (1630)	550 (2180)	105 (2285)	210 (2495)	120 (2615)	220 (2835)	110 (2945)	390 (3335)	95 (3430)	95 (3525)	
Net Body Balance (24hr)	-277	-820	-1053	-1529	-1560	-1645	-1691	-1836	-1872	-2103	-2124	-2149	
Net Body Balance (LOS)	+8802	+8259	+8026	+7550	+7520	+7434	+7389	+7243	+7208	+6977	+6956	+6931	
Renal													
Calcium Total (2.2-2.60)								^* 1.67					
Urea (2.5-7.5)								* 4.3					
Creatinine (40-130)								* 46					
Net Body Balance (24hr)	-277	-820	-1053	-1529	-1560	-1645	-1691	-1836	-1872	-2103	-2124	-2149	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SSKIN & Pressure Areas												
1. Skin Inspection			All visible areas checked			All visible areas checked		All visible areas checked		All visible areas checked		
Skin Assessment Pressure			All areas: Healthy and intact;			All areas: Healthy and intact;		All areas: Healthy and intact;		All areas: Healthy and intact;		
Skin Assessment Moisture			All areas, 0 = Healthy,...			All areas, 0 = Healthy,...		All areas, 0 = Healthy,...		All areas, 0 = Healthy,...		
Wound Assessment			Location: Abdomen Dressing:...			Location: Abdomen Dressing:...		Location: Abdomen Dressing:...		Location: Abdomen Dressing:...		
Skin Action			Activate dynamic mattress;...			Activate dynamic mattress;...		Activate dynamic mattress;...		Activate dynamic mattress;...		
2. Surface			Equipment appropriate;...			Equipment appropriate;...		Equipment appropriate;...		Equipment appropriate;...		
Mattress Type			Hill rom total care			Hill rom total care		Hill rom total care		Hill rom total care		
3. Keep Moving			Reposition 4 hrly			Reposition 4 hrly		Reposition 4 hrly		Reposition 4 hrly		
Mobilisation			Roll or turn in bed			Roll or turn in bed		Roll or turn in bed		Roll or turn in bed		
Position			Staff: 4 Left tilt; HOB up; Knee bend;...			Staff: 3 Right tilt; HOB up; Knee bend;...		Staff: 3 Left tilt; HOB up; Knee bend;...		Staff: 3 Right tilt; HOB up; Knee bend;...		
4. Incontinence			Urine: Catheterised Faeces:			Urine: Catheterised Faeces:		Urine: Catheterised Faeces:		Urine: Catheterised Faeces:		
5. Nutrition			Diet: Enteral feed Fluids:...			Diet: Enteral feed Fluids:...		Diet: Enteral feed Fluids:...		Diet: Enteral feed Fluids:...		
6. Self Management/Shared Care			Patient unable to participate			Patient unable to participate		Patient unable to participate		Patient unable to participate		
Personal Care												
Eye Care			Swabs with water,			No cleanse required;		Swabs with water,				No cleanse required;
Mouth Care	Oral sponge with mouthwash;...	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water		Oral sponge with water
Hygiene			Urinary catheter care done									
Other Skin Care			Sats probe changed			Sats probe changed		Sats probe changed		Sats probe changed		Sats probe changed
Flotrons		On	On									On
Bowel Movement Record			Large; Type 6: fluffy or...			Large; Type 7: entirely liquid		Medium; Type 7: entirely liquid		Medium; Type 6: fluffy or...		
Lines												
ET Tube: Mouth	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2
Drain: Abdomen Left 3										200		
Urine: Bladder Urinary Catheter	500	660	350	550	105	160	120	220	110	105	95	95

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Lab Results												
Sodium (133-146)								* 143				
Potassium (3.5-5.0)								* 3.6				
Chloride (95-108)								* 105				
Urea (2.5-7.5)								* 4.3				
Creatinine (40-130)								* 46				
eGFR								* 80				
Alk Phos (20-130)								* 82				
Albumin (35-50)								^ 14				
Calcium Total (2.2-2.60)								^* 1.67				
Calcium Corrected (2.2-2.6)								^* 2.05				
Phosphate (0.6-1.4)								* 0.83				
Safety Checks												
ET Tube Length at Lips												Tied at 25 cm
Tube Cuff Pressure												32
Drug Level Checks												Yes
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed; Filed in notes
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

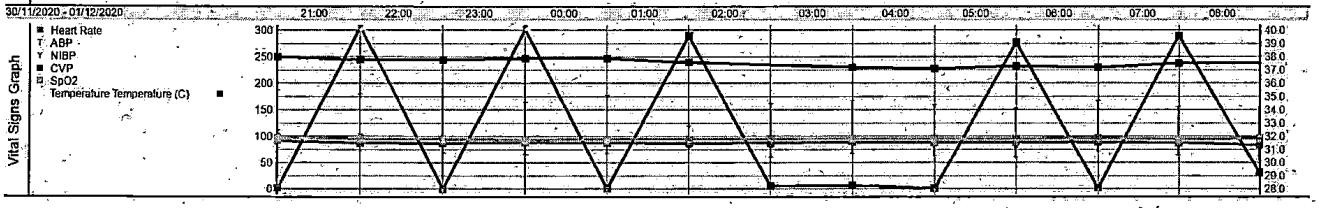
AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

30/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	108	108	104	101	101	95	93	103	97	97	95	93
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	SR
Arterial Blood Pressure	192/76 (104)	193/76 (105)	204/72 (105)	184/75 (102)	185/70 (102)	190/83 (114)	167/76 (104)	193/78 (107)	196/76 (104)	188/73 (101)	180/73 (99)	183/77 (105)
Central Venous Pressure	12	11	9	9	9	8	7	3	2	2	5	2
Temperature		38.1 C Tympanic			38.1 C Tympanic	38.2 C Tympanic			37.7 C Tympanic		38.2 C Tympanic	38.0 C Tympanic
Glucose Test	9.2 mmol/L Glucometer			6.2 mmol/L Glucometer			8.1 mmol/L Glucometer No...		5.4 mmol/L Glucometer		4.2 mmol/L Glucometer	4.5 mmol/L Glucometer
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
SpO2	97	95	96	94	94	97	95	96	94	95	95	95
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Minute Volume	13.6	12.9	14.3	14.5	13	14.3	13.3	12.3	11.6	11.1	10.1	10.7
Respiratory Rate (Spont)	29	24	30	32	31	30	28	23	21	22	23	23
Peak Airway Pressure	14.6	14.9	10.8	5.9	7.5	7.8	9.2	7.2	7.4	7.3	7.3	7
End Tidal CO2	3.9	4.1	3.2	4.6	4.1	4.7	4.2	4.6	4.7	4.7	4.8	4.8
PaO2/FiO2 Ratio								37.86				
pO2 (T) bg (10.5-14.0)								* 10.6				
pCO2 (T) bg (4.6-6.0)								* 5.8				
H+ (T) bg (36-44)								** 30				
BE bg (-2.0) - (+3.0)								** 10				
Lactate bg (0.5-2.0)								* 1.1				
Glucose bg								* 5.4				
K+ bg								* 3.5				
Richmond Agitation Sedation Scale	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: +1 Restless	Actual: +2 Agitated	Actual: +2 Agitated	Actual: +3 Very agitated	Actual: +3 Very agitated	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless
Urine: Bladder Urinary Catheter	500	680	350	550	105	160	120	220	110	105	95	95
Total In (24hr)	119 (298)	162 (460)	117 (577)	74 (651)	74 (725)	124 (850)	74 (924)	74 (998)	74 (1073)	158 (1232)	74 (1306)	70 (1376)
Total Out (24hr)	500 (575)	705 (1280)	350 (1630)	550 (2180)	105 (2285)	210 (2495)	120 (2615)	220 (2835)	110 (2945)	390 (3335)	95 (3430)	95 (3525)
Net Body Balance (24hr)	-277	-820	-1053	-1529	-1560	-1645	-1691	-1836	-1872	-2103	-2124	-2149
Sodium (133-146)								* 143				
Potassium (3.5-5.0)								* 3.9				
Urea (2.5-7.5)								* 4.3				
Creatinine (40-130)								* 46				
Alk Phos (20-130)								* 82				
Albumin (35-50)								** 14				
Calcium Total (2.2-2.60)								** 1.07				
Phosphate (0.8-1.4)								* 0.83				

Vital Signs Graph



PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2020 - 01/12/2020

		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Cardiovascular	Heart Rate	92	88	87	89	88	87	88	90	89	89	90	88
	Heart Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
	Arterial Blood Pressure	188/79 (109)	180/72 (101)	175/69 (99)	165/66 (92)	177/67 (94)	120/80 (97)	162/61 (84)	168/69 (94)	160/64 (85)	154/61 (83)	158/72 (95)	158/85 (87)
	Central Venous Pressure	2	* 307	0	* 302	1	* 290	0	7	1	* 278	2	* 290
	Temperature	38.0 C Tympanic	37.8 C Tympanic	37.8 C Tympanic	37.9 C Tympanic	37.9 C Tympanic	37.6 C Tympanic		37.2 C Tympanic	37.1 C Tympanic	37.3 C Tympanic	37.2 C Tympanic	37.5 C Tympanic
	Glucose Test	8.9 mmol/L Glucometer No...		^ 11mmol/L Glucometer	^ 13.7 mmol/L Glucometer	^ 13.1 mmol/L Glucometer	^ 12 mmol/L Glucometer		8.9 mmol/L Glucometer	7.3 mmol/L Glucometer No...	8.8 mmol/L Glucometer No...	* 9 mmol/L Glucometer No...	
	Capillary Refill				< 3 secs								
	Skin Peripheries				Pink; Warm								

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2020 - 01/12/2020

Respiratory

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SpO2	98	96	95	93	95	95	96	98	98	96	97	95
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
PaO2/FiO2 Ratio				* 42.5					* 38.21			
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
ASB	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory Rate (Spont)	24	18	17	23	22	20	21	22	19	19	21	20
Expired Tidal Volume	435	495	481	515	515	514	494	519	476	495	424	523
Minute Volume	9.51	10.4	9.48	10.7	10.5	10.1	9.9	9.49	9.5	9.09	9.79	10
Peak Airway Pressure	6.4	7.4	7.8	7.2	7.2	6.7	6.9	6.9	6.5	6.5	6.4	6.8
Mean Airway Pressure	5	5.2	5.1	5.2	5.1	4.5	4.6	4.6	4.6	4.4	4.5	4.5
End Tidal CO2	4.4	5.2	4.9	4.9	4.7	5.1	4.9	5	5.1	5.1	5.4	4.9
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Air Entry Right										Apex: Harsh Midzone: Harsh ...		
Air Entry Left										Apex: Crackles; Harsh ...		
Secretions	Muco-purulent		Muco-purulent	Muco-purulent		Muco-purulent	Muco-purulent	Muco-purulent		Muco-purulent	Muco-purulent	Muco-purulent
Suction/Cough Amount	Moderate		Moderate	Moderate		Moderate	Copious	Moderate		Moderate	Moderate	Moderate
Oxygen % bg				* 28					* 28			
H+ (T) bg (36-44)				^* 32					^* 31			
pCO2 (T) bg (4.6-6.0)				* 6					* 5.8			
pO2 (T) bg (10.5-14.0)				* 11.9					* 10.7			
Na+ bg				* 137					* 138			
K+ bg				^* 3.3					* 3.8			
Cl- bg				* 103					* 103			
Glucose bg				^* 12.9					^* 6.8			
Lactate bg (0.5-2.0)				* 1					* 1			
Hb bg (117-174)				* 90					* 91			
COHb bg (0.5-1.5)				^* 1.9					^* 2.1			
MetHb bg (0.5-1.5)				* 1.4					* 0.7			
SO2 bg (95-98)				^* 98					^* 99			
BE bg (-2.0) - (+3.0)				^* 9					^* 9			
HCO3 bg (21-28)				^* 33					^* 34			
Tube Cuff Pressure												30
Mobilisation		Pillows removed Staff: 2			Roll or turn in bed Staff: 4				Pillows removed Staff: 2	Roll or turn in bed Equip:...		
Position		Semi supine; HOB up; Knee...			Right tilt; HOB up; Knee bend...				Semi supine; HOB up; Knee...	Left tilt; HOB up; Knee bend...		
Head Of Bed Elevation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ET Tube: Mouth	Day: 2		Day: 2	Day: 3	* Day: 3		Day: 3	Day: 3	Day: 3		Day: 3	Day: 3
ET Tube Length at Lips					Tied at 24 cm							Tied at 24 cm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Respiratory												
SpO2		* 94	93		98	98	94	98	97	98		96
FiO2		0.4	0.4		0.6	0.6	0.5	0.5	0.5	0.5		0.3
PaO2/FiO2 Ratio						* 23.33					^* 19.6	
Airway												
Oxygen Delivery	Natural	Natural * Mask 40 10	* Mask 40 10		Oral ETT	Oral ETT	Oral ETT	Oral ETT		Oral ETT		Oral ETT
Ventilator					NKV-550			NKV-550		NKV-550		NKV-550
Ventilator Mode					PRVC - SIMV	PRVC - SIMV	PRVC - SIMV	PRVC - SIMV		PS/ASB		PS/ASB
Set Tidal Volume					430	430	430	430	430			
Set Tidal Volume (ml's/kg)					5.9	5.9	5.9	5.9	5.9			
I:E Ratio					1:2.5	1:2.5	1:2.5	1:2				
PEEP					8.0	8.0	8.0	8.0	8.0	8.0		8.0
ASB					10	10	10	10	12	8		15
Respiratory Rate (Set)		* 35	28		22	22	22	20				
Respiratory Rate (Spont)												36
Respiratory Rate (Total)					22	22	22	42	44	43		
Expired Tidal Volume					428	436	391	369	404	408		644
Minute Volume					9.4	9.4	12.9	^ 15.4	^ 17.4	^ 17.4		^ 17.7
Peak Airway Pressure					24	22	19	19	21	21		23.8
Mean Airway Pressure						12	14	12	13.2	13		12.6
End Tidal CO2						4.8	4.3	3.3	3.3	3.2		3.6
Humidification					HME	HME	HME	HME	HME	HME		HME
Air Entry Right												Apex: Fair Midzone: Fair
Air Entry Left												Apex: Fair
Secretions					Muco-purulent			Muco-purulent				
Suction/Cough Amount					Moderate			Moderate				
Oxygen % bg												
H+ (T) bg (36-44)						^* 57					* 36	
pCO2 (T) bg (4.6-6.0)						* 6.3					* 5.3	
pO2 (T) bg (10.5-14.0)						* 14					* 9.8	
Na+ bg						* 142					* 143	
K+ bg						* 3.7					^* 3.1	
Cl- bg						* 105					^* 109	
Glucose bg						^* 15.8					^* 11.1	
Lactate bg (0.5-2.0)						* 1.1					* 1.7	
Hb bg (117-174)						* 104					* 101	
COHb bg (0.5-1.5)						^* 1.7					* 1.5	
MetHb bg (0.5-1.5)						* 1					* 0.9	
SO2 bg (95-98)						^* 99					* 98	
BE bg (-2.0) - (+3.0)						^* -7					* 2	
HCO3 bg (21-28)						^* 20					* 26	
Tube Cuff Pressure												32
Mobilisation							Roll or turn in bed Staff: 4					
Position				Supine; Knee bend altered;...			Left tilt; HOB up; Knee bend...					
Head Of Bed Elevation		Yes							Yes			Yes
ET Tube Length at Lips												Tied at 23 cm

PATIENT NAME: **Henry Burgess** | CHI: **2208793218** | ENCOUNTER ID:

ATTENDING | PRIMARY DIAGNOSIS

AGE (ADT) | ALLERGIES & SENSITIVITIES: **No known allergies**

28/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Neurological												
Richmond Agitation Sedation Scale		Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: +1 Restless	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -3 Moderate sedation	Actual: -3 Moderate sedation	Actual: -3 Moderate sedation	Actual: -2 Light sedation	Actual: -2 Light sedation
Pain Score		0 = No pain										
Critical Care Pain Observation Tool (CPOT)												0 - Relaxed, neutral, 2 -...
Nausea & Vomiting Score		4 = Vomiting										0 = None
Drugs Intermittent												
Clindamycin 1200 mg IV 8 hrly				1200 mg/100 ml 0						1200 mg/100 ml 0		
Fluconazole 400 mg IV OD at 10:00		400 mg/200 ml 0										
Meropenem 2000 mg to 2000 mg IV 8 hrly						2000 mg/110 ml 0						
Piperacillin/Tazobactam 4.5 g IV 6 hrly				4.5 g/100 ml ()								
Vancomycin (Loading Dose) 1500 mg IV Once Only				* 1500 mg/500 ml ()								
Lactulose 15 ml PO/NG 12 hrly										15 ml/20 ml ()		
Dalteparin 15000 Units SC Once Daily		15000 Units/ ()										
Pabrinex 1&2 20 ml IV 8 hrly						20 ml/110 ml ()						
Sando-K 2 Tab(s) PO/NG 8 hrly						* Held						
Magnesium sulphate 20mmol, 20 mmol to 20 mmol IV Once Only					20 mmol/100 ml 0							
Omeprazole 40mg IV Once Daily		40mg ()										
Other In: Volume					500					200		
Drugs Continuous												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml							4 Units/hr/0 ml 0	8 Units/hr/4 ml 0	8 Units/hr/6 ml 0	8 Units/hr/8 ml 0	8 Units/hr/8 ml 0	8 Units/hr/16 ml 0
Vancomycin mg/ml: (Maintenance) mg/hr 3 mg/ml										126 mg/hr/0 ml 0	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0
Propofol 1% 10mg/ml mg/hr 10 mg/ml					140 mg/hr/14 ml 0	140 mg/hr/14 ml 0	140 mg/hr/14 ml 0	140 mg/hr/14 ml 0	140 mg/hr/14 ml 0	140 mg/hr/14 ml 0	140 mg/hr/14 ml 0	160 mg/hr/14 ml 0
Morphine 1mg/ml mg/hr 1 mg/ml												6 mg/hr/6 ml (as)
Alfentanil 1mg/ml mg/hr 1 mg/ml					Chart				Chart			
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml						Chart	/20 ml ()	/20 ml ()	/20 ml ()	/20 ml ()		
Fluid Balance												
Monitor PO Intake	100 ml	100 ml										
Enteral Feeds Nutrison NG Continuous		100					0	30	60	30	30	30
PRN												
Other In: Volume					500					200		
NG Aspirate Removed: Vol				120						70		
NG Aspirate Returned: Vol				120						70		
GI: Nostril Right NG Tube												0
Drain: Abdomen Left 3			^ 350									
Drain: Abdomen Right 1			^ 50									
Urine: Bladder Urinary Catheter		140	80	160	80	160	180	120	100	160		140
Total In (24hr)	100 (156)	400 (556)	0 (556)	320 (876)	1114 (1990)	234 (2224)	84 (2258)	68 (2326)	100 (2426)	462 (2888)	84 (2992)	102 (3094)
Total Out (24hr)	0 (160)	140 (300)	480 (780)	300 (1080)	60 (1140)	160 (1300)	180 (1480)	120 (1600)	100 (1700)	230 (1930)	0 (1930)	140 (2070)
Net Body Balance (24hr)	-4	+256	-224	-204	+850	+924	+778	+726	+726	+958	+1052	+1014
Net Body Balance (LOS)	+6716	+6976	+8496	+6518	+7570	+7644	+7498	+7446	+7446	+7678	+7772	+7734
Renal												
Calcium Total (2.2-2.60)										^* 1.75		
Urea (2.5-7.5)										^* 8.5		
Creatinine (40-130)										* 53		
Net Body Balance (24hr)	-4	+256	-224	-204	+850	+924	+778	+726	+726	+958	+1052	+1014

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	28/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SSKIN & Pressure Areas	1. Skin Inspection							All visible areas checked; No...					
	Skin Assessment Pressure							All areas: Healthy and intact,					
	Skin Assessment Moisture							All areas, 0 = Healthy,...					
	Wound Assessment							Location: Abdomen Dressing:...					
	Skin Action							Activate dynamic mattress;...					
	2. Surface							Equipment appropriate;...					
	Mattress Type							total care sport					
	3. Keep Moving							Reposition 4 hrly; Skin...					
	Mobilisation							Roll or turn in bed					
	Position				Supine; Knee bend altered,...			Staff: 4 Left tilt; HOB up; Knee bend...					
	4. Incontinence				Urine: Catheterised Faeces: No			Urine: Catheterised Faeces:					
	5. Nutrition		Diet: Unable to administer		Diet: Unable to administer			Diet: Enteral feed Fluids:...					
	6. Self Management/Shared Care							Patient unable to participate					
Personal Care	Eye Care							Swabs with water,					
	Mouth Care		Oral sponge with water		Oral sponge with water								
	Hygiene							Bed bath; Urinary catheter...					
	Floricns.						Off	On					
Lines & Devices	Arterial: Radial Artery Left								Day: 4 Transducer Due: 28/11...				
	Central: Internal Jugular Right												Day: 0 Transducer Due: 02/12...
	PVC: left lower leg												Day: 0
	PVC: left shin												Day: 0
	GI: Nostril Right NG Tube												D
	Drain: Abdomen Right 1			^ 50									
	Drain: Abdomen Left 3			^ 350									
	Urine: Bladder Urinary Catheter		140	80	180	60	160	180	120	100	160		140
	Arterial Line Transducer (4 days)												28/11/2020
	Urometer, (7 Days)												30/11/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

28/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
Lab Results													
Sodium (133-146)										* 145			
Potassium (3.5-5.0)										^* 3.2			
Chloride (95-108)										^* 111			
Urea (2.5-7.5)										^* 8.5			
Creatinine (40-130)										* 53			
eGFR										* 60			
Alk Phos (20-130)										* 87			
Albumin (35-50)										^* 15			
Calcium Total (2.2-2.60)										^* 1.75			
Calcium Corrected (2.2-2.6)										^* 2.11			
Phosphate (0.6-1.4)										^* 0.48			
Safety Checks													
ET Tube Length at Lips												Tied at 23 cm	
Tube Cuff Pressure												32	
Drug Level Checks												Yes	
RAH Bedside Checks												Guedel airways; Oxygen flow...	
Patient Profile												Completed	
ID Band												Present and correct	
RAH Damp Dust												Back of bed space; Bed rails;...	
Infection Control												Flush Bags opened <24hrs;...	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

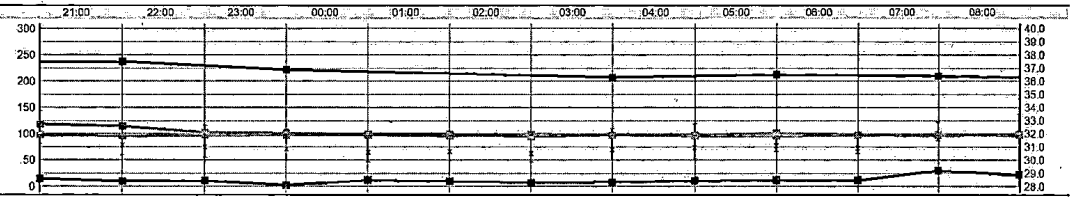
AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

28/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate		93	93		111	123	121	133	131	127		121
Heart Rhythm		SR	SR		ST	ST	ST	ST		ST		ST
Arterial Blood Pressure		176/82 (115)	199/91 (125)		195/93 (126)	166/85 (115)	169/87 (117)	164/89 (115)	153/83 (108)	147/79 (102)		130/86 (90)
Central Venous Pressure												11
Temperature		38.0 C Tympanic			37.1 C Tympanic			37.1 C Tympanic	37.4 C Tympanic		37.9 C Tympanic	37.4 C Tympanic
Glucose Test	9.8 mmol/L Glucometer	^ 15 mmol/L Glucometer				^ 15.5 mmol/L Glucometer	Start infusion (as per protocol)	^ 18.2 mmol/L Glucometer	^ 15.4 mmol/L Glucometer	^ 13.2 mmol/L Glucometer	^ 116 mmol/L Glucometer	
FiO2		0.4	0.4		0.6	0.6	0.5	0.5	0.5	0.5		0.3
SpO2		94	93		98	98	94	98	97	98		96
Ventilator Mode					PRVC - SIMV	PRVC - SIMV	PRVC - SIMV	PRVC - SIMV		PS/ASB		PS/ASB
Set Tidal Volume					430	430	430	430	430			
PEEP					8.0	8.0	8.0	8.0	8.0	8.0		8.0
Minute Volume					9.4	9.4	12.9	^ 15.4	^ 17.4	^ 17.4		^ 17.7
Respiratory Rate (Set)		35	28		22	22	22	20				
Respiratory Rate (Spont)												36
Peak Airway Pressure					24	22	19	19	21	21		23.8
End Tidal CO2						4.8	4.3	3.3	3.3	3.2		3.6
PaO2/FiO2 Ratio						* 23.33					^* 19.6	
pO2 (T) bg (10.5-14.0)						* 14					* 9.8	
pCO2 (T) bg (4.6-6.0)						* 6.3					* 5.3	
H+ (T) bg (36-44)						^* 57					* 36	
BE bg (-2.0) - (+3.0)						^* -7					* 2	
Lactate bg (0.5-2.0)						* 1.1					* 1.7	
Glucose bg						^* 15.6					^* 11.1	
K+ bg						* 3.7					^* 3.1	
Richmond Agitation Sedation Scale		Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: +1 Restless	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -3 Moderate sedation	Actual: -3 Moderate sedation	Actual: -3 Moderate sedation	Actual: -2 Light sedation	Actual: -2 Light sedation
Urine; Bladder Urinary Catheter		140	80	180	60	160	180	120	100	160		140
GI: Nostril Right NG Tube												0
Total In (24hr)	100 (156)	400 (556)	0 (556)	320 (876)	1114 (1990)	234 (2224)	34 (2258)	68 (2326)	100 (2426)	462 (2888)	94 (2982)	102 (3084)
Total Out (24hr)	0 (160)	140 (300)	480 (780)	300 (1080)	60 (1140)	160 (1300)	180 (1480)	120 (1600)	100 (1700)	230 (1930)	0 (1930)	140 (2070)
Net Body Balance (24hr)	+4	+256	-224	-204	+850	+924	+778	+726	+726	+858	+1052	+1014
Sodium (133-146)										* 146		
Potassium (3.5-5.0)										^* 3.2		
Urea (2.5-7.5)										^* 8.5		
Creatinine (40-130)										* 53		
Alk Phos (20-130)										* 87		
Albumin (35-50)										^* 15		
Calcium Total (2.2-2.60)										^* 1.75		
Phosphate (0.8-1.4)										^* 0.48		

Vital Signs Graph



16/07/2026 08:32

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

29/11/2020 - 29/11/2020

Cardiovascular	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	119	115	103	101	99	* 99	95	98	97	101	88	97
Heart Rhythm	ST	ST	ST	ST	ST	SR	SR	SR	SR	ST	SR	SR
Arterial Blood Pressure	144/81 (103)	121/60 (79)	116/55 (75)	109/51 (71)	103/46 (65)	105/50 (66)	105/46 (63)	110/50 (70)	119/54 (74)	96/69 (77)	84/62 (73)	123/88 (100)
Central Venous Pressure	15	10	11	3	12	10	8	9	11	12	12	30
Zero Transducer		Done			Done					Done		Done
Temperature		37.5 C Tympanic		36.9 C Tympanic				36.3 C Tympanic		36.5 C Tympanic		36.4 C Tympanic
Glucose Test	^ 10.1 mmol/L Glucometer		^ 116 mmol/L Glucometer		^ 10.6 mmol/L Glucometer		9.5 mmol/L Glucometer		7.4 mmol/L Glucometer			^ 10.2 mmol/L Glucometer
Sample Sent				Sputum	No...		No...		Routine Daily Bloods			
Capillary Refill												< 3 secs

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020 - 29/11/2020

Respiratory

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SpO2	97	98	97	98	98	96	99	98	98	98	97	99
FIO2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.28	0.28	0.28	0.28
PaO2/FIO2 Ratio									* 42.86			
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB	15	15	15	15	15	15	15	15	15	10	10	10
Respiratory Rate (Spont)	39	28	31	26	24	21	21	22	20	27	24	22
Expired Tidal Volume	404	432	418	487	437	455	469	515	541	428	439	488
Minute Volume	^ 16.2	12	12.6	11.3	10.7	10.6	10	10.9	11.4	11.8	11.3	10.8
Peak Airway Pressure	23.6	23.7	23.8	23.8	23.9	23.9	30	23.7	24	16.7	16.7	15.6
Mean Airway Pressure	13.5	12.1	12.7	12.7	11.9	12	12.2	12	11.9	11.4	11.2	11.3
End Tidal CO2	3.5	4	3.8	4.3	4.3	4.2	4.6	4.3	4.4	3.9	4.1	4.5
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Air Entry Right					Apex: Fair Midzone: Fair ...							
Air Entry Left					Apex: Fair ...							
Secretions	Muco-purulent			Muco-purulent						Muco-purulent		
Suction/Cough Amount	Minimal			Minimal						Minimal		
Oxygen % bg									*			
H+ (T) bg (38-44)									^* 33			
pCO2 (T) bg (4.6-6.0)									* 5			
pO2 (T) bg (10.5-14.0)									* 12			
Na+ bg									* 144			
K+ bg									^* 3.3			
Cl- bg									^* 115			
Glucose bg									^* 6.9			
Lactate bg (0.5-2.0)									* 0.9			
Hb bg (117-174)									* 89			
COHb bg (0.5-1.5)									^* 1.7			
MetHb bg (0.5-1.5)									* 1			
SO2 bg (95-98)									^* 100			
BE bg (-2.0) - (+3.0)									^* 5			
HCO3 bg (21-28)									^* 29			
Tube Cuff Pressure												30
Mobilisation		Roll or turn in bed Equip:...				Roll or turn in bed Staff: 2				Roll or turn in bed Equip:...		
Position		Right tilt; HOB up; Knee bend...				Semi supine; HOB up; Knee...				Right tilt; HOB up; Knee bend...		
Head Of Bed Elevation		Yes				Yes				Yes		Yes
ET Tube Length at Lips												Tied at 23 cm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020 - 29/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Neurological												
Richmond Agitation Sedation Scale	Actual -2 Light sedation	* Actual +1 Restless	Actual +1 Restless	Actual -2 Light sedation	* Actual +2 Agitated	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual -2 Light sedation	Actual -2 Light sedation	Actual +1 Restless	Actual +1 Restless	Actual +1 Restless
CAM-ICU												Yes, No Delirium
GCS Eyes (Chart)												4, Spontaneously
GCS Motor (Chart)												6, Obeys Commands
GCS Verbal (Chart)												Not Testable
Intubated												Yes
Pupil Left												2 mm, Reacts
Pupil Right												2 mm, Reacts
Pain Score												0 = No pain, A - No Limitation
Critical Care Pain Observation Tool (CPOT)												0 - Relaxed, neutral, 2 -...
Nausea & Vomiting Score												0 = None
Drugs Intermittent												
Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (mv)						1200 mg/100 ml (mv)		
Meropenem 2000 mg to 2000 mg IV 8 hrly		2000 mg/110 ml (as)								2000 mg/100 ml (mv)		
Lactulose 15 ml PO/NG 12 hrly										15 ml/ ()		
Senna 15 mg PO/NG OD at 22:00		15 mg/ ()										
Pabrinex 1&2 20 ml IV 8 hrly		20 ml/120 ml (as)								20 ml/120 ml (mv)		
Sando-K 2 Tab(s) PO/NG 8 hrly		2 Tab(s)/ ()								2 Tab(s)/ ()		
Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only											* 40 mmol/60 ml (MU)	
Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only	* 40 mmol/60 ml (mv)											
Other In: Volume	40									40	(780)	
Drugs Continuous												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	4 Units/hr/6 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml (mv)	5 Units/hr/4 ml ()	5 Units/hr/5 ml ()	5 Units/hr/5 ml ()	5 Units/hr/5 ml ()	5 Units/hr/5 ml ()	4 Units/hr/5 ml ()	4 Units/hr/4 ml ()	4 Units/hr/4 ml ()(99)	5 Units/hr/4 ml ()
Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	126 mg/hr/42 ml ()	125 mg/hr/42 ml (mv)	126 mg/hr/42 ml ()(546)	126 mg/hr/42 ml ()
Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
Propofol 1% 10mg/ml mg/hr 10 mg/ml	180 mg/hr/18 ml ()	* 200 mg/hr/18 ml (as)	200 mg/hr/20 ml ()	220 mg/hr/20 ml ()	220 mg/hr/22 ml ()	* 220 mg/hr/22 ml (mv)	200 mg/hr/20 ml ()	200 mg/hr/20 ml ()	200 mg/hr/20 ml (mv)	200 mg/hr/20 ml ()	* 180 mg/hr/20 ml (mv)(332)	180 mg/hr/18 ml ()
Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)	
Morphine 1mg/ml mg/hr 1 mg/ml	6 mg/hr/6 ml ()	7 mg/hr/6 ml ()	7 mg/hr/7 ml ()	7 mg/hr/7 ml ()	7 mg/hr/7 ml ()	7 mg/hr/7 ml (mv)	7 mg/hr/7 ml ()	7 mg/hr/7 ml ()	7 mg/hr/7 ml ()	7 mg/hr/7 ml ()	* 6 mg/hr/7 ml ()(76)	6 mg/hr/6 ml ()
Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)	
Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.32 mg/ml											(0)	
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml			Chart					Chart		Chart	(80)	
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

28/11/2020 - 29/11/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Fluid Balance	Monitor PO Intake											(200)	
	Enteral Feeds Nutrison NG Continuous PRN	* 50	50	50	50	50	65	65	65	65	65	65(920)	66
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 5% 400 ml IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr											(50)	
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	60 ml (min)
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
	Hartmanns IV STAT @ 999 ml/hr											(0)	
	Other In: Volume	40									40	(780)	
	NG Aspirate Removed: Vol	50				10					30	(280)	
	NG Aspirate Returned: Vol	50				10					30	(280)	
	GI: Nostril Right NG Tube	0										(0)	
	Drain: Abdomen Left 3	^ 0										(350)	
	Drain: Abdomen Right 1	^ 0										(50)	
	Urine: Bladder Urinary Catheter	* 40	70	60	50	50	40	60	30	45	30	40(1895)	45
	Total In (24hr)	212 (3298)	411 (3707)	123 (3830)	223 (4053)	136 (4189)	141 (4330)	139 (4469)	138 (4608)	139 (4747)	528 (5275)	138 (5413)	255 (255)
	Total Out (24hr)	80 (2160)	70 (2230)	60 (2290)	50 (2340)	60 (2400)	40 (2440)	60 (2500)	30 (2530)	45 (2575)	60 (2635)	40 (2675)	45 (45)
	Net Body Balance (24hr)	+1136	+1477	+1540	+1713	+1789	+1890	+1969	+2078	+2172	+2640	+2738	+210
	Net Body Balance (LOS)	+7858	+8197	+8260	+8433	+8509	+8610	+8689	+8798	+8892	+9360	+9458	+8668
Renal	Calcium Total (2.2-2.60)									** 1.7			
	Urea (2.5-7.5)									* 7.3			
	Creatinine (40-130)									* 52			
	Net Body Balance (24hr)	+1136	+1477	+1540	+1713	+1789	+1890	+1969	+2078	+2172	+2640	+2738	+210

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

28/11/2020 - 29/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SSKIN & Pressure Areas												
1. Skin Inspection		All visible areas checked; No...				All visible areas checked; No...				All visible areas checked; No...		
Skin Assessment Pressure		All areas: Healthy and intact				All areas: Healthy and intact				All areas: Healthy and intact		
Skin Assessment Moisture		All areas, 0 = Healthy,...				All areas, 0 = Healthy,...				All areas, 0 = Healthy,...		
Wound Assessment		Location: Abdomen Dressing:...				Location: Abdomen Dressing:...				Location: Abdomen Dressing:...		
Skin Action		Apply Spyera to vulnerable...				Apply Spyera to vulnerable...				Apply Spyera to vulnerable...		
2. Surface		Equipment appropriate;...				Equipment appropriate;...				Equipment appropriate;...		
Mattress Type		hillrom bariatric				hillrom bariatric				hillrom bariatric		
3. Keep Moving		Reposition 4 hrly				Reposition 4 hrly				Reposition 4 hrly		
Mobilisation		Roll or turn in bed Equip....				Roll or turn in bed Staff: 2				Roll or turn in bed Equip....		
Position		Right tilt; HOB up; Knee bend...				Semi supine; HOB up; Knee...				Right tilt; HOB up; Knee bend...		
4. Incontinence		Urine: Catheterised; Yes ...				Urine: Catheterised; Yes ...				Urine: Catheterised; Yes ...		
5. Nutrition		Diet: Enteral feed Fluids:...				Diet: Enteral feed Fluids:...				Diet: Enteral feed Fluids:...		
6. Self Management/Shared Care		Patient unable to participate				Patient unable to participate				Patient unable to participate		
Personal Care												
Eye Care	Swabs with water, 0, No									Swabs with water, 0, No		Swabs with water,
Mouth Care	Oral sponge with water									Teeth brushed		Oral sponge with water
Hygiene										Bed bath; Urinary catheter...		
Other Skin Care	Sats probe changed									ECG dots changed; Sats probe...		Sats probe changed
Flotrons	On									On		On
Bowel Movement Record		None								None		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

28/11/2020 - 29/11/2020

Lines & Devices	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Arterial: Radial Artery Left	Day: 4				Day: 5 Transducer Due: 03/12...							Day: 5
Central: Internal Jugular Right	Day: 0 Transducer Due: 01/12...											
PVC: left lower leg	Day: 0											Day: 1
PVC: left shin	Day: 0											
GI: Nostril Right NG Tube	0										(0)	
Drain: Abdomen Right 1	^ 0										(50)	
Drain: Abdomen Left 3	^ 0										(950)	
Urine: Bladder Urinary Catheter	40	70	60	50	60	40	60	30	45	30	40(1995)	45
HME Filter (Daily)											30/11/2020	30/11/2020
Closed Suction (72 Hours)											01/12/2020	01/12/2020
Arterial Line Transducer (4 days)					03/12/2020							03/12/2020
Urometer (7 Days)	30/11/2020											30/11/2020

Lab Results	
WBC (4.0-11)	^^ 17.9
Haemoglobin (80-170)	^^ 87
Platelets (150-400)	* 25
Haematocrit (0.37-0.54)	^^ 0.277
Fibrinogen (1.7-4.0)	^^ 5
PT (10.0-13.0)	* 12
APTT (26-38)	^^ 24
APTT Ratio	^^ 0.8
Sodium (133-146)	^^ 148
Potassium (3.5-5.0)	* 3.6
Chloride (95-108)	^^ 115
Urea (2.5-7.5)	* 7.3
Creatinine (40-130)	* 52
eGFR	* 60
Magnesium (0.7-1.0)	^^ 1.02
Bilirubin Total (3.0-20)	* 8
ALT (<50)	^^ 51
AST (<40)	^^ 81
Alk Phos (20-130)	* 76
Albumin (35-50)	^^ 14
CRP (<10)	^^ 119
Calcium Total (2.2-2.60)	^^ 1.7
Calcium Corrected (2.2-2.6)	^^ 2.08
Phosphate (0.6-1.4)	^^ 0.6
Creatine Kinase (25-320)	* 76
Neutrophils	^^ 14.8
Lymphocytes	* 1.3
Monocytes	^^ 1.7
Eosinophils	* 0
Basophils	* 0.1
Nucleated RBCs	* 1.1
MCV	* 88.3
Mean Cell HGB%	* 27.1
RBC	^^ 3

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

28/11/2020 - 29/11/2020

Safety Checks	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
ET Tube Length at Lips												Tied at 23 cm	
Tube Cuff Pressure												30	
Drug Level Checks												Yes	
RAH Bedside Checks												Guedel airways; Oxygen flow...	
Patient Profile												Filed in notes	
ID Band												Present and correct	
RAH Damp Dust												Back of bed space; Bed rails;...	
Infection Control												Damp dusting signed for; Tap...	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

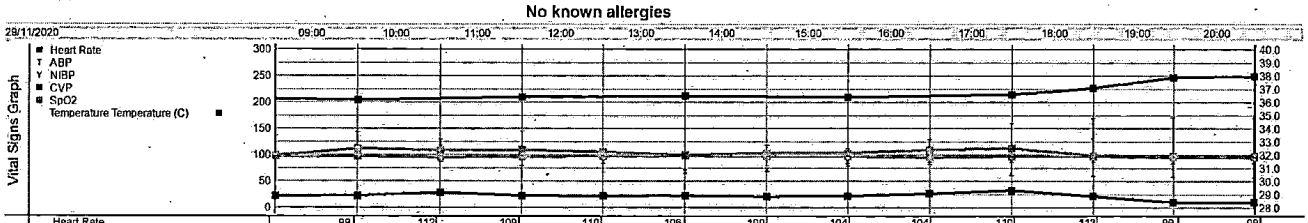
ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

28/11/2020 - 29/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	119	115	103	101	99	99	95	98	97	101	98	97
Heart Rhythm	ST	ST	ST	ST	ST	SR	SR	SR	SR	ST	SR	SR
Arterial Blood Pressure	144/81 (103)	121/60 (79)	116/55 (75)	109/51 (71)	103/48 (65)	105/50 (68)	105/48 (63)	110/50 (70)	119/54 (74)	99/66 (77)	94/62 (73)	123/88 (100)
Central Venous Pressure	15	10	11	3	12	10	8	9	11	12	12	10
Temperature		37.5 C Tympanic		38.9 C Tympanic				36.3 C Tympanic		36.5 C Tympanic		36.4 C Tympanic
Glucose Test	^ 10.1 mmol/L Glucometer		^ 118 mmol/L Glucometer		^ 10.6 mmol/L Glucometer No...		9.5 mmol/L Glucometer No...		7.4 mmol/L Glucometer			^ 10.2 mmol/L Glucometer
FiO2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.28	0.28	0.28	0.28
SpO2	97	96	97	98	98	96	99	98	96	96	97	99
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	^ 16.2	12	12.8	11.3	10.7	10.6	10	10.9	11.4	11.8	11.3	10.6
Respiratory Rate (Spont)	39	28	31	26	24	21	21	22	20	27	24	22
Peak Airway Pressure	23.6	23.7	23.8	23.8	23.9	23.9	30	23.7	24	18.7	18.7	15.6
End Tidal CO2	3.5	4	3.8	4.3	4.3	4.2	4.6	4.3	4.4	3.9	4.1	4.5
PaO2/FIO2 Ratio									* 42.86			
pO2 (T) bg (10.5-14.0)									* 12			
pCO2 (T) bg (4.6-6.0)									* 5			
H+ (T) bg (35-44)									A* 33			
BE bg (-2.0) - (+3.0)									A* 5			
Lactate bg (0.5-2.0)									* 0.9			
Glucose bg									A* 6.9			
K+ bg									A* 3.3			
GCS Eyes (Chart)												4, Spontaneously
GCS Motor (Chart)												6: Obeys Commands
GCS Verbal (Chart)												Not Testable
Richmond Agitation Sedation Scale	Actual: -2 Light sedation	Actual: +1 Restless	Actual: +1 Restless	Actual: -2 Light sedation	Actual: +2 Agitated	Actual: -3 Moderate sedation	Actual: -3 Moderate sedation	Actual: -2 Light sedation	Actual: -2 Light sedation	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless
Urine: Bladder Urinary Catheter	40	70	60	50	50	40	60	30	45	30	40(1695)	45
GI: Nostril Right NG Tube	0										(0)	
Total In (24hr)	212 (3286)	411 (3707)	123 (3830)	223 (4053)	136 (4189)	141 (4330)	139 (4469)	139 (4608)	139 (4747)	528 (5275)	138 (5413)	255 (255)
Total Out (24hr)	90 (2160)	70 (2230)	60 (2290)	50 (2340)	60 (2400)	40 (2440)	60 (2500)	30 (2530)	45 (2575)	60 (2635)	40 (2675)	45 (45)
Net Body Balance (24hr)	+1136	+1477	+1540	+1713	+1789	+1890	+1969	+2078	+2172	+2640	+2738	+210
Sodium (133-146)									A* 148			
Potassium (3.5-5.0)									* 3.8			
Urea (2.5-7.5)									A* 7.3			
Creatinine (40-130)									* 52			
Bilirubin Total (3.0-20)									* 8			
ALT (<50)									A* 51			
AST (<40)									A* 61			
Alk Phos (20-130)									* 76			
Albumin (35-50)									A* 14			
Calcium Total (2.2-2.60)									A* 1.7			
Phosphate (0.8-1.4)									A* 0.5			
Magnesium (0.7-1.0)									A* 1.02			
CRP (<10)									A* 119			
WBC (4.0-11)									A* 17.9			
Platelets (150-400)									* 251			
Haemoglobin (90-170)									A* 87			
PT (10.0-13.0)									* 12			

29/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	



Vital Signs Graph

Cardiovascular

Heart Rate	99	112	109	110	106	100	104	104	110	113	99	99	
Heart Rhythm	SR	ST	ST	ST	ST	ST	ST	ST	ST	ST	SR	SR	
Arterial Blood Pressure	137/68 (102)	144/99 (109)	130/88 (115)	145/80 (94)	110/67 (88)	100/72 (69)	119/80 (72)	113/79 (88)	130/82 (90)	160/81 (90)	170/60 (90)	171/59 (88)	
Central Venous Pressure	22	23	20	23	22	23	21	23	27	33	22	11	
Temperature		36.2 C		36.4 C		36.5 C		36.4 C		36.8 C	37.1 C	37.9 C	
Glucose Test		Tympanic 8.2 mmol/L Glucometer No...		Tympanic 7.8 mmol/L Glucometer No...		Tympanic 8.4 mmol/L Glucometer No...		Tympanic 7.7 mmol/L Glucometer No...		Tympanic 8.1 mmol/L Glucometer	Tympanic	Tympanic	
Capillary Refill				< 3 secs								3 secs	
Skin Peripheries												Pink; Warm	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

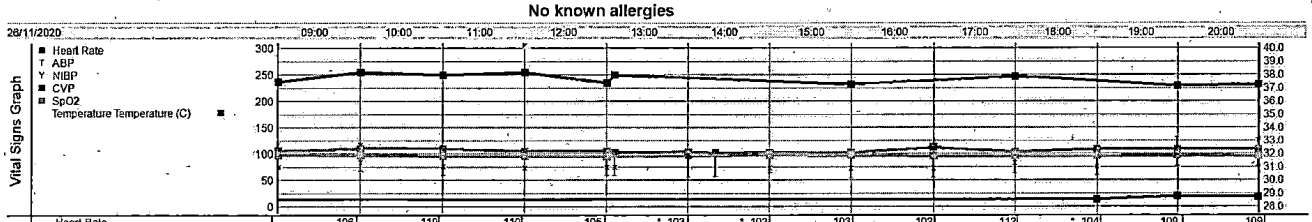
ALLERGIES & SENSITIVITIES
No known allergies

29/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Respiratory												
SpO2	97	98	96	97	98	98	98	98	96	96	98	96
FiO2	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
PaO2/FiO2 Ratio									* 35.36			
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550	NKV-550
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB	8	8	8	8	8	8	5	5	5	5	5	5
Respiratory Rate (Spont)	21	28	30	27	28	28	28	27	25	28	23	19
Expired Tidal Volume	402	411	400	491	449	544	521	498	497	491	465	571
Minute Volume	11	10.1	13.9	13.8	11.4	10.8	10.1	11.6	11.5	11.9	10.4	10.9
Peak Airway Pressure	14.6	15.4	17.1	17.3	16.4	16.1	18	14.2	14.8	14.6	14.7	14.7
Mean Airway Pressure	11.4	11	10.4	11	10.1	12.2	12	12.1	11.9	13.1	12.8	9.7
End Tidal CO2	3.7	3.9	3.8	3.9	4.2	4.2	4	4.3	4.2	4.1	4.3	4.4
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Secretions			Creamy	Creamy			Muco-purulent			Muco-purulent		
Suction/Cough Amount	None		Minimal	Moderate			Minimal			Minimal		
Oxygen % bg									* 28			
H+ (T) bg (36-44)									^^ 32			
pCO2 (T) bg (4.8-8.0)									* 5.1			
pO2 (T) bg (10.5-14.0)									* 9.9			
Na+ bg									^^ 148			
K+ bg									^^ 3.4			
Cl- bg									^^ 114			
Glucose bg									* 5.4			
Lactate bg (0.5-2.0)									* 1.1			
Hb bg (117-174)									* 91			
COHb bg (0.5-1.5)									^^ 2.3			
MetHb bg (0.5-1.5)									* 0.7			
SO2 bg (95-98)									^^ 99			
BE bg (-2.0) - (+3.0)									^^ 7			
HCO3 bg (21-28)									^^ 30			
Tube Cuff Pressure												30
Physiotherapy Position	Done			Sitting up in bed; HOB up;...			Right tilt; Chair position in...			Left tilt; Sitting up in bed;...		Supine; HOB up; Knee bend...
Head Of Bed Elevation			Yes				Yes					
ET Tube: Mouth												Day; 1
ET Tube Length at Lips				Tied at 23 cm				Tied at 23 cm				Tied at 23 cm
Neurological												
Richmond Agitation Sedation Scale	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless	Actual: +1 Restless
CAM-ICU				No Delirium					No Delirium			
GCS Eyes (Chart)				4, Spontaneously					4, Spontaneously			
GCS Motor (Chart)				6, Obeys Commands					6, Obeys Commands			
GCS Verbal (Chart)				Not Testable					Not Testable			
Intubated				Yes								
Critical Care Pain Observation Tool (CPOT)				0 - Relaxed, neutral, 2 -...					0 - Relaxed, neutral, 2 -...			
Nausea & Vomiting Score				0 = None					0 = None			

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
Drugs Intermittent	Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (AS)						1200 mg/100 ml (AS)			
	Fluconazole 400 mg IV OD at 10:00		400 mg/100 ml (AS)											
	Meropenem 2000 mg to 2000 mg IV 8 hrly						2000 mg/40 ml (AS)							
	Furosemide 20 mg IV Once Only	20 mg/ (AS)												
	Furosemide 40 mg IV PRN											40 mg/ (AS)		
	Lactulose 15 ml PO/NG 12 hrly										15 ml/15 ml (NS)			
	Lansoprazole 30 mg PO/NG OD at 10:00		30 mg/30 ml (AS)											
	Dalteparin 15000 Units SC Once Daily		15000 Units/ (AS)											
	Pabrinex 1&2 20 ml IV 8 hrly						20 ml/100 ml (AS)							
	Sando-K 2 Tab(s) PO/NG 8 hrly						2 Tab(s)/ ()							
	Methadone 20 mg PO/NG OD at 10:00		20 mg/20 ml (AS)											
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	* 5 Units/hr/5 ml (AS)	* 5 Units/hr/5 ml ()	5 Units/hr/5 ml 0	5 Units/hr/5 ml 0	* 5 Units/hr/5 ml 0	5 Units/hr/5 ml 0	5 Units/hr/5 ml 0	* 5 Units/hr/5 ml ()	* 5 Units/hr/5 ml ()	5 Units/hr/5 ml (NB)	3 Units/hr/5 ml 0	3 Units/hr/3 ml 0	
	Vancomycin mg/ml (Maintenance) mg/hr 3 mg/ml	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0	126 mg/hr/42 ml 0	* 126 mg/hr/42 ml ()	126 mg/hr/42 ml 0	126 mg/hr/42 ml (AS)	126 mg/hr/42 ml ()	126 mg/hr/42 ml 0	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml	* 180 mg/hr/18 ml (AS)	180 mg/hr/18 ml 0	180 mg/hr/18 ml 0	* 160 mg/hr/16 ml ()	* 140 mg/hr/14 ml (AS)	120 mg/hr/12 ml 0	100 mg/hr/10 ml 0	* 70 mg/hr/7 ml ()	* 40 mg/hr/4 ml 0	40 mg/hr/4 ml ()	40 mg/hr/4 ml ()	30 mg/hr/3 ml ()	
	Morphine 1mg/ml mg/hr 1 mg/ml	* 4 mg/hr/4 ml (AS)	* 4 mg/hr/4 ml 0	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/8 ml ()	* 4 mg/hr/4 ml 0	* 4 mg/hr/4 ml 0	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml	Chart												
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											/50 ml (AS)	Chart	
Fluid Balance	Enteral Feeds Nutrison NG Continuous	65	65	65	65	65	65	65	65	65	65	65	65	
	PRN													
	NG Aspirate Removed: Vol		25				30					20		
	NG Aspirate Returned: Vol		25				30					20		
	GI: Nostril Right NG Tube												0	
	Drain: Abdomen Left 3												0	
	Drain: Abdomen Right 1												0	
	Urine: Bladder Urinary Catheter	55	45	40	240	550	100	130	80	50	65	45	660	
	Total In (24hr)	134 (369)	309 (698)	134 (832)	232 (1084)	130 (1194)	288 (1482)	130 (1622)	123 (1745)	120 (1865)	235 (2100)	200 (2300)	117 (2417)	
	Total Out (24hr)	55 (100)	70 (170)	40 (210)	240 (450)	550 (1000)	130 (1130)	130 (1260)	80 (1340)	50 (1390)	65 (1455)	65 (1520)	660 (2180)	
	Net Body Balance (24hr)	+269	+528	+622	+614	+194	+352	+382	+405	+475	+645	+780	+237	
	Net Body Balance (LOS)	+9747	+9966	+10080	+10072	+9652	+9820	+9820	+9863	+9933	+10103	+10238	+9695	
R	Net Body Balance (24hr)	+269	+528	+622	+614	+194	+352	+382	+405	+475	+645	+780	+237	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	



Cardiovascular	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	106	110	110	105	* 103	* 102	103	102	112	* 104	109	109
Heart Rhythm	ST	* ST	ST		ST	* ST	ST	ST		* ST		* ST
Arterial Blood Pressure			103/60 (76)	105/5580 (74)	* 104/59 (75)	* 109/58	105/65 (74)	102/54 (72)	102/55 (72)	* 110/64 (82)	108/60 (76)	132/78 (99)
Non Invasive Blood Pressure	119/77 (75)	118/71 (84)										
Central Venous Pressure											14	20
Temperature	37.5 C	38.2 C Tympanic	38.0 C	38.2 C	* 38.0 C			37.3 C		37.9 C		37.2 C
Glucose Test	^ 10.1 mmol/L Glucometer No...	8.6 mmol/L Glucometer	5.7 mmol/L Glucometer Stop...	* 5.7 mmol/L	^* 3.8 mmol/L Glucometer		6.7 mmol/L	^ 4.2 mmol/L	8.4 mmol/L	8.6 mmol/L	5.9 mmol/L	5.6 mmol/L Glucometer
Skin Peripheries	White; Cool				White; Cool							

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Respiratory												
SpO2	98	97	96	96	95	97	98	97	98	98	96	97
FiO2	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
PaO2/FiO2 Ratio										28.29		
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT		Oral ETT						Oral ETT
Ventilator	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon							
Ventilator Mode	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
Set Tidal Volume	450	450	430	430		*			*	*		
Set Tidal Volume (mls/kg)	6.2	6.2	5.9	5.9		^*		^*	^*	^*		
I:E Ratio	1:2:2	^* 1:2	^* 1:2:2	^* 1:2:2		*		^*		^*		
PEEP	8.0	8.0	8.0	8.0	8.0	8.3	8.0	8.0	8.0	8.0	8.0	8.0
ASB	5	5	5	5	5	5	5	5	5	5	5	5
Respiratory Rate (Set)	28	28	28	28		16	16	13	13	16		
Respiratory Rate (Spont)	0	0	0	0		16	16	13	13	16	13	12
Respiratory Rate (Total)	28	28	28	28		16	16	13	13	16	13	12
Expired Tidal Volume	450	450	500	455		549	580	572	570	588	580	620
Minute Volume	11.6	11.3	11.4	10.8		8.7	8.9	8.4	8.7	8.4	8.1	7.63
Peak Airway Pressure	22.4	21.1	21	20.3		14.6	14.7	14.8	14.4	14.3	14.6	14.3
Mean Airway Pressure	13.7	13.8	13.7	13.7			13.2	9.7	10	9		9.6
End Tidal CO2	4.1	4.1		3.9		5.2	5.3	5.4	5.1	5	5	5.3
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Secretions										Mucoid	Muco-purulent	
Suction/Cough Amount										Minimal	Copious	
Blood Gas Reason										Routine		
H+ (T) bg (36-44)										42.8		
pCO2 (T) bg (4.6-6.0)										6.1		
pO2 (T) bg (10.5-14.0)										9.9		
Na+ bg										139		
K+ bg										4.2		
Cl- bg										104		
Ca++ bg										1		
Glucose bg										5.6		
Lactate bg (0.5-2.0)										0.8		
Hb bg (117-174)										99		
COHb bg (0.5-1.5)										2		
MetHb bg (0.5-1.5)										0.6		
SO2 bg (95-99)										97.6		
BE bg (-2.0) - (+3.0)										0.3		
HCO3 bg (21-28)										26		
Hct bg										29		
Physiotherapy						Done						
Mobilisation			Roll or turn in bed				Roll or turn in bed			Roll or turn in bed		
Position			Left tilt				Right tilt			Semi supine		
Head Of Bed Elevation										Yes		
ET Tube: Mouth	Day: 2		Day: 2							Day: 2		Day: 2
ET Tube Length at Lips										Tied at 22 cm		
Neu												
Richmond Agitation Sedation Scale	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -4 Deep sedation	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -4 Deep sedation	Actual: -4 Deep sedation

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

26/11/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Drugs Intermittent	Clindamycin 1200 mg IV 8 hrly				1200 mg/250 ml ()						1200 mg/250 ml (LB)		
	Fluconazole 400 mg IV OD at 10:00		400 mg/200 ml (SD)										
	Piperacillin/Tazobactam 4.5 g IV 6 hrly				4.5 g/100 ml ()						4.5 g/ ()		
	Lactulose 15 ml PO/NG 12 hrly										15 ml/ () 14. Other - Record		
	Heparin 5000 Units IV Once Only								* 5000 Units/5 ml ()				
	Hydrocortisone 50 mg IV 6 hrly				50 mg/10 ml ()						50 mg/ ()		
	Pabrinex 1&2 20 ml IV 8 hrly						* 20 ml/100 ml (EL)						
	Omeprazole 40mg IV Once Daily		40mg (SD)										
	Other In: Volume							* 100					
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	16 Units/hr/16 ml ()	16 Units/hr/16 ml ()	16 Units/hr/16 ml ()	Chart	Chart							
	Propofol 2% 20mg/ml mg/hr 20 mg/ml	120 mg/hr/6 ml ()	120 mg/hr/6 ml ()	120 mg/hr/6 ml ()	120 mg/hr/6 ml ()								
	Alfentanil 1mg/mL mg/hr 1 mg/ml	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()		4 mg/hr/8 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/8 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()		2.4 Units/hr/12 ml ()								
	Heparin 1000units/ml. Units/hr 1000 Units/ml											* 1200 Units/hr/0 ml ()	* 1200 Units/hr/1.2 ml ()
	Noradrenaline mg/mL. mg/hr 0.16 mg/ml	Chart											
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml	1.1 mg/hr/3.5 ml ()	1.1 mg/hr/3.5 ml ()		1.1 mg/hr/7 ml ()	0.8 mg/hr/2 ml ()		0.8 mg/hr/5 ml ()	0 mg/hr/2.5 ml ()				
Fluid Balance	Glucose 20% IV STAT											Completed	
	Glucose 20% IV STAT							Completed					
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr	* 50 ml ()	50 ml ()	* 50 ml ()	50 ml ()	50 ml ()	50 ml ()	* 50 ml ()	50 ml ()	* 50 ml ()	50 ml ()	100 ml ()	50 ml ()
	Other In: Volume							* 100					
	Urine: Bladder Urinary Catheter	40	40	* 25	* 75	30		* 80	260	115	110	70	160
	Total In (24hr)	85 (171)	285 (456)	72 (528)	443 (971)	56 (1027)	154 (1181)	163 (1344)	56 (1401)	59 (1460)	304 (1764)	104 (1868)	55 (1923)
	Total Out (24hr)	40 (80)	40 (130)	25 (155)	75 (230)	30 (260)	0 (260)	80 (340)	260 (600)	115 (715)	110 (825)	70 (895)	160 (1055)
	Net Body Balance (24hr)	+81	+326	+373	+741	+767	+921	+1004	+801	+745	+939	+973	+868
	Net Body Balance (LOS)	+6833	+7078	+7126	+7494	+7520	+7674	+7757	+7553	+7497	+7691	+7725	+7621
R	Net Body Balance (24hr)	+81	+326	+373	+741	+767	+921	+1004	+801	+745	+939	+973	+868

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

26/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
SSKIN & Pressure Areas	1. Skin Inspection			All visible areas checked; No...							All visible areas checked		
	Skin Assessment Pressure			All areas: Healthy and intact,									
	Skin Assessment Moisture			All areas, 0 = Healthy...									
	Skin Action			Activate dynamic mattress									
	Mattress Type			bariatric bed									
	3. Keep Moving			Reposition 4 hrly									
	Mobilisation			Roll or turn in bed				Roll or turn in bed			Roll or turn in bed		
	Position			Left till				Right till			Semi supine		
	4. Incontinence			Urine: Catheterised Faeces:									
	5. Nutrition			Diet: Nil by mouth Fluids:...									
	6. Self Management/Shared Care			Patient unable to participate									
Personal Cl	Eye Care	Swabs with water,											
	Mouth Care	Oral sponge with water					Oral sponge with water						
	Other Skin Care	Sats probe changed											
	Flotrons									On		On	
Lines & D	ET Tube: Mouth	Day: 2		Day: 2						Day: 2		Day: 2	
	Arterial: Radial Artery Left											Day: 2	
	PVC: Antecubital Left											Day: 2	
	PVC: Arm Right Upper											Day: 1	
	Urine: Bladder Urinary Catheter	40	40	25	75	30	80	260	115	110	70	160	
S	ET Tube Length at Lips									Tied at 22 cm			

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

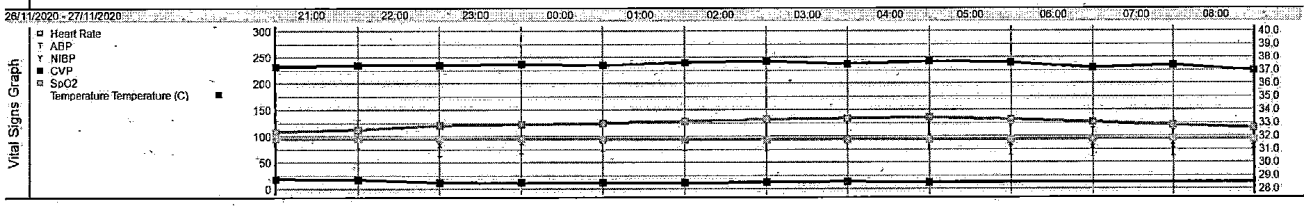
AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

26/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	108	110	110	105	* 103	* 102	103	102	112	104	109	109
Heart Rhythm	ST	ST	ST		ST	ST	ST	ST		ST		ST
Arterial Blood Pressure			103/60 (76)	105/5560 (74)	* 104/59 (75)	* 109/58	108/65 (74)	102/54 (72)	102/55 (72)	110/64 (82)	108/60 (76)	132/78 (99)
Central Venous Pressure											14	20
Non Invasive Blood Pressure	119/77 (75)	116/71 (84)										
Temperature	37.5 C	38.2 C	38.0 C	38.2 C	* 38.0 C			37.3 C		37.9 C		37.2 C
Glucose Test	^ 10.1 mmol/L Glucometer No...	Tympanic 8.6 mmol/L Glucometer ...	5.7 mmol/L Glucometer Stop...	* 5.7 mmol/L	^^ 3.8 mmol/L Glucometer		6.7 mmol/L	^ 4.2 mmol/L	8.4 mmol/L	6.6 mmol/L	5.9 mmol/L	5.6 mmol/L Glucometer
FiO2	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
SpO2	98	97	96	96	95	97	98	97	96	96	96	97
Ventilator Mode	V SIMV		V SIMV	V SIMV	V SIMV	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB
Set Tidal Volume	450	450	430	430								
PEEP	8.0	8.0	8.0	8.0	8.0	8.3	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	11.6	11.3	11.4	10.6		8.7	8.9	8.4	8.7	8.4	8.1	7.63
Respiratory Rate (Set)	26	26	26	26		16	16	13	13	16		
Respiratory Rate (Spont)	0	0	0	0		16	16	13	13	16	13	12
Peak Airway Pressure	22.4	21.1	21	20.3		14.6	14.7	14.8	14.4	14.3	14.6	14.3
End Tidal CO2	4.1	4.1		3.9		5.2	5.3	5.4	5.1	5	5	5.3
PaO2/FiO2 Ratio										28.29		
pO2 (T) bg (10.5-14.0)										9.9		
pCO2 (T) bg (4.8-8.0)										6.1		
H+ (T) bg (35-44)										42.8		
BE bg (-2.0) - (+3.0)										0.3		
Lactate bg (0.5-2.0)										0.8		
Glucose bg										5.5		
K+ bg										4.2		
Richmond Agitation Sedation Scale	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -4 Deep sedation	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -4 Deep sedation	Actual -4 Deep sedation
Urine: Bladder Urinary Catheter	40	40	25	75	30		* 80	260	115	110	70	160
Total In (24hr)	85 (171)	285 (456)	72 (528)	443 (971)	58 (1027)	154 (1181)	163 (1344)	56 (1401)	59 (1460)	304 (1764)	104 (1868)	55 (1923)
Total Out (24hr)	40 (80)	40 (130)	25 (155)	75 (230)	30 (260)	0 (260)	80 (340)	260 (600)	115 (715)	110 (825)	70 (895)	160 (1055)
Net Body Balance (24hr)	+81	+326	+373	+741	+767	+921	+1004	+801	+745	+939	+973	+868

Vital Signs Graph



PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

26/11/2020 - 27/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Cardiovascular												
Heart Rate	109	113	121	123	125	129	132	134	136	132	127	121
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	130/77 (98)	131/78 (97)	116/63 (84)	126/68 (89)	130/72 (91)	134/74 (93)	134/73 (95)	138/75 (97)	142/75 (100)	123/85 (66)	116/61 (80)	112/62 (81)
Central Venous Pressure	19	18	13	12	12	12	13	14	13			
Temperature	37.3 C	37.4 C	37.4 C Tympanic	37.5 C Tympanic	37.4 C Tympanic	* 37.6 C Tympanic	37.7 C Tympanic	37.5 C Tympanic	37.7 C Tympanic	37.6 C Tympanic	37.2 C Tympanic	37.4 C Tympanic
Glucose Test	7.2 mmol/L Glucometer	8.7 mmol/L Glucometer	9.1 mmol/L Glucometer	9.9 mmol/L Glucometer	^ 10.8 mmol/L Glucometer	^ 113 mmol/L Glucometer	^ 114 mmol/L Glucometer	^ 12.4 mmol/L Glucometer	^ 12.4 mmol/L Glucometer	^ 14.2 mmol/L Glucometer	^ 13.1 mmol/L Glucometer	^ 13 mmol/L Glucometer
Capillary Refill												< 3 secs
Skin Peripheries												Pink; Warm
Respiratory												
SpO2	98	96	96	98	95	94	94	94	94	94	95	96
FiO2	0.35	0.35	0.35	0.35	0.35	0.3	0.3	0.3	0.3	0.3	0.3	0.3
PaO2/FiO2 Ratio				* 38						* 37.67		
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT			Oral ETT	Oral ETT	Oral ETT
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB			PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB	5	8	5	0	0	0	0	0	0	0	0	0
Respiratory Rate (Spont)	12	10	12	11	10	11	14	11	14	15	13	11
Respiratory Rate (Total)	12	10	12	11	10	11	14	11	14	15	13	11
Expired Tidal Volume	694	685	633	620	625	673	637	675	571	508	599	611
Minute Volume	7.99	7.05	7.09	6.81	6.83	6.58	7	7.26	7.85	8.2	7.91	6.98
Peak Airway Pressure	14.6	14.8	14.4	10.9	11.1	11.3	10.7	11.2	10.7	11	9.9	10.4
Mean Airway Pressure	9.7	9.7	9.6	8.1	8.1	8	8.1	8.1	8.1	7.8	7.5	7.4
End Tidal CO2	5.4	5.7	5.5	6.1	6.6	6.8	6.6	6.8	6.1	5.8	6	6.2
Humidification		HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Air Entry Right												Apex: Fair Midzone: Fair
Air Entry Left												Apex: Fair
Secretions								Muco-purulent			Muco-purulent	
Suction/Cough Amount								Copious			Copious	
Specimen Type				Arterial								
Blood Gas Reason				Routine								
Oxygen % bg				*						*		
H+ (T) bg (36-44)				^* 52						^* 48		
pCO2 (T) bg (4.6-8.0)				* 7.2						* 6.7		
pO2 (T) bg (10.5-14.0)				12.6						* 11.3		
Na+ bg				* 134						* 134		
K+ bg				* 4.2						* 4.1		
Cl- bg				* 103						* 104		
Glucose bg				^* 10.5						^* 13.9		
Lactate bg (0.5-2.0)				* 0.7						* 0.9		
Hb bg (117-174)				* 101						* 100		
COHb bg (0.5-1.5)				^* 1.6						^* 1.9		
MetHb bg (0.5-1.5)				^* 0						* 0.9		
SO2 bg (95-98)				^* 99						* 98		
BE bg (-2.0) - (+3.0)				^* -3						* -2		
HCO3 bg (21-28)				* 29						* 25		
Tube Cuff Pressure												30
Mobilisation		Roll or turn in bed				Roll or turn in bed				Roll or turn in bed		
Position		Semi supine; Right tilt				Semi supine				Left tilt; HOB up; Knee bend...		
Head Of Bed Elevation		Yes		Yes	Yes		Yes					
ET Tube: Mouth		Day: 2			Day: 3					Day: 3		Day: 3
ET Tube Length at Lips												Tied at 22 cm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

26/11/2020 - 27/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Neurological												
Richmond Agitation Sedation Scale	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation
CAM-ICU												RASS -4 or -5 = Unable to...
GCS Eyes (Chart)												1. None
GCS Motor (Chart)												1. None
GCS Verbal (Chart)												Not Testable
Pupil Left												2 mm; Reacts
Pupil Right												2 mm; Reacts
Critical Care Pain Observation Tool (CPOT)												0 - Relaxed, neutral; 0 -...
Nausea & Vomiting Score												Unable to assess
Drugs Intermittent												
Clindamycin 1200 mg IV 6 hrly				* 1200 mg/100 ml (EF)						1200 mg/100 ml (LB)		
Piperacillin/Tazobactam 4.5 g IV 6 hrly				* 4.5 g/100 ml (EF)						4.5 g/100 ml (LB)		
Lactulose 15 ml PO/NG 12 hrly										15 ml/ () NIL BY NG		
Senna 15 mg PO/NG OD at 22:00		15 mg/ () NIL BY NG										
Hydrocortisone 50 mg IV 12 hrly										50 mg/5 ml (LB)		
Pabrinex 1&2 20 ml IV 8 hrly		* 20 ml/100 ml (EF)								20 ml/100 ml (LB)		
Other In: Volume											(100)	
Drugs Continuous												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml						* 1 Units/hr/0 ml (EF)	1 Units/hr/0.3 ml ()	1 Units/hr/1 ml ()	2 Units/hr/1 ml ()	2 Units/hr/2 ml ()	3 Units/hr/2 ml ()(70.3)	* 3 Units/hr/0 ml ()
Vancomycin mg/mL (Maintenance) mg/hr 3 mg/ml											(0)	
Vancomycin mg/mL (Maintenance) mg/hr 5 mg/ml											(0)	
Vancomycin mg/mL (Maintenance) mg/hr 6 mg/ml											(0)	
Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
Propofol 2% 20mg/ml mg/hr 20 mg/ml											(30)	Chart
Morphine 1mg/ml mg/hr 1 mg/ml											(0)	
Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
Alfentanil 1mg/ml. mg/hr 1 mg/ml	^ 4 mg/hr/4 ml 0	^ 4 mg/hr/4 ml 0	4 mg/hr/4 ml 0	^ 4 mg/hr/4 ml 0	4 mg/hr/4 ml ()	^ 4 mg/hr/4 ml 0	^ 4 mg/hr/4 ml 0	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml () (109)	4 mg/hr/4 ml ()
Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(30)	
Heparin 1000units/ml. Units/hr 1000 Units/ml	1200 Units/hr/1.2 ml 0	1200 Units/hr/1.2 ml 0	1200 Units/hr/1.2 ml 0	1200 Units/hr/1.2 ml 0	1200 Units/hr/1.2 ml 0	1200 Units/hr/1.2 ml 0	* 1400 Units/hr/1.4 ml 0	1400 Units/hr/1.4 ml 0	1400 Units/hr/1.4 ml 0	1400 Units/hr/1.4 ml 0	1400 Units/hr/1.4 ml 0(15.4)	1400 Units/hr/1.8 ml 0
Noradrenaline mg/mL. mg/hr 0.16 mg/ml											(0)	Chart
Noradrenaline mg/mL. mg/hr 0.16 mg/ml											(0)	
Noradrenaline mg/mL. mg/hr 0.32 mg/ml											(27)	Chart
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

26/11/2020 - 27/11/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Fluid Balance	Monitor PO Intake											(0)	
	Enteral Feeds Nutrison NG Continuous PRN											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 5% 400 ml IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()(1250)	50 ml ()
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
	Hartmanns IV STAT @ 999 ml/hr											(0)	
	Other In: Volume											(100)	
	NG Aspirate Removed: Vol											(0)	
	NG Aspirate Returned: Vol											(0)	
	GI: Nostril Right NG Tube											(0)	
	Drain: Abdomen Left 3										200	(200)	
	Drain: Abdomen Right 1										150	(150)	
	Urine: Bladder Urinary Catheter	90	75	90	80	70	50	55	70	75	60	90(1890)	120
	Total In (24hr)	61 (1984)	155 (2140)	56 (2198)	255 (2451)	55 (2506)	57 (2563)	56 (2619)	56 (2675)	56 (2732)	382 (3094)	57 (3152)	56 (56)
	Total Out (24hr)	90 (1145)	75 (1220)	90 (1310)	80 (1390)	70 (1460)	50 (1510)	55 (1565)	70 (1635)	75 (1710)	440 (2150)	90 (2240)	120 (120)
	Net Body Balance (24hr)	+839	+920	+886	+1061	+1046	+1053	+1054	+1040	+1022	+944	+912	-64
	Net Body Balance (LOS)	+7592	+7672	+7638	+7813	+7799	+7808	+7806	+7793	+7774	+7697	+7684	+7600
Renal	Calcium Total (2.2-2.60)					^ 1.7					^* 1.75		
	Urea (2.5-7.5)					^ 14					^* 15.2		
	Creatinine (40-130)					83					* 91		
	Net Body Balance (24hr)	+839	+920	+886	+1061	+1046	+1053	+1054	+1040	+1022	+944	+912	-64

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

26/11/2020 - 27/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SSKIN & Pressure Areas												
1. Skin Inspection		All visible areas checked; No...				All visible areas checked; No...				All visible areas checked; No...		
Skin Assessment Pressure		All areas: Healthy and intact,				All areas: Healthy and intact,				All areas: Healthy and intact,	All areas:	
Skin Assessment Moisture		All areas, 0 = Healthy,...				All areas, 0 = Healthy,...				All areas, 0 = Healthy,...	All areas,	All areas, 0 = Healthy,..
Wound Assessment		Location: Abdomen Dressing:...				Location: Abdomen Dressing:...				Location: Abdomen Dressing:...		
Skin Action		Activate dynamic mattress;...				Activate dynamic mattress;...				Activate dynamic mattress;...		
2. Surface		Equipment appropriate;...				Equipment appropriate;...				Equipment appropriate;...		
Mattress Type		Duo										
3. Keep Moving		Reposition 4 hrly				Reposition 4 hrly				Reposition 4 hrly		
Mobilisation		Roll or turn in bed				Roll or turn in bed				Roll or turn in bed		
Position		Semi supine; Right tilt				Semi supine				Left tilt; HOB up; Knee bend...		
4. Incontinence		Urine: Catheterised Faeces: No				Urine: Catheterised Faeces: No				Urine: Catheterised Faeces: No		
5. Nutrition		Diet: Nil by mouth Fluids:...										
6. Self Management/Shared Care		Patient pain score assessed;...										
Personal C												
Eye Care										Swabs with water,		
Mouth Care										Oral sponge with water		
Hygiene										Bed bath		
Flotrons			On	On	On	On	On	On	On	On		
Lines & D												
ET Tube: Mouth		Day: 2			Day: 3					Day: 3		Day: 3
GI: Nostril Right NG Tube											(0)	
Drain: Abdomen Right 1										150	(150)	
Drain: Abdomen Left 3										200	(200)	
Urine: Bladder Urinary Catheter	90	75	90	80	70	50	55	70	75	90	80(1890)	120

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

28/11/2020 - 27/11/2020

Lab Results	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
WBC (4.0-11)					^ 27.3					^* 23.2		
Haemoglobin (90-170)					^ 89					^* 97		
Platelets (150-400)					^ 131					^* 136		
Haematocrit (0.37-0.54)					^ 0.315					^* 0.303		
Fibrinogen (1.7-4.0)					4					^* 5		
PT (10.0-13.0)					^ 15					^* 15		
APTT (26-36)					^* 38					^* 45		
APTT Ratio					^* 1.2					^* 1.4		
Sodium (133-146)					137					* 137		
Potassium (3.5-5.0)					4.2					* 4.1		
Chloride (95-108)					104					* 104		
Urea (2.5-7.5)					^ 14					^* 15.2		
Creatinine (40-130)					83					* 91		
eGFR					>60					* >60		
Magnesium (0.7-1.0)					0.88					* 0.96		
Bilirubin Total (3.0-20)					11					* 9		
ALT (<50)					^ 121					^* 112		
AST (<40)					^ 562					^* 429		
Alk Phos (20-130)					96					* 94		
Albumin (35-50)					^ 15					^* 16		
CRP (<10)					^ 225					^* 192		
Calcium Total (2.2-2.60)					^ 1.7					^* 1.75		
Calcium Corrected (2.2-2.6)					^ 2.06					^* 2.1		
Phosphate (0.8-1.4)					1.29					* 1.17		
Creatine Kinase (25-320)					280					* 270		
Neutrophils					^ 23.4					^* 19.6		
Lymphocytes					2.2					* 1.8		
Monocytes					^ 1.6					^* 1.6		
Eosinophils					^ 0					^* 0		
Basophils					0.1					* 0.1		
Nucleated RBCs					1.2					* 1.1		
MCV					87					* 86.6		
Mean Cell HGB%					27.3					* 27.7		
RBC					^ 4					^* 4		
Gentamicin		1.3										

Safety Checks												
ET Tube Length at Lips												Tied at 22 cm
Tube Cuff Pressure												30
Drug Level Checks												Yes
RAH Bedside Checks												Guedel airways; Oxygen flow:...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

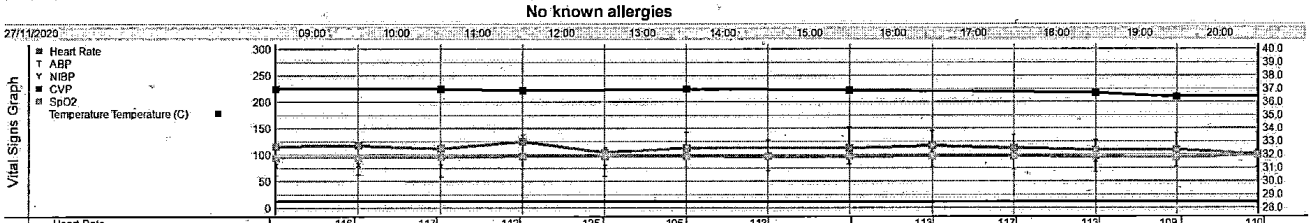
PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Quicklook

28/11/2020 - 27/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	109	113	121	123	125	129	132	134	136	132	127	121
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	130/77 (98)	131/78 (97)	116/63 (84)	126/68 (89)	130/72 (91)	134/74 (93)	134/73 (95)	138/75 (97)	142/75 (100)	123/65 (86)	116/81 (80)	112/62 (81)
Central Venous Pressure	19	18	13	12	12	12	13	14	13			
Temperature	37.3 C	37.4 C	37.4 C Tympanic	37.5 C Tympanic	37.4 C Tympanic	37.6 C Tympanic	37.7 C Tympanic	37.5 C Tympanic	37.7 C Tympanic	37.6 C Tympanic	37.2 C Tympanic	37.4 C Tympanic
Glucose Test	7.2 mmol/L Glucometer	8.7 mmol/L Glucometer	9.1 mmol/L Glucometer	9.9 mmol/L Glucometer	^ 10.8 mmol/L Glucometer	^ 113 mmol/L Glucometer	^ 114 mmol/L Glucometer	^ 12.4 mmol/L Glucometer	^ 12.4 mmol/L Glucometer	^ 14.2 mmol/L Glucometer	^ 13.1 mmol/L Glucometer	^ 13 mmol/L Glucometer
FiO2	0.35	0.35	0.35	0.35	0.35	0.3	0.3	0.3	0.3	0.3	0.3	0.3
SpO2	96	96	96	96	95	94	94	94	94	94	95	96
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB			PS/ASB	PS/ASB	PS/ASB
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	7.99	7.05	7.09	6.81	6.83	6.58	7	7.26	7.85	8.2	7.91	6.98
Respiratory Rate (Spont)	12	10	12	11	10	11	14	11	14	15	13	11
Peak Airway Pressure	14.6	14.8	14.4	10.8	11.1	11.3	10.7	11.2	10.7	11	9.9	10.4
End Tidal CO2	5.4	5.7	5.5	6.1	6.8	6.8	6.8	6.8	6.1	5.8	6	6.2
PaO2/FIO2 Ratio				* 36						* 37.67		
pO2 (T) bg (10.5-14.0)				* 12.6						* 11.3		
pCO2 (T) bg (4.6-6.0)				* 7.2						* 6.7		
H+ (T) bg (36-44)				^* 52						^* 49		
BE bg (-2.0) - (+3.0)				^* -3						* -2		
Lactate bg (0.5-2.0)				* 0.7						* 0.9		
Glucose bg				^* 10.5						^* 13.9		
K+ bg				* 4.2						* 4.1		
GCS Eyes (Chart)												1. None
GCS Motor (Chart)												1. None
GCS Verbal (Chart)												Not Testable
Richmond Agitation Sedation Scale	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation
Urine: Bladder Urinary Catheter	90	75	90	80	70	50	55	70	75	90	90(1890)	120
GI: Nostril Right NG Tube											(0)	
Total In (24hr)	61 (1984)	155 (2140)	58 (2198)	255 (2451)	55 (2506)	57 (2563)	56 (2619)	55 (2675)	56 (2732)	362 (3094)	57 (3152)	58 (56)
Total Out (24hr)	90 (1145)	75 (1220)	90 (1310)	80 (1390)	70 (1460)	50 (1510)	55 (1565)	70 (1635)	75 (1710)	440 (2150)	90 (2240)	120 (120)
Net Body Balance (24hr)	+839	+920	+886	+1061	+1046	+1053	+1054	+1040	+1022	+944	+912	-64
Sodium (133-146)					137					* 137		
Potassium (3.5-5.0)					4.2					* 4.1		
Urea (2.5-7.5)					^ 14					^* 15.2		
Creatinine (40-130)					83					* 91		
Bilirubin Total (3.0-20)					11					* 9		
ALT (<50)					^ 121					^* 112		
AST (<40)					^ 662					^* 429		
Alk Phos (20-130)					96					* 94		
Albumin (35-50)					^ 15					^* 16		
Calcium Total (2.2-2.60)					^ 1.7					^* 1.75		
Phosphate (0.6-1.4)					1.29					* 1.17		
Magnesium (0.7-1.0)					0.88					* 0.98		
CRP (<10)					^ 225					^* 192		
WBC (4.0-11)					^ 27.3					^* 23.2		
Platelets (150-400)					^ 131					^* 136		
Haemoglobin (60-170)					^ 99					^* 97		
PT (10.0-13.0)					^ 15					^* 15		

27/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	



Cardiovascular												
Heart Rate	116	117	112	125	105	113		113	117	113	109	110
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	114/61 (80)	117/82 (91)	115/59 (75)	137/74 (99)	114/60 (78)	143/78 (103)	127/70 (96)	152/82 (110)	145/78 (102)	138/72 (97)	126/88 (90)	141/78 (103)
Zero Transducer				Done				Done				Done
Temperature	37.0 C		37.0 C	36.9 C		37.0 C		36.9 C			36.7 C	36.4 C
	Tympanic		Tympanic	Tympanic		Tympanic		Tympanic			Tympanic	Tympanic
Glucose Test		12.2 mmol/L		7.8 mmol/L		5.3 mmol/L		6.2 mmol/L			7.8 mmol/L	8.5 mmol/L
		Glucometer		Glucometer		Glucometer		Glucometer			Glucometer	Glucometer
				No...				No...			No...	No...
Capillary Refill												< 3 secs
Skin Peripheries												Pink, Warm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020

Respiratory

	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SpO2	95	95	96	98	98	98	97	97	98	98	97	95
FiO2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	
PaO2/FiO2 Ratio			* 42.67									
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT		Oral ETT	Oral ETT	Oral ETT	Oral ETT		Natural
Oxygen Delivery											Mask 40 10	Mask 40 10
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB		
PEEP	8.0	8.0	8.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0		
ASB	0	0	0	0				0	0	0		
Respiratory Rate (Set)											16	18
Respiratory Rate (Spont)	11	10	10	21	11	22	23	23	24	15		
Respiratory Rate (Total)	11	10	10	21		22						
Expired Tidal Volume	633	627	552	570	603	521	539	426	404	434		
Minute Volume	6.95	6.9	7.12	10.2	7.3	8.2	9.92	10	11.2	6.67		
Peak Airway Pressure	10.5	10.6	10.3	11	7	11	7	8.9	7.1	9.2		
Mean Airway Pressure	7.6	7.5	7.7	4.8	4.4	4.1	4.4	4.5	4.7	4.3		
End Tidal CO2	5.9	6.1	6	5.2	6	6	5.5	5.3	5.1	5.5		
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME		None
Air Entry Right				Apex: Fair Midzone: Fair					Apex: Fair Midzone: Fair			
Air Entry Left				Apex: Fair					Apex: Fair			
Secretions									Muco-purulent			
Suction/Cough Amount									Moderate			Coughs not clearing
Oxygen % bg			* 30									
H+ (T) bg (36-44)			^* 45									
pCO2 (T) bg (4.6-8.0)			* 6.6									
pO2 (T) bg (10.5-14.0)			* 12.8									
Na+ bg			* 136									
K+ bg			* 3.7									
Cl- bg			* 105									
Ca++ bg			* 1.07									
Glucose bg			^* 6.8									
Lactate bg (0.5-2.0)			* 0.8									
Hb bg (117-174)			* 96									
COHb bg (0.5-1.5)			* 1.3									
MetHb bg (0.5-1.5)			* 1.1									
SO2 bg (95-98)			^* 99									
BE bg (-2.0) - (+3.0)			* 1									
HCO3 bg (21-28)			* 28									
Hct bg			* 29									
Mobilisation		Roll or turn in bed			Roll or turn in bed Staff: 2			Roll or turn in bed Staff: 3				
Position		pillows out			Left tilt; Knee bend altered;...			Sitting up in bed; Knee bend...				
Head Of Bed Elevation												Yes
ET Tube: Mouth	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3		Day: 3	* Day: 3	Day: 3	Day: 3		Day: 3

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Neurological	Richmond Agitation Sedation Scale	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual +1 Restless	Actual +1 Restless	Actual +2 Agitated	Actual -2 Light sedation	Actual -1 Drowsy
	GCS Eyes (Chart)												4. Spontaneously
	GCS Motor (Chart)												6. Obeys Commands
	GCS Verbal (Chart)												4. Confused
	GCS Chart Total												14
	Pupil Left												2 mm: Reacts
	Pupil Right												2 mm: Reacts
	Pain Score												0 = No pain
	Nausea & Vomiting Score												0 = None
Drugs Intermittent	Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (NB)						1200 mg/100 ml (NB)		
	Fluconazole 400 mg IV OD at 10:00		400 mg/100 ml (NB)										
	Gentamicin 360 mg IV Once Only												360 mg/50 ml (EF)
	Piperacillin/Tazobactam 4.5 g IV 6 hrly				4.5 g/100 ml (NB)						4.5 g/100 ml (NB)		
	Furosemide 20 mg IV Once Only			20 mg/2 ml (LL)									
	Lactulose 15 ml PO/NG 12 hrly										15 ml/ () nbm		
	Pabrinex 1&2 20 ml IV 8 hrly						20 ml/100 ml (NB)						
	Omeprazole 40mg IV Once Daily		40mg 100 (NB)										
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	3 Units/hr/3 ml ()	3 Units/hr/6 ml ()	3 Units/hr/6 ml ()	3 Units/hr/3 ml ()	* 6 Units/hr/6 ml ()	* 3 Units/hr/3 ml ()	3 Units/hr/1 ml (LL)	3 Units/hr/1 ml ()	3 Units/hr/1 ml ()	3 Units/hr/3 ml ()	1 Units/hr/1 ml ()	1 Units/hr/1 ml ()
	Propofol 2% 20mg/ml mg/hr 20 mg/ml		Chart	Chart	Chart			Chart	Chart	Chart	Chart	Chart	
	Alfentanil 1mg/mL mg/hr 1 mg/ml	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml (LL)	** 4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	
	Heparin 1000units/mL Units/hr 1000 Units/ml	1400 Units/hr/1.4 ml 0	Chart	Chart									
	Noradrenaline mg/mL mg/hr 0.16 mg/ml		Chart	Chart									
	Noradrenaline mg/mL mg/hr 0.32 mg/ml		Chart	Chart									
Fluid Balance	Enteral Feeds Nutrison NG Continuous PRN								10	10	10	10	10
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	Chart						
	NG Tube Daily Maintenance												24hr feeding - pH N/A
	NG Aspirate Removed: Vol												5
	Drain: Abdomen Left 3												0
	Drain: Abdomen Right 1												0
	Urine: Bladder Urinary Catheter	140	65	130	200	240	280	200	85	110	200	100	100
	Total In (24hr)	58 (114)	180 (274)	60 (334)	259 (593)	60 (653)	107 (760)	5 (765)	16 (781)	15 (796)	217 (1013)	15 (1028)	61 (1089)
	Total Out (24hr)	140 (280)	65 (325)	130 (455)	200 (655)	240 (895)	280 (1175)	200 (1375)	85 (1460)	110 (1570)	200 (1770)	100 (1870)	105 (1975)
	Net Body Balance (24hr)	-146	-51	-121	-62	-242	-415	-610	-679	-774	-757	-842	-886
	Net Body Balance (LOS)	+7518	+7813	+7543	+7602	+7422	+7249	+7054	+6985	+6890	+6907	+6822	+6778
R	Net Body Balance (24hr)	-146	-51	-121	-62	-242	-415	-610	-679	-774	-757	-842	-886

PATIENT NAME
Henry Burgess

CHI s
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	
SSKIN & Pressure Areas	1. Skin Inspection		All visible areas checked; No...			All visible areas checked; No...			All visible areas checked; No...					
	Skin Assessment Pressure		All areas			All areas			All areas					
	Skin Assessment Moisture		All areas, 0 = Healthy,...			All areas, 0 = Healthy,...			All areas, 0 = Healthy,...					
	Wound Assessment		Location: Abdomen Dressing:...			Location: Abdomen Dressing:...			Location: Abdomen Dressing:...					
	Skin Action		Activate dynamic mattress;...			Activate dynamic mattress;...			Activate dynamic mattress;...					
	2. Surface		Equipment appropriate;...			Equipment appropriate;... total sport			Equipment appropriate;... total sport					
	Mattress Type													
	3. Keep Moving		Reposition 4 hrly			Reposition 4 hrly			Reposition 4 hrly					
	Mobilisation		Roll or turn in bed			Roll or turn in bed Staff: 2			Roll or turn in bed Staff: 3					
	Position		pillows out			Left lat; Knee bend altered;...			Sitting up in bed; Knee bend...					
	4. Incontinence		Urine: Catheterised Faeces: No			Urine: Catheterised Faeces: No			Urine: Catheterised Faeces: No					
	5. Nutrition		Diet: Nil by mouth Fluids:			Diet: Nil by mouth Fluids:			Diet: Nil by mouth Fluids:					
	6. Self Management/Shared Care		Patient unable to participate			Patient unable to participate			Patient unable to participate					
Personal Ca	Eye Care		Swabs with water,				Swabs with water,		Swabs with water,					
	Mouth Care		Oral sponge with water				Oral sponge with water		Oral sponge with water			Oral sponge with water		
	Hygiene								Shave					
	Flotrons		On				On		On			On		
	Bowel Movement Record											None		
Lines & Devices	ET Tube: Mouth	Day: 3	Day: 3	Day: 3	Day: 3	Day: 3		Day: 3	Day: 3	Day: 3	Day: 3		Day: 3	
	Arterial: Radial Artery Left							Day: 3					Day: 3	
								Transducer Due: 28/11...					Transducer Due: 28/11...	
	Central: Femoral Right							Day: 3						
	Central: Internal Jugular Right							Day: 1					Day: 3	
	Drain: Abdomen Right 1												0	
	Drain: Abdomen Left 3												0	
	Urine: Bladder Urinary Catheter	140	65	130	200	240	280	200	85	110	200	100	100	
	Arterial Line Transducer (4 days)												28/11/2020	
	Urometer (7 Days)												30/11/2020	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

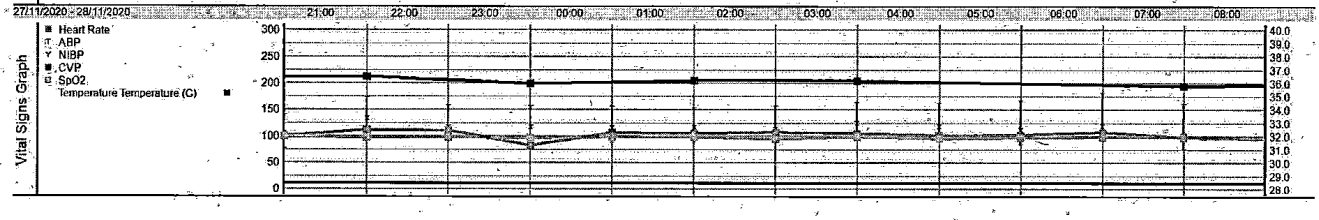
AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

27/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	116	117	112	125	105	113		113	117	113	109	110
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	114/61 (80)	117/62 (81)	115/59 (79)	137/74 (99)	114/60 (78)	143/78 (103)	127/70 (96)	152/82 (110)	145/78 (102)	138/72 (97)	128/68 (90)	141/78 (103)
Temperature	37.0 C Tympanic		37.0 C Tympanic	36.9 C Tympanic		37.0 C Tympanic		36.9 C Tympanic			39.7 C Tympanic	36.4 C Tympanic
Glucose Test		^ 12.2 mmol/L Glucometer ...		7.8 mmol/L Glucometer No...		5.3 mmol/L Glucometer ...		6.2 mmol/L Glucometer No...			7.8 mmol/L Glucometer No...	8.5 mmol/L Glucometer No...
FiO2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	
SpO2	95	95	96	98	98	98	97	97	98	98	97	95
Ventilator Mode	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB	PS/ASB		
PEEP	8.0	8.0	8.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0		
Minute Volume	6.95	6.9	7.12	10.2	7.3	8.2	9.92	10	11.2	8.57		
Respiratory Rate (Set)											16	18
Respiratory Rate (Spont)	11	10	10	21	11	22	23	23	24	16		
Peak Airway Pressure	10.5	10.9	10.3	11	7	11	7	6.9	7.1	8.2		
End Tidal CO2	5.9	6.1	6	5.2	6	6	5.5	5.3	5.1	5.5		
PaO2/FiO2 Ratio			^ 42.67									
pO2 (T) bg (10.5-14.0)			^ 12.5									
pCO2 (T) bg (4.6-6.0)			^ 6.6									
H+ (T) bg (36-44)			^^ 45									
BE bg (-2.0) - (+3.0)			^ 1									
Lactate bg (0.5-2.0)			^ 0.8									
Glucose bg			^^ 8.8									
K+ bg			^ 3.7									
GCS Eyes (Chart)												4. Spontaneously
GCS Motor (Chart)												6. Obeys Commands
GCS Verbal (Chart)												4. Confused
GCS Chart Total												14
Richmond Agitation Sedation Scale	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual -3 Moderate sedation	Actual +1 Restless	Actual +1 Restless	Actual +2 Agitated	Actual -2 Light sedation	Actual -1 Drowsy
Urine: Bladder Urinary Catheter	140	65	130	200	240	280	200	85	110	200	100	100
Total In (24hr)	58 (114)	160 (274)	60 (334)	259 (593)	80 (653)	107 (760)	5 (765)	16 (781)	15 (796)	217 (1013)	15 (1028)	61 (1089)
Total Out (24hr)	140 (280)	65 (325)	130 (455)	200 (655)	240 (895)	280 (1175)	200 (1375)	85 (1460)	110 (1570)	200 (1770)	100 (1870)	105 (1975)
Net Body Balance (24hr)	-146	-51	-121	-62	-242	-415	-610	-679	-774	-757	-842	-886

Vital Signs Graph



16/07/2026 08:32

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020 - 28/11/2020

		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Cardiovascular	Heart Rate	101	112	111	83	107	105	108	105	102	103	108	98
	Heart Rhythm	ST	ST	ST	SR	ST	ST	ST	ST	ST	ST	ST	SR
	Arterial Blood Pressure	141/78 (106)	174/103 (134)	159/100 (117)	158/91 (117)	158/89 (116)	154/90 (117)	158/90 (114)	164/95 (125)	163/80 (119)	167/85 (112)	182/98 (120)	161/76 (103)
	Zero Transducer		Done				Done					Done	
	Temperature		36.5 C Tympanic		36.0 C Tympanic		38.2 C Tympanic		38.2 C Tympanic				35.8 C Tympanic
	Glucose Test		9.1 mmol/L Glucometer		9.2 mmol/L Glucometer		^ 10.8 mmol/L Glucometer	^ 11.3 mmol/L Glucometer	^ 12.8 mmol/L Glucometer	^ 14.6 mmol/L Glucometer	^ 12.2 mmol/L Glucometer	^ 10.5 mmol/L Glucometer	
	Sample Sent		No...		No...							Routine Daily Bloods; Gent level	
Respiratory	SpO2	100	98	98	97	99	99	95	99	98	98	99	99
	Airway	Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural	Natural
	Oxygen Delivery	Mask 40	Nasal cannula 10	Nasal cannula 5	Nasal cannula 4	Nasal cannula 4	Nasal cannula 4	Nasal cannula 4	Nasal cannula 4	Nasal cannula 2	Nasal cannula 2	Nasal cannula 2	Nasal cannula 2
	Respiratory Rate (Set)	17	24	19	19	20	23	24	23	31	26	23	26
	Humidification	None	None		None	None	None	None	None	None	None	None	None
	Air Entry Right	Apex: Fair Midzone: Fair											
	Air Entry Left	Apex: Fair											
	Secretions	Muco-purulent	Muco-purulent		Muco-purulent			Muco-purulent					
	Suction/Cough Amount	Moderate	Coughs & clears		Coughs & clears			Coughs & clears					
	Oxygen % bg											*	
	H+ (T) bg (36-44)											^* 32	
	pCO2 (T) bg (4.6-6.0)											^* 4.6	
	pO2 (T) bg (10.5-14.0)											* 9.5	
	Na+ bg											* 141	
	K+ bg											^* 2.3	
	Cl- bg											* 107	
	Glucose bg											^* 10.7	
	Lactate bg (0.5-2.0)											* 0.9	
	Hb bg (117-174)											* 93	
	COHb bg (0.5-1.5)											^* 2	
	MetHb bg (0.5-1.5)											* 0.6	
	SO2 bg (95-98)											^* 99	
	BE bg (-2.0) - (+3.0)											^* 4	
	HCO3 bg (21-28)											* 27	
	Physiotherapy	Done											
	Mobilisation		Roll or turn in bed Staff: 3				Pillows out Staff: 1				Roll or turn in bed Staff: 2		
	Position		Left tilt; HOB up; Knee bend...				Supine; HOB up; Knee bend...				Left tilt; HOB up; Knee bend...		
	Head Of Bed Elevation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Neurold	Richmond Agitation Sedation Scale	Actual: -1 Drowsy	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: 0 Alert & calm	Actual: +1 Restless	Actual: 0 Alert & calm	Actual: +1 Restless	Actual: +1 Restless	Actual: 0 Alert & Calm	Actual: 0 Alert & calm
	Pain Score			0 = No pain,			0 = No pain,				0 = No pain,		
	Nausea & Vomiting Score			0 = None			0 = None				0 = None		

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020 - 28/11/2020

		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
Drugs Intermitt	Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (EF)						1200 mg/100 ml (EF)			
	Piperacillin/Tazobactam 4.5 g IV 6 hrly				4.5 g/100 ml (EF)						4.5 g/100 ml (EF)			
	Lactulose 15 ml PO/NG 12 hrly										* Held			
	Senna 15 mg PO/NG OD at 22:00		15 mg/ ()											
	Pabrinex 1&2 20 ml IV 8 hrly		20 ml/120 ml (EF)								20 ml/120 ml (EF)			
	Other In: Volume											(0)		
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	1 Units/hr/1 ml ()	1 Units/hr/1 ml ()	1 Units/hr/1 ml ()	* 1 Units/hr/1 ml ()			2 Units/hr/2 ml (J)	2 Units/hr/2 ml ()	3 Units/hr/3 ml ()	5 Units/hr/5 ml ()	6 Units/hr/6 ml 0(57)	6 Units/hr/6 ml ()	
	Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml											(0)		
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)		
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)		
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)		
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)		
	Propofol 2% 20mg/ml mg/hr 20 mg/ml											(0)		
	Morphine 1mg/ml mg/hr 1 mg/ml											(0)		
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)		
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(49)		
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml											(0)		
	Heparin 1000units/ml. Units/hr 1000 Units/ml											(3)		
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)		
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)		
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml											(0)		
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)		
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)		

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020 - 28/11/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Fluid Balance	Monitor PO Intake											(0)	
	Enteral Feeds Nutrison NG Continuous	10	10	10	10	Chart						(80)	
	PRN												
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 20% 100 ml IV STAT											(0)	
	Albumin 5% 400 ml IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr					50 ml (EF)	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()(650)	50 ml ()
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	
	Hartmanns IV Continuous PRN @ 999 ml/hr											(0)	
	Hartmanns IV STAT @ 999 ml/hr											(0)	
	Other In: Volume											(0)	
	NG Aspirate Removed: Vol											(5)	
	NG Aspirate Returned: Vol											(0)	
	GI: Nostril Right NG Tube											(0)	
	Drain: Abdomen Left 3											^ 120(120)	
	Drain: Abdomen Right 1											(0)	
	Urine: Bladder Urinary Catheter	80	35	120	50	100	80	95	130	110	90	100(2960)	160
	Total In (24hr)	11 (1100)	131 (1231)	11 (1242)	211 (1453)	50 (1503)	50 (1553)	52 (1605)	52 (1657)	53 (1710)	375 (2085)	56 (2141)	56 (56)
	Total Out (24hr)	80 (2055)	35 (2090)	120 (2210)	50 (2260)	100 (2360)	80 (2440)	95 (2535)	130 (2665)	110 (2775)	90 (2865)	220 (3085)	160 (160)
	Net Body Balance (24hr)	-955	-859	-998	-807	-857	-887	-930	-1008	-1065	-780	-944	-104
	Net Body Balance (LOS)	+6709	+6805	+6696	+6857	+6807	+6777	+6734	+6656	+6599	+6884	+6720	+6616
Renal	Calcium Total (2.2-2.60)											^ 1.74	
	Urea (2.5-7.5)											^ 11.4	
	Creatinine (40-130)											62	
	Net Body Balance (24hr)	-955	-859	-998	-807	-857	-887	-930	-1008	-1065	-780	-944	-104

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

27/11/2020 - 28/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SSKIN & Pressure Areas												
1. Skin Inspection		All visible areas checked; No...				All visible areas checked; No...				All visible areas checked; No...		
Skin Assessment Pressure		All areas: Healthy and intact				All areas: Healthy and intact				All areas: Healthy and intact		
Skin Assessment Moisture		All areas, 0 = Healthy,...				All areas, 0 = Healthy,...				All areas, 0 = Healthy,...		
Wound Assessment		Location: Abdomen Dressing:...				Location: Abdomen Dressing:...				Location: Abdomen Dressing:...		
Skin Action		Activate dynamic mattress;...				Activate dynamic mattress;...				Activate dynamic mattress;...		
2. Surface		Equipment appropriate;...				Equipment appropriate;...				Equipment appropriate;...		
3. Keep Moving		Reposition 4 hrly				Reposition 4 hrly				Reposition 4 hrly		
Mobilisation		Roll or turn in bed Staff: 3				Pillows out Staff: 1				Roll or turn in bed Staff: 2		
Position		Left tilt; HOB up; Knee bend,...				Supine; HOB up; Knee bend,...				Left tilt; HOB up; Knee bend,...		
4. Incontinence		Urine: Catheterised Faeces: No				Urine: Catheterised Faeces: No				Urine: Catheterised Faeces: No		
5. Nutrition		Diet: Enteral feed; Nil by...				Diet: Enteral feed; Nil by...				Diet: Enteral feed; Nil by...		
6. Self Management/Shared Care		Patient agreed to postion change				Patient agreed to postion change				Patient agreed to postion change		
Personal C												
Eye Care	Swabs with water,											
Mouth Care	Oral sponge with water		Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water	Oral sponge with water		
Flotrons						On				On		
Bowel Movement Record										None;		
Lines & D												
Central: Internal Jugular Right												
GI: Nostril Right NG Tube											(0)	
Drain: Abdomen Right 1											(0)	
Drain: Abdomen Left 3											120(120)	
Urine: Bladder Urinary Catheter	80	35	120	50	100	80	95	130	110	90	100(2960)	160

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Lab Results

27/11/2020 - 28/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
WBC (4.0-11)											^ 20.7	
Haemoglobin (90-170)											^ 90	
Platelets (150-400)											154	
Haematocrit (0.37-0.54)											^ 0.289	
PT (10.0-13.0)											^ 15	
APTT (28-36)											^ 26	
APTT Ratio											^ 0.6	
Sodium (133-145)											145	
Potassium (3.5-5.0)											^ 2.5	
Chloride (95-108)											108	
Urea (2.5-7.5)											^ 11.4	
Creatinine (40-130)											62	
eGFR											60	
Magnesium (0.7-1.0)											0.75	
Bilirubin Total (3.0-20)											8	
ALT (<50)											^ 70	
AST (<40)											^ 145	
Alk Phos (20-130)											80	
Albumin (35-50)											^ 14	
CRP (<10)											^ 98	
Calcium Total (2.2-2.60)											^ 1.74	
Calcium Corrected (2.2-2.6)											^ 2.12	
Phosphate (0.6-1.4)											^ 0.5	
Creatine Kinase (25-320)											168	
Neutrophils											^ 17.4	
Lymphocytes											1.9	
Monocytes											^ 1.3	
Eosinophils											^ 0	
Basophils											0.1	
Nucleated RBCs											1.2	
MCV											87.3	
Mean Cell HGB%											27.2	
RBC											^ 3	
Gentamicin											3.2	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

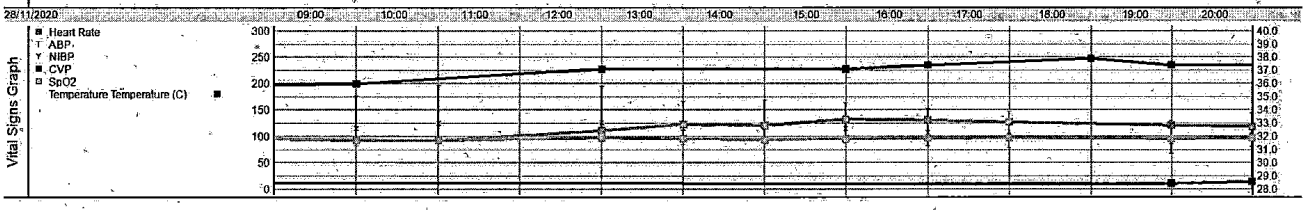
AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

27/11/2020 - 28/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	101	112	111	83	107	105	108	105	102	103	108	98
Heart Rhythm	ST	ST	ST	SR	ST	ST	ST	ST	ST	ST	ST	SR
Arterial Blood Pressure	141/78 (106)	174/103 (134)	159/100 (117)	158/91 (117)	158/89 (116)	154/90 (117)	158/90 (114)	164/95 (125)	163/90 (119)	157/85 (112)	182/96 (120)	161/76 (103)
Temperature		38.5 C Tympanic		36.0 C Tympanic		36.2 C Tympanic		36.2 C Tympanic				35.8 C Tympanic
Glucose Test		9.1 mmol/L Glucometer No.		9.2 mmol/L Glucometer No.		^ 10.8 mmol/L Glucometer	^ 13 mmol/L Glucometer	^ 12.8 mmol/L Glucometer	^ 14.6 mmol/L Glucometer	^ 12.2 mmol/L Glucometer	^ 10.5 mmol/L Glucometer	
SpO2	100	98	98	97	99	99	95	99	96	98	99	99
Respiratory Rate (Set)	17	24	19	19	20	23	24	23	31	26	23	26
pO2 (T) bg (10.5-14.0)											^ 9.5	
pCO2 (T) bg (4.6-8.0)											^ 4.6	
H+ (T) bg (36-44)											^^ 32	
BE bg (-2.0) - (+3.0)											^^ 4	
Lactate bg (0.5-2.0)											^ 0.8	
Glucose bg											^^ 10.7	
K+ bg											^^ 2.3	
Richmond Agitation Sedation Scale	Actual -1 Drowsy	Actual 0 Alert & calm	Actual 0 Alert & calm	Actual 0 Alert & calm	Actual 0 Alert & calm	Actual 0 Alert & calm	Actual +1 Restless	Actual 0 Alert & calm	Actual +1 Restless	Actual +1 Restless	Actual 0 Alert & calm	Actual 0 Alert & calm
Urine: Bladder Urinary Catheter	80	35	120	50	100	80	95	130	110	90	100(2960)	160
GI: Nostril Right NG Tube											(0)	
Total In (24hr)	11 (1100)	131 (1231)	11 (1242)	211 (1453)	50 (1503)	50 (1553)	52 (1605)	62 (1667)	53 (1710)	375 (2085)	56 (2141)	56 (56)
Total Out (24hr)	80 (2055)	35 (2090)	120 (2210)	50 (2260)	100 (2360)	80 (2440)	95 (2535)	130 (2665)	110 (2775)	90 (2865)	220 (3085)	160 (160)
Net Body Balance (24hr)	-955	-859	-998	-807	-857	-887	-930	-1008	-1065	-780	-944	-104
Sodium (133-146)											145	
Potassium (3.5-5.0)											^ 2.6	
Urea (2.5-7.5)											^ 11.4	
Creatinine (40-130)											62	
Bilirubin Total (3.0-20)											8	
ALT (<50)											^ 70	
AST (<40)											^ 145	
Alk Phos (20-130)											80	
Albumin (35-50)											^ 14	
Calcium Total (2.2-2.60)											^ 1.74	
Phosphate (0.8-1.4)											^ 0.5	
Magnesium (0.7-1.0)											^ 0.75	
CRP (<10)											^ 98	
WBC (4.0-11)											^ 20.7	
Platelets (150-400)											154	
Haemoglobin (90-170)											^ 90	
PT (10.0-13.0)											^ 15	

Vital Signs Graph

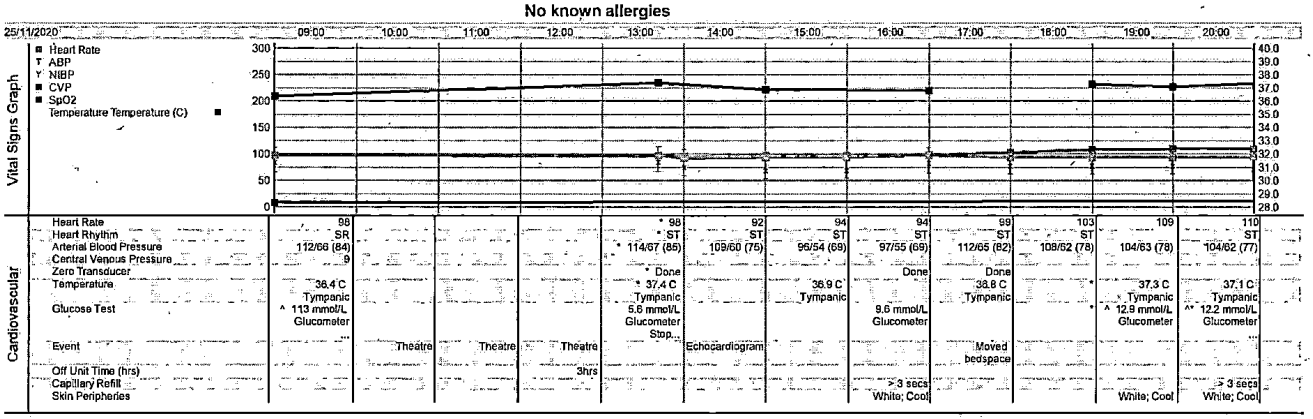


16/07/2026 08:32

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

28/11/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Cardiovascular	Heart Rate		93	93		111	123	121	133	131	127		121
	Heart Rhythm		SR	SR		ST	ST	ST	ST	ST	ST		ST
	Arterial Blood Pressure		176/82 (115)	166/91 (125)		195/93 (126)	166/85 (115)	169/87 (117)	164/89 (115)	153/83 (108)	147/79 (102)		130/68 (90)
	Central Venous Pressure												11
	Zero Transducer												Done
	Temperature		36.0 C Tympanic			37.1 C Tympanic			37.1 C Tympanic	37.4 C Tympanic		37.9 C Tympanic	37.4 C Tympanic
	Glucose Test	9.8 mmol/L Glucometer	^ 15 mmol/L Glucometer				^ 15.5 mmol/L Glucometer	Start infusion (as per protocol)	^ 16.2 mmol/L Glucometer	^ 15.4 mmol/L Glucometer	^ 13.2 mmol/L Glucometer	^ 116 mmol/L Glucometer	
	Event				Central line insertion;...	Xray chest							
	Capillary Refill									< 3 secs			< 3 secs
	Skin Peripheries									Pink;			Pink; Warm

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	



Cardiovascular	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	98				* 98	92	94	94	99	103	109	110
Heart Rhythm	SR				* ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	112/66 (84)				* 114/67 (85)	109/60 (75)	96/54 (69)	97/55 (69)	112/65 (82)	108/62 (78)	104/63 (78)	104/62 (77)
Central Venous Pressure	9											
Zero Transducer					* Done			Done	Done			
Temperature	36.4 C Tympanic				* 37.4 C Tympanic		36.9 C Tympanic		38.8 C Tympanic		* 37.3 C Tympanic	** 37.1 C Tympanic
Glucose Test	^ 113 mmol/L Glucometer				5.6 mmol/L Glucometer			9.6 mmol/L Glucometer			^ 12.9 mmol/L Glucometer	^* 12.2 mmol/L Glucometer
Event		Theatre	Theatre	Theatre	Stop...	Echocardiogram			Moved bedspace			
Off Unit Time (hrs)				3hrs								
Capillary Refill								> 3 secs				> 3 secs
Skin Peripheries								White; Cool			White; Cool	White; Cool

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020

Respiratory	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SpO2	98				* 97	96	97	98	98	94	94	94
FiO2	0.5				* 0.5	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Airway	Oral ETT				* Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	Nihon kohden				* Nihon Kohden	Nihon Kohden	Nihon Kohden	Nihon Kohden	Nihon Kohden	Nihon Kohden	Nihon Kohden	Nihon Kohden
Ventilator Mode	V SIMV				* V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV
Set Tidal Volume	450				* 450	450	450	450	450	450	450	450
Set Tidal Volume (mls/kg)	^ 6.2				^* 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2
I:E Ratio	1:2				* 1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2
PEEP	8.0				* 8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB	5				* 5	5	5	5	5	5	5	5
Respiratory Rate (Set)	26				* 26	26	26	26	26	26	26	26
Respiratory Rate (Spont)	0				* 0	0	0	0	0	0	0	0
Respiratory Rate (Total)	26				* 25	26	26	26	26	26	26	26
Expired Tidal Volume	450				* 450	434	447	441	444	452	444	451
Minute Volume	11.7				* 11.7	11.7	11.7	11.7	11.7	11.6	11.7	11.6
Peak Airway Pressure	24.9				* 24	22.8	22.6	22.8	22.8	22.8	22.7	21
Mean Airway Pressure					* 13	13	14	14	14	14	14	13.4
End Tidal CO2	3.9				* 4.3	3.9	3.7	3.9	3.8	3.9	3.9	3.8
Humidification					* HME	HME	HME	HME	HME	HME		HME
Air Entry Right					Apex: Fair Midzone: Fair							
Air Entry Left					Apex: Fair							
Secretions					*							
Suction/Cough Amount					Muco-purulent							
Specimen Type					* Moderate							
Blood Gas Reason					* Arterial							
Temperature Corrected					* Routine							
Oxygen % bg					* 37.4							
H+ (T) bg (36-44)					* 50							
pCO2 (T) bg (4.6-6.0)					A* 49							
pO2 (T) bg (10.5-14.0)					* 7.1							
Na+ bg					* 12.4							
K+ bg					A* 128							
Cl- bg					* 4.7							
Glucose bg					* 99							
Lactate bg (0.5-2.0)					A* 8.5							
Hb bg (117-174)					* 1.4							
COHb bg (0.5-1.5)					* 118							
MetHb bg (0.5-1.5)					A* 2							
SO2 bg (95-98)					* 1.1							
BE bg (-2.0) - (+3.0)					A* 99							
HCO3 bg (21-28)					* 1.1							
Tube Cuff Pressure					* 26							
Mobilisation					30							30
						Roll or turn in bed		Roll or turn in bed			Roll or turn in bed	
Position						Staff: 3 Left tilt; HOB up; Knee bend...		Staff: 2 Right tilt; HOB up; Knee bend...			Staff: 2	
Head Of Bed Elevation					Yes			Yes		Yes		Yes
ET Tube: Mouth								Day: 1	Day: 1	Day: 1		Day: 1
ET Tube Length at Lips								Tied at 22 cm				Tied at 22 cm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020		09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Neurological	Richmond Agitation Sedation Scale	Actual -5 Unrousable				* Actual -5 Unrousable * Not Done (Exc)	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable
	Sedation Hold												
	Pupil Left								2 mm; Reacts				
	Pupil Right								2 mm; Reacts				
	Critical Care Pain Observation Tool (CPOT)								0 - Relaxed, neutral, 0 -...				
	Nausea & Vomiting Score								Unable to assess				
Drugs Intermittent	Amoxicillin 1000 mg IV 8 hrly						* 1000 mg/20 ml (LG)						
	Clindamycin 1200 mg IV 6 hrly										1200 mg/100 ml (CB)		
	Fluconazole 400 mg IV OD at 10:00		* Held										
	Gentamicin 360 mg IV Once Only												* 360 mg/100 ml (CB)
	Metronidazole 500 mg IV 8 hrly						* 500 mg/100 ml (LG)						
	Piperacillin/Tazobactam 4.5 g IV 6 hrly										4.5 g ()		
	Lactulose 15 ml PO/NG 12 hrly										* 15 ml/ () Nil by NG		
	Hydrocortisone 50 mg IV 6 hrly				50 mg/ ()						50 mg/ ()		
	Pabrinex 1&2 20 ml IV 8 hrly						20 ml/120 ml (LG)						
	Omeprazole 40mg IV Once Daily					* 40mg (ON)							
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	9 Units/hr/9 ml ()				* Chart					Chart		2 Units/hr/ ()
	Propofol 2% 20mg/ml mg/hr 20 mg/ml	180 mg/hr/9 ml ()				* 180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()
	Alfentanil 1mg/ml. mg/hr 1 mg/ml	4 mg/hr/4 ml ()				* 4 mg/hr/4 ml ()	* 4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/8 ml ()
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml	2.4 Units/hr/6 ml (MV)				* 2.4 Units/hr/6 ml ()	* 2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml (RB)	2.4 Units/hr/6 ml (RB)	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/12 ml ()
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml	2.1 mg/hr/6.5 ml ()				* 1.8 mg/hr/5.5 ml ()	* 1.4 mg/hr/4.5 ml ()	1.4 mg/hr/4.5 ml ()	1.3 mg/hr/4 ml ()	1.3 mg/hr/4 ml ()	1.3 mg/hr/4 ml ()	1.3 mg/hr/4 ml ()	1.1 mg/hr/8 ml ()
Fluid Balance	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr					50 ml (RB)	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()
	Drain: Abdomen Left 1	100											
	Drain: Abdomen Right 1	150											
	Urine: Bladder Urinary Catheter	50					* 220	50	55	40	20	40	* 50
	Total In (24hr)	34 (717)	0 (717)	0 (717)	0 (717)	50 (767)	338 (1105)	73 (1178)	73 (1251)	73 (1324)	173 (1497)	73 (1570)	87 (1657)
	Total Out (24hr)	300 (325)	0 (325)	0 (325)	0 (325)	0 (325)	220 (545)	50 (595)	55 (650)	40 (690)	20 (710)	40 (750)	50 (800)
	Net Body Balance (24hr)	+392	+392	+392	+392	+442	+560	+583	+601	+634	+787	+820	+857
	Net Body Balance (LOS)	+5895	+5895	+5895	+5895	+5945	+6063	+6086	+6104	+6137	+6290	+6323	+6360
Renal	Calcium Total (2.2-2.60)						** 1.65						
	Urea (2.5-7.5)						* 8.4						
	Creatinine (40-130)						* 60						
	Net Body Balance (24hr)	+392	+392	+392	+392	+442	+560	+583	+601	+634	+787	+820	+857

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	25/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
SSKIN & Pressure Areas	1. Skin Inspection		Theatre	Theatre	Theatre		All visible areas checked; No...		All visible areas checked; No...			All visible areas checked	
	Skin Assessment Pressure						All areas: Healthy and intact;		All areas: Healthy and intact;			All areas: Healthy and intact;	
	Skin Assessment Moisture						All areas, 0 = Healthy,...		All areas, 0 = Healthy,...			All areas, 0 = Healthy,...	
	Wound Assessment						Location: Abdomen Dressing:...		Location: Abdomen Dressing:...			Location: Abdomen Dressing:...	
	Skin Action						Activate dynamic mattress;...		Activate dynamic mattress;...			Activate dynamic mattress;...	
	2. Surface						Equipment appropriate;...		Equipment appropriate;...			Equipment appropriate;...	
	Mattress Type						Duo		Duo			Duo	
	3. Keep Moving						Reposition 4 hrly; Skin...		Reposition 4 hrly; Skin...			Reposition 4 hrly; Skin...	
	Mobilisation						Roll or turn in bed		Roll or turn in bed			Roll or turn in bed	
	Position						Staff: 3 Left tilt; HOB up; Knee bend...		Staff: 2 Right tilt; HOB up; Knee bend;...			Staff: 2	
	4. Incontinence						Urine: Catheterised Faeces: No		Urine: Catheterised Faeces: No				
	5. Nutrition						Diet: Nil by mouth Fluids:...		Diet: Nil by mouth Fluids:...				
	6. Self Management/Shared Care						Patient unable to participate		Patient unable to participate				
Personal Care	Eye Care								Swabs with water; 0, Yes				
	Mouth Care Hygiene								Teeth brushed; Bed bath; Urinary catheter;...				
	Other Skin Care								ECG dots changed; Sats probe...				
	TED Stockings								TEDS off; skin inspected				
	Bowel Movement Record								None;				
Lines & Devices	ET Tube: Mouth								Day: 1	Day: 1	Day: 1		Day: 1
	Arterial: Brachial Artery Left								Day: 1				
	Arterial: Radial Artery Left								Day: 1				
	Central: Femoral Right								Transducer Due: 28/11... Day: 1 Transducer Due: 28/11...				
	Drain: Abdomen Right 1	150											
	Drain: Abdomen Left 3	100											
	Urine: Bladder Urinary Catheter	50					220	50	55	40	20	40	50
	Arterial Line Transducer (4 days)												28/11/2020
	Urometer (7 Days)												30/11/2020

16/07/2026 08:32

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020

	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Lab Results												
WBC (4.0-11)						^* 23.2						
Haemoglobin (90-170)						^* 118						
Platelets (150-400)						* 167						
Haematocrit (0.37-0.54)						^* 0.364						
Fibrinogen (1.7-4.0)						^* 4						
PT (10.0-13.0)						^* 17						
APTT (26-36)						* 33						
APTT Ratio						* 1						
Sodium (133-146)						* 133						
Potassium (3.5-5.0)						* 4.7						
Chloride (95-108)						* 101						
Urea (2.5-7.5)						^* 8.4						
Creatinine (40-130)						* 60						
eGFR						* 60						
Magnesium (0.7-1.0)						^* 0.67						
Bilirubin Total (3.0-20)						* 17						
ALT (<50)						^* 102						
AST (<40)						^* 749						
Alk Phos (20-130)						* 70						
Albumin (35-50)						^* 19						
CRP (<10)						^* 311						
Calcium Total (2.2-2.60)						^* 1.65						
Calcium Corrected (2.2-2.6)						^* 1.95						
Phosphate (0.6-1.4)						* 1.19						
Creatine Kinase (25-320)						* 48						
Neutrophils						^* 20.8						
Lymphocytes						1.3						
Monocytes						^* 1.1						
Eosinophils						^* 0						
Basophils						* 0						
Nucleated RBCs						* 0.4						
MCV						* 85.8						
Mean Cell HGB%						* 27.8						
RBC						^* 4						
Safety Checks												
ET Tube Length at Lips								Tied at 22 cm				Tied at 22 cm
Tube Cuff Pressure					30							30
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

25/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Heart Rate	98				* 98	92	94	94	99	103	109	110
Heart Rhythm	SR				* ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	112/66 (84)				* 114/67 (85)	109/60 (75)	96/54 (68)	97/55 (69)	112/65 (92)	108/62 (78)	104/63 (78)	104/62 (77)
Central Venous Pressure	9											
Temperature	36.4 C Tympanic				* 37.4 C Tympanic		36.9 C Tympanic		36.6 C Tympanic		37.3 C Tympanic	37.1 C Tympanic
Glucose Test	^ 113 mmol/L Glucometer				5.6 mmol/L Glucometer Stop...			9.8 mmol/L Glucometer			^ 12.9 mmol/L Glucometer	^ 12.2 mmol/L Glucometer
FiO2	0.5				* 0.5	0.35	0.35	0.35	0.35	0.35	0.35	0.35
SpO2	98				* 97	98	97	98	98	94	94	94
Ventilator Mode	V SIMV				* V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV
Set Tidal Volume	450				* 450	450	450	450	450	450	450	450
PEEP	8.0				* 8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	11.7				* 11.7	11.7	11.7	11.7	11.7	11.6	11.7	11.6
Respiratory Rate (Set)	26				* 26	26	26	26	26	26	26	26
Respiratory Rate (Spont)	0				* 0	0	0	0	0	0	0	0
Peak Airway Pressure	24.8				* 24	22.8	22.9	22.8	22.8	22.8	22.7	21
End Tidal CO2	3.9				* 4.3	3.9	3.7	3.9	3.8	3.9	3.9	3.8
pO2 (T) bg (10.5-14.0)					* 12.4							
pCO2 (T) bg (4.6-6.0)					* 7.1							
H+ (T) bg (38-44)					^^ 49							
BE bg (-2.0) - (+3.0)					* -1							
Lactate bg (0.5-2.0)					* 1.4							
Glucose bg					^^ 6.5							
K+ bg					* 4.7							
Richmond Agitation Sedation Scale	Actual -5 Unrousable				* Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable	Actual -5 Unrousable
Urine: Bladder Urinary Catheter	50					* 220	50	55	40	20	40	50
Total In (24hr)	34 (717)	0 (717)	0 (717)	0 (717)	50 (767)	336 (1105)	73 (1178)	73 (1251)	73 (1324)	173 (1497)	73 (1570)	87 (1657)
Total Out (24hr)	300 (325)	0 (325)	0 (325)	0 (325)	0 (325)	220 (545)	50 (595)	55 (650)	40 (690)	20 (710)	40 (750)	50 (800)
Net Body Balance (24hr)	+392	+392	+392	+392	+442	+560	+583	+601	+634	+787	+820	+857
Sodium (133-146)						* 133						
Potassium (3.5-5.0)						* 4.7						
Urea (2.5-7.5)						^* 8.4						
Creatinine (40-130)						* 60						
Bilirubin Total (3.0-20)						* 17						
ALT (<50)						^* 102						
AST (<40)						^* 749						
Alk Phos (20-130)						* 70						
Albumin (35-50)						^* 19						
Calcium Total (2.2-2.60)						^* 1.65						
Phosphate (0.6-1.4)						* 1.19						
Magnesium (0.7-1.0)						^* 0.67						
CRP (<10)						^* 311						
WBC (4.0-11)						^* 23.2						
Platelets (150-400)						* 167						
Haemoglobin (90-170)						^* 118						
PT (10.0-13.0)						^* 17						

25/11/2020 - 26/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

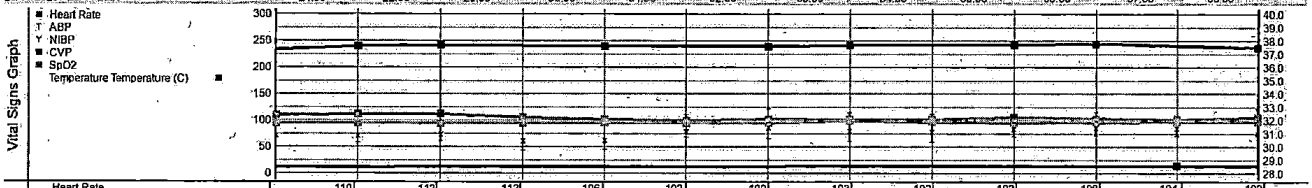
ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 - 26/11/2020



Cardiovascular

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	110	112	112	106	102	100	103	102	102	108	104	102
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	92/51 (71)	90/59 (71)	101/61 (74)	94/44 (61)	94/45 (62)	111/69 (79)	122/66 (88)	115/61 (80)	112/60 (79)	103/70 (84)	116/73 (88)	
Non Invasive Blood Pressure												106/75 (85)
Central Venous Pressure												15
Temperature		37.6 C Tympanic	37.7 C Tympanic		37.6 C Tympanic		37.6 C Tympanic	37.7 C Tympanic		37.7 C Tympanic	37.8 C Tympanic	
Glucose Test		^* 13.8 mmol/L Glucometer	^* 13.4 mmol/L Glucometer	^ 14.7 mmol/L Glucometer	^ 15.8 mmol/L Glucometer	^ 15.6 mmol/L Glucometer	^ 14.4 mmol/L Glucometer	^ 15.6 mmol/L Glucometer	^ 15.2 mmol/L Glucometer	^ 14.6 mmol/L Glucometer	^ 13.9 mmol/L Glucometer	
Sample Sent								Blood gas				
Skin Peripheries		White; Cool		White; Cool		White; Cool			White; Cool		White; Cool	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 - 26/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Respiratory												
SpO2	95	95	95	95	98	95	96	100	97	98	97	98
FiO2	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
PaO2/FiO2 Ratio								* 34.57				
Airway	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon	Nihon Kohdon
Ventilator Mode	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV
Set Tidal Volume	450	450	450	450	450	450	450	450	450	450	450	450
Set Tidal Volume (mls/kg)	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2
I:E Ratio	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2.2
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB	5	5	5	5	5	5	5	5	5	5	5	5
Respiratory Rate (Set)	26	26	26	26	26	26	26	26	26	26	26	22
Respiratory Rate (Spont)	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory Rate (Total)	28	26	26	28	26	26	26	26	28	28	28	28
Expired Tidal Volume	437	477	379	395	458	444	447	441	447	469	451	446
Minute Volume	11.5	11.4	11.4	11.4	11.6	11.6	11.6	11.5	11.5	11.6	11.8	11.6
Peak Airway Pressure	21.3	22.1	22.5	22.1	22.1	22.3	22.5	21.9	21.9	22.4	22.3	22.3
Mean Airway Pressure	13.4	13.5	13.5	13.4	13.6	13.7	13.8	13.6	13.6	13.6	13.8	13.9
End Tidal CO2	3.8	3.8	3.8	4	3.8	3.9	4	3.9	3.9	4	3.8	3.9
Humidification	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME	HME
Air Entry Right			Apex: Clear Midzone: Base:...									
Air Entry Left			Apex: Clear									
Secretions							Creamy					
Suction/Cough Amount							Moderate					
Oxygen % bg								*				
H+ (T) bg (36-44)								* 43				
pCO2 (T) bg (4.6-6.0)								* 5.6				
pO2 (T) bg (10.5-14.0)								* 12.1				
Na+ bg								^* 131				
K+ bg								* 4.3				
Cl- bg								* 100				
Ca++ bg								0.99				
Glucose bg								^* 15.6				
Lactate bg (0.5-2.0)								* 1.3				
Hb bg (117-174)								* 110				
COHb bg (0.5-1.5)								^* 1.8				
MetHb bg (0.5-1.5)								* 1				
SO2 bg (95-98)								^* 99				
BE bg (-2.0) - (+3.0)								* -2				
HCO3 bg (21-28)								* 24				
Hct bg								33				
Tube Cuff Pressure												30
Mobilisation			Roll or turn in bed Staff: 2						Roll or turn in bed Staff: 3			
Position			Left lat; HOB up; Knee bend...						HOB up; Knee bend altered;...			
Head Of Bed Elevation								Yes	Yes			
ET Tube: Mouth	Day: 1	Day: 1	Day: 1	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2
ET Tube Length at Lips												Tied at 22 cm
Neuro												
Richmond Agitation Sedation Scale	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable
Intubated		Yes										

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 - 26/11/2020

		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Drugs Intermittent	Clindamycin 1200 mg IV 6 hrly				1200 mg/100 ml (CB)						* 1200 mg/100 ml (CB)		
	Piperacillin/Tazobactam 4.5 g IV 6 hrly				4.5 g/100 ml (CB)						4.5 g/100 ml (CB)		
	Lactulose 15 ml PO/NG 12 hrly										15 ml/ () Nil by NG		
	Senna 15 mg PO/NG OD at 22:00		15 mg/ () Nil by NG										
	Hydrocortisone 50 mg IV 6 hrly				50 mg/10 ml (CB)						50 mg/ (CB)		
	Pabrinex 1&2 20 ml IV 8 hrly		20 ml/100 ml (CB)								20 ml/100 ml (CB)		
	Other In: Volume											(0)	
Drugs Continuous	Actrapid Insulin 1unit/ml Units/hr 1 Units/ml	2 Units/hr/2 ml ()	2 Units/hr/2 ml ()	3 Units/hr/2 ml (cb)	4 Units/hr/4 ml ()	6 Units/hr/6 ml ()	8 Units/hr/8 ml ()	10 Units/hr/8 ml ()	12 Units/hr/12 ml ()	14 Units/hr/14 ml ()	16 Units/hr/16 ml ()	18 Units/hr/18 ml ()(108)	18 Units/hr/18 ml ()
	Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml											(0)	
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
	Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
	Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
	Propofol 2% 20mg/ml mg/hr 20 mg/ml	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	180 mg/hr/9 ml ()	140 mg/hr/7 ml ()	140 mg/hr/7 ml ()	140 mg/hr/7 ml ()	120 mg/hr/6 ml ()(180)	120 mg/hr/6 ml ()
	Morphine 1mg/ml mg/hr 1 mg/ml											(0)	
	Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
	Alfentanil 1mg/ml. mg/hr 1 mg/ml	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()	4 mg/hr/4 ml ()(88)	4 mg/hr/4 ml ()
	Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/6 ml ()	2.4 Units/hr/5 ml ()(132)	2.4 Units/hr/6 ml ()
	Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml							Chart				(0)	
	Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
	Noradrenaline mg/ml. mg/hr 0.32 mg/ml	1 mg/hr/3 ml ()	1 mg/hr/3 ml ()	1 mg/hr/3 ml ()	1.1 mg/hr/3.5 ml ()	1.3 mg/hr/4 ml ()	1.6 mg/hr/5 ml ()	1.6 mg/hr/5 ml ()	1.4 mg/hr/4.3 ml ()	1.3 mg/hr/4 ml ()	1.4 mg/hr/8.6 ml ()	1.1 mg/hr/3.5 ml ()(98.4)	1.1 mg/hr/3.5 ml ()
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
	Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 - 26/11/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
Fluid Balance	Monitor PO Intake											(0)		
	Enteral Feeds Nutrison NG Continuous PRN											(0)		
	Albumin 20% 100 ml IV STAT											(100)		
	Albumin 20% 100 ml IV STAT											(0)		
	Albumin 5% 400 ml IV STAT											(0)		
	Glucose 20% IV STAT											(0)		
	Glucose 20% IV STAT											(0)		
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()(1000)	50 ml ()	
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)		
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)		
	Hartmanns IV Continuous PRN @ 999 ml/hr											(500)		
	Hartmanns IV STAT @ 999 ml/hr											(0)		
	Other In: Volume											(0)		
	NG Aspirate Removed: Vol											(0)		
	NG Aspirate Returned: Vol											(0)		
	GI: Nostril Right NG Tube											(0)		
	Drain: Abdomen Left 3										450	(550)		
	Drain: Abdomen Right 1										200	(350)		
	Urine: Bladder Urinary Catheter	40	40	50	50	60	60	55	50	60	50	40(1105)	50	
	Total In (24hr)	174 (1831)	174 (2005)	74 (2079)	286 (2366)	79 (2445)	82 (2527)	82 (2609)	83 (2692)	85 (2777)	382 (3159)	85 (3254)	85 (85)	
	Total Out (24hr)	40 (840)	40 (880)	50 (930)	50 (980)	60 (1040)	60 (1100)	55 (1155)	50 (1205)	60 (1265)	700 (1965)	40 (2005)	50 (50)	
	Net Body Balance (24hr)	+991	+1125	+1149	+1386	+1405	+1427	+1454	+1487	+1512	+1204	+1249	+35	
	Net Body Balance (LOS)	+6494	+6628	+6852	+6889	+6908	+6930	+6957	+6990	+7015	+6707	+6752	+6788	
Renal	Calcium Total (2.2-2.60)				1.64									
	Urea (2.5-7.5)				13.2									
	Creatinine (40-130)				76									
	Net Body Balance (24hr)	+991	+1125	+1149	+1386	+1405	+1427	+1454	+1487	+1512	+1204	+1249	+35	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

25/11/2020 - 26/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SSKIN & Pressure Areas												
1. Skin Inspection			All visible areas checked			All visible areas checked			All visible areas checked			
Skin Assessment Pressure			All areas: Healthy and intact,			All areas: Healthy and intact,			All areas: Healthy and intact,			
Skin Assessment Moisture			All areas, 0 = Healthy,...			All areas, 0 = Healthy,...			All areas, 0 = Healthy,...			
Wound Assessment			Location: Abdomen Dressing:...			Location: Abdomen Dressing:...			Location: Abdomen Dressing:...			
Skin Action			Activate dynamic mattress;...			Activate dynamic mattress;...			Activate dynamic mattress			
2. Surface			Equipment appropriate;...			Equipment appropriate;...			Equipment appropriate			
Mattress Type			Duo			Duo			Duo			
3. Keep Moving			Reposition 4 hrly; Skin...			Reposition 4 hrly; Skin...			Reposition 4 hrly; Skin...			
Mobilisation			Roll or turn in bed						Roll or turn in bed			
Position			Staff: 2 Left tilt; HOB up; Knee bend...						Staff: 3 HOB up; Knee bend altered;...			
4. Incontinence			Urine: Catheterised Faeces: No			Urine: Catheterised Faeces: No			Urine: Catheterised Faeces: No			
5. Nutrition			Diet: Nil by mouth Fluids:...			Diet: Nil by mouth Fluids:...			Diet: Nil by mouth Fluids:...			
6. Self Management/Shared Care			Patient unable to participate			Patient unable to participate			Patient unable to participate			
Personal Care												
Eye Care			Swabs with water,						Swabs with water,			
Mouth Care			Oral sponge with water; Teeth...						Oral sponge with water			
Hygiene									Bed bath			
Other Skin Care			Sats probe changed						Sats probe changed			
TED Stockings			TEDS on						TEDS off: skin inspected			
Bowel Movement Record			None;						None;			
Lines & D												
ET Tube: Mouth	Day: 1	Day: 1	Day: 1	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2	Day: 2
GI: Nostril Right NG Tube											(0)	
Drain: Abdomen Right 1										200	(350)	
Drain: Abdomen Left 3										450	(550)	
Urine: Bladder Urinary Catheter	40	40	50	50	60	60	55	50	60	50	40(1105)	50

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020 - 26/11/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Lab Results												
WBC (4.0-11)							^* 25.6					
Haemoglobin (90-170)							^* 109					
Platelets (150-400)							^* 140					
Haematocrit (0.37-0.54)							^* 0.337					
PT (10.0-13.0)							^* 18					
APTT (28-36)							* 28					
APTT Ratio							* 0.9					
Sodium (133-146)				133								
Potassium (3.5-5.0)				4.6								
Chloride (95-109)				101								
Urea (2.5-7.5)				^ 13.2								
Creatinine (40-130)				76								
eGFR				60								
Magnesium (0.7-1.0)				0.78								
Bilirubin Total (3.0-20)				16								
ALT (<50)				^ 142								
AST (<40)				^ 1056								
Alk Phos (20-130)				86								
Albumin (35-50)				^ 17								
CRP (<10)				^ 360								
Calcium Total (2.2-2.60)				^ 1.64								
Calcium Corrected (2.2-2.6)				^ 1.97								
Phosphate (0.6-1.4)				0.99								
Creatine Kinase (25-320)				138								
Neutrophils							^* 23.4					
Lymphocytes							* 1.2					
Monocytes							* 0.8					
Eosinophils							^* 0					
Basophils							* 0					
Nucleated RBCs							* 1.2					
MCV							* 85.3					
Mean Cell HGB%							* 27.6					
RBC							^* 4					
Gentamicin											* 4.3	
Safety Checks												
ET Tube Length at Lips												Tied at 22 cm
Tube Cuff Pressure												30
Drug Level Checks												Yes
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Quicklook

25/11/2020 - 26/11/2020

	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate	110	112	112	108	102	100	103	102	102	108	104	102
Heart Rhythm	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure	92/51 (71)	90/59 (71)	101/61 (74)	94/44 (61)	94/45 (62)	111/69 (79)	122/66 (86)	115/81 (80)	112/60 (79)	103/70 (84)	116/73 (88)	
Central Venous Pressure												15
Non Invasive Blood Pressure												106/75 (85)
Temperature		37.6 C Tympanic	37.7 C Tympanic		37.6 C Tympanic		37.6 C Tympanic	37.7 C Tympanic		37.7 C Tympanic	37.8 C Tympanic	
Glucose Test		^ 13.8 mmol/L Glucometer	^ 13.4 mmol/L Glucometer	^ 14.7 mmol/L Glucometer	^ 15.8 mmol/L Glucometer	^ 15.6 mmol/L Glucometer	^ 14.4 mmol/L Glucometer	^ 15.6 mmol/L Glucometer	^ 15.2 mmol/L Glucometer	^ 14.6 mmol/L Glucometer	^ 13.9 mmol/L Glucometer	
FiO2	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
SpO2	95	95	95	95	96	95	96	100	97	96	97	98
Ventilator Mode	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV
Set Tidal Volume	450	450	450	450	450	450	450	450	450	450	450	450
PEEP	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume	11.5	11.4	11.4	11.4	11.6	11.6	11.6	11.5	11.5	11.6	11.6	11.6
Respiratory Rate (Set)	26	26	26	26	26	26	26	26	25	26	26	22
Respiratory Rate (Spont)	0	0	0	0	0	0	0	0	0	0	0	0
Peak Airway Pressure	21.3	22.1	22.5	22.1	22.1	22.3	22.5	21.9	21.9	22.4	22.3	22.3
End Tidal CO2	3.8	3.8	3.6	4	3.8	3.9	4	3.8	3.9	4	3.8	3.9
PaO2/FiO2 Ratio								* 34.57				
pO2 (T) bg (10.5-14.0)								* 12.1				
pCO2 (T) bg (4.6-6.0)								* 5.6				
H+ (T) bg (36-44)								* 43				
BE bg (-2.0) - (+3.0)								* -2				
Lactate bg (0.5-2.0)								* 1.3				
Glucose bg								^* 16.6				
K+ bg								* 4.3				
Richmond Agitation Sedation Scale	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable	Actual: -5 Unrousable
Urine: Bladder Urinary Catheter	40	40	50	50	60	60	55	50	60	50	40(1105)	50
GI: Nostril Right NG Tube											(0)	
Total In (24hr)	174 (1831)	174 (2005)	74 (2079)	286 (2365)	79 (2445)	82 (2527)	82 (2609)	83 (2692)	85 (2777)	392 (3169)	85 (3254)	85 (85)
Total Out (24hr)	40 (840)	40 (880)	50 (930)	50 (980)	60 (1040)	60 (1100)	55 (1155)	50 (1205)	60 (1265)	700 (1965)	40 (2005)	50 (50)
Net Body Balance (24hr)	+991	+1125	+1149	+1386	+1405	+1427	+1454	+1497	+1512	+1204	+1249	+35
Sodium (133-145)				133								
Potassium (3.5-5.0)				4.6								
Urea (2.5-7.5)				^ 13.2								
Creatinine (40-130)				76								
Bilirubin Total (3.0-20)				18								
ALT (<50)				^ 142								
AST (<40)				^ 1056								
Alk Phos (20-130)				86								
Albumin (35-50)				^ 17								
Calcium Total (2.2-2.60)				^ 1.64								
Phosphate (0.6-1.4)				0.99								
Magnesium (0.7-1.0)				0.78								
CRP (<10)				^ 360								
WBC (4.0-11)							^* 25.8					
Platelets (150-400)							^* 140					
Haemoglobin (90-170)							^* 109					
PT (10.0-13.0)							^* 18					

26/11/2020

09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00

	03/12/2020 10:30
SM	1103 Methadone 70 mg PO/NG OD at 10:00; Route: PO/NG; Action Held; Remarks: Original Prescription given at 10am. Represcribed after 10am
	03/12/2020 11:00
SM	12:47 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
SM	12:47 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
SM	12:47 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	03/12/2020 12:00
SM	12:43 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: KM; Action Completed;
SM	12:43 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: KM; Action Completed;
SM	12:47 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 40 ml;
SM	12:47 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 12:43
SM	12:43 Morphine. 5 mg PO/NG PRN 2 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: KM; Action Completed;
	03/12/2020 13:00
R	14:07 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
	03/12/2020 14:00
SM	14:41 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
SM	14:41 Sando-K 2 Tab(s) PO/NG 8 hrly: Volume Adm: 20 ml; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
R	14:07 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 10 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 33 ml;
R	14:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 110 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 18:00
DBSv c	02/12/2020 18:03 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action Pending;
DBSv c	02/12/2020 18:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;
	03/12/2020 22:00
DBSv c	02/12/2020 22:33 Meropenem 1000 mg IV 8 hrly: Dose: 1000 mg; Route: IV; Action Pending;
DBSv c	02/12/2020 22:33 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action Pending;
DBSv c	02/12/2020 22:33 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Pending;
	04/12/2020 00:00
DBSv c	03/12/2020 00:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;
	04/12/2020 06:00
DBSv c	03/12/2020 06:03 Meropenem 1000 mg IV 8 hrly: Dose: 1000 mg; Route: IV; Action: Pending;
DBSv c	03/12/2020 06:03 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Pending;
DBSv c	03/12/2020 06:03 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Pending;
DBSv c	03/12/2020 06:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;
	04/12/2020 10:00
DBSv c	03/12/2020 10:33 Lansoprazole 30 mg PO/NG OD at 10:00: Dose: 30 mg; Route: PO/NG; Action: Pending;
DBSv c	03/12/2020 10:33 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Action: Pending;
	04/12/2020 10:30
DBSv c	03/12/2020 10:33 Methadone 70 mg PO/NG OD at 10:00: Dose: 70 mg; Route: PO/NG; Action: Pending;
	04/12/2020 12:00
DBSv c	03/12/2020 12:03 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Pending;
	04/12/2020 14:00
DBSv c	03/12/2020 15:03 Meropenem 1000 mg IV 8 hrly: Dose: 1000 mg; Route: IV; Action: Pending;
DBSv c	03/12/2020 15:03 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Pending;

1. Medical Admission Assessment (RAH) NHS Greater Glasgow & Clyde

RAH ICU 24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

1. Medical Admission Assessment (RAH) (24/11/2020 21:07) Emma Bhatti

Admission Details	
Hospital Admit Date & Time	**24/11/2020 16:13**
Under care of (ICU Cons.)	**Sundaram, R**
Critical Care Admit Date & Time	**24/11/2020 21:07**
Current Level of Care	*** Level 3 Ventilated**
Also Under (Hosp Cons)	*** MacGoey**
Re-admission In This Hospital Stay	**No**
Admitted From (Name)	**Royal Alexandra Hosp (Paisley, GGC)**
Admitted From (Type)	**Recovery/Theatre (post op)**
Housed Within	**This hospital site**
Previously Located	**Emergency Department**
Pre-Location Housed Within	**This hospital site**
Admitting Specialty	**General Surgery**
Nature of Surgery	**Emergency/Urgent**
Incapacity Form	**Done**
Admitting Doctor	**sundaram/kerr**
History	
Admission Comments	**41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre**
Past Medical History	*** Type 1DM Previous ivdu on methadone treated HCV HIV and HBV negative**
CPR In 24hrs Prior To Admission	**No**
Pre-Admission Intubation	*** Yes (complete procedures form)**
Allergies & Sensitivities	**No known allergies**
Chronic Health	
Alcohol Intake	**1 litr vodka per day**
Recreational Drug Use	**ex ivdu**
Examination	
General Assessment	**unkempt**
GCS Eyes (Presedate)	**2. To pain**
GCS Motor (Presedate)	**6. Obeys Commands**
GCS Verbal (Presedate)	**4. Confused**
GCS Total (Presedate)	**12**
Cardiovascular	**HR 130;MAP 86 ; cold feet ; PLR pos**
Respiratory	*** on 80% Oxygen SIMV ; bronchial breathing right side**
Gastrointestinal	**open abdomen , 2 drains**
Renal	**catheterised**
Musculoskeletal/Trauma/Skin	**mottled lower limbs**
Other Assessment	**lactate 6.5 , crp 383**
Microbiology (Add date and time for each entry)	

Microbiology (Add date and time for each entry)	
Microbiology Results, Advice & Action	* 25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

Diagnosis/Impression	
Impression	critically unwell with a high likelihood of death
Working Diagnosis	disseminated sepsis resulting in multiple infarcts ?infective endocarditis

Plan	
Supportive Care	Glycaemic control; Lung protective ventilation; Nurse 30 degree head up; Stress ulcer prophylaxsis; TED Stockings
Antibiotic Therapy	Add new antibiotic (STAT dose & regular dose)
Lung Protective Ventilation	Status: Yes Exclusion:
Lung protective ventilation (LPV): Patients are included if they should receive < or = to 6ml/kg/PBW tidal volumes with Paw < or = to 30 when receiving mandatory ventilation. Also select 'Yes' if they are currently spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
Sedation	No, Exclusion, needs to go back to theatre am
CVVHDF fluids must be prescribed on the kardex. Citrate and non-citrate order sets are available.	
Patient Specific Plan	1.keep sedated with propofol and alfentanil 2. hypotension : NA,steroids,fluid loading , 12 lead ECG 3.Rs : not much scope for weaning but reduce FiO2 and increase RR 4 renal : repeat bloods; K 5.5 - may need treatment. 5 sepsis : ? source -send cultures, pneumonia screen , urine - amox , flagyl, gent ,clindamycin , fluconazole 6 thrombus in pul vein but risk of bleeding high: withold anticoagulation 7 family update 8 abdominal : needs to go to theatre am ,watch drain output 9 start 50mls/hour of 0.18/4% and insulin - do not feed 10 covid screen 11 gent level , troponin am
Discussed with	Sundaram, R
Consultant Review/Note	as above

Medical Progress (Add date and time for each entry)

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical Progress (Add date and time for each entry)

Medical Progress	
Medical Progress	*** 25/11/20 03:20 E.Kerr** **Ongoing profound septic shock with transient fluid responsiveness and escalating noradrenaline requirements** **HR ~125** **Aiming MAP >75mmHg** **Cold peripheries** **Norad now quadruple strength at 12ml/hr** **H+ 65 and lactate 7 static** **FiO2 down to 0.6, gas exchange satisfactory given extensive pathology** **K+ 5 static** **Phosphate 1.98** **Borderline UO 50/25 ml/hr** **Ketones 0.02, background saline/dextrose, actrapid infusion** **Albumin 11** **NMB** **Plan:** **1) Add in Vasopressin** **2) 5% Albumin bolus** **3) Continue aggressive fluid resuscitation (Hartmanns 500ml/hr currently)** **4) Consider 20% albumin in addition** **5) CK, Gentamicin level and Troponin with morning bloods** **25/12/20 07:45 E.Kerr** **Discussion with Mr MacGoey. Plan for re-look laparotomy this morning and spleenectomy.** **Metabolic acidosis slowly improving with aggressive fluid resus, albumin and vasopressin.** **Lactate 4.2, H+ 50** **UO improving** **4 units PRC crossmatched**

EB	Emma Bhatti	24/11/2020 21:07 - 30/11/2020 13:56
RS	Radha Sundaram	24/11/2020 21:20 - 02/12/2020 15:17
KE	Kerr Euan	25/11/2020 03:40 - 25/11/2020 08:01
J	Michael Brett	25/11/2020 14:03 - 25/11/2020 14:03
D	Kevin Rooney	26/11/2020 11:06 - 28/11/2020 11:06
LG	Lisa Gemmell	26/11/2020 13:42 - 03/12/2020 14:11
LS	Liam Schneider	27/11/2020 12:49 - 27/11/2020 12:49
CM	Christopher McGovern Consultant GRI ICU	29/11/2020 12:26 - 29/11/2020 12:36
OP	Olivia Pittman	01/12/2020 15:21 - 01/12/2020 15:21
KB	Kirsty Boswell	03/12/2020 08:27 - 03/12/2020 13:32

24/11/2020 21:07	
RS	21:20 Hospital Admit Date & Time
RS	21:20 Under care of (ICU Cons.)
LG	03/12/2020 14:11 Critical Care Admit Date & Time
KB	03/12/2020 08:27 Current Level of Care
RS	21:20 Current Level of Care: Level 3 Ventilated
D	26/11/2020 11:06 Also Under (Hosp Cons)
RS	21:20 Also Under (Hosp Cons): mcgoey
RS	21:20 Re-admission In This Hospital Stay
RS	21:20 Admitted From (Name)
RS	21:20 Admitted From (Type)
RS	21:20 Housed Within
RS	21:20 Previously Located
RS	21:20 Pre-Location Housed Within
RS	21:20 Admitting Specialty
RS	21:20 Nature of Surgery
RS	21:20 Incapacity Form
RS	21:20 Admitting Doctor
RS	21:20 Admission Comments
RS	25/11/2020 00:10 Past Medical History
RS	21:20 Past Medical History: Type 1DM Previous ivdu on methadone
RS	21:20 CPR In 24hrs Prior To Admission
RS	25/11/2020 00:10 Pre-Admission Intubation
RS	21:20 Pre-Admission Intubation: No
RS	21:20 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
RS	25/11/2020 00:03 Alcohol Intake
RS	21:20 Recreational Drug Use
RS	25/11/2020 00:03 General Assessment
RS	25/11/2020 00:03 GCS Eyes (Presedate)
RS	25/11/2020 00:03 GCS Motor (Presedate)
RS	25/11/2020 00:03 GCS Verbal (Presedate)
RS	25/11/2020 00:03 GCS Total (Presedate)
RS	25/11/2020 00:03 Cardiovascular
RS	25/11/2020 00:10 Respiratory
RS	25/11/2020 00:03 Respiratory: on 60S Oxygen SIMV
RS	25/11/2020 00:03 Gastrointestinal
RS	25/11/2020 00:03 Renal
RS	25/11/2020 00:03 Musculoskeletal/Trauma/Skin
RS	25/11/2020 00:10 Other Assessment
RS	25/11/2020 00:03 Impression
RS	25/11/2020 00:03 Working Diagnosis
RS	25/11/2020 00:03 Supportive Care
RS	25/11/2020 00:03 Antibiotic Therapy
RS	25/11/2020 00:03 Lung Protective Ventilation
RS	25/11/2020 00:03 Sedation
RS	25/11/2020 00:03 Patient Specific Plan
RS	25/11/2020 00:03 Discussed with
RS	25/11/2020 00:03 Consultant Review/Note
KE	25/11/2020 08:01 Medical Progress

	24/11/2020 21:07				
KE	25/11/2020 03:40 Medical Progress: 25/11/20 03:20 E.Kerr Ongoing profound septic shock with transient fluid responsiveness and escalating noradrenaline requirements HR ~125 Aiming MAP >75mmHg Cold peripheries Norad now quadruple strength at 12ml/hr H+ 65 and lactate 7 static FiO2 down to 0.6, gas exchange satisfactory given extensive pathology K+ 5 static Phosphate 1.98 Borderline UO 50/25 ml/hr Ketones 0.02, background saline/dextrose, actrapid infusion Albumin 11 NMB Plan: 1) Add in Vasopressin 2) 5% Albumin bolus 3) Continue aggressive fluid resuscitation (Hartmanns 500ml/hr currently) 4) Consider 20% albumin in addition 5) CK, Gentamicin level and Troponin with morning bloods	OP	01/12/2020 15:21 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp.	CM	29/11/2020 12:36 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern
	25/11/2020 13:29			CM	29/11/2020 12:28 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- continue. uss. bronch
KB	03/12/2020 13:32 Microbiology Results, Advice & Action				
RS	02/12/2020 15:17 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow 01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ;- S to mero and temo - continue mero and clindamycin	EB	30/11/2020 13:56 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG 29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu- no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern 30/11await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow	LG	28/11/2020 12:50 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA- M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI. 27/11- Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11- Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG

PATIENT NAME
Henry Burgess
ATTENDING

CHI
2208793218
PRIMARY DIAGNOSIS

ENCOUNTER ID

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	25/11/2020 13:29
LG	28/11/2020 12:18 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRL 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes. 28.11 - Change to Tazocin to Ceftriaxone2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan.
LS	27/11/2020 12:49 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRL 27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.
LG	26/11/2020 13:42 Microbiology Results, Advice & Action: 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett 26.11/2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRL
J	14:03 Microbiology Results, Advice & Action 25/11/2020 - rationalise antibiotics to high dose Tazocin(4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole Ensure BBV screen done and AFB from ETA - M Brett

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Dietician - Daily Enteral Feeding Chart (RAH) (02/12/2020 13:16) Jenny Gregg Dietitian

Daily Enteral Feeding Chart

Additional Comments	41 year old gentleman requiring NG feeding to support him nutritionally while critically unwell. Now extubated and has started sipping water orally but still likely to have significant nutritional deficits in the short term. Current feeding regimen as per starter regimen for ICU but only meeting 89% lower end energy requirements and 74% lower end of protein requirements. Also having loose stools which may be related to feed but also could be related to medications/abx. Needs tailored NG feeding regimen to better meet nutritional needs at this stage in his recovery. Would benefit from trial of peptamen HN to see if improves GI tolerance Requirements: 25-30kcal/kg = 1750-2100kcal and 84-105g protein Aim: minimise weight loss and loss of lean body mass while maintaining skin integrity and promote rehab from critical illness Plan: 1. 55ml/hr x 24hours peptamen HN (1320ml, 1755kcal and 87g protein) 2. flush 50ml pre and post feed and meds 3. oral intake as able - daily food chart monitor: 4. hydration, bowels, BMs, NG aspirates - daily 5. weigh when able - weekly as per MUST review in 5/7 in next available review slot to see if he has on-going need for enteral feeding. Duty of care open.
Completed By (Name/Grade)	BAND 6 DIETITIAN JENNY GREGG - PAGER 56381

JG Jenny Gregg Dietitian 02/12/2020 13:16 - 02/12/2020 13:17

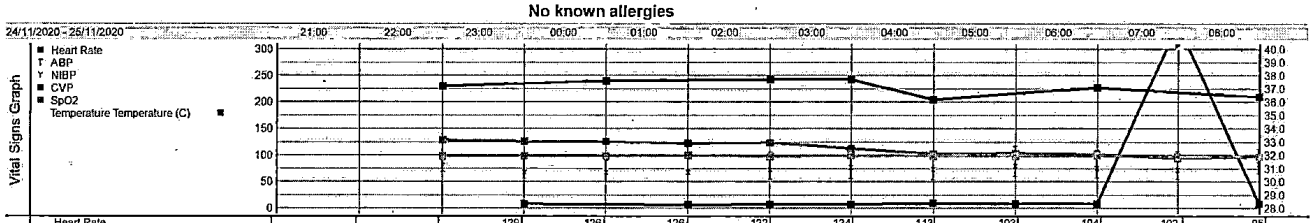
Flowsheet (RAH)

RAH ICU

NHS Greater Glasgow & Clyde

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	2208793218	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	



Cardiovascular												
Heart Rate			129	126	126	122	124	113	103	104	102	95
Heart Rhythm			ST		ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure				98/56 (68)	91/50 (68)	103/72 (68)	106/55 (73)	114/56 (77)	109/54 (74)	117/60 (80)	110/58 (76)	107/55 (73)
Non Invasive Blood Pressure			123/73 (68)									
Central Venous Pressure				9		7	8	8	10	9	9	347
Zero Transducer			Done	Done				Done				
Temperature			37.2 C		37.6 C		37.7 C Tympanic	37.7 C Tympanic	38.2 C Tympanic		37.1 C Tympanic	
Glucose Test						A* 18.3 mmol/L Glucometer	A* 15.8 mmol/L Glucometer	A 16.3 mmol/L Glucometer	A 18.9 mmol/L Glucometer		A 15.9 mmol/L Glucometer	A 10.3 mmol/L Glucometer No...
Ketone Level							A Result: 0.2 Method: Ketone...					
Sample Sent			Routine Daily Bloods	covid,cap								
Capillary Refill				> 3 secs								> 3 secs
Skin Peripheries				Pink; Cold								White; Cool

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

24/11/2020 - 25/11/2020

Respiratory	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SpO2			99	99	99	100	99	100	99	99	100	98
FiO2			0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.5
PaO2/FiO2 Ratio			** 19			* 25.17	* 21.67			* 28.17		* 26.8
Airway			Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT	Oral ETT
Ventilator			Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden	Nihon kohden
Ventilator Mode			V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV
Set Tidal Volume			450	450	450	450	450	450	450	450	450	450
Set Tidal Volume (ml/kg)			^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2	^ 6.2
I:E Ratio			1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2
PEEP			8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
ASB			5	5	5	5	5	5	5	5	5	5
Respiratory Rate (Set)			20	26	26	26	26	26	26	26	26	26
Respiratory Rate (Spont)			0	0	0	0	0	0	0	0	0	0
Respiratory Rate (Total)			20	26	26	26	26	26	26	26	26	26
Expired Tidal Volume			446	450	451	451	452	450	450	432	450	449
Minute Volume			8.9	11.6	11.2	11.7	11.6	11.6	11.6	11.1	11.7	11.7
Peak Airway Pressure			22.4	24.3	25.4	12.4	23.4	20.3	19.8	13.4	25	24.7
Mean Airway Pressure			8.4									
End Tidal CO2			5.6	4.5	4.4	4.2	4.4	4.3	4.1	4.1	4	4
Air Entry Right				Apex: Clear Midzone: Fair				Apex: Fair Midzone: Base:				Apex: Fair Midzone: Fair
Air Entry Left				Apex: Fair				Apex: Fair				Apex: Fair
Secretions												Muco-purulent
Suction/Cough Amount				None								Minimal
Specimen Type												Arterial
Blood Gas Reason												Requested by Doctor
Temperature Corrected												36.4
Oxygen % bg	* 70	* 75	*									* 50
H+ (T) bg (36-44)	** 61	** 61	** 65			** 63	** 61			** 50		* 44
pCO2 (T) bg (4.6-6.0)	* 7.2	* 7.1	* 8.3			* 6.7	* 7			* 8.6		* 6.2
pO2 (T) bg (10.5-14.0)	* 10.4	* 12.6	* 15.2			* 15.1	* 13			* 16.9		* 13.4
Na+ bg	** 126	** 125	** 124			** 126	** 126			** 125		** 129
K+ bg	** 4.4	* 5	** 5.6			* 5.3	* 4.8			* 4.4		* 4.3
Cl- bg	** 92	** 93	** 92			** 94	* 96			* 97		* 98
Glucose bg	** 22.5	** 20.9	** 22			** 20.4	** 18.9			** 15.1		** 11.8
Lactate bg (0.5-2.0)	** 6.9	** 7.3	** 6.6			** 6.8	** 6.3			** 4.2		** 2.5
Hb bg (117-174)	* 110	* 113	* 122			* 118	* 113			* 109		* 101
COHb bg (0.5-1.5)	** 1.8	** 2.6	** 2.3			** 2.2	** 1.7			** 1.9		** 1.8
MetHb bg (0.5-1.5)	* 0.6	* 1	* 1			* 1	* 0.6			* 1.1		** 0
SO2 bg (95-98)	* 96	** 99	** 98			** 99	* 98			** 100		** 100
BE bg (-2.0) - (+3.0)	** -6	** -6	** -6			** -5	** -5			** -3		* 1
HCO3 bg (21-28)	* 23	* 22	* 23			** 19	** 20			* 24		* 27
Tube Cuff Pressure												30
Mobilisation					Staff: 4			Roll or turn in bed			Roll or turn in bed	
Position					Right tilt; HOB up; Pillows...			Supine; HOB up; Knee bend...			Left tilt; HOB up; Knee bend...	
Head Of Bed Elevation					Yes			Yes			Yes	
ET Tube: Mouth					Day; 1							
ET Tube Length at Lips					Tied at 22 cm							Tied at 22 cm

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

24/11/2020 - 25/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Neurological												
Richmond Agitation Sedation Scale			Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	Actual -4 Deep sedation	* Actual -5 Unrousable
Sedation Hold												Not Done (Exc)
CAM-ICU												RASS -4 or -5 = Unable to...
GCS Eyes (Chart)						Not Testable						Not Testable
GCS Motor (Chart)						Not Testable						Not Testable
GCS Verbal (Chart)						Not Testable						Not Testable
Intubated						Yes						Yes
Pupil Left						1 mm; Sl.						2 mm; Sl.
Pupil Right						1 mm; Sl.						2 mm; Sl.
Critical Care Pain Observation Tool (CPOT)												0 - Relaxed, neutral, 0 -...
Nausea & Vomiting Score								0 = None				Unable to assess
Drugs Intermittent												
Amoxicillin 1000 mg IV 8 hrly										1000 mg/20 ml (JM)		
Clindamycin 1200 mg IV 12 hrly										1200 mg/100 ml (JM)		
Metronidazole 500 mg IV 8 hrly										500 mg/100 ml (JM)		
Lactulose 15 ml PO/NG 12 hrly										* Held		
Hydrocortisone 50 mg IV 6 hrly				50 mg (im)						50 mg/5 ml (JM)		
Pabrinex 1&2 20 ml IV 8 hrly										20 ml/100 ml (JM)		
Other In: Volume											(0)	
Drugs Continuous												
Actrapid Insulin 1unit/ml Units/hr 1 Units/ml					2 Units/hr/2 ml 0	3 Units/hr/3 ml 0	3 Units/hr/4 ml 0	4 Units/hr/4 ml 0	5 Units/hr/5 ml 0	7 Units/hr/7 ml 0	7 Units/hr/7 ml 0(32)	7 Units/hr/7 ml 0
Vancomycin mg/ml. (Maintenance) mg/hr 3 mg/ml											(0)	
Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
Vancomycin mg/ml. (Maintenance) mg/hr 5 mg/ml											(0)	
Propofol 1% 10mg/ml mg/hr 10 mg/ml											(0)	
Propofol 1% 10mg/ml mg/hr 10 mg/ml				200 mg/hr/20 ml 0	180 mg/hr/18 ml 0						(38)	
Propofol 2% 20mg/ml mg/hr 20 mg/ml						* 180 mg/hr/ 0	* 180 mg/hr/9 ml (ns)	180 mg/hr/9 ml 0	180 mg/hr/9 ml 0	180 mg/hr/9 ml 0	180 mg/hr/9 ml 0(45)	180 mg/hr/9 ml (MV)
Morphine 1mg/ml mg/hr 1 mg/ml											(0)	
Alfentanil 1mg/ml. mg/hr 1 mg/ml											(0)	
Alfentanil 1mg/ml. mg/hr 1 mg/ml				4 mg/hr/4 ml (jm)	4 mg/hr/4 ml 0	4 mg/hr/4 ml 0	4 mg/hr/4 ml 0	4 mg/hr/4 ml 0	4 mg/hr/4 ml 0	4 mg/hr/4 ml 0	4 mg/hr/4 ml 0 (32)	4 mg/hr/4 ml 0
Argipressin (Synthetic Vasopressin) 0.4units/ml Units/hr 0.4 Units/ml							2.4 Units/hr/6 ml (JM)	2.4 Units/hr/6 ml 0	2.4 Units/hr/6 ml 0	2.4 Units/hr/6 ml 0	2.4 Units/hr/6 ml 0(24)	2.4 Units/hr/6 ml 0
Heparin 1000units/ml. Units/hr 1000 Units/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.16 mg/ml											(0)	
Noradrenaline mg/ml. mg/hr 0.16 mg/ml				2.6 mg/hr/16 ml (jm)	3.7 mg/hr/23 ml 0						(39)	
Noradrenaline mg/ml. mg/hr 0.32 mg/ml						3.5 mg/hr/0 ml 0	* 3.5 mg/hr/11 ml 0	3.2 mg/hr/10 ml 0	3.2 mg/hr/10 ml 0	2.9 mg/hr/9 ml 0	2.6 mg/hr/8 ml 0(48)	2.1 mg/hr/6.5 ml 0
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	
Potassium Chloride mmol/ml mmol/hr 2 mmol/ml											(0)	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

24/11/2020 - 25/11/2020		21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Fluid Balance	Monitor PO Intake											(0)	
	Enteral Feeds Nutrison NG Continuous PRN											(0)	
	Albumin 20% 100 ml IV STAT											(0)	* 100 ml (RB)
	Albumin 20% 100 ml IV STAT								* 100 ml ()			(100)	
	Albumin 5% 400 ml IV STAT							* 400 ml (NS)				(400)	
	Glucose 20% IV STAT											(0)	
	Glucose 20% IV STAT											(0)	
	Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr					50 ml (im)	* 50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()	50 ml ()(350)	* 50 ml ()
	Sodium Chloride 0.18% + Glucose 4% IV STAT											(0)	
	Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr											(0)	
	Hartmanns IV Continuous PRN @ 999 ml/hr					* 1000 ml ()	500 ml ()	500 ml ()	500 ml ()	500 ml ()	500 ml ()	500 ml ()(4000)	500 ml (MV)
	Hartmanns IV STAT @ 999 ml/hr					* 500 ml ()						(500)	
	Other In: Volume											(0)	
	NG Aspirate Removed: Vol											(0)	
	NG Aspirate Returned: Vol											(0)	
	GI: Nostril Right NG Tube											(0)	
	Drain: Abdomen Left 3											(0)	
	Drain: Abdomen Right 1											(0)	
	Urine: Bladder Urinary Catheter				110	50	25	30	25	50	30	110(430)	25
	Total In (24hr)				40 (40)	1597 (1637)	557 (2194)	978 (3172)	883 (3855)	584 (4439)	910 (5349)	584 (5933)	682 (682)
	Total Out (24hr)				110 (110)	50 (160)	25 (185)	30 (215)	25 (240)	50 (290)	30 (320)	110 (430)	25 (25)
	Net Body Balance (24hr)				-70	+1477	+2009	+2857	+3615	+4149	^ +5029	^ +5503	+657
	Net Body Balance (LOS)				-70	+1477	+2009	+2857	+3615	+4149	+5029	+5503	+6160
Renal	Calcium Total (2.2-2.60)			^* 1.8							^* 1.71		
	Urea (2.5-7.5)			* 6.3							* 7.3		
	Creatinine (40-130)			* 66							* 85		
	Net Body Balance (24hr)				-70	+1477	+2009	+2857	+3615	+4149	^ +5029	^ +5503	+657

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

24/11/2020 - 25/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	
SSKIN & Pressure Areas													
1. Skin Inspection					All visible areas checked; No...			All visible areas checked; No...			All visible areas checked; No...		
Skin Assessment Pressure					All areas:								
Skin Assessment Moisture					All areas,								
Wound Assessment					Location: Abdomen Dressing:			All areas, Location: Abdomen Dressing...			All areas, Location: Abdomen Dressing...		
Skin Action					Activate dynamic mattress;...			Activate dynamic mattress;...			Activate dynamic mattress;...		
Mattress Type					total care -hillrom								
3. Keep Moving					Reposition 4 hrly								
Mobilisation					Staff: 4			Roll or turn in bed			Roll or turn in bed		
Position					Right tilt; HOB up; Pillows...			Supine; HOB up; Knee bend...			Left tilt; HOB up; Knee bend...		
4. Incontinence					Urine: Catheterised Faeces: No			Urine: Catheterised Faeces: No			Urine: Catheterised Faeces: No		
5. Nutrition					Diet: Nil by mouth Fluids:...			Diet: Nil by mouth Fluids:...			Diet: Nil by mouth Fluids:...		
6. Self Management/Shared Care					Patient unable to participate			Patient unable to participate			Patient unable to participate		
Personal Care													
Eye Care				Swabs with water,			Swabs with water,				Swabs with water,		
Mouth Care				Oral sponge with water			Oral sponge with water				Oral sponge with water		
Other Skin Care				Emollient applied; ECG dots...			ECG dots changed; Sats probe...				Emollient applied; ECG dots...		
TED Stockings				TEDS on			TEDS on				TEDS on		
Bowel Movement Record				None;			None;				None;		
Lines & Devices													
ET Tube: Mouth					Day: 1								
Arterial: Brachial Artery Left				Day: 1 Transducer Due: 29/11...									
Central: Femoral Right				Day: 1 Transducer Due: 29/11...									
PVC: Antecubital Left				Day: 1									
PVC: Arm Right Upper				Day: 0									
GI: Nostril Right NG Tube											(0)		
Drain: Abdomen Right 1											(0)		
Drain: Abdomen Left 3											(0)		
Urine: Bladder Urinary Catheter				110	50	25	30	25	50	30	110(430)	25	
HME Filter (Daily)				25/11/2020									
Closed Suction (72 Hours)				28/11/2020									
Ventilation Tubing (7 Days)				01/12/2020									
Capnograph (7 Days)				01/12/2020									

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

24/11/2020 - 25/11/2020

Lab Results	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
WBC (4.0-11)			A* 19.7							A* 23.3		
Haemoglobin (60-170)			A* 120							A* 106		
Platelets (150-400)			* 251							* 214		
Haematocrit (0.37-0.54)			A* 0.394							A* 0.343		
PT (10.0-13.0)			A* 17							A* 20		
APTT (26-38)			A* 37							A* 37		
APTT Ratio			A* 1.2							A* 1.2		
Sodium (133-146)			A* 130							A* 132		
Potassium (3.5-5.0)			A* 5.5							* 4.6		
Chloride (95-108)			* 95							* 98		
Urea (2.5-7.5)			* 6.3							* 7.3		
Creatinine (40-130)			* 65							* 65		
eGFR			* 80							* 80		
Magnesium (0.7-1.0)			A* 0.69							A* 0.66		
Bilirubin Total (3.0-20)			* 12							* 16		
ALT (<50)			A* 107							A* 114		
AST (<40)			A* 1082							A* 934		
Alk Phos (20-130)			* 86							* 76		
Albumin (35-50)			A* 11							A* 19		
CRP (<10)			A* 325							A* 322		
Calcium Total (2.2-2.60)			A* 1.8							A* 1.71		
Calcium Corrected (2.2-2.6)			* 2.22							A* 2.01		
Phosphate (0.8-1.4)			A* 1.96							* 1.11		
Creatine Kinase (25-320)										* 43		
Troponin I HS (<34)			A* 164							A* 163		
Neutrophils			A* 17.3							A* 21.7		
Lymphocytes			* 1.4							* 1.1		
Monocytes			* 1							* 0.5		
Eosinophils			* 0							A* 0		
Basophils			* 0.1							* 0		
Nucleated RBCs			* 0.1							* 0.1		
MCV			* 87.4							* 86.2		
Mean Cell HGB%			A* 26.6							A* 26.6		
RBC			* 5							A* 4		
D-Dimer			A*									
Gentamicin										* 2.9		

Safety Checks	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
ET Tube Length at Lips					Tied at 22 cm							Tied at 22 cm
Tube Cuff Pressure												30
Drug Level Checks												Yes
RAH Bedside Checks												Guedel airways; Oxygen flow...
Patient Profile												Completed
ID Band												Present and correct
RAH Damp Dust												Back of bed space; Bed rails;...
Infection Control												Damp dusting signed for; Tap...

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

24/11/2020 - 25/11/2020	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Heart Rate			129	126	126	122	124	113	103	104	102	95
Heart Rhythm			ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Arterial Blood Pressure				98/56 (68)	91/50 (68)	103/72 (68)	105/55 (73)	114/55 (77)	109/54 (74)	117/60 (80)	110/58 (76)	107/55 (73)
Central Venous Pressure				9		7	8	8	10	9	9	347
Non Invasive Blood Pressure			123/73 (88)									
Temperature			37.2 C		37.6 C		37.7 C Tympanic	37.7 C Tympanic	38.2 C Tympanic		37.1 C Tympanic	
Glucose Test						^ 18.3 mmol/L Glucometer	^ 15.8 mmol/L Glucometer	^ 16.3 mmol/L Glucometer	^ 18.9 mmol/L Glucometer		^ 15.9 mmol/L Glucometer	^ 10.3 mmol/L Glucometer
FiO2			0.8	0.6	0.6	0.6	0.6	0.6	0.6	0.8	0.6	0.5
SpO2			99	99	99	100	98	100	99	99	100	98
Ventilator Mode			V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV	V SIMV
Set Tidal Volume			450	450	450	450	450	450	450	450	450	450
PEEP			8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Minute Volume			8.9	11.6	11.2	11.7	11.6	11.6	11.6	11.1	11.7	11.7
Respiratory Rate (Set)			20	26	26	26	26	26	26	26	26	26
Respiratory Rate (Spont)			0	0	0	0	0	0	0	0	0	0
Peak Airway Pressure			22.4	24.3	25.4	12.4	23.4	20.3	19.8	13.4	25	24.7
End Tidal CO2			5.6	4.5	4.4	4.2	4.4	4.3	4.1	4	4	4
PaO2/FIO2 Ratio			^* 19			* 25.17	* 21.67			* 28.17		* 26.8
pO2 (T) bg (10.5-14.0)	* 10.4	* 12.6	* 15.2			* 15.1	* 13			* 16.9		* 13.4
pCO2 (T) bg (4.6-6.0)	* 7.2	* 7.1	* 8.3			* 6.7	* 7			* 6.6		* 6.2
H+ (T) bg (36-44)	^* 61	^* 61	^* 65			^* 63	^* 61			^* 50		* 44
BE bg (-2.0) - (+3.0)	^* -6	^* -5	^* -6			^* -9	^* -8			^* -3		* -1
Lactate bg (0.5-2.0)	^* 6.9	^* 7.3	^* 6.5			^* 6.9	^* 6.3			^* 4.2		^* 2.5
Glucose bg	^* 22.5	^* 20.9	^* 22			^* 20.4	^* 18.9			^* 15.1		^* 11.8
K+ bg	* 4.4	* 5	^* 5.5			* 5.3	* 4.8			* 4.4		* 4.3
GCS Eyes (Chart)						Not Testable						Not Testable
GCS Motor (Chart)						Not Testable						Not Testable
GCS Verbal (Chart)						Not Testable						Not Testable
Richmond Agitation Sedation Scale			Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -4 Deep sedation	Actual: -5 Unrousable
Urine: Bladder Urinary Catheter				110	50	25	30	25	50	30	110(430)	25
GI: Nostril Right NG Tube											(0)	
Total In (24hr)				40 (40)	1597 (1637)	557 (2194)	978 (3172)	683 (3855)	584 (4439)	910 (5349)	584 (5933)	682 (682)
Total Out (24hr)				110 (110)	50 (160)	25 (185)	30 (215)	25 (240)	50 (290)	30 (320)	110 (430)	25 (25)
Net Body Balance (24hr)				-70	+1477	+2009	+2957	+3615	+4149	^ +5029	^ +5503	+657
Sodium (133-146)			^* 130							^* 132		
Potassium (3.5-5.0)			^* 5.5							* 4.6		
Urea (2.5-7.5)			* 6.3							* 7.3		
Creatinine (40-130)			* 66							* 85		
Bilirubin Total (3.0-20)			* 12							* 16		
ALT (<50)			^* 107							^* 114		
AST (<40)			^* 1082							^* 934		
Alk Phos (20-130)			* 86							* 78		
Albumin (35-50)			^* 11							^* 18		
Calcium Total (2.2-2.60)			^* 1.8							^* 1.71		
Phosphate (0.6-1.4)			^* 1.96							1.11		
Magnesium (0.7-1.0)			^* 0.66							^* 0.65		
CRP (<10)			^* 325							^* 322		
WBC (4.0-11)			^* 19.7							^* 23.3		
Platelets (150-400)			* 281							214		
Haemoglobin (80-170)			^* 120							^* 106		
PT (10.0-13.0)			^* 17							^* 20		

25/11/2020	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00

Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 5
CM 28/11/2020 11:33 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume 500 ml; Rate: 50 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:47; Stop: 28/11/2020 11:33; Prof Domain: Doctor; Action: Discontinue;
S 25/11/2020 01:06 Auto-Ack New Order
RS 24/11/2020 23:47 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume 500 ml; Rate: 50 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:47; Prof Domain: Doctor; Action: Add Operational;

Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 8
OP 02/12/2020 09:55 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 80 ml/hr: Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume 500 ml; Rate: 80 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 01/12/2020 14:47; Stop: 02/12/2020 09:55; Prof Domain: Doctor; Action: Discontinue;
OP 01/12/2020 14:47 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 80 ml/hr: Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume 500 ml; Rate: 80 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 01/12/2020 14:47; Prof Domain: Doctor; Action: Add Operational;

Sodium Chloride 0.18% + Glucose 4% IV STAT
CN5 01/12/2020 14:03 Auto-Ack New Order
OP 01/12/2020 12:59 Sodium Chloride 0.18% + Glucose 4% IV STAT: Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume: 500 ml; Route: IV; Frequency: STAT; Start: 01/12/2020 12:59; Prof Domain: Doctor; Action: Add Operational;

Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continu
CM 29/11/2020 08:35 Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr: Mixture: Base: Base Soln: Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL; Base Volume: 1000 ml; Formulation: Sodium Chloride 0.18%/Glucose...; Total Volume 1000 ml; Rate: 80 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 11:36; Stop: 29/11/2020 08:35; Prof Domain: Doctor; Action: Discontinue;
NB 29/11/2020 09:16 Auto-Ack New Order
CM 28/11/2020 11:36 Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr: Mixture: Base: Base Soln: Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL; Base Volume: 1000 ml; Formulation: Sodium Chloride 0.18%/Glucose...; Total Volume 1000 ml; Rate: 80 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 11:36; Prof Domain: Doctor; Action: Add Operational;

Vancomycin (Loading Dose) 1500 mg IV Once Only
AS 28/11/2020 14:40 Auto-Ack New Order
LG 28/11/2020 12:59 Vancomycin (Loading Dose) 1500 mg IV Once Only: Mixture: Drug: Vancomycin (Loading Dose); Formulation: Vancomycin (Loading Dose); Route: IV; Dose: 1500 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 28/11/2020 12:59; Instructions: All patients should receive a weight related loading dose.
Refer to guidelines for dosing chart.; Prof Domain: Doctor; Action: Add Operational;

Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose
OP 01/12/2020 14:46 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Vancomycin mg/ml. (Maintenance); Formulation: Vancomycin mg/ml (Maintenance); Amount: 1250 mg; Use Wt Dosing: No; Conc: 5 mg/ml; Base Solution: Glucose 5%; Base Volume: 250 ml; Formulation: Glucose 5%; Total Volume: 250 ml; Route: IV; Frequency: Continuous PRN; Start: 01/12/2020 02:26; Stop: 01/12/2020 14:46; Order instr: Administer over 12 hours by continuous infusion.

Check pharmacy/medical instructions before each dose.; Prof Domain: Doctor; Action: Discontinue;
JM 01/12/2020 03:06 Auto-Ack New Order

KB 01/12/2020 02:26 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Vancomycin mg/ml. (Maintenance); Formulation: Vancomycin mg/ml (Maintenance); Amount: 1250 mg; Use Wt Dosing: No; Conc: 5 mg/ml; Base Solution: Glucose 5%; Base Volume: 250 ml; Formulation: Glucose 5%; Total Volume: 250 ml; Route: IV; Frequency: Continuous PRN; Start: 01/12/2020 02:26; Order instr: Administer over 12 hours by continuous infusion.

Check pharmacy/medical instructions before each dose.; Prof Domain: Doctor; Action: Add Operational;

Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium...
JM 01/12/2020 03:06 Auto-Ack New Order
KB 01/12/2020 02:26 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN Mixture: Additive: Drug: Vancomycin mg/ml. (Maintenance); Formulation: Vancomycin mg/ml (Maintenance); Amount: 1250 mg; Use Wt Dosing: No; Conc: 5 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 250 ml; Formulation: Sodium Chloride 0.9%; Total Volume 250 ml; Route: IV; Frequency: Continuous PRN; Start: 30/11/2020 19:37; Stop: 01/12/2020 02:26; Order instr: Administer over 12 hours by continuous infusion.

Check pharmacy/medical instructions before each dose.; Prof Domain: Doctor; Action: Discontinue;
EK 30/11/2020 21:03 Auto-Ack New Order
EB 30/11/2020 19:37 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN Mixture: Additive: Drug: Vancomycin mg/ml. (Maintenance); Formulation: Vancomycin mg/ml (Maintenance); Amount: 1250 mg; Use Wt Dosing: No; Conc: 5 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 250 ml; Formulation: Sodium Chloride 0.9%; Total Volume 250 ml; Route: IV; Frequency: Continuous PRN; Start: 30/11/2020 19:37; Order instr: Administer over 12 hours by continuous infusion.

Check pharmacy/medical instructions before each dose.; Prof Domain: Doctor; Action: Add Operational;

Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium...
J2 01/12/2020 11:24 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN Mixture: Additive: Drug: Vancomycin mg/ml. (Maintenance); Formulation: Vancomycin mg/ml (Maintenance); Amount: 1500 mg; Use Wt Dosing: No; Conc: 3 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.9%; Total Volume 500 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 12:59; Stop: 01/12/2020 11:24; Order instr: Administer over 12 hours by continuous infusion.

Check pharmacy/medical instructions before each dose.; Prof Domain: Doctor; Action: Discontinue;
AS 28/11/2020 18:15 Auto-Ack New Order
LG 28/11/2020 12:59 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN Mixture: Additive: Drug: Vancomycin mg/ml. (Maintenance); Formulation: Vancomycin mg/ml (Maintenance); Amount: 1500 mg; Use Wt Dosing: No; Conc: 3 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.9%; Total Volume 500 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 12:59; Order instr: Administer over 12 hours by continuous infusion.

Check pharmacy/medical instructions before each dose.; Prof Domain: Doctor; Action: Add Operational;

Intervention Footnotes

25/11/2020 00:00
S 01:09 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Co-sign Initials: jm; Action: Completed;
S 00:26 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Action: Start;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020 00:00

S 00:26 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Changes: New syringe; New line or giving set; Co-sign Initials: jm; Action: Start;

S 00:26 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 2.6 mg/hr; Volume Remaining: 28 ml; Changes: New syringe; New line or giving set; Co-sign Initials: jm; Action: Start;

25/11/2020 00:03

S 00:26 Hartmanns IV STAT @999 ml/hr: Volume Adm: 500 ml; Rate: 999 ml/hr;

25/11/2020 01:00

S 01:36 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Changes: New syringe; New line or giving set; Action: Start;

S 01:36 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr;

S 01:36 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;

S 01:36 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 23 ml; Rate: 23 ml/hr; Dose: 3.7 mg/hr; Changes: New syringe; New line or giving set;

S 01:06 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Co-sign Initials: jm; Action: Start;

S 01:36 Hartmanns IV Continuous PRN @ 999 ml/hr: Volume Adm: 1000 ml; Rate: 999 ml/hr; Action: Start;

25/11/2020 02:00

NS 02:14 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 45 ml;

S 04:08 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 25 ml;

NS 02:14 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 37 ml;

S 04:08 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 0 ml; Rate: 11 ml/hr; Dose: 3.5 mg/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set;

S 04:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 02:37

S 02:40 Albumin 5% 400 ml IV STAT: Volume Adm: 400 ml; Amount Adm: 400 ml; Co-sign Initials: NS; Action: Completed;

25/11/2020 03:00

NS 03:27 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 41 ml;

S 04:08 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 45 ml; Changes: New syringe; New line or giving set; Co-sign Initials: ns;

NS 03:27 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;

S 04:08 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Rate: 6 ml/hr; Dose: 2.4 Units/hr; Changes: New syringe; New line or giving set; Co-sign Initials: JM; Action: Start;

S 04:08 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 11 ml; Rate: 11 ml/hr; Dose: 3.5 mg/hr; Volume Remaining: 34 ml;

S 04:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 03:04

S 03:54 Albumin 20% 100 ml IV STAT: Volume Adm: 100 ml; Amount Adm: 100 ml; Action: Completed;

25/11/2020 04:00

S 04:08 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 39 ml;

S 04:08 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 39 ml;

S 04:08 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 30 ml;

S 04:08 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 41 ml;

S 04:08 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 3.2 mg/hr; Volume Remaining: 25 ml;

S 04:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 05:00

EK 05:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 33 ml;

EK 05:25 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 28 ml;

EK 05:25 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 25 ml;

EK 05:25 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 33 ml;

EK 05:25 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 3.2 mg/hr; Volume Remaining: 15 ml;

EK 05:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 06:00

ON 08:23 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: Nil by NG

S 07:14 Amoxicillin 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

S 07:14 Clindamycin 1200 mg IV 12 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

S 07:14 Metronidazole 500 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 500 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

S 07:14 Hydrocortisone 50 mg IV 6 hrly: Volume Adm: 5 ml; Dose: 50 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

S 07:14 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: JM; Action: Completed;

EK 05:57 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 Units/hr; Volume Remaining: 29 ml;

EK 05:57 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 22 ml;

EK 05:57 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 22 ml;

EK 05:57 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 30 ml;

EK 05:57 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 2.9 mg/hr; Volume Remaining: 10 ml;

EK 05:57 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 07:00

S 07:14 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 Units/hr; Volume Remaining: 22 ml;

S 07:14 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 12 ml;

S 07:14 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;

S 07:14 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 24 ml;

S 07:14 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 8 ml; Rate: 8 ml/hr; Dose: 2.6 mg/hr; Volume Remaining: 37 ml; Changes: New syringe; New line or giving set;

S 07:14 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 07:50

ON 08:23 Albumin 20% 100 ml IV STAT: Volume Adm: 100 ml; Amount Adm: 100 ml; Co-sign Initials: RB ; Action: Completed;

25/11/2020 08:00

ON 08:23 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 Units/hr; Volume Remaining: 15 ml;

ON 08:23 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 3 ml; Changes: New syringe; Co-sign Initials: MV;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

25/11/2020 08:00

ON	08:23 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 14 ml;
ON	08:23 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 18 ml;
ON	08:23 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 6.5 ml; Rate: 6.5 ml/hr; Dose: 2.1 mg/hr; Volume Remaining: 30 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Action: Suspend;
ON	08:32 Hartmanns IV Continuous PRN @ 999 ml/hr: Volume Adm: 500 ml; Changes: New bag; Co-sign Initials: MV;

25/11/2020 09:00

ON	09:16 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 9 Units/hr; Volume Remaining: 44 ml; Changes: New syringe; New line or giving set;
ON	09:16 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 42 ml;
ON	09:16 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml;
ON	09:16 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; Co-sign Initials: MV;
ON	09:16 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 6.5 ml; Rate: 6.5 ml/hr; Dose: 2.1 mg/hr; Volume Remaining: 23 ml;

25/11/2020 10:00

IR	13:36 Fluconazole 400 mg IV OD at 10:00: Route: IV; Action: Held; Remarks: Dose given in theatre. See anaesthetic chart

25/11/2020 12:00

IR	13:36 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Action: Completed;

25/11/2020 13:00

ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Changes: New bag; New line or giving set; Co-sign Initials: RB; Action: Start;

25/11/2020 13:30

IE	13:36 Omeprazole 40mg IV Once Daily: Dose: 40mg ; Route: IV; Co-sign Initials: CN; Action: Completed; Remarks: Delayed as patient in theatre

25/11/2020 13:41

E	13:51 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Action: Suspend;
ON	14:45 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 46 ml; Changes: New syringe;
ON	14:45 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
ON	14:45 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 21 ml;
ON	14:45 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 1.8 mg/hr; Volume Remaining: 43 ml;

25/11/2020 14:00

ON	14:46 Amoxicillin 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: LG; Action: Completed;
ON	14:46 Metronidazole 500 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 500 mg; Route: IV; Co-sign Initials: LG; Action: Completed;
ON	16:41 Fabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LG ; Action: Completed;
ON	14:45 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 37 ml;
ON	16:41 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 14 ml;
ON	16:41 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 18 ml;
ON	16:41 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4.5 ml; Rate: 4.5 ml/hr; Dose: 1.4 mg/hr; Volume Remaining: 41 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 15:00

ON	16:41 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 28 ml;
ON	16:41 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
ON	16:41 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 12 ml;
ON	16:41 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4.5 ml; Rate: 4.5 ml/hr; Dose: 1.4 mg/hr; Volume Remaining: 37 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 16:00

ON	16:41 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 19 ml;
ON	16:41 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 6 ml;
ON	16:41 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 6 ml;
ON	16:41 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Volume Remaining: 33 ml;
ON	16:41 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 17:00

ON	17:23 Propofol 2% 20mg/ml-1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 14 ml;
ON	17:23 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 3 ml;
ON	17:23 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 49 ml; Changes: New syringe; Co-sign Initials: RB;
ON	17:23 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Volume Remaining: 27 ml;
ON	17:23 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 18:00

CB	22:25 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: Nil by NG;
CB	20:44 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
CW	19:05 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Dose: 4.5 g; Route: IV; Action: Completed;
CW	19:05 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Action: Completed;
E	17:58 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN
LG3	18:37 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Changes: New syringe; New line or giving set;
E	17:58 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
E	17:58 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;
E	17:58 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr;
E	17:58 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 19:00

CB	20:44 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr;
CB	20:44 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
CB	20:44 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;
CB	20:44 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr;
CB	20:44 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;

25/11/2020 20:00

	25/11/2020 20:00
CB	20:44 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 10 ml; Action: Start;
CB	20:44 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 32 ml;
CB	20:44 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;
CB	20:44 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 12 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 31 ml;
CB	20:44 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 8 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 17 ml;
CB	20:44 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	25/11/2020 20:35
CB	20:44 Gentamicin 360 mg IV Once Only: Volume Adm: 100 ml; Dose: 360 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
	25/11/2020 21:00
CB	21:15 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 8 ml;
CB	21:15 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 25 ml;
CB	21:15 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;
CB	21:15 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 25 ml;
CB	21:15 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 1 mg/hr; Volume Remaining: 15 ml;
CB	21:15 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	25/11/2020 22:00
CB	22:25 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action Completed; Reason Drug Held: Nil by NG;
CB	22:25 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	22:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 6 ml;
CB	22:25 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 16 ml;
CB	22:25 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
CB	22:25 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 19 ml;
CB	22:25 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 1 mg/hr; Volume Remaining: 12 ml;
CB	22:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 23:00
R	23:13 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 50 ml; Changes: New syringe; Co-sign Initials: cb;
R	23:13 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 6 ml;
R	23:13 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
R	23:13 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 14 ml;
R	23:13 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 1 mg/hr; Volume Remaining: 8 ml;
R	23:14 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 00:00
CB	00:32 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	00:32 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	00:32 Hydrocortisone 50 mg IV 6 hrly: Volume Adm: 10 ml; Dose: 50 mg; Route: IV; Co-sign Initials: CB; Action: Completed;
CB	00:32 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 47 ml;
CB	00:32 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Changes: New syringe; New line or giving set;
CB	00:32 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
CB	00:32 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 8 ml;
CB	00:32 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining: 4 ml;
CB	00:32 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr; Changes: New bag; New line or giving set;
	26/11/2020 01:00
CB	01:36 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 41 ml;
CB	01:36 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 34 ml;
CB	01:36 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 19 ml;
CB	01:36 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Changes: New syringe; New line or giving set;
CB	02:16 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Changes: New syringe; New line or giving set;
CB	01:36 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 02:00
CB	02:16 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 8 ml; Rate: 8 ml/hr; Dose: 8 Units/hr; Volume Remaining: 33 ml;
CB	02:16 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 25 ml;
CB	02:16 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 15 ml;
CB	02:16 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 41 ml;
CB	02:16 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 1.6 mg/hr; Volume Remaining: 44 ml;
CB	02:16 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 03:00
R	03:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 8 ml; Rate: 10 ml/hr; Dose: 10 Units/hr; Volume Remaining: 23 ml;
R	03:12 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 180 mg/hr; Volume Remaining: 18 ml;
R	03:12 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 12 ml;
R	03:12 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 35 ml;
R	03:12 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 1.6 mg/hr; Volume Remaining: 39 ml;
R	03:12 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN
R	03:12 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 04:00
CB	04:39 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 12 ml; Rate: 12 ml/hr; Dose: 12 Units/hr; Volume Remaining: 11ml;
CB	04:39 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 140 mg/hr; Volume Remaining: 11ml;

26/11/2020 04:00

CB 04:39 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 6 ml;

CB 04:39 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 29 ml;

CB 04:39 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 4.3 ml; Rate: 4.3 ml/hr; Dose: 1.4 mg/hr; Volume Remaining 33 ml;

CB 04:39 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 05:00

CB 06:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 14 Units/hr; Changes: New syringe; New line or giving set;

CB 06:25 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 7 ml; Rate: 7 ml/hr; Dose: 140 mg/hr; Volume Remaining 4 ml;

CB 06:25 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 2 ml;

CB 06:25 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 23 ml;

CB 06:25 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 1.3 mg/hr; Volume Remaining 30 ml;

CB 06:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 06:00

CB 07:09 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: Nil by NG;

CB 07:09 Clindamycin 1200 mg IV 8 hrly: Volume Adm 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: CB; Action: Completed;

CB 07:09 PiperacillinTazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: CB; Action: Completed;

CB 07:09 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Co-sign Initials: CB; Action: Completed;

CB 07:09 Fabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: CB; Action: Completed;

CB 06:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 39 ml;

CB 06:25 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 7 ml; Rate: 7 ml/hr; Dose: 140 mg/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set;

CB 06:25 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 49 ml; Changes: New syringe; New line or giving set;

CB 06:25 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 17 ml;

CB 06:25 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 8.6 ml; Rate: 4.3 ml/hr; Dose: 1.4 mg/hr; Volume Remaining 27 ml;

CB 06:25 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 07:00

CB 07:19 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 12 ml;

CB 07:19 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Volume Remaining 40 ml;

CB 07:19 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 43 ml;

CB 07:19 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 11ml;

CB 07:19 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining 22 ml;

CB 07:19 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 08:00

FM 08:16 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 49 ml; Changes: New syringe; New line or giving set;

FM 08:16 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Volume Remaining 33 ml;

FM 08:16 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 40 ml;

FM 08:16 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 6 ml;

FM 08:16 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining 19 ml;

FM 08:22 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 09:00

FM 09:23 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 24 ml;

FM 09:23 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Volume Remaining 27 ml;

FM 09:23 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 36 ml;

FM 09:23 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Volume Remaining: 50 ml; Changes: New syringe;

FM 09:23 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining 16 ml;

FM 09:23 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN

FM 12:36 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 10:00

CA 12:09 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 200 ml; Dose: 400 mg; Route: IV; Co-sign Initials: SD; Action: Completed;

CA 12:09 Omeprazole 40mg IV Once Daily: Dose: 40mg ; Route: IV; Co-sign Initials: SD; Action: Completed;

FM 10:00 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Volume Remaining: 18 ml;

CA 10:37 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr;

CA 10:37 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;

CA 10:37 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr;

CA 10:37 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 3.5 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr;

CA 10:37 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 11:00

FM 12:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 16 Units/hr; Action: Suspend;

FM 12:34 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr;

FM 12:36 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

26/11/2020 12:00

FM 12:38 Clindamycin 1200 mg IV 8 hrly: Volume Adm 250 ml; Dose: 1200 mg; Route: IV; Action: Completed;

FM 12:38 PiperacillinTazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Action: Completed;

FM 12:38 Hydrocortisone 50 mg IV 6 hrly: Volume Adm 10 ml; Dose: 50 mg; Route: IV; Action: Completed;

CA 13:32 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN

FM 12:34 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN: Volume Adm 6 ml; Rate: 6 ml/hr; Dose: 120 mg/hr; Action: Suspend;

FM 12:34 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 23 ml;

FM 12:34 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 12 ml; Rate: 6 ml/hr; Dose: 2.4 Units/hr; Action: Suspend;

FM 12:34 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN: Volume Adm 7 ml; Rate: 3.5 ml/hr; Dose: 1.1 mg/hr; Volume Remaining 4 ml;

FM 12:36 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	26/11/2020 13:00
CA	13:32 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN
CA	13:32 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 20 ml;
CA	13:32 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN; Volume Adm: 2 ml; Rate: 2.5 ml/hr; Dose: 0.8 mg/hr; Volume Remaining: 45 ml; Changes: New bag;
CA	13:32 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 14:00
J4	16:36 Pabrinex 1&2 20 ml IV 8 hrly; Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EL; Action Completed; Remarks: GIVEN AT 16.30
CA	15:39 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
	26/11/2020 14:07
CT	Glucose 20% IV STAT; 14:37 Cosign JM
	26/11/2020 14:20
CA	14:33 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 15:00
CA	15:30 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 12 ml;
CA	15:30 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN; Volume Adm: 5 ml; Rate: 2.5 ml/hr; Dose: 0.8 mg/hr; Volume Remaining: 43 ml;
	26/11/2020 16:00
CA	15:39 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
CA	16:31 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN; Volume Adm: 2.5 ml; Rate: 0 ml/hr; Dose: 0 mg/hr; Volume Remaining: 41 ml; Action: Suspend;
CA	17:11 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 16:11
CA	17:20 Heparin 5000 Units IV Once Only; Volume Adm: 5 ml; Dose: 5000 Units; Route: IV; Action Completed;
	26/11/2020 17:00
CA	18:20 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 50 ml; Changes: New line or giving set;
CA	18:30 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 18:00
A	27/11/2020 1116 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution Base; Route: PO/NG; Action: Completed; Reason Drug Held: 14. Other - Record In Notes;
LB	20:35 Clindamycin 1200 mg IV 6 hrly; Volume Adm: 250 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LB; Action: Completed;
CN	23:14 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Dose: 4.5 g; Route: IV; Action: Completed;
CN	23:14 Hydrocortisone 50 mg IV 6 hrly: Dose: 50 mg; Route: IV; Action: Completed;
CA	18:20 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml;
CA	18:30 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 19:00
FM	18:38 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 45 ml;
FM	18:38 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 100 ml; Rate: 100 ml/hr;
	26/11/2020 19:02
FM	19:05 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 0 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr;
	26/11/2020 20:00
FM	20:24 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 39 ml;
FM	20:24 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 45 ml;
FM	20:24 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 21:00
CN	21:53 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 35 ml; Bolus Dose: 6 mg; Bolus Volume: 6 ml;
CN	21:53 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 34 ml;
CN	21:53 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 22:00
LB	22:07 Senna 15 mg PO/NG OD at 22:00; Dose: 15 mg; Solution Base; Route: PO/NG; Action: Completed; Reason Drug Held: NIL BY NG;
EF	27/11/2020 02:45 Pabrinex 1&2 20 ml IV 8 hrly; Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EF; Action: Completed;
CN	22:37 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
LB	22:07 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr;
LB	22:07 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	26/11/2020 23:00
CN	23:14 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 26 ml; Bolus Dose: 1 mg; Bolus Volume: 1 ml;
CN	23:14 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 32 ml;
CN	23:14 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	27/11/2020 00:00
EF	02:45 Clindamycin 1200 mg IV 6 hrly; Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: EF; Action: Completed;
EF	02:45 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: EF; Action: Completed;
CN	00:16 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 21 ml;
CN	00:16 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 30 ml;
CN	00:16 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	27/11/2020 01:00
LB	01:08 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 17 ml;
LB	01:08 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 30 ml;
LB	01:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	27/11/2020 02:00
CN	02:47 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml; Bolus Dose: 2 mg; Bolus Volume: 2 ml;
CN	02:20 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.2 ml; Rate: 1.2 ml/hr; Dose: 1200 Units/hr; Volume Remaining: 28 ml;
CN	02:20 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	27/11/2020 02:40
CN	02:47 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 0 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Co-sign Initials: EF; Action Start;
	27/11/2020 03:00
CN	03:10 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 0.3 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 47 ml;
CN	03:10 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 7 ml;
CN	04:06 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN; Volume Adm: 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 27 ml;
CN	03:10 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm: 50 ml; Rate: 50 ml/hr;
	27/11/2020 04:00

27/11/2020 04:00

CN 04:06 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 46 ml;

CN 04:06 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 4 ml;

CN 04:06 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN: Volume Adm 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 25 ml;

CN 04:06 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

27/11/2020 05:00

CN 05:08 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 45 ml;

CN 05:08 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 44 ml;

CN 05:08 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN: Volume Adm 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 24 ml;

CN 05:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

27/11/2020 06:00

CN 07:11 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: NIL BY NG;

CN 07:11 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LB; Action: Completed;

CN 07:11 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: LB; Action: Completed;

CN 07:11 Hydrocortisone 50 mg IV 12 hrly: Volume Adm: 5 ml; Dose: 50 mg; Route: IV; Co-sign Initials: LB; Action: Completed;

CN 07:11 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LB; Action: Completed;

CN 05:28 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 42 ml;

CN 06:28 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 38 ml;

CN 06:28 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN: Volume Adm 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 22 ml;

CN 06:28 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

27/11/2020 07:00

CN 07:11 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 40 ml;

CN 07:11 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 35 ml;

CN 07:11 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN: Volume Adm 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 21 ml;

CN 07:11 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

27/11/2020 08:00

PM 09:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 0 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 37 ml;

A 08:06 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN

A 08:06 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 30 ml;

A 08:06 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN: Volume Adm 1.6 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Volume Remaining: 20 ml;

A 08:06 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN

A 08:06 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN

27/11/2020 09:00

A 09:49 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 31 ml;

A 09:49 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;

A 09:49 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN: Volume Adm 1.4 ml; Rate: 1.4 ml/hr; Dose: 1400 Units/hr; Action: Suspend;

A 09:49 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

27/11/2020 10:00

A 1116 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 100 ml; Dose: 400 mg; Route: IV; Co-sign Initials: NB; Action: Completed;

A 1116 Omeprazole 40mg IV Once Daily: Dose: 40mg 100; Route: IV; Co-sign Initials: NB; Action: Completed;

A 09:56 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 31 ml;

A 09:56 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN

A 09:56 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;

A 09:56 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN

A 09:56 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN

A 09:56 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN

27/11/2020 11:00

A 1120 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 22 ml;

A 1120 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN

A 1120 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 17 ml;

A 1120 Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN

A 1120 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN

A 1120 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN

27/11/2020 11:55

A 12:19 Furosemide 20 mg IV Once Only: Volume Adm: 2 ml; Dose: 20 mg; Route: IV; Co-sign Initials: LL; Action: Completed;

27/11/2020 12:00

A 12:41 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action: Completed;

A 12:41 Piperacillin/Tazobactam 4.5 g IV 6 hrly: Volume Adm: 100 ml; Dose: 4.5 g; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action: Completed;

A 12:29 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 15 ml;

A 12:29 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN

A 12:29 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 12 ml;

27/11/2020 13:00

A 15:05 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;

FM 13:35 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 8 ml;

FM 13:34 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr: Volume Adm 50 ml; Rate: 50 ml/hr;

27/11/2020 14:00

A 15:06 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action: Completed;

A 15:05 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 4 ml;

NB 14:17 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 4 ml;

27/11/2020 15:00

A 15:05 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 46 ml; Changes: New syringe; New line or giving set; Co-sign Initials: LL;

A 15:05 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN

27/11/2020 15:00

A	15:05 Alfentanil 1mg/mL 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 42 ml; Changes: New syringe; New line or giving set; Co-sign Initials: LL;

27/11/2020 16:00

A	16:13 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 45 ml;
A	16:13 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml; Changes: New bag; New line or giving set; Action Start;
A	16:53 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN
A	16:53 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 39 ml; Bolus Dose: 1 mg; Bolus Volume: 1 ml;

27/11/2020 17:00

A	16:53 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 44 ml;
A	16:53 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;
A	16:53 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN
A	16:53 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 32 ml;

27/11/2020 18:00

A	18:13 Lactulose 15 ml PO/NG 12 hrly; Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed; Reason Drug Held: nbm;
A	18:13 Clindamycin 1200 mg IV 6 hrly; Volume Adm 100 ml; Dose: 1200 mg; Solution: Sterile Water; Route: IV; Co-sign Initials: NB; Action: Completed;
A	18:13 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Volume Adm: 100 ml; Dose: 4.5 g; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: NB; Action: Completed;
A	18:13 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 43 ml;
A	18:13 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;
A	18:13 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN
A	18:13 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining 23 ml;

27/11/2020 19:00

A	19:10 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 42 ml;
A	19:10 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;
A	19:10 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN
A	19:10 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr; Volume Adm 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Action: Suspend;

27/11/2020 20:00

LB	22:10 Gentamicin 350 mg IV Once Only; Volume Adm 50 ml; Dose: 350 mg; Route: IV; Co-sign Initials: EF; Action: Completed;
LB	20:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 41 ml;
LB	20:12 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml; Action: Start;

27/11/2020 21:00

LB	21:15 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 40 ml;
LB	21:15 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;

27/11/2020 22:00

LB	22:10 Senna 15 mg PO/NG OD at 22:00; Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed;
LB	22:10 Pabrinex 1&2 20 ml IV 8 hrly; Volume Adm 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EF; Action: Completed;
LB	22:02 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 39 ml;
LB	22:02 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;

27/11/2020 23:00

EF	23:21 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr;
EF	23:21 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;

28/11/2020 00:00

CN	27/11/2020 00:30 Clindamycin 1200 mg IV 6 hrly; Volume Adm 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: EF; Action: Completed;
CN	27/11/2020 00:30 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Volume Adm 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: EF; Action: Completed;
EF	0112 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 37 ml; Action: Suspend;
LB	27/11/2020 23:57 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 10 ml;

28/11/2020 01:00

LB	0139 Enteral Feeds Nutrison NG Continuous PRN; Action: Suspend;
LB	0139 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr; Changes: New bag; New line or giving set; Co-sign Initials: EF; Action: Start;

28/11/2020 02:00

LB	02:04 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr;

28/11/2020 03:00

LB	03:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Co-sign Initials: J; Action: Start;
LB	03:12 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr;

28/11/2020 04:00

EF	04:07 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
EF	04:07 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr;

28/11/2020 05:00

EF	05:11 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
EF	05:11 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr;

28/11/2020 06:00

AS	1115 Lactulose 15 ml PO/NG 12 hrly; Route: PO/NG; Action: Held; Remarks: pt vomiting
LB	06:18 Clindamycin 1200 mg IV 6 hrly; Volume Adm 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: EF; Action: Completed;
LB	06:40 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Co-sign Initials: EF; Action: Completed;
LB	06:18 Pabrinex 1&2 20 ml IV 8 hrly; Volume Adm 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: EF; Action: Completed;
LB	06:08 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 39 ml;
LB	06:08 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr;

28/11/2020 07:00

LB	07:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 33 ml;
LB	07:12 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr;

28/11/2020 08:00

AS	08:46 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Action: Suspend;
AS	08:46 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr; Volume Adm 50 ml; Rate: 50 ml/hr; Action: Suspend;

28/11/2020 10:00

AS	1115 Dalteparin 15000 Units SC Once Daily; Dose: 15000 Units; Route: SC; Action: Completed;
AS	1145 Fluconazole 400 mg IV OD at 10:00; Volume Adm: 200 ml; Dose: 400 mg; Route: IV; Action: Completed;
AS	1115 Omeprazole 40mg IV Once Daily; Dose: 40mg ; Route: IV; Action: Completed;
ST	10:21 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm 100 ml;

28/11/2020 12:00

AS	14:40 Clindamycin 1200 mg IV 6 hrly; Volume Adm 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
AS	14:40 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Volume Adm: 100 ml; Dose: 4.5 g; Route: IV; Action: Completed;

28/11/2020 12:59

AS	14:40 Vancomycin (Loading Dose) 1500 mg IV Once Only; Volume Adm 500 ml; Dose: 1500 mg; Solution: Sodium Chloride 0.9%; Route: IV; Action: Completed;

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

28/11/2020 13:00

AS	14:40 Magnesium sulphate 20mmol. 20 mmol to 20 mmol IV Once Only; Volume Adm: 100 ml; Dose: 20 mmol; Solution: Glucose 5%; Route: IV; Action Completed;
AS	13:38 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
AS	13:38 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 10 mg/hr

28/11/2020 14:00

JM	20:26 Sando-K 2 Tab(s) PO/NG 8 hrly; Route: PO/NG; Action: Held; Remarks: held on drs advice
AS	15:10 Meropenem 2000 mg to 2000 mg IV 8 hrly; Volume Adm: 110 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Action Completed;
AS	17:30 Fabrinex 1&2 20 ml IV 8 hrly; Volume Adm: 110 ml; Dose: 20 ml; Route: IV; Action Completed;
AS	14:40 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
AS	15:19 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Action: Start;

28/11/2020 15:00

AS	15:19 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 0 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Action: Start;
AS	15:19 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 0 ml; Rate Adm: 30 ml/hr; Action: Start;
AS	15:19 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
AS	15:19 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Volume Adm: 20 ml;

28/11/2020 16:00

ST	16:26 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 4 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
AS	18:15 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
ST	16:26 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;
ST	16:26 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Volume Adm: 20 ml; Rate: 20 ml/hr;

28/11/2020 17:00

ST	17:14 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 36 ml;
AS	17:30 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 60 ml; Rate Adm: 30 ml/hr;
ST	17:14 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr; Volume Remaining: 35 ml;
AS	17:30 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 10 mg/hr
ST	17:14 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Volume Adm: 20 ml; Rate: 20 ml/hr; Volume Remaining: 0 ml;

28/11/2020 18:00

AS	19:43 Lactulose 15 ml PO/NG 12 hrly; Volume Adm: 20 ml; Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed;
AS	19:43 Clindamycin 1200 mg IV 6 hrly; Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
AS	18:15 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 8 ml; Rate: 8 ml/hr; Dose: 8 Units/hr;
AS	18:15 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
AS	18:15 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 0 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Action: Start;
AS	18:15 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr; Volume Remaining: 29 ml;
AS	19:43 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Volume Adm: 20 ml; Rate: 20 ml/hr; Action: Suspend;

28/11/2020 19:00

JM	20:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 8 ml; Rate: 8 ml/hr; Dose: 8 Units/hr;
JM	20:25 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
JM	20:25 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM	20:25 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr;

28/11/2020 20:00

JM	20:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 16 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 11ml;
JM	20:25 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 30 ml; Rate Adm: 30 ml/hr;
JM	20:25 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 404 ml;
JM	20:25 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 14 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 18 ml;
JM	20:25 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN; Volume Adm: 0 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 41 ml; Changes: New syringe; New line or giving set; Co-sign Initials: as; Action: Start;

28/11/2020 21:00

JM	21:10 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 6 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
JM	21:25 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM	21:10 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM	21:10 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr;
JM	21:10 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN; Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 mg/hr;

28/11/2020 21:27

JM	22:00 Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only; Volume Adm: 60 ml; Dose: 40 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: mv; Action: Completed;

28/11/2020 22:00

JM	20:59 Senna 15 mg PO/NG OD at 22:00; Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed;
JM	20:59 Sando-K 2 Tab(s) PO/NG 8 hrly; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
JM	20:59 Meropenem 2000 mg to 2000 mg IV 8 hrly; Volume Adm: 110 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: as; Action: Completed;
JM	20:59 Fabrinex 1&2 20 ml IV 8 hrly; Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: as; Action: Completed;

28/11/2020 23:00

JM	22:06 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 3 ml;
JM	22:41 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM	22:06 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 333 ml;
JM	22:41 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 18 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Volume Remaining: 40 ml; Changes: New syringe; Co-sign Initials: as;
JM	22:41 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN; Volume Adm: 6 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 26 ml; Bolus Dose: 1 mg; Bolus Volume: 1 ml;

29/11/2020 00:00

JM	29/11/2020 00:00 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Changes: New syringe; Co-sign Initials: mv;
JM	29/11/2020 00:00 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM	29/11/2020 00:00 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM	29/11/2020 00:00 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN; Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM	29/11/2020 00:00 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN; Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
JM	29/11/2020 00:00 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr

29/11/2020 00:05

JM	00:05 Clindamycin 1200 mg IV 6 hrly; Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: mv; Action: Completed;
JM	00:00 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 4 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 43 ml;
JM	00:00 Enteral Feeds Nutrison NG Continuous PRN; Volume Adm: 50 ml; Rate Adm: 50 ml/hr;
JM	00:00 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN; Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 253 ml;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	29/11/2020 00:00
JM	00:00 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 2 ml;
JM	00:00 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 15 ml;
	29/11/2020 01:00
JM	01:04 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 38 ml;
JM	01:04 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	01:04 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 212 ml;
JM	01:04 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 22 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 26 ml;
JM	01:04 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 8 ml;
	29/11/2020 02:00
JM	02:05 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 32 ml;
JM	01:40 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	02:05 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 180 ml;
JM	05:25 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 22 ml; Rate: 22 ml/hr; Dose: 220 mg/hr; Volume Remaining: 4 ml; Changes: New syringe; Co-sign Initials: mv;
JM	02:05 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 49 ml; Changes: New syringe; Co-sign Initials: mv;
	29/11/2020 03:00
S	03:05 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
S	03:05 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	03:05 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S	03:05 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
S	03:05 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
	29/11/2020 04:00
JM	05:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr;
JM	05:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	05:25 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
JM	05:25 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM	05:25 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
JM	05:25 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr
	29/11/2020 05:00
JM	05:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 11ml;
JM	05:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	05:25 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 24 ml;
JM	05:25 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr; Volume Remaining: 36 ml; Changes: New syringe; Co-sign Initials: mv;
JM	05:25 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr; Volume Remaining: 28 ml;
	29/11/2020 06:00
JM	06:41 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed;
JM	06:41 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
JM	06:41 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: mv; Action: Completed;
JM	06:41 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: mv; Action: Completed;-
JM	06:41 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: mv; Action: Completed;
JM	06:53 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
JM	06:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	06:53 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Changes: New bag; Co-sign Initials: mv;
JM	06:53 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 20 ml/hr; Dose: 200 mg/hr;
JM	06:53 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 7 mg/hr;
JM	06:53 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr
	29/11/2020 07:00
JM	06:53 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 10 ml;
JM	06:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	06:53 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 466 ml;
JM	07:26 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 20 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 6 ml; Changes: New syringe; Co-sign Initials: mv;
JM	07:26 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 16 ml;
	29/11/2020 07:14
NB	08:16 Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only: Volume Adm: 60 ml; Dose: 40 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: MU; Action: Completed;
	29/11/2020 08:00
NB	08:16 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 6 ml;
NB	08:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	08:16 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 420 ml;
NB	08:16 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 37 ml;
NB	08:16 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 mg/hr; Volume Remaining: 10 ml;
NB	08:16 Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr: Volume Adm: 60 ml; Rate: 20 ml/hr; Co-sign Initials: mm;
	29/11/2020 09:00
NB	10:19 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 3 ml; Changes: New syringe; Co-sign Initials: AS;
NB	08:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	09:14 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 368 ml;
NB	10:19 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 13 ml; Changes: New syringe; Co-sign Initials: AS;
NB	12:07 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 48 ml; Changes: New bag; New syringe; Co-sign Initials: AS;
NB	12:07 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr
	29/11/2020 09:06
NB	12:07 Furosemide 20 mg IV Once Only: Dose: 20 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
	29/11/2020 10:00
NB	12:07 Lansoprazole 30 mg PO/NG OD at 10:00: Volume Adm: 30 ml; Dose: 30 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
NB	12:07 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Co-sign Initials: AS; Action: Completed;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

29/11/2020 10:00

NB	10:42 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 100 ml; Dose: 400 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
NB	12:07 Methadone 20 mg PO/NG OD at 10:00: Volume Adm: 20 ml; Dose: 20 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
NB	12:07 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 43 ml;
NB	10:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	10:19 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 324 ml;
NB	10:19 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr; Volume Remaining: 49 ml;
NB	12:07 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 44 ml;

29/11/2020 11:00

NB	12:07 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 38 ml;
NB	10:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	12:07 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
NB	12:07 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 18 ml; Rate: 18 ml/hr; Dose: 180 mg/hr;
NB	12:07 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;

29/11/2020 12:00

NB	12:07 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: AS; Action: Completed;
NB	12:07 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 33 ml;
NB	12:07 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	12:07 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 251 ml;
NB	15:00 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 16 ml; Rate: 16 ml/hr; Dose: 160 mg/hr; Volume Remaining: 21 ml;
NB	12:07 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;

29/11/2020 13:00

NB	12:57 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 28 ml;
NB	12:57 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	12:57 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 211 ml;
NB	15:00 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 14 ml; Rate: 14 ml/hr; Dose: 140 mg/hr; Volume Remaining: 8 ml; Changes: New syringe; Co-sign Initials: AS;
NB	12:57 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;

29/11/2020 14:00

NB	15:50 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
NB	15:50 Meropenem 2000 mg in 2000 mg IV 8 hrly: Volume Adm: 40 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: AS; Action: Completed;
NB	15:50 Fabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: AS; Action: Completed;
NB	15:00 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 23 ml;
NB	12:57 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	15:00 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 170 ml;
NB	15:00 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 12 ml; Rate: 12 ml/hr; Dose: 120 mg/hr; Volume Remaining: 40 ml;
NB	15:00 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;

29/11/2020 15:00

NB	15:00 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 19 ml;
NB	16:14 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	15:00 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 132 ml;
NB	15:00 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 10 ml; Rate: 10 ml/hr; Dose: 100 mg/hr; Volume Remaining: 31 ml;
NB	15:00 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 8 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;

29/11/2020 16:00

NB	17:52 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 14 ml;
NB	16:14 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	17:52 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 89 ml;
NB	17:52 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 7 ml; Rate: 7 ml/hr; Dose: 70 mg/hr; Volume Remaining: 22 ml;
NB	17:52 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;

29/11/2020 17:00

NB	17:52 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 9 ml;
NB	16:14 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	15:50 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
NB	17:52 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr; Volume Remaining: 16 ml;
NB	17:52 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 20 ml;

29/11/2020 18:00

NB	19:12 Lactulose 15 ml PO/NG 12 hrly: Volume Adm: 15 ml; Dose: 15 ml; Solution: Base; Route: PO/NG; Co-sign Initials: NB; Action: Completed;
NB	17:52 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
NB	17:52 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 4 ml; Changes: New syringe; Co-sign Initials: NB;
NB	19:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	17:52 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 500 ml; Changes: New bag; Co-sign Initials: AS;
NB	17:52 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr; Volume Remaining: 12 ml;
NB	17:52 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 16 ml;

29/11/2020 19:00

NB	19:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 48 ml;
NB	19:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
NB	19:12 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 444 ml;
NB	19:12 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 40 mg/hr; Volume Remaining: 7 ml;
NB	19:12 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 11 ml;
NB	19:12 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Volume Adm: 60 ml; Co-sign Initials: AS;

29/11/2020 19:15

NB	19:21 Furosemide 40 mg IV PRN: Dose: 40 mg; Route: IV; Co-sign Initials: AS; Action: Completed;

29/11/2020 20:00

S	20:36 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 43 ml;

29/11/2020 20:00

S 20:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 20:35 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 413 ml;
S 20:35 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 4 ml;
S 20:36 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 8 ml;
S 20:36 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr

29/11/2020 21:00

S 20:55 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 40 ml;
S 20:55 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 20:55 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 372 ml;
S 20:55 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 50 ml; Changes: New syringe;
S 20:55 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 4 ml;

29/11/2020 22:00

S 22:17 Senna 15 mg PO/NG OD at 22:00: Dose: 15 mg; Solution: Base; Route: PO/NG; Action: Completed;
S 22:17 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
S 22:17 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 40 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;
S 22:17 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: JM; Action: Completed;
S 22:03 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
S 22:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 22:03 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S 22:03 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr;
S 23:20 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Changes: New syringe; New line or giving set; Co-sign Initials: jm;
S 22:03 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr

29/11/2020 23:00

S 23:20 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 34 ml;
S 23:20 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 23:20 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 281 ml;
S 23:20 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 44 ml;
S 23:20 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 43 ml;

30/11/2020 00:00

S 00:10 Clindamycin 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
S 00:10 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 30 ml;
S 00:10 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 00:10 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 240 ml;
S 00:10 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 50 mg/hr; Volume Remaining: 39 ml;
S 00:10 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 39 ml;

30/11/2020 00:52

S 01:39 Paracetamol 1000 mg IV Once Only: Volume Adm: 100 ml; Dose: 1000 mg; Solution: Base; Route: IV; Co-sign Initials: JM; Action: Completed;

30/11/2020 01:00

S 01:03 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
S 00:11 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 0 ml/hr;
S 01:03 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S 01:03 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 50 mg/hr;
S 01:03 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
S 01:03 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr

30/11/2020 01:09

S 01:39 Clonidine. 50 mcg PO/NG; IV STAT: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: JM; Action: Completed;

30/11/2020 02:00

S 02:09 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 22 ml;
S 02:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 02:09 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 152 ml;
S 02:09 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr; Volume Remaining: 21 ml;
S 02:09 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 30 ml;

30/11/2020 03:00

S 04:30 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
S 04:30 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 04:30 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S 04:30 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr;
S 04:30 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
S 04:30 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr

30/11/2020 04:00

S 04:30 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr;
S 04:30 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 04:30 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr;
S 04:30 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr;
S 04:30 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr;
S 04:30 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr

30/11/2020 05:00

S 05:21 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 10 ml;
S 05:21 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S 05:21 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 16 ml;
S 05:21 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr; Volume Remaining: 36 ml;
S 05:21 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 17 ml;

30/11/2020 06:00

S 06:18 Lactulose 15 ml PO/NG 12 hrly: Dose: 15 ml; Solution: Base; Route: PO/NG; Action: Completed;
S 06:18 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
S 06:18 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	30/11/2020 06:00
S	06:18 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 40 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;
S	06:18 Pabrinex 1&2 20 ml IV 8 hrly: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: JM; Action: Completed;
S	06:18 Clonidine. 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: ON; Action: Completed;
S	06:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 6 ml;
S	06:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	06:25 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 480 ml; Changes: New bag; New line or giving set; Co-sign Initials: ON;
S	06:25 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 9 ml; Rate: 9 ml/hr; Dose: 90 mg/hr; Volume Remaining: 25 ml;
S	06:25 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml;
	30/11/2020 07:00
S	07:04 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 46 ml; Changes: New syringe; New line or giving set; Co-sign Initials: ON;
S	07:04 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
S	07:04 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 440 ml;
S	07:04 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 20 ml;
S	07:04 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;
	30/11/2020 07:34
CC	08:29 Furosemide 20 mg IV STAT. Dose: 20 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
	30/11/2020 07:35
CC	08:29 Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only: Volume Adm: 60 ml; Dose: 20 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: AS; Action: Completed;
	30/11/2020 08:00
CC	08:03 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 42 ml;
CC	08:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	08:03 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 411 ml;
CC	08:03 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 30 mg/hr; Volume Remaining: 17 ml;
CC	08:03 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 7 ml;
	30/11/2020 09:00
CC	08:59 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 37 ml;
CC	08:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	08:59 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 365 ml;
CC	08:59 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 3 ml; Rate: 1 ml/hr; Dose: 10 mg/hr; Volume Remaining: 14 ml;
CC	08:59 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 49 ml; Changes: New syringe; New line or giving set;
	30/11/2020 10:00
CC	1144 Lansoprazole 30 mg PO/NG OD at 10:00. Dose: 30 mg; Route: PO/NG; Action: Completed;
CC	1144 Dalteparin 15000 Units SC Once Daily. Dose: 15000 Units; Route: SC; Action: Completed;
CC	1144 Fluconazole 400 mg IV OD at 10:00. Dose: 400 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
CC	1146 Methadone 20 mg PO/NG OD at 10:00. Route: PO/NG; Action: Held; Remarks: changed to full dose of 70mg
CC	12:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 32 ml;
CC	09:43 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	10:07 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Volume Remaining: 324 ml;
CC	1141 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 10 mg/hr; Volume Remaining: 13 ml; Action: Suspend;
CC	10:07 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 45 ml;
	30/11/2020 11:00
CC	12:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 28 ml;
CC	1141 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	1141 Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 42 ml; Rate: 42 ml/hr; Dose: 126 mg/hr; Action: Suspend;
CC	1141 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 41 ml;
	30/11/2020 11:44
CC	1146 Methadone 70 mg PO/NG Once Only: Dose: 70 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
	30/11/2020 12:00
CC	12:34 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
CC	12:34 Clindamycin 1200 mg IV 6 hrly: Dose: 1200 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
CC	12:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 15 ml;
CC	12:34 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	12:34 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 37 ml;
	30/11/2020 13:00
CC	12:59 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 13 ml;
CC	12:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	12:59 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 35 ml;
	30/11/2020 14:00
CC	15:18 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CC	15:18 Meropenem 2000 mg to 2000 mg IV 8 hrly: Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: PO; Action: Completed;
CC	15:18 Pabrinex 1&2 20 ml IV 8 hrly: Dose: 20 ml; Route: IV; Co-sign Initials: PO; Action: Completed;
CC	15:18 Clonidine. 50 mcg PO/NG; IV 8 hrly: Dose: 50 mcg; Route: IV; Action: Completed; Remarks: Given IV as per Dr Lisa Gemmells instructions as no PO/NG medications available
CC	14:02 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 7 ml;
CC	14:02 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	14:02 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
	30/11/2020 15:00
CC	15:42 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; New line or giving set; Action: Start;
CC	15:42 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	15:42 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
	30/11/2020 16:00
CC	16:09 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5.5 ml; Rate: 5.5 ml/hr; Dose: 5.5 Units/hr; Volume Remaining: 42 ml;
CC	16:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	16:09 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
	30/11/2020 17:00

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2020 17:00
CC	18:09 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5.5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 34 ml;
CC	17:02 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	17:02 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
	30/11/2020 18:00
CC	17:45 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: Bowels moved multiple times throughout the day - type 6/7
CC	19:09 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: AS; Action: Completed;
CC	19:09 Clindamycin 1200 mg IV 6 hrly: Dose: 1200 mg; Route: IV; Co-sign Initials: AS; Action: Completed;
CC	18:09 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 27 ml;
CC	18:09 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CC	18:09 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 16 ml;
	30/11/2020 19:00
CC	19:09 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 23 ml;
CC	19:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Changes: New bag; New line or giving set;
CC	19:06 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 13 ml;
	30/11/2020 20:00
EK	19:55 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 21 ml;
EK	19:55 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	19:55 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 9 ml;
	30/11/2020 21:00
EK	21:03 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 20 ml;
EK	21:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium...: 21:11Cosign
EK	21:11Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 245 ml; Co-sign Initials: JM; Action: Start;
EK	22:24 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Changes: New syringe; New line or giving set;
	30/11/2020 22:00
EK	23:10 Senna 15 mg PO/NG OD at 22:00: Route: PO/NG; Action: Held; Remarks: Type 7 stool today
EK	23:10 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
EK	23:10 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 140 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;
EK	23:10 Clonidine. 50 mcg PO/NG; IV 8 hrly: Dose: 50 mcg; Route: IV; Co-sign Initials: JM; Action: Completed;
EK	22:24 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 Units/hr; Volume Remaining: 19 ml;
EK	22:24 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	22:24 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 217 ml;
EK	22:24 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 47 ml;
	30/11/2020 23:00
EK	23:17 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 17 ml;
EK	23:17 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	23:17 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 198 ml;
EK	23:17 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 43 ml;
	01/12/2020 00:00
EK	30/11/2020 23:53 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;
EK	30/11/2020 23:53 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: JM; Action: Completed;
EK	00:08 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 15 ml;
EK	00:08 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	00:08 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 181 ml;
EK	00:08 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 40 ml;
	01/12/2020 01:00
EK	01:16 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 12 ml;
EK	01:16 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	01:16 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 156 ml;
EK	01:16 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 36 ml;
	01/12/2020 01:28
JM	Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only: 02:36 Cosign
EK	02:36 Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only: Volume Adm: 60 ml; Dose: 40 mmol; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: JM; Action: Completed;
	01/12/2020 02:00
EK	02:04 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 9 ml;
EK	02:07 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	03:06 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 139 ml; Action: Suspend;
EK	02:04 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 32 ml;
	01/12/2020 03:00
JM	03:06 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Volume Remaining: 3 ml;
JM	03:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	03:06 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 0 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 117 ml; Action: Start;
JM	03:06 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 28 ml;
	01/12/2020 04:00
JM	03:53 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 5 ml; Rate: 5 ml/hr; Dose: 5 Units/hr; Changes: New syringe; Co-sign Initials: jm;
JM	03:53 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
JM	03:53 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 99 ml;
JM	03:53 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 24 ml;
	01/12/2020 05:00
EK	05:20 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 41 ml;
EK	05:20 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	05:20 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 70 ml;
EK	05:20 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 18 ml;
	01/12/2020 06:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

01/12/2020 06:00

EK	05:57 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Reason Drug Held: 14. Other - Record In Notes; Remarks: type 7 stool
EK	07:04 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
EK	06:22 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;
EK	05:57 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LF; Action: Completed;
EK	05:57 Meropenem 2000 mg to 2000 mg IV 8 hrly: Volume Adm: 140 ml; Dose: 2000 mg; Solution: Sodium Chloride 0.9%; Route: IV; Co-sign Initials: LF; Action: Completed;
EK	06:22 Pabrinex 1&2 20 ml IV OD at 10:00: Volume Adm: 100 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LF; Action: Completed;
CN5	08:15 Clonidine, 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: KM; Action: Completed;
EK	06:03 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 38 ml;
EK	06:03 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	06:03 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 55.5 ml;
EK	06:03 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 15 ml;

01/12/2020 07:00

EK	07:10 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 33 ml;
EK	07:11 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
EK	07:10 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 315 ml;
EK	07:10 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 10 ml;

01/12/2020 08:00

CN5	08:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 28 ml;
CN5	08:34 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr;
CN5	08:56 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 4.3 ml; Changes: New bag; New line or giving set; Co-sign Initials: KM;
CN5	08:34 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 mg/hr; Volume Remaining: 6 ml;

01/12/2020 09:00

CN5	1126 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 24 ml; Action: Suspend;
CN5	09:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Action: Suspend; Remarks: planning extubation
CN5	09:06 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 278 ml;
A7	Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: 17:52 Cosign
CN5	17:52 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 mg/hr; Volume Remaining: 2 ml; Changes: New syringe; New line or giving set; Co-sign Initials: KM;

01/12/2020 10:00

CN5	1113 Lansoprazole 30 mg PO/NG OD at 10:00: Volume Adm: 20 ml; Dose: 30 mg; Route: PO/NG; Action: Completed;
CN5	1112 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Action: Completed;
A7	Fluconazole 400 mg IV OD at 10:00: 12:18 Cosign
CN5	12:18 Fluconazole 400 mg IV OD at 10:00: Volume Adm: 200 ml; Dose: 400 mg; Route: IV; Co-sign Initials: KM; Action: Completed;
A7	Methadone 70 mg PO/NG OD at 10:00: 12:18 Cosign
CN5	12:18 Methadone 70 mg PO/NG OD at 10:00: Volume Adm: 70 ml; Dose: 70 mg; Solution: Base; Route: PO/NG; Co-sign Initials: KM; Action: Completed;
CN5	1126 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr;
CN5	1126 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 mg/hr;

01/12/2020 11:00

CN5	1126 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 230 ml;
CN5	1126 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Volume Adm: 1 ml; Rate: 1 ml/hr; Dose: 1 mg/hr; Action: Suspend;

01/12/2020 12:00

CN5	12:59 Diazepam 5 mg PO/NG 6 hrly: Volume Adm: 12 ml; Dose: 5 mg; Route: PO/NG; Co-sign Initials: KM; Action: Completed;
A7	Clindamycin 1200 mg IV 6 hrly: 13:22 Cosign
CN5	13:22 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 108 ml; Dose: 1200 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: KM; Action: Completed;
CN5	12:09 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 214 ml;

01/12/2020 12:59

CN5	14:03 Sodium Chloride 0.18% + Glucose 4% IV STAT: Volume Adm: 500 ml; Rate: 80 ml/hr; Changes: New bag; New line or giving set; Remarks: fluids commenced at 10 AM as asked by Consultant at 80 mls/hr continuous as feed stopped and patient tidm, however there was issues with the prescription. Will need to be amended to continuous infusion.

01/12/2020 13:00

A7	13:13 Enteral Feeds Nutrison NG Continuous PRN
A7	13:13 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 192 ml;
A7	13:13 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN

01/12/2020 14:00

CN5	15:36 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CN5	15:36 Meropenem 2000 mg to 2000 mg IV 8 hrly: Route: IV; Action: Held; Remarks: new dose prescribed, old dose not stopped, await medical staff changing this.
CN5	15:36 Clonidine, 50 mcg PO/NG; IV 8 hrly: Remarks: as per doctor Olivia instructions
CN5	14:09 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Volume Remaining: 181 ml;

01/12/2020 14:37

CN5	14:38 Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN: Volume Adm: 13 ml; Rate: 21 ml/hr; Dose: 105 mg/hr; Action: Suspend; Remarks: Consultant asked me to stop vancomycin infusion, and he will ammend prescription

01/12/2020 14:56

CN5	15:33 Meropenem 1000 mg IV STAT: Volume Adm: 20 ml; Dose: 1000 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: SM; Action: Completed;

01/12/2020 15:00

CN5	17:22 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 0 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
CN5	17:22 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 65 ml/hr; Line Due At: 65;

01/12/2020 15:45

CN5	15:48 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 0 ml; Rate Adm: 65 ml/hr; Line Due At: 65; Action: Start;

01/12/2020 16:00

CN5	17:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 48 ml; Changes: New syringe; New line or giving set; Co-sign Initials: SM;

01/12/2020 17:00

CN5	17:34 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 44 ml;
CN5	17:34 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 81 ml; Rate Adm: 65 ml/hr; Line Due At: 65; Changes: New bag; New line or giving set;

01/12/2020 18:00

CN5	18:42 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: as per doctors instructions
CN5	18:42 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Completed;
CN5	18:42 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 108 ml; Dose: 1200 mg; Solution: Glucose 5%; Route: IV; Co-sign Initials: SM; Action: Completed;
A7	17:52 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 4 ml/hr; Dose: 4 Units/hr; Volume Remaining: 40 ml;
A7	17:52 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65; Changes: New bag; New line or giving set;

01/12/2020 19:00

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	01/12/2020 19:00
CN5	19:23 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
CN5	19:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	01/12/2020 19:13
E	21:06 Furosemide 50 mg IV STAT. Dose: 50 mg; Route: IV; Co-sign Initials: HS; Action: Completed;
	01/12/2020 20:00
E	21:06 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr;
E	21:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	01/12/2020 21:00
E	22:35 Morphine. 5 mg PO/NG 1 hrly: Route: PO/NG; Action: Held; Remarks: Prescription error. Supposed to be PRN dosing
E	21:06 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 30 ml;
E	21:06 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	01/12/2020 22:00
E	22:35 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E	22:35 Senna 15 mg PO/NG OD at 22:00: Route: PO/NG; Action: Held; Remarks: Loose stools
E	22:35 Sando-K 2 Tab(s) PO/NG 8 hrly: Volume Adm: 30 ml; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
E	22:35 Clonidine. 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Action: Completed;
E	22:35 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 6 ml/hr; Dose: 6 Units/hr; Volume Remaining: 24 ml;
E	22:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	01/12/2020 23:00
E	02/12/2020 00:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 21 ml;
E	02/12/2020 00:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 00:00
E	00:25 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: LMcK; Action: Completed;
E	00:25 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E	00:25 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 18 ml;
E	00:25 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 01:00
E	02:19 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr; Volume Remaining: 15 ml;
E	02:19 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 02:00
E	03:36 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
E	03:36 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 03:00
E	04:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
E	03:36 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 04:00
E	04:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
E	04:12 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 05:00
LM	05:33 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 50 ml; Changes: New syringe; New line or giving set; Co-sign Initials: RB;
E	06:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 06:00
E	06:58 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E	06:58 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: loose stools
E	06:58 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Co-sign Initials: LMcK; Action: Completed;
E	06:58 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Co-sign Initials: LMcK; Action: Completed;
E	06:58 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E	06:58 Pabrinex 1&2 20 ml IV OD at 10:00: Volume Adm: 120 ml; Dose: 20 ml; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E	06:58 Clonidine. 50 mcg PO/NG; IV 8 hrly: Volume Adm: 50 ml; Dose: 50 mcg; Route: IV; Co-sign Initials: LMcK; Action: Completed;
E	06:26 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 44 ml;
E	06:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 07:00
JM6	15:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
	02/12/2020 08:00
A7	09:01 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 39 ml;
JM6	09:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
A7	09:01 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
A7	09:01 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN
	02/12/2020 09:00
JM6	15:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
JM6	09:26 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 09:55
JM6	11:24 Furosemide 40 mg IV STAT. Dose: 40 mg; Solution: Base; Route: IV; Co-sign Initials: km; Action: Completed;
	02/12/2020 10:00
JM6	11:41 Lansoprazole 30 mg PO/NG OD at 10:00. Dose: 30 mg; Route: PO/NG; Action: Completed;
A7	Dalteparin 15000 Units SC Once Daily: 12:54 Cosign
JM6	12:54 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Co-sign Initials: km; Action: Completed;
JM6	11:24 Methadone 70 mg PO/NG OD at 10:00. Dose: 70 mg; Route: PO/NG; Co-sign Initials: km; Action: Completed;
JM6	15:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
	02/12/2020 11:00
A7	11:01 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 9 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 31 ml;
A7	11:01 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 130 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
A7	11:01 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	02/12/2020 12:00
A7	12:57 Diazepam 5 mg PO/NG 6 hrly: Volume Adm: 12 ml; Dose: 5 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;
JM6	11:41 Clindamycin 1200 mg IV 6 hrly: Dose: 1200 mg; Route: IV; Co-sign Initials: RM; Action: Completed;
JM6	15:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
JM6	11:44 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 13:00
A7	12:41 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 6 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 27 ml;
A7	12:54 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At: 65;
	02/12/2020 14:00
A7	Meropenem 1000 mg IV 8 hrly: 16:10 Cosign

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	02/12/2020 14:00
JM6	16:10 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Co-sign Initials: km; Action: Completed;
A7	12:57 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
JM6	15:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
JM6	14:07 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
	02/12/2020 15:00
JM6	15:12 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 20 ml;
JM6	15:10 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
	02/12/2020 16:00
JM6	18:11 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 65 ml; Rate Adm: 65 ml/hr; Line Due At 65;
	02/12/2020 17:00
JM6	18:11 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 14 ml;
JM6	18:11 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
A7	17:05 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	02/12/2020 18:00
JM6	15:58 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: bowels moving frequently,
JM6	18:05 Diazepam 5 mg PO/NG 6 hrly: Route: PO/NG; Action: Held; Remarks: pt sleeping/very drowsy
JM6	18:05 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: RM; Action: Completed;
JM6	19:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
	02/12/2020 19:00
JM6	19:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
	02/12/2020 20:00
CK	20:40 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 9 ml; Rate: 3 ml/hr; Dose: 3 Units/hr;
CK	20:40 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
CK	20:40 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	02/12/2020 21:00
CK	21:54 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
CK	21:21 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
	02/12/2020 22:00
CK	21:49 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Solution: Sterile Water; Route: IV; Co-sign Initials: MS; Action: Completed;
CK	21:49 Senna 15 mg PO/NG OD at 22:00: Route: PO/NG; Action: Held; Remarks: loose stools
CK	21:49 Sando-K 2 Tab(s) PO/NG 8 hrly: Volume Adm: 50 ml; Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CK	21:54 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr; Changes: New syringe; New line or giving set; Co-sign Initials: MS;
CK	21:54 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
CK	21:54 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	02/12/2020 23:00
E8	23:51 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
E8	23:51 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At 55;
	03/12/2020 00:00
E8	00:27 Diazepam 5 mg PO/NG 6 hrly: Volume Adm: 12 ml; Dose: 5 mg; Route: PO/NG; Co-sign Initials: lmck; Action: Completed;
E8	00:27 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Co-sign Initials: lmck; Action: Completed;
E8	02/12/2020 23:51 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr; Volume Remaining: 43 ml;
E8	02/12/2020 23:51 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 01:00
E8	03:36 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 1.5 ml; Rate: 1.5 ml/hr; Dose: 1.5 Units/hr;
CC9	01:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 02:00
CC9	01:59 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 40 ml;
CC9	01:59 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 03:00
E8	03:36 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 38 ml;
E8	03:35 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 04:00
E8	04:41 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 36 ml;
E8	04:41 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 05:00
CC9	06:23 Meropenem 1000 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1000 mg; Route: IV; Action: Completed;
SM	10:40 Lactulose 15 ml PO/NG 12 hrly: Route: PO/NG; Action: Held; Remarks: Witheld due to loose stools
CC9	07:16 Sando-K 2 Tab(s) PO/NG 8 hrly: Dose: 2 Tab(s); Route: PO/NG; Action: Completed;
CC9	07:16 Diazepam 5 mg PO/NG 6 hrly: Dose: 5 mg; Route: PO/NG; Action: Completed;
CC9	06:23 Clindamycin 1200 mg IV 6 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
CC9	07:16 Pabrinex 1&2 20 ml IV OD at 10:00: Dose: 20 ml; Route: IV; Action: Completed;
CC9	06:23 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 32 ml;
CC9	06:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 110 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 07:00
SM	10:39 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
SM	08:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
SM	10:39 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	03/12/2020 08:00
SM	08:23 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 4 ml; Rate: 2 ml/hr; Dose: 2 Units/hr; Volume Remaining: 28 ml;
SM	08:23 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
	03/12/2020 09:00
SM	10:39 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 2 ml; Rate: 2 ml/hr; Dose: 2 Units/hr;
SM	10:39 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
SM	10:39 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	03/12/2020 10:00
SM	10:40 Lansoprazole 30 mg PO/NG OD at 10:00: Volume Adm: 20 ml; Dose: 30 mg; Solution: Sterile Water; Route: PO/NG; Action: Completed;
SM	12:43 Dalteparin 15000 Units SC Once Daily: Dose: 15000 Units; Route: SC; Co-sign Initials: KM; Action: Completed;
SM	10:40 Methadone 70 mg PO/NG OD at 10:00: Volume Adm: 70 ml; Dose: 70 mg; Route: PO/NG; Co-sign Initials: JM; Action: Completed;
SM	10:39 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Volume Adm: 3 ml; Rate: 3 ml/hr; Dose: 3 Units/hr; Volume Remaining: 47 ml; Changes: New syringe; New line or giving set; Co-sign Initials: KM;
SM	10:39 Enteral Feeds Nutrison NG Continuous PRN: Volume Adm: 55 ml; Rate Adm: 55 ml/hr; Line Due At: 55;
SM	10:39 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN
	03/12/2020 10:30

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		25/11/2020
One-time and Stat scheduled	INACTIVE * Omeprazole 40mg IV Once Daily Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: CM 29/11/2020 08:34	☑ * E 40mg (ON) @ 13:30
	INACTIVE Gentamicin 360 mg IV Once Only Created: J2 25/11/2020 16:37 Start: 25/11/2020 16:37:00 Stop: 26/11/2020 16:37:00	☑ CB 360 mg/100 ml (CB) @ 20:35
	INACTIVE Albumin 20% 100 ml IV STAT Created: KE 25/11/2020 03:04 Start: 25/11/2020 03:04:00 Stop: 26/11/2020 03:04:00	☑ S 100 ml () @ 03:04
	INACTIVE Albumin 20% 100 ml IV STAT Created: KE 25/11/2020 07:50 Start: 25/11/2020 07:50:00 Stop: 26/11/2020 07:50:00	☑ ON 100 ml (RB) @ 07:50
	INACTIVE Albumin 5% 400 ml IV STAT Created: KE 25/11/2020 02:37 Start: 25/11/2020 02:37:00 Stop: 26/11/2020 02:37:00	☑ S 400 ml (NS) @ 02:37
	INACTIVE Hartmanns IV STAT @999 ml/hr Created: RS 25/11/2020 00:03 Start: 25/11/2020 00:03:00 Stop: 26/11/2020 00:03:00	☑ S 500 ml () @ 00:03
PRN	INACTIVE * Alfentanil 1mg/ml 0.5 mg IV PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:36	
	INACTIVE * Propofol 1% 10mg/ml 10mg/ml IV PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: MM 25/11/2020 01:44	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		25/11/2020
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* R 3 Units/hr/2 ml (cb) @ 23:00
	ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	
	INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: MM 25/11/2020 01:44	* S 180 mg/hr/18 ml () @ 01:00
	INACTIVE * Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: CM 26/11/2020 11:32	* R 180 mg/hr/9 ml () @ 23:00
	INACTIVE * Alfentanil 1mg/mL 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:35	* R 4 mg/hr/4 ml () @ 23:00
	INACTIVE * Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: KE 25/11/2020 02:47 Start: 25/11/2020 02:47:00 Discontinued: LG 26/11/2020 18:14	* R 2.4 Units/hr/6 ml () @ 23:00
	INACTIVE * Noradrenaline mg/mL 16 mg in 50 ml Glucose 5% IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: PO 27/11/2020 11:53	* R 1 mg/hr/3 ml () @ 23:00
	INACTIVE * Noradrenaline mg/mL 8 mg in 50 ml Glucose 5% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00 Discontinued: MM 25/11/2020 01:45	* S 3.7 mg/hr/23 ml () @ 01:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	25/11/2020
Continuous INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Discontinued: CM 28/11/2020 1133	* R 50 ml () @ 23:00
INACTIVE * Hartmanns IV Continuous PRN @ 999 ml/hr Created: RS 25/11/2020 00:11 Start: 25/11/2020 00:1100 Discontinued: CM 28/11/2020 1132	* ON 500 ml (MV) @ 08:00

Medications	26/11/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	28/11/2020			
Scheduled				
ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ CB 15 ml/ () Nil by NG @ 06:00	☑ A 15 ml/ () 14. Other - Record... @ 18:00		
ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ LB 15 mg/ () NIL BY NG @ 22:00			
INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:36	☑ CB 1200 mg/100 ml (CB) @ 00:00	☑ * CB 1200 mg/100 ml (CB) @ 06:00	☑ FM 1200 mg/250 ml () @ 12:00	☑ LB 1200 mg/250 ml (LB) @ 18:00
INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	☑ CA 400 mg/200 ml (SD) @ 10:00			
INACTIVE * Piperacillin/Tazobactam 4.5 g IV 6 hrly Created: J 25/11/2020 15:45 Start: 25/11/2020 15:45:00 Discontinued: LG 28/11/2020 12:50	☑ CB 4.5 g/100 ml (CB) @ 00:00	☑ CB 4.5 g/100 ml (CB) @ 06:00	☑ FM 4.5 g/100 ml () @ 12:00	☑ CN 4.5 g/ () @ 18:00
INACTIVE * Hydrocortisone 50 mg IV 12 hrly Created: LG 26/11/2020 18:14 Start: 26/11/2020 18:14:00 Discontinued: PO 27/11/2020 11:51				
INACTIVE * Hydrocortisone 50 mg IV 6 hrly Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Stop: 26/11/2020 18:13:00	☑ CB 50 mg/10 ml (CB) @ 00:00	☑ CB 50 mg/ (CB) @ 06:00	☑ FM 50 mg/10 ml () @ 12:00	☑ CN 50 mg/ () @ 18:00
INACTIVE * Pabrinex 1&2 20 ml IV 8 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	☑ CB 20 ml/100 ml (CB) @ 06:00	☑ * J4 20 ml/100 ml (EL) @ 14:00	☑ * EF 20 ml/100 ml (EF) @ 22:00	
INACTIVE * Omeprazole 40mg IV Once Daily Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: CM 29/11/2020 08:34	☑ CA 40mg (SD) @ 10:00			

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	26/11/2020
One-time and Stat	INACTIVE Gentamicin 360 mg IV Once Only Created: JZ 25/11/2020 16:37 Start: 25/11/2020 16:37:00 Stop: 26/11/2020 16:37:00
	INACTIVE * Heparin 5000 Units IV Once Only Created: GF 26/11/2020 16:11 Start: 26/11/2020 16:11:00 Discontinued: PO 27/11/2020 11:52	☑ CA 5000 Units/5 ml () @ 16:11
	INACTIVE Albumin 20% 100 ml IV STAT Created: KE 25/11/2020 03:04 Start: 25/11/2020 03:04:00 Stop: 25/11/2020 03:04:00
	INACTIVE Albumin 20% 100 ml IV STAT Created: KE 25/11/2020 07:50 Start: 25/11/2020 07:50:00 Stop: 25/11/2020 07:50:00
	INACTIVE Albumin 5% 400 ml IV STAT Created: KE 25/11/2020 02:37 Start: 25/11/2020 02:37:00 Stop: 25/11/2020 02:37:00
	INACTIVE * Glucose 20% IV STAT Created: GF 26/11/2020 14:07 Start: 26/11/2020 14:07:00 Discontinued: LG 26/11/2020 18:14	☑ CT Completed @ 14:07
	INACTIVE Glucose 20% IV STAT Created: GF 26/11/2020 19:00 Start: 26/11/2020 19:00:00 Stop: 27/11/2020 19:00:00	☑ A Completed @ 19:00
	INACTIVE Hartmanns IV STAT @999 ml/hr Created: RS 25/11/2020 00:03 Start: 25/11/2020 00:03:00 Stop: 26/11/2020 00:03:00
PRN	INACTIVE * Alfentanil 1mg/ml 0.5 mg IV PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:36

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	26/11/2020
Continuous	
ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* CA Chart @ 13:00
ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	
INACTIVE * Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: CM 26/11/2020 11:32	* FM 120 mg/hr/6 ml () @ 12:00
INACTIVE * Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: EI 27/11/2020 22:35	** CN 4 mg/hr/4 ml () @ 23:00
INACTIVE * Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: KE 25/11/2020 02:47 Start: 25/11/2020 02:47:00 Discontinued: LG 26/11/2020 18:14	* FM 2.4 Units/hr/12 ml () @ 12:00
INACTIVE * Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN Created: GF 26/11/2020 16:12 Start: 26/11/2020 16:12:00 Discontinued: PO 27/11/2020 11:53	* CN 1200 Units/hr/1.2 ml () @ 23:00
INACTIVE * Noradrenaline mg/mL. 16 mg in 50 ml Glucose 5% IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: PO 27/11/2020 11:53	* CA 0 mg/hr/2.5 ml () @ 16:00
INACTIVE * Noradrenaline mg/mL. 8 mg in 50 ml Glucose 5% IV Continuous PRN Created: LS 26/11/2020 00:18 Start: 26/11/2020 00:18:00 Discontinued: PO 27/11/2020 11:53	* FM Chart @ 09:00
INACTIVE * Glucose 20% IV Continuous PRN Created: GF 26/11/2020 18:59 Start: 26/11/2020 18:59:00 Discontinued: GF 26/11/2020 19:00	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	25/11/2020
Continuous INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Discontinued: CM 28/11/2020 1133 INACTIVE * Hartmanns IV Continuous PRN @ 999 ml/hr Created: RS 25/11/2020 00:11 Start: 25/11/2020 00:1100 Discontinued: CM 28/11/2020 1132	* CN 50 ml () @ 23:00
Medications	27/11/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		27/11/2020			
Scheduled	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ CN 15 ml/ () NIL BY NG @ 06:00	☑ A 15 ml/ () nbm @ 18:00		
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ LB 15 mg/ () @ 22:00			
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: J2 27/11/2020 11:50 Start: 27/11/2020 12:00:00				
	INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:36	☑ * EF 1200 mg/100 ml (EF) @ 00:00	☑ CN 1200 mg/100 ml (LB) @ 06:00	☑ A 1200 mg/100 ml (NB) @ 12:00	☑ A 1200 mg/100 ml (NB) @ 18:00
	INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	☑ A 400 mg/100 ml (NB) @ 10:00			
	INACTIVE * PiperacillinTazobactam 4.5 g IV 6 hrly Created: J 25/11/2020 15:45 Start: 25/11/2020 15:45:00 Discontinued: LG 28/11/2020 12:50	☑ * EF 4.5 g/100 ml (EF) @ 00:00	☑ CN 4.5 g/100 ml (LB) @ 06:00	☑ A 4.5 g/100 ml (NB) @ 12:00	☑ A 4.5 g/100 ml (NB) @ 18:00
	INACTIVE * Hydrocortisone 50 mg IV 12 hrly Created: LG 26/11/2020 18:14 Start: 26/11/2020 18:14:00 Discontinued: PO 27/11/2020 11:51	☑ CN 50 mg/5 ml (LB) @ 06:00			
	INACTIVE * Fabrinax 1&2 20 ml IV 6 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	☑ CN 20 ml/100 ml (LB) @ 08:00	☑ A 20 ml/100 ml (NB) @ 14:00	☑ LB 20 ml/120 ml (EF) @ 22:00	
	INACTIVE * Omeprazole 40mg IV Once Daily Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: CM 28/11/2020 08:34	☑ A 40mg 100 (NB) @ 10:00			

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		27/11/2020
One-time and Stat	INACTIVE Gentamicin 360 mg IV Once Only Created: JZ 27/11/2020 11:48 Start: 27/11/2020 20:00:00 Stop: 28/11/2020 20:00:00	☑ LB 360 mg/50 ml (EF) @ 20:00
	INACTIVE Furosemide 20 mg IV Once Only Created: PO 27/11/2020 11:55 Start: 27/11/2020 11:55:00 Stop: 28/11/2020 11:55:00	☑ A 20 mg/2 ml (LL) @ 11:55
	INACTIVE * Heparin 5000 Units IV Once Only Created: GF 26/11/2020 16:11 Start: 26/11/2020 16:11:00 Discontinued: PO 27/11/2020 11:52	
	INACTIVE Glucose 20% IV STAT Created: GF 26/11/2020 19:00 Start: 26/11/2020 19:00:00 Stop: 27/11/2020 19:00:00	
PRN	INACTIVE * Alfentanil 1mg/ml 0.5 mg IV PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:36	
	INACTIVE * Morphine, 5 mg SC PRN 4 hrly Created: PO 27/11/2020 18:47 Start: 27/11/2020 18:47:00 Discontinued: CM 28/11/2020 11:32	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		27/11/2020
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* EF 1 Units/hr/1 ml () @ 23:00
	ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* EF 10 @ 23:00
	INACTIVE * Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: CM 28/11/2020 11:32	* A Chart @ 18:00
	INACTIVE * Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:38	* A 4 mg/hr/4 ml () @ 19:00
	INACTIVE * Heparin 1000units/ml. 20000 Units in 20 ml Base IV Continuous PRN Created: GF 26/11/2020 16:12 Start: 26/11/2020 16:12:00 Discontinued: PO 27/11/2020 11:53	* A Chart @ 11:00
	INACTIVE * Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: PO 27/11/2020 11:53	* A Chart @ 11:00
	INACTIVE * Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN Created: LS 26/11/2020 00:18 Start: 26/11/2020 00:18:00 Discontinued: PO 27/11/2020 11:53	* A Chart @ 11:00
	INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Discontinued: CM 28/11/2020 11:33	* A Chart @ 14:00
	INACTIVE * Hartmanns IV Continuous PRN @ 999 ml/hr Created: RS 25/11/2020 00:11 Start: 25/11/2020 00:11:00 Discontinued: CM 28/11/2020 11:32	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	28/11/2020			
Scheduled	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* AS 06:00 - Held	AS 15 ml/20 ml () @ 18:00	
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	JM 15 mg/ () @ 22:00		
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: J2 27/11/2020 11:50 Start: 27/11/2020 12:00:00	AS 15000 Units/ () @ 10:00		
	ACTIVE Sando-K 2 Tab(s) PO/NG 8 hrly Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00	* JM 14:00 - Held	JM 2 Tab(s)/ () @ 22:00	
	INACTIVE * Clindamycin 1200 mg IV 8 hrly Created: J 25/11/2020 15:45 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:36	CN 1200 mg/100 ml (EF) @ 00:00	LB 1200 mg/100 ml (EF) @ 08:00	AS 1200 mg/100 ml () @ 12:00 AS 1200 mg/100 ml () @ 18:00
	INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	AS 400 mg/200 ml () @ 10:00		
	INACTIVE * Meropenem 2000 mg to 2000 mg IV 8 hrly Created: LG 28/11/2020 12:50 Start: 28/11/2020 12:50:00 Discontinued: OP 01/12/2020 14:53	AS 2000 mg/110 ml () @ 14:00	JM 2000 mg/110 ml (as) @ 22:00	
	INACTIVE * Piperacillin/Tazobactam 4.5 g IV 6 hrly Created: J 25/11/2020 15:45 Start: 25/11/2020 15:45:00 Discontinued: LG 28/11/2020 12:50	CN 4.5 g/100 ml (EF) @ 00:00	LB 4.5 g/100 ml (EF) @ 06:00	AS 4.5 g/100 ml () @ 12:00
	INACTIVE * Pabrinex 1&2 20 ml IV 8 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	LB 20 ml/120 ml (EF) @ 06:00	AS 20 ml/110 ml () @ 14:00	JM 20 ml/120 ml (as) @ 22:00
	INACTIVE * Omeprazole 40mg IV Once Daily Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: CM 29/11/2020 08:34	AS 40mg () @ 10:00		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		28/11/2020
One-time and Stat	INACTIVE Gentamicin 360 mg IV Once Only Created: J2 27/11/2020 11:48 Start: 27/11/2020 20:00:00 Stop: 28/11/2020 20:00:00	
	INACTIVE Vancomycin (Loading Dose) 1500 mg IV Once Only Created: LG 28/11/2020 12:59 Start: 28/11/2020 12:59:00 Stop: 29/11/2020 12:59:00	☑ AS 1500 mg/500 ml () @ 12:59
	INACTIVE Furosemide 20 mg IV Once Only Created: PO 27/11/2020 11:55 Start: 27/11/2020 11:55:00 Stop: 28/11/2020 11:55:00	
	INACTIVE Magnesium sulphate 20mmol. 20 mmol to 20 mmol IV Once Only Created: LG 28/11/2020 13:00 Start: 28/11/2020 13:00:00 Stop: 29/11/2020 13:00:00	☑ AS 20 mmol/100 ml () @ 13:00
	INACTIVE Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only Created: E1 28/11/2020 21:27 Start: 28/11/2020 21:27:00 Stop: 29/11/2020 21:27:00	☑ JM 40 mmol/50 ml (mv) @ 21:27
PRN	ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/11/2020 13:04 Start: 28/11/2020 13:04:00	
	INACTIVE * Alfentanil 1mg/ml 0.5 mg IV PRN Created: LG 28/11/2020 13:03 Start: 28/11/2020 13:03:00 Discontinued: LG 28/11/2020 19:44	
	INACTIVE * Morphine. 1 mg IV PRN Created: LG 28/11/2020 19:45 Start: 28/11/2020 19:45:00 Discontinued: OP 02/12/2020 09:55	
	INACTIVE * Morphine. 5 mg SC PRN 4 hrly Created: PO 27/11/2020 18:47 Start: 27/11/2020 18:47:00 Discontinued: CM 28/11/2020 11:32	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		28/11/2020
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* JM 4 Units/hr/4 ml (mv) @ 23:00
	ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* JM 50 @ 23:00
	INACTIVE * Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN Created: LG 28/11/2020 12:59 Start: 28/11/2020 12:59:00 Discontinued: J2 01/12/2020 1124	* JM 126 mg/hr/42 ml () @ 23:00
	INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: J2 03/12/2020 1101	* JM 200 mg/hr/20 ml () @ 23:00
	INACTIVE * Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN Created: MM 25/11/2020 01:44 Start: 25/11/2020 01:44:00 Discontinued: CM 28/11/2020 1132	
	INACTIVE * Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 19:44 Start: 28/11/2020 19:44:00 Discontinued: OP 02/12/2020 09:55	* JM 7 mg/hr/7 ml () @ 23:00
	INACTIVE * Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 10 mg/hr Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: LG 28/11/2020 19:44	* AS Chart @ 17:00
	INACTIVE * Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr Created: LG 28/11/2020 13:00 Start: 28/11/2020 13:00:00 Discontinued: LG 29/11/2020 14:43	* JM Chart @ 23:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	28/11/2020
Continuous INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN Created: E1 28/11/2020 00:51 Start: 28/11/2020 00:51:00 Discontinued: CM 28/11/2020 1133 INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Discontinued: CM 28/11/2020 1133 INACTIVE * Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr Created: CM 28/11/2020 1136 Start: 28/11/2020 1138:00 Discontinued: CM 29/11/2020 08:35 INACTIVE * Hartmanns IV Continuous PRN @ 999 ml/hr Created: RS 25/11/2020 00:11 Start: 25/11/2020 00:11:00 Discontinued: CM 28/11/2020 1132	* AS 50 ml () @ 08:00
Medications	29/11/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	29/11/2020			
Scheduled	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ JM 15 ml/ () @ 08:00	☑ NB 15 ml/15 ml (NB) @ 18:00	
	ACTIVE Lansoprazole 30 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:34 Start: 29/11/2020 08:34:00	☑ NB 30 mg/30 ml (AS) @ 10:00		
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ S 15 mg/ () @ 22:00		
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: J2 27/11/2020 11:50 Start: 27/11/2020 12:00:00	☑ NB 15000 Units/ (AS) @ 10:00		
	ACTIVE Sando-K 2 Tab(s) PO/NG 8 hrly Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00	☑ JM 2 Tab(s)/ () @ 06:00	☑ NB 2 Tab(s)/ () @ 14:00	☑ S 2 Tab(s)/ () @ 22:00
	INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:36	☑ JM 1200 mg/100 ml (mv) @ 00:00	☑ JM 1200 mg/100 ml (mv) @ 06:00	☑ NB 1200 mg/100 ml (AS) @ 12:00 ☑ NB 1200 mg/100 ml (AS) @ 18:00
	INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:45	☑ NB 400 mg/100 ml (AS) @ 10:00		
	INACTIVE * Meropenem 2000 mg to 2000 mg IV 8 hrly Created: LG 28/11/2020 12:50 Start: 28/11/2020 12:50:00 Discontinued: OP 01/12/2020 14:53	☑ JM 2000 mg/100 ml (mv) @ 06:00	☑ NB 2000 mg/40 ml (AS) @ 14:00	☑ S 2000 mg/40 ml (JM) @ 22:00
	INACTIVE * Pabrinex 1&2 20 ml IV 8 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	☑ JM 20 ml/120 ml (mv) @ 06:00	☑ NB 20 ml/100 ml (AS) @ 14:00	☑ S 20 ml/100 ml (JM) @ 22:00
	INACTIVE * Methadone 20 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:38 Start: 29/11/2020 08:38:00 Stop: 30/11/2020 10:42:00	☑ NB 20 mg/20 ml (AS) @ 10:00		
	INACTIVE * Omeprazole 40mg IV Once Daily Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: CM 29/11/2020 08:34			

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		29/11/2020
One-time and Stat	INACTIVE Vancomycin (Loading Dose) 1500 mg IV Once Only Created: LG 28/11/2020 12:59 Start: 28/11/2020 12:59:00 Stop: 29/11/2020 12:59:00	
	INACTIVE * Furosemide 20 mg IV Once Only Created: CM 29/11/2020 09:06 Start: 29/11/2020 09:06:00 Discontinued: LG 29/11/2020 17:37	☑ NB 20 mg/ (AS) @ 09:06
	INACTIVE * Glycophos mmol/ml. 20 mmol to 20 mmol IV Once Only Created: CM 29/11/2020 08:21 Start: 29/11/2020 08:21:00 Discontinued: CM 29/11/2020 11:34	
	INACTIVE Magnesium sulphate 20mmol. 20 mmol to 20 mmol IV Once Only Created: LG 28/11/2020 13:00 Start: 28/11/2020 13:00:00 Stop: 29/11/2020 13:00:00	
	INACTIVE Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only Created: E1 28/11/2020 21:27 Start: 28/11/2020 21:27:00 Stop: 29/11/2020 21:27:00	
	INACTIVE * Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Only Created: E1 29/11/2020 07:14 Start: 29/11/2020 07:14:00 Discontinued: LG 29/11/2020 17:37	☑ NB 40 mmol/60 ml (MU) @ 07:14
	INACTIVE * Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only Created: E1 29/11/2020 07:12 Start: 29/11/2020 07:12:00 Discontinued: CM 29/11/2020 08:36	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		28/11/2020
PRN	ACTIVE Furosemide 20 mg IV PRN Created: LG 29/112020,14:42 Start: 29/112020 14:42:00	
	ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/112020 13:04 Start: 28/112020 13:04:00	
	INACTIVE * Furosemide 40 mg IV PRN Created: CM 29/112020 18:45 Start: 29/112020 18:45:00 Discontinued: LG 30/112020 18:25	NB 40 mg (AS) @ 19:15
	INACTIVE * Morphine, 1 mg IV PRN Created: LG 28/112020 19:45 Start: 28/112020 19:45:00 Discontinued: OP 02/12/2020 09:55	

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Medications	29/11/2020
Continuous ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00	* S 3 Units/hr/3 ml () @ 23:00
ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* S 65 @ 23:00
INACTIVE * Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN Created: LG 28/11/2020 12:59 Start: 28/11/2020 12:59:00 Discontinued: J2 01/12/2020 1124	* S 126 mg/hr/42 ml () @ 23:00
INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: J2 03/12/2020 1101	* S 30 mg/hr/3 ml () @ 23:00
INACTIVE * Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 19:44 Start: 28/11/2020 19:44:00 Discontinued: OP 02/12/2020 09:55	* S 4 mg/hr/4 ml () @ 23:00
INACTIVE * Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr Created: LG 28/11/2020 17:37 Start: 28/11/2020 17:37:00 Discontinued: LG 30/11/2020 18:25	* S Chart @ 22:00
INACTIVE * Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr Created: LG 28/11/2020 13:00 Start: 28/11/2020 13:00:00 Discontinued: LG 28/11/2020 14:43	* NB Chart @ 09:00
INACTIVE * Sodium Chloride 0.18%/Glucose 4% + 40mmol KCL IV Continuous PRN @ 80 ml/hr Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00 Discontinued: CM 28/11/2020 08:35	NB 60 ml (mm) @ 08:00
Medications	**30/11/2020**

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		30/11/2020
Scheduled	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ S 15 ml/ () @ 06:00 ☐ * CC 18:00 - Held
	ACTIVE Lansoprazole 30 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:34 Start: 29/11/2020 08:34:00	☑ CC 30 mg/ () @ 10:00
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ * EK 22:00 - Held
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: J2 27/11/2020 11:50 Start: 27/11/2020 12:00:00	☑ CC 15000 Units/ () @ 10:00
	ACTIVE Sando-K 2 Tab(s) PO/NG 8 hrly Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00	☑ S 2 Tab(s)/ () @ 06:00 ☑ CC 2 Tab(s)/ () @ 14:00 ☑ EK 2 Tab(s)/ () @ 22:00
	ACTIVE Diazepam 5 mg PO/NG 8 hrly Created: LG 30/11/2020 10:44 Start: 30/11/2020 10:44:00	☑ CC 5 mg/ (AS) @ 12:00 ☑ CC 5 mg/ (AS) @ 18:00
	INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:36	☑ S 1200 mg/100 ml (JM) @ 00:00 ☑ S 1200 mg/100 ml (JM) @ 06:00 ☑ CC 1200 mg/ (AS) @ 12:00 ☑ CC 1200 mg/ (AS) @ 18:00
	INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	☑ CC 400 mg/ (AS) @ 10:00
	INACTIVE * Meropenem 2000 mg to 2000 mg IV 8 hrly Created: LG 28/11/2020 12:50 Start: 28/11/2020 12:50:00 Discontinued: OP 01/12/2020 14:53	☑ S 2000 mg/40 ml (JM) @ 06:00 ☑ CC 2000 mg/ (PO) @ 14:00 ☑ EK 2000 mg/140 ml (JM) @ 22:00
	INACTIVE * Pabrinex 1&2 20 ml IV 8 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	☑ S 20 ml/100 ml (JM) @ 06:00 ☑ CC 20 ml/ (PO) @ 14:00
	INACTIVE * Pabrinex 1&2 20 ml IV OD at 10:00 Created: LG 30/11/2020 18:26 Start: 30/11/2020 18:26:00 Stop: 03/12/2020 07:00:00	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		30/11/2020
Scheduled	INACTIVE * Clonidine, 50 mcg PO/NG; IV 8 hrly Created: E1 30/11/2020 01:08 Start: 30/11/2020 01:08:00 Discontinued: OP 02/12/2020 09:54	☑ S 50 mcg/50 ml (ON) @ 06:00 ☑ * CC 50 mcg/ () @ 14:00 ☑ EK 50 mcg/ (JM) @ 22:00
	INACTIVE * Methadone 20 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:38 Start: 29/11/2020 08:38:00 Stop: 30/11/2020 10:42:00	☑ * CC 10:00 - Held
	INACTIVE * Methadone 70 mg PO/NG OD at 10:00 Created: LG 30/11/2020 10:43 Start: 30/11/2020 10:43:00 Discontinued: KB 03/12/2020 10:26	
One-time and Stat	INACTIVE * Furosemide 20 mg IV STAT Created: E1 30/11/2020 07:34 Start: 30/11/2020 07:34:00 Discontinued: LG 30/11/2020 18:25	☑ CC 20 mg/ (AS) @ 07:34
	INACTIVE * Clonidine, 50 mcg PO/NG; IV STAT Created: E1 30/11/2020 01:09 Start: 30/11/2020 01:09:00 Discontinued: LG 30/11/2020 18:25	☑ S 50 mcg/50 ml (JM) @ 01:09
	INACTIVE Paracetamol 1000 mg IV Once Only Created: E1 30/11/2020 00:52 Start: 30/11/2020 00:52:00 Stop: 01/12/2020 00:52:00	☑ S 1000 mg/100 ml (JM) @ 00:52
	INACTIVE * Methadone 70 mg PO/NG Once Only Created: EB 30/11/2020 11:44 Start: 30/11/2020 11:44:00 Discontinued: LG 30/11/2020 18:26	☑ CC 70 mg/ (AS) @ 11:44
	INACTIVE * Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only Created: E1 30/11/2020 07:35 Start: 30/11/2020 07:35:00 Discontinued: LG 30/11/2020 18:26	☑ CC 20 mmol/60 ml (AS) @ 07:35

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	30/11/2020
PRN ACTIVE Furosemide 20 mg IV PRN Created: LG 29/11/2020 14:42 Start: 29/11/2020 14:42:00	
ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/11/2020 13:04 Start: 28/11/2020 13:04:00	
INACTIVE * Furosemide 40 mg IV PRN Created: CM 29/11/2020 18:45 Start: 29/11/2020 18:45:00 Discontinued: LG 30/11/2020 18:25	
INACTIVE * Morphine, 1 mg IV PRN Created: LG 28/11/2020 19:45 Start: 28/11/2020 19:45:00 Discontinued: OP 02/12/2020 09:55	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	30/11/2020
Continuous ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* EK 2 Units/hr/2 ml () @ 23:00
ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* EK 65 @ 23:00
INACTIVE * Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN Created: EB 30/11/2020 19:37 Start: 30/11/2020 19:37:00 Discontinued: KB 01/12/2020 02:28	* EK 105 mg/hr/21 ml () @ 23:00
INACTIVE * Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN Created: LG 28/11/2020 12:59 Start: 28/11/2020 12:59:00 Discontinued: J2 01/12/2020 1124	* CC 126 mg/hr/42 ml () @ 1100
INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: J2 03/12/2020 1101	* CC 10 mg/hr/1 ml () @ 10:00
INACTIVE * Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 19:44 Start: 28/11/2020 19:44:00 Discontinued: OP 02/12/2020 09:55	* EK 4 mg/hr/4 ml () @ 23:00
INACTIVE * Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr Created: LG 29/11/2020 17:37 Start: 29/11/2020 17:37:00 Discontinued: LG 30/11/2020 18:26	* S Chart @ 04:00
Medications	**01/12/2020**

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2020			
Scheduled	ACTIVE Meropenem 1000 mg IV 8 hrly Created: OP 01/12/2020 14:53 Start: 01/12/2020 14:53:00	☑ E 1000 mg/20 ml (LMcK) @ 22:00		
	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ * EK 06:00 - Held	☐ * CN5 18:00 - Held	
	ACTIVE Lansoprazole 30 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:34 Start: 29/11/2020 08:34:00	☑ CN5 30 mg/20 ml () @ 10:00		
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ * E 22:00 - Held		
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: J2 27/11/2020 11:50 Start: 27/11/2020 12:00:00	☑ CN5 15000 Units/ () @ 10:00		
	ACTIVE Sando-K 2 Tat(s) PO/NG 8 hrly Created: CM 28/11/2020 11:35 Start: 28/11/2020 11:36:00	☑ EK 2 Tab(s)/ () @ 06:00	☑ CN5 2 Tab(s)/ () @ 14:00	☑ E 2 Tab(s)/30 ml () @ 22:00
	ACTIVE Diazepam 5 mg PO/NG 6 hrly Created: LG 30/11/2020 10:44 Start: 30/11/2020 10:44:00	☑ EK 5 mg/ (JM) @ 00:00	☑ EK 5 mg/ (JM) @ 06:00	☑ CN5 5 mg/12 ml (KM) @ 12:00 ☑ CN5 5 mg/ () @ 18:00
	INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:48:00 Discontinued: KB 03/12/2020 13:36	☑ EK 1200 mg/100 ml (JM) @ 00:00	☑ EK 1200 mg/100 ml (LF) @ 06:00	☑ CN5 1200 mg/108 ml (KM) @ 12:00 ☑ CN5 1200 mg/108 ml (SM) @ 18:00
	INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	☑ CN5 400 mg/200 ml (KM) @ 10:00		
	INACTIVE * Meropenem 2000 mg to 2000 mg IV 8 hrly Created: LG 28/11/2020 12:50 Start: 28/11/2020 12:50:00 Discontinued: OP 01/12/2020 14:53	☑ EK 2000 mg/140 ml (LF) @ 06:00	☐ * CN5 14:00 - Held	
	INACTIVE * Fabrinex 1&2 20 ml IV OD at 10:00 Created: LG 30/11/2020 18:26 Start: 30/11/2020 18:26:00 Stop: 03/12/2020 07:00:00	☑ EK 20 ml/100 ml (LF) @ 06:00		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		01/12/2020
Scheduled	INACTIVE * Clonidine, 50 mcg PO/NG; IV 8 hrly Created: E1 30/11/2020 01:08 Start: 30/11/2020 01:08:00 Discontinued: OP 02/12/2020 09:54	☑ * CN5 50 mcg/50 ml (KM) @ 06:00 ☐ * CN5 14:00 - Held ☑ E 50 mcg/50 ml () @ 22:00
	INACTIVE * Methadone 70 mg PO/NG OD at 10:00 Created: LG 30/11/2020 10:43 Start: 30/11/2020 10:43:00 Discontinued: KB 03/12/2020 10:26	☑ CN5 70 mg/70 ml (KM) @ 10:00
	INACTIVE * Morphine, 5 mg PO/NG 1 hrly Created: CE 01/12/2020 20:31 Start: 01/12/2020 20:31:00 Discontinued: CE 01/12/2020 21:11	☐ * E 21:00 - Held
One-time and Stat	INACTIVE Meropenem 1000 mg IV STAT Created: OP 01/12/2020 14:56 Start: 01/12/2020 14:56:00 Stop: 02/12/2020 14:56:00	☑ CN5 1000 mg/20 ml (SM) @ 14:56
	INACTIVE Furosemide 50 mg IV STAT Created: OP 01/12/2020 19:13 Start: 01/12/2020 19:13:00 Stop: 02/12/2020 19:13:00	☑ E 50 mg/ (HS) @ 19:13
	INACTIVE Paracetamol 1000 mg IV Once Only Created: E1 30/11/2020 00:52 Start: 30/11/2020 00:52:00 Stop: 01/12/2020 00:52:00	
	INACTIVE Potassium Chloride mmol/ml, 40 mmol to 60 mmol IV Once Only Created: KB 01/12/2020 01:28 Start: 01/12/2020 01:28:00 Stop: 02/12/2020 01:28:00	☑ EK 40 mmol/60 ml (JM) @ 01:28
	INACTIVE Sodium Chloride 0.18% + Glucose 4% IV STAT Created: OP 01/12/2020 12:59 Start: 01/12/2020 12:59:00 Stop: 02/12/2020 12:59:00	☑ * CN5 500 ml () @ 12:59

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2020
PRN ACTIVE Furosemide 20 mg IV PRN Created: LG 28/11/2020 14:42 Start: 29/11/2020 14:42:00	
ACTIVE Morphine, 5 mg PO/NG PRN 2 hrly Created: CE 01/12/2020 21:11 Start: 01/12/2020 21:11:00	
ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/11/2020 13:04 Start: 28/11/2020 13:04:00	
INACTIVE * Morphine, 1 mg IV PRN Created: LG 28/11/2020 19:45 Start: 28/11/2020 19:45:00 Discontinued: OP 02/12/2020 09:55	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2020
Continuous ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* E 3 Units/hr/3 ml () @ 23:00
ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* E 65 @ 23:00
INACTIVE * Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Glucose 5% IV Continuous PRN Created: KB 01/12/2020 02:26 Start: 01/12/2020 02:26:00 Discontinued: OP 01/12/2020 14:46	* CN5 105 mg/hr/13 ml () @ 14:37
INACTIVE * Vancomycin mg/ml. (Maintenance) 1250 mg in 250 ml Sodium Chloride 0.9% IV Continuous PRN Created: EB 30/11/2020 19:37 Start: 30/11/2020 19:37:00 Discontinued: KB 01/12/2020 02:25	* JM 105 mg/hr/21 ml () @ 02:00
INACTIVE * Vancomycin mg/ml. (Maintenance) 1500 mg in 500 ml Sodium Chloride 0.9% IV Continuous PRN Created: LG 28/11/2020 12:59 Start: 28/11/2020 12:59:00 Discontinued: J2 01/12/2020 11:24	
INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: J2 03/12/2020 11:01	A7 Chart @ 13:00
INACTIVE * Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 19:44 Start: 28/11/2020 19:44:00 Discontinued: OP 02/12/2020 09:55	* CN5 1 mg/hr/1 ml () @ 11:00
INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 80 ml/hr Created: OP 01/12/2020 14:47 Start: 01/12/2020 14:47:00 Discontinued: OP 02/12/2020 09:55	

Medications	02/12/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	02/12/2020			
Scheduled	ACTIVE Meropenem 1000 mg IV 8 hrly Created: OP 01/12/2020 14:53 Start: 01/12/2020 14:53:00	☑ E 1000 mg/20 ml (LMcK) @ 06:00	☑ JM6 1000 mg/20 ml (km) @ 14:00	☑ CK 1000 mg/20 ml (MS) @ 22:00
	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ * E 06:00 - Held	☐ * JM6 18:00 - Held	
	ACTIVE Lansoprazole 30 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:34 Start: 29/11/2020 08:34:00	☑ JM6 30 mg/ () @ 10:00		
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ * CK 22:00 - Held		
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: J2 27/11/2020 11:50 Start: 27/11/2020 12:00:00	☑ JM6 15000 Units/ (km) @ 10:00		
	ACTIVE Sando-K 2 Tab(s) PO/NG 8 hrly Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00	☑ E 2 Tab(s)/ (LMcK) @ 06:00	☑ A7 2 Tab(s)/ () @ 14:00	☑ CK 2 Tab(s)/50 ml () @ 22:00
	ACTIVE Diazepam 5 mg PO/NG 6 hrly Created: LG 30/11/2020 10:44 Start: 30/11/2020 10:44:00	☑ E 5 mg/ (LMcK) @ 00:00	☑ E 5 mg/ (LMcK) @ 06:00	☑ A7 5 mg/12 ml (JM) @ 12:00 ☐ * JM6 18:00 - Held
	INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:36	☑ E 1200 mg/100 ml (LMcK) @ 00:00	☑ E 1200 mg/100 ml (LMcK) @ 06:00	☑ JM6 1200 mg/ (RM) @ 12:00 ☑ JM6 1200 mg/100 ml (RM) @ 18:00
	INACTIVE * Pabrinex 1&2 20 ml IV OD at 10:00 Created: LG 30/11/2020 18:26 Start: 30/11/2020 18:26:00 Stop: 03/12/2020 07:00:00	☑ E 20 ml/120 ml (LMcK) @ 06:00		
	INACTIVE * Clonidine 50 mcg PO/NG/ IV 8 hrly Created: E1 30/11/2020 01:08 Start: 30/11/2020 01:08:00 Discontinued: OP 02/12/2020 09:54	☑ E 50 mcg/50 ml (LMcK) @ 06:00		
	INACTIVE * Methadone 70 mg PO/NG OD at 10:00 Created: LG 30/11/2020 10:43 Start: 30/11/2020 10:43:00 Discontinued: KB 03/12/2020 10:26	☑ JM6 70 mg/ (km) @ 10:00		

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		02/12/2020
One-time and Stat	INACTIVE Meropenem 1000 mg IV STAT Created: OP 01/12/2020 14:56 Start: 01/12/2020 14:56:00 Stop: 02/12/2020 14:56:00	
	INACTIVE Furosemide 40 mg IV STAT Created: OP 02/12/2020 09:55 Start: 02/12/2020 09:55:00 Stop: 03/12/2020 09:55:00	☑ JM6 40 mg/ (km) @ 09:55
	INACTIVE Furosemide 50 mg IV STAT Created: OP 01/12/2020 19:13 Start: 01/12/2020 19:13:00 Stop: 02/12/2020 19:13:00	
	INACTIVE Potassium Chloride mmol/ml, 40 mmol to 60 mmol IV Once Only Created: KB 01/12/2020 01:28 Start: 01/12/2020 01:28:00 Stop: 02/12/2020 01:28:00	
	INACTIVE Sodium Chloride 0.18% + Glucose 4% IV STAT Created: OP 01/12/2020 12:59 Start: 01/12/2020 12:59:00 Stop: 02/12/2020 12:59:00	
PRN	ACTIVE Furosemide 20 mg IV PRN Created: LG 29/11/2020 14:42 Start: 29/11/2020 14:42:00	
	ACTIVE Morphine, 5 mg PO/NG PRN 2 hrly Created: CE 01/12/2020 21:11 Start: 01/12/2020 21:11:00	
	ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/11/2020 13:04 Start: 28/11/2020 13:04:00	
	INACTIVE * Morphine, 1 mg IV PRN Created: LG 28/11/2020 19:45 Start: 28/11/2020 19:45:00 Discontinued: OP 02/12/2020 09:55	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		02/12/2020
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* E6 15 Units/hr/1.5 ml () @ 23:00.
	ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* E6 55 @ 23:00
	INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: J2 03/12/2020 11:01	* CK Chart @ 22:00
	INACTIVE * Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 19:44 Start: 28/11/2020 19:44:00 Discontinued: OP 02/12/2020 09:55	A7 Chart @ 08:00
	INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 80 ml/hr Created: OP 01/12/2020 14:47 Start: 01/12/2020 14:47:00 Discontinued: OP 02/12/2020 09:55	
Medications		03/12/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	03/12/2020
Scheduled ACTIVE Meropenem 1000 mg IV 8 hrly Created: OP 01/12/2020 14:53 Start: 01/12/2020 14:53:00	☑ CC9 1000 mg/20 ml () @ 06:00 ☑ SM 1000 mg/20 ml (JM) @ 14:00 ☐ 22:00 - Overdue
ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☑ * SM 06:00 - Held ☐ 18:00 - Overdue
ACTIVE Lansoprazole 30 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:34 Start: 29/11/2020 08:34:00	☑ SM 30 mg/20 ml () @ 10:00
ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ 22:00 - Overdue
ACTIVE Dalteparin 15000 Units SC Once Daily Created: JJ 27/11/2020 11:50 Start: 27/11/2020 12:00:00	☑ SM 15000 Units/ (KM) @ 10:00
ACTIVE Sando-K 2 Tab(s) PO/NG 8 hrly Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00	☑ CC9 2 Tab(s)/ () @ 06:00 ☑ SM 2 Tab(s)/20 ml () @ 14:00 ☐ 22:00 - Overdue
ACTIVE Diazepam 5 mg PO/NG 6 hrly Created: LG 30/11/2020 10:44 Start: 30/11/2020 10:44:00	☑ E8 5 mg/12 ml (Imck) @ 00:00 ☑ CC9 5 mg/ () @ 06:00 ☑ SM 5 mg/ (KM) @ 12:00 ☐ 18:00 - Overdue
ACTIVE Methadone 70 mg PO/NG OD at 10:00 Created: KB 03/12/2020 10:25 Start: 03/12/2020 10:25:00	☑ * SM 10:30 - Held
INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:48:00 Discontinued: KB 03/12/2020 13:36	☑ E8 1200 mg/100 ml (Imck) @ 00:00 ☑ CC9 1200 mg/100 ml () @ 06:00 ☑ SM 1200 mg/100 ml (KM) @ 12:00
INACTIVE * Pabrinex 1&2 20 ml IV OD at 10:00 Created: LG 30/11/2020 18:26 Start: 30/11/2020 18:26:00 Stop: 03/12/2020 07:00:00	☑ CC9 20 ml/ () @ 06:00
INACTIVE * Methadone 70 mg PO/NG OD at 10:00 Created: LG 30/11/2020 10:43 Start: 30/11/2020 10:43:00 Discontinued: KB 03/12/2020 10:26	☑ SM 70 mg/70 ml (JM) @ 10:00

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	03/12/2020	
One-time and	INACTIVE Furosemide 40 mg IV STAT Created: OP 02/12/2020 09:55 Start: 02/12/2020 09:55:00 Stop: 03/12/2020 09:55:00	
PRN	ACTIVE Furosemide 20 mg IV PRN Created: LG 28/11/2020 14:42 Start: 29/11/2020 14:42:00	
	ACTIVE Morphine. 5 mg PO/NG PRN 2 hrly Created: CE 01/12/2020 21:11 Start: 01/12/2020 21:11:00	SM 5 mg/ (KM) @ 12:43
	ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/11/2020 13:04 Start: 28/11/2020 13:04:00	
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00	* R 5 Units/hr/10 ml () @ 14:00
	ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* R 110 @ 14:00
	INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: LG 28/11/2020 12:51 Start: 28/11/2020 12:51:00 Discontinued: J2 03/12/2020 1101	* SM Chart @ 11:00
Medications	04/12/2020	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		04/12/2020
Scheduled	ACTIVE Meropenem 1000 mg IV 8 hrly Created: OP 01/12/2020 14:53 Start: 01/12/2020 14:53:00	☐ 06:00 - Overdue ☐ 14:00 - Overdue
	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	☐ 08:00 - Overdue
	ACTIVE Lansoprazole 30 mg PO/NG OD at 10:00 Created: CM 29/11/2020 08:34 Start: 29/11/2020 08:34:00	☐ 10:00 - Overdue
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	
	ACTIVE Dalteparin 15000 Units SC Once Daily Created: JZ 27/11/2020 11:50 Start: 27/11/2020 12:00:00	☐ 10:00 - Overdue
	ACTIVE Sando-K 2 Tab(s) PO/NG 8 hrly Created: CM 28/11/2020 11:36 Start: 28/11/2020 11:36:00	☐ 06:00 - Overdue ☐ 14:00 - Overdue
	ACTIVE Diazepam 5 mg PO/NG 6 hrly Created: LG 30/11/2020 10:44 Start: 30/11/2020 10:44:00	☐ 00:00 - Overdue ☐ 06:00 - Overdue ☐ 12:00 - Overdue
	ACTIVE Methadone 70 mg PO/NG OD at 10:00 Created: KB 03/12/2020 10:25 Start: 03/12/2020 10:25:00	☐ 10:30 - Overdue
PRN	ACTIVE Furosemide 20 mg IV PRN Created: LG 29/11/2020 14:42 Start: 29/11/2020 14:42:00	
	ACTIVE Morphine. 5 mg PO/NG PRN 2 hrly Created: CE 01/12/2020 21:11 Start: 01/12/2020 21:11:00	
	ACTIVE Propofol 1% 10 mg IV PRN Created: LG 28/11/2020 13:04 Start: 28/11/2020 13:04:00	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	04/12/2020
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00 ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00

KE	Kerr Euan	25/11/2020 02:37 - 25/11/2020 02:37	CN5	Carevue ICU RAH Nursing Eight	01/12/2020 05:00 - 01/12/2020 05:00	KB	Kirsty Boswell	01/12/2020 01:28 - 01/12/2020 01:28
A7	Kirsty Martin	01/12/2020 09:00 - 01/12/2020 09:00	E8	Maureen Stevenson.	02/12/2020 23:00 - 02/12/2020 23:00	LS	Liam Schneider	26/11/2020 00:18 - 25/11/2020 00:18
CE	Christina Evans	01/12/2020 20:31 - 01/12/2020 20:31	ST	Satnam Tumani	28/11/2020 10:00 - 28/11/2020 10:00	PM	Patrick MacGoey	27/11/2020 08:00 - 27/11/2020 08:00
MM	Madeleine Mchendry	25/11/2020 01:44 - 25/11/2020 01:44	PO	Pauline ONeil	27/11/2020 11:51 - 27/11/2020 11:51	NS	NISHA SEBASTIEN	25/11/2020 02:00 - 25/11/2020 02:00
AS	Alison Sharp	28/11/2020 05:00 - 28/11/2020 06:00	LM	Lindsey Mcknight	02/12/2020 05:00 - 02/12/2020 05:00	CK	Cara Kelly	02/12/2020 20:00 - 02/12/2020 20:00
CC9	Carevue ICU RAH Carevue Four	03/12/2020 01:00 - 03/12/2020 01:00	E	Rachel Burns	25/11/2020 10:00 - 25/11/2020 10:00	E1	Roslyn Camle	27/11/2020 22:36 - 27/11/2020 22:36
CW	Catherine Welsh	25/11/2020 18:00 - 25/11/2020 18:00	CB	Ctency Binesh	25/11/2020 18:00 - 25/11/2020 18:00	RS	Radha Sundaram	24/11/2020 23:43 - 24/11/2020 23:43
A	Kathleen Mcilroy	26/11/2020 18:00 - 26/11/2020 18:00	LG	Lisa Gemmell	26/11/2020 18:14 - 26/11/2020 18:14	GF	Graeme Finnie	26/11/2020 14:07 - 26/11/2020 14:07
CN	Carevue ICU RAH Nursing Six	26/11/2020 18:00 - 26/11/2020 18:00	FM	Liz Lynn	26/11/2020 08:00 - 26/11/2020 08:00	LB	Linzi Blair	26/11/2020 18:00 - 26/11/2020 18:00
CA	Carevue ICU RAH Ahp Five	26/11/2020 10:00 - 26/11/2020 10:00	S	Mini Varughese	25/11/2020 00:00 - 25/11/2020 00:00	EK	Erin Kenny	25/11/2020 05:00 - 25/11/2020 05:00
CC	Chelsea Cennell	30/11/2020 07:34 - 30/11/2020 07:34	J4	Lisa Murphy	26/11/2020 14:00 - 26/11/2020 14:00	ON	Olivia Nelson	25/11/2020 06:00 - 25/11/2020 06:00
OP	Olivia Pittman	01/12/2020 12:59 - 01/12/2020 12:59	CT	Claire Thomson	26/11/2020 14:07 - 26/11/2020 14:07	J2	Fiona MacGregor	25/11/2020 16:37 - 25/11/2020 16:37
CM	Christopher McGovern Consultant GRI ICU	28/11/2020 11:32 - 28/11/2020 11:32	NB	NICOLA BUNCE	27/11/2020 14:00 - 27/11/2020 14:00	LG3	Lisa Gilfillan	25/11/2020 18:00 - 25/11/2020 18:00
JM6	Jennifer Mcwilliam	02/12/2020 07:00 - 02/12/2020 07:00	J	Michael Brett	25/11/2020 15:45 - 25/11/2020 15:45	SM	Sarah Mclaughlin	03/12/2020 06:00 - 03/12/2020 06:00
EB	Emma Bhatti	30/11/2020 11:44 - 30/11/2020 11:44	JM	Jasmine Mathew	28/11/2020 14:00 - 28/11/2020 14:00	R	Kathryn Murray	25/11/2020 23:00 - 25/11/2020 23:00
EF	Emma Friel	26/11/2020 22:00 - 26/11/2020 22:00	DBSv c	D B Services	03/12/2020 18:00 - 03/12/2020 18:00			

Order Footnotes

Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0,...

S	25/11/2020 01:36 Auto-Ack New Order
RS	24/11/2020 23:48 Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Mixture: Additive: Drug: Actrapid Insulin 1unit/ml; Formulation: Actrapid Insulin 1units/ml; Amount: 50 Units; Use Wt Dosing: No; Conc: 1 Units/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:48; Order instr: Administer as per unit protocol.; Prof Domain: Doctor; Action: Add Operational;

Albumin 20% 100 ml IV STAT

S	25/11/2020 03:54 Auto-Ack New Order

KE	25/11/2020 03:04 Albumin 20% 100 ml IV STAT: Details: Product: Albumin 20%; Formulation: Albumin 20% IV; Bolus Amount: 100 ml; Route: IV; Frequency: STAT; Start: 25/11/2020 03:04; Prof Domain: Doctor; Action: Add Operational;
ON	25/11/2020 08:23 Auto-Ack New Order
KE	25/11/2020 07:50 Albumin 20% 100 ml IV STAT: Details: Product: Albumin 20%; Formulation: Albumin 20% IV; Bolus Amount: 100 ml; Route: IV; Frequency: STAT; Start: 25/11/2020 07:50; Prof Domain: Doctor; Action: Add Operational;

Albumin 5% 400 ml IV STAT

S	25/11/2020 02:40 Auto-Ack New Order

KE	25/11/2020 02:37 Albumin 5% 400 ml IV STAT: Details: Product: Albumin 5%; Formulation: Albumin 5% IV; Bolus Amount: 400 ml; Route: IV; Frequency: STAT; Start: 25/11/2020 02:37; Prof Domain: Doctor; Action: Add Operational;

Alfentanil 1mg/ml 0.5 mg IV PRN

E1	27/11/2020 22:36 Alfentanil 1mg/ml 0.5 mg IV PRN: Mixture: Drug: Alfentanil 1mg/ml; Formulation: Alfentanil.; Route: IV; Dose: 0.5 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: PRN; Start: 24/11/2020 23:43; Stop: 27/11/2020 22:36; Instructions: As per unit protocol.; Prof Domain: Doctor; Action: Discontinue;

RS	24/11/2020 23:43 Alfentanil 1mg/ml 0.5 mg IV PRN: Mixture: Drug: Alfentanil 1mg/ml; Formulation: Alfentanil.; Route: IV; Dose: 0.5 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: PRN; Start: 24/11/2020 23:43; Instructions: As per unit protocol.; Prof Domain: Doctor; Action: Add Operational;
LG	28/11/2020 19:44 Alfentanil 1mg/ml 0.5 mg IV PRN: Mixture: Drug: Alfentanil 1mg/ml; Formulation: Alfentanil.; Route: IV; Dose: 0.5 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: PRN; Start: 28/11/2020 13:03; Stop: 28/11/2020 19:44; Instructions: As per ICU bolus protocol; Prof Domain: Doctor; Action: Discontinue;

Alfentanil 1mg/ml 0.5 mg IV PRN

LG 28/112020 13:03 Alfentanil 1mg/ml 0.5 mg IV PRN: Mixture: Drug: Alfentanil 1mg/ml; Formulation: Alfentanil.; Route: IV; Dose: 0.5 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: PRN; Start: 28/112020 13:03; Instructions: As per ICU bolus protocol.; Prof Domain: Doctor; Action Add Operational;

Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV...

E1 27/112020 22:36 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Mixture: Additive: Drug: Alfentanil 1mg/ml.; Formulation: Alfentanil 1mg/ml.; Amount: 50 mg; Dose Min: 0 mg/hr; Dose Max: 6 mg/hr; Use Wt Dosing: No; Conc: 1 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Rate: 0 ml/hr; Max Inf Rate: 6 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 24/112020 23:43; Stop: 27/112020 22:35; Prof Domain: Doctor; Action Discontinue;

S 25/11/2020 09:26 Auto-Ack New Order

RS 24/112020 23:43 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 6 mg/hr: Mixture: Additive: Drug: Alfentanil 1mg/ml.; Formulation: Alfentanil 1mg/ml.; Amount: 50 mg; Dose Min: 0 mg/hr; Dose Max: 6 mg/hr; Use Wt Dosing: No; Conc: 1 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Rate: 0 ml/hr; Max Inf Rate: 6 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 24/112020 23:43; Prof Domain: Doctor; Action Add Operational;

LG 28/112020 18:44 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 10 mg/hr: Mixture: Additive: Drug: Alfentanil 1mg/ml.; Formulation: Alfentanil 1mg/ml.; Amount: 50 mg; Dose Min: 0 mg/hr; Dose Max: 10 mg/hr; Use Wt Dosing: No; Conc: 1 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Rate: 0 ml/hr; Max Inf Rate: 10 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 28/112020 12:51; Stop: 28/112020 19:44; Order instr: 1mg/ml; Prof Domain: Doctor; Action Discontinue;

AS 28/11/2020 13:38 Auto-Ack New Order

LG 28/112020 12:51 Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 10 mg/hr: Mixture: Additive: Drug: Alfentanil 1mg/ml.; Formulation: Alfentanil 1mg/ml.; Amount: 50 mg; Dose Min: 0 mg/hr; Dose Max: 10 mg/hr; Use Wt Dosing: No; Conc: 1 mg/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Rate: 0 ml/hr; Max Inf Rate: 10 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 28/112020 12:51; Order instr: 1mg/ml; Prof Domain: Doctor; Action Add Operational;

Amoxicillin 1000 mg IV 8 hrly

J 25/112020 15:45 Amoxicillin 1000 mg IV 8 hrly: Mixture: Drug: Amoxicillin; Formulation: Amoxicillin IV; Route: IV; Dose: 1000 mg; Frequency: 8 hrly; Start: 24/112020 23:45; Stop: 25/112020 15:45; Prof Domain: Doctor; Action Discontinue;

S 25/11/2020 07:14 Auto-Ack New Order

RS 24/112020 23:45 Amoxicillin 1000 mg IV 8 hrly: Mixture: Drug: Amoxicillin; Formulation: Amoxicillin IV; Route: IV; Dose: 1000 mg; Frequency: 8 hrly; Start: 24/112020 23:45; Schedule: 25/112020 06:00; Prof Domain: Doctor; Action Add Operational;

Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0...

LG 28/112020 18:14 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Mixture: Additive: Drug: Argipressin (Synthetic Vasopressin) 0.4units/ml; Formulation: Argipressin (Synthetic Vasopressin) 0.4units/ml; Amount: 20 Units; Use Wt Dosing: No; Conc: 0.4 Units/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 25/112020 02:47; Stop: 26/112020 18:14; Prof Domain: Doctor; Action Discontinue;

S 25/11/2020 04:08 Auto-Ack New Order

KE 25/112020 02:47 Argipressin (Synthetic... 20 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN: Mixture: Additive: Drug: Argipressin (Synthetic Vasopressin) 0.4units/ml; Formulation: Argipressin (Synthetic Vasopressin) 0.4units/ml; Amount: 20 Units; Use Wt Dosing: No; Conc: 0.4 Units/ml; Base Solution: Sodium Chloride 0.9%; Base Volume: 50 ml; Formulation: Sodium Chloride 0.9%; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 25/112020 02:47; Prof Domain: Doctor; Action Add Operational;

Clindamycin 1200 mg IV 12 hrly

J 25/112020 15:45 Clindamycin 1200 mg IV 12 hrly: Mixture: Drug: Clindamycin; Formulation: Clindamycin IV; Route: IV; Dose: 1200 mg; Frequency: 12 hrly; Start: 24/112020 23:45; Stop: 25/112020 15:45; Prof Domain: Doctor; Action: Discontinue;

S 25/11/2020 07:14 Auto-Ack New Order

RS 24/112020 23:46 Clindamycin 1200 mg IV 12 hrly: Mixture: Drug: Clindamycin; Formulation: Clindamycin IV; Route: IV; Dose: 1200 mg; Frequency: 12 hrly; Start: 24/112020 23:46; Schedule: 25/112020 06:00; Prof Domain: Doctor; Action Add Operational;

Clindamycin 1200 mg IV 8 hrly

KB 03/12/2020 13:36 Clindamycin 1200 mg IV 8 hrly: Mixture: Drug: Clindamycin; Formulation: Clindamycin IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 25/112020 15:46; Stop: 03/12/2020 13:36; Prof Domain: Doctor; Action: Discontinue;

CB 25/11/2020 20:44 Auto-Ack New Order

J 25/112020 15:46 Clindamycin 1200 mg IV 8 hrly: Mixture: Drug: Clindamycin; Formulation: Clindamycin IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 25/112020 15:46; Schedule: 25/112020 18:00; Prof Domain: Doctor; Action Add Operational;

Clonidine. 50 mcg PO/NG; IV 8 hrly

OP 02/12/2020 09:54 Clonidine. 50 mcg PO/NG; IV 8 hrly: Mixture: Drug: Clonidine.; Formulation: Clonidine.; Route: PO/NG; IV; Dose: 50 mcg; Frequency: 8 hrly; Start: 30/112020 01:08; Stop: 02/12/2020 09:54; Prof Domain: Doctor; Action: Discontinue;

S 30/11/2020 06:18 Auto-Ack New Order

E1 30/112020 01:08 Clonidine. 50 mcg PO/NG; IV 8 hrly: Mixture: Drug: Clonidine.; Formulation: Clonidine.; Route: PO/NG; IV; Dose: 50 mcg; Frequency: 8 hrly; Start: 30/112020 01:08; Schedule: 30/112020 08:00; Prof Domain: Doctor; Action Add Operational;

Clonidine. 50 mcg PO/NG; IV STAT

LG 30/112020 18:25 Clonidine. 50 mcg PO/NG; IV STAT: Mixture: Drug: Clonidine.; Formulation: Clonidine.; Route: PO/NG; IV; Dose: 50 mcg; Frequency: STAT; Start: 30/112020 01:09; Stop: 30/112020 18:25; Prof Domain: Doctor; Action: Discontinue;

S 30/11/2020 01:39 Auto-Ack New Order

E1 30/112020 01:09 Clonidine. 50 mcg PO/NG; IV STAT: Mixture: Drug: Clonidine.; Formulation: Clonidine.; Route: PO/NG; IV; Dose: 50 mcg; Frequency: STAT; Start: 30/112020 01:09; Prof Domain: Doctor; Action Add Operational;

Dalteparin 15000 Units SC Once Daily

AS 28/11/2020 11:15 Auto-Ack New Order

J2 27/112020 11:50 Dalteparin 15000 Units SC Once Daily: Mixture: Drug: Dalteparin; Formulation: Dalteparin SC; Route: SC; Dose: 15000 Units; Frequency: Once Daily; Start: 27/112020 12:00; Schedule: 28/112020 10:00; Prof Domain: Doctor; Action: Add Operational;

Diazepam 5 mg PO/NG 6 hrly

CC 30/11/2020 12:34 Auto-Ack New Order

LG 30/112020 10:44 Diazepam 5 mg PO/NG 6 hrly: Mixture: Drug: Diazepam; Formulation: Diazepam PO/NG; Route: PO/NG; Dose: 5 mg; Frequency: 6 hrly; Start: 30/112020 10:44; Schedule: 30/112020 12:00; Prof Domain: Doctor; Action: Add Operational;

Enteral Feeds Nutrison NG Continuous PRN

A 27/11/2020 16:13 Auto-Ack New Order

RS 24/112020 23:43 Enteral Feeds Nutrison NG Continuous PRN: Details: Solution: Base Soln: Nutrison; Formulation: Nutrison; Route: NG; Frequency: Continuous PRN; Start: 24/112020 23:43; Prof Domain: Doctor; Action: Add Operational;

Fluconazole 400 mg IV OD at 10:00

OP 01/12/2020 14:46 Fluconazole 400 mg IV OD at 10:00: Mixture: Drug: Fluconazole; Formulation: Fluconazole IV; Route: IV; Dose: 400 mg; Frequency: OD at 10:00; Start: 24/112020 23:46; Stop: 01/12/2020 14:46; Prof Domain: Doctor; Action: Discontinue;

E 25/11/2020 13:38 Auto-Ack New Order

RS 24/112020 23:46 Fluconazole 400 mg IV OD at 10:00: Mixture: Drug: Fluconazole; Formulation: Fluconazole IV; Route: IV; Dose: 400 mg; Frequency: OD at 10:00; Start: 24/112020 23:46; Schedule: 25/112020 10:00; Prof Domain: Doctor; Action: Add Operational;

Furosemide 20 mg IV Once Only

A 27/11/2020 12:19 Auto-Ack New Order

PO 27/11/2020 11:55 Furosemide 20 mg IV Once Only: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 20 mg; Frequency: Once Only; Start: 27/112020 11:55; Prof Domain: Doctor; Action: Add Operational;

LG 29/112020 17:37 Furosemide 20 mg IV Once Only: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 20 mg; Frequency: Once Only; Start: 29/112020 09:06; Stop: 29/112020 17:37; Prof Domain: Doctor; Action: Discontinue;

NB 29/11/2020 12:07 Auto-Ack New Order

CM 29/112020 09:06 Furosemide 20 mg IV Once Only: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 20 mg; Frequency: Once Only; Start: 29/112020 09:06; Prof Domain: Doctor; Action: Add Operational;

Furosemide 20 mg IV PRN

Furosemide 20 mg IV PRN

LG 29/11/2020 14:42 Furosemide 20 mg IV PRN: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 20 mg; Frequency: PRN; Start: 29/11/2020 14:42; Prof Domain: Doctor; Action: Add Operational;

Furosemide 20 mg IV STAT

LG 30/11/2020 18:25 Furosemide 20 mg IV STAT: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 20 mg; Frequency: STAT; Start: 30/11/2020 07:34; Stop: 30/11/2020 18:25; Prof Domain: Doctor; Action: Discontinue;
CC 30/11/2020 08:29 Auto-Ack New Order
E1 30/11/2020 07:34 Furosemide 20 mg IV STAT: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 20 mg; Frequency: STAT; Start: 30/11/2020 07:34; Prof Domain: Doctor; Action: Add Operational;

Furosemide 40 mg IV PRN

LG 30/11/2020 18:25 Furosemide 40 mg IV PRN: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 40 mg; Frequency: PRN; Start: 29/11/2020 18:45; Stop: 30/11/2020 18:25; Prof Domain: Doctor; Action: Discontinue;
NB 29/11/2020 19:21 Auto-Ack New Order
CM 29/11/2020 18:45 Furosemide 40 mg IV PRN: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 40 mg; Frequency: PRN; Start: 29/11/2020 18:45; Prof Domain: Doctor; Action: Add Operational;

Furosemide 40 mg IV STAT

JM6 02/12/2020 11:24 Auto-Ack New Order
OP 02/12/2020 09:55 Furosemide 40 mg IV STAT: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 40 mg; Solution: Base solution: Base; Formulation: Base; Frequency: STAT; Start: 02/12/2020 09:55; Prof Domain: Doctor; Action: Add Operational;

Furosemide 50 mg IV STAT

E 01/12/2020 21:06 Auto-Ack New Order
OP 01/12/2020 19:13 Furosemide 50 mg IV STAT: Mixture: Drug: Furosemide; Formulation: Furosemide IV; Route: IV; Dose: 50 mg; Frequency: STAT; Start: 01/12/2020 19:13; Prof Domain: Doctor; Action: Add Operational;

Gentamicin 360 mg IV Once Only

CB 25/11/2020 20:44 Auto-Ack New Order
J2 25/11/2020 16:37 Gentamicin 360 mg IV Once Only: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 360 mg; Frequency: Once Only; Start: 25/11/2020 16:37; Prof Domain: Doctor; Action: Add Operational;
LB 27/11/2020 22:10 Auto-Ack New Order

J2 27/11/2020 1148 Gentamicin 360 mg IV Once Only: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 360 mg; Frequency: Once Only; Start: 27/11/2020 20:00; Instructions: Confirm EVERY dose with Pharmacy/Doctor before administration.; Prof Domain: Doctor; Action: Add Operational;

Glucose 20% IV Continuous PRN

GF 26/11/2020 19:00 Glucose 20% IV Continuous PRN: Mixture: Base: Base Soln: Glucose 20%; Base Volume: 100 ml; Formulation: Glucose 20%; Total Volume 100 ml; Route: IV; Frequency: Continuous PRN; Start: 26/11/2020 18:59; Stop: 26/11/2020 19:00; Instructions: As required for hypoglycaemia. Give 100ml if BM<4.0; Prof Domain: Doctor; Action: Discontinue;
GF 26/11/2020 18:59 Glucose 20% IV Continuous PRN: Mixture: Base: Base Soln: Glucose 20%; Base Volume: 100 ml; Formulation: Glucose 20%; Total Volume 100 ml; Route: IV; Frequency: Continuous PRN; Start: 26/11/2020 18:59; Instructions: As required for hypoglycaemia. Give 100ml if BM<4.0; Prof Domain: Doctor; Action: Add Operational;

Glucose 20% IV STAT

LG 26/11/2020 18:14 Glucose 20% IV STAT: Mixture: Base: Base Soln: Glucose 20%; Base Volume: 100 ml; Formulation: Glucose 20%; Total Volume 100 ml; Route: IV; Frequency: STAT; Start: 26/11/2020 14:07; Stop: 26/11/2020 18:14; Instructions: Give if BM <4.0; Prof Domain: Doctor; Action: Discontinue;
CT 26/11/2020 14:36 Auto-Ack New Order
GF 26/11/2020 14:07 Glucose 20% IV STAT: Mixture: Base: Base Soln: Glucose 20%; Base Volume: 100 ml; Formulation: Glucose 20%; Total Volume 100 ml; Route: IV; Frequency: STAT; Start: 26/11/2020 14:07; Instructions: Give if BM <4.0; Prof Domain: Doctor; Action: Add Operational;
A 27/11/2020 11:16 Auto-Ack New Order
GF 26/11/2020 19:00 Glucose 20% IV STAT: Mixture: Base: Base Soln: Glucose 20%; Base Volume: 100 ml; Formulation: Glucose 20%; Total Volume 100 ml; Route: IV; Frequency: STAT; Start: 26/11/2020 19:00; Prof Domain: Doctor; Action: Add Operational;

Glycophos mmol/ml, 20 mmol to 20 mmol IV Once Only

CM 29/11/2020 1134 Glycophos mmol/ml, 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Glycophos mmol/ml.; Formulation: Glycophos mmol/ml.; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Glucose 5%; Base volume: 100 ml; Formulation: Glucose 5%; Frequency: Once Only; Start: 29/11/2020 08:21; Stop: 29/11/2020 08:20; Instructions: Give over 12 hours.; Prof Domain: Doctor; Action: Discontinue;
CM 29/11/2020 08:21 Glycophos mmol/ml, 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Glycophos mmol/ml.; Formulation: Glycophos mmol/ml.; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Glucose 5%; Base volume: 100 ml; Formulation: Glucose 5%; Frequency: Once Only; Start: 29/11/2020 08:21; Instructions: Give over 12 hours.; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 999 ml/hr

CM 28/11/2020 1132 Hartmanns IV Continuous PRN @ 999 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 500 ml; Formulation: Hartmanns; Total Volume: 500 ml; Rate: 999 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 25/11/2020 00:11 Stop: 28/11/2020 1132; Prof Domain: Doctor; Action: Discontinue;
S 25/11/2020 00:26 Auto-Ack New Order
RS 25/11/2020 00:11 Hartmanns IV Continuous PRN @ 999 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 500 ml; Formulation: Hartmanns; Total Volume: 500 ml; Rate: 999 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 25/11/2020 00:11 Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV STAT @ 999 ml/hr

S 25/11/2020 00:26 Auto-Ack New Order
RS 25/11/2020 00:03 Hartmanns IV STAT @999 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 500 ml; Formulation: Hartmanns; Total Volume 500 ml; Rate: 999 ml/hr; Route: IV; Frequency: STAT; Start: 25/11/2020 00:03; Prof Domain: Doctor; Action: Add Operational;

Heparin 1000units/ml, 20000 Units in 20 ml Base IV Continuous

PO 27/11/2020 1153 Heparin 1000units/ml, 20000 Units in 20 ml Base IV Continuous PRN: Mixture: Additive: Drug: Heparin 1000units/ml.; Formulation: Heparin 1000units/ml.; Amount: 20000 Units; Use Wt Dosing: No; Conc: 1000 Units/ml; Base Solution: Base; Base Volume: 20 ml; Formulation: Base; Total Volume 20 ml; Route: IV; Frequency: Continuous PRN; Start: 26/11/2020 16:12; Stop: 27/11/2020 1153; Order instr: Refer to unfractionated heparin protocol for infusion rates and monitoring.

For non-citrate CVVHDF, refer to heparin protocol for CRRT.; Prof Domain: Doctor; Action: Discontinue;
FM 26/11/2020 19:04 Auto-Ack New Order

GF 26/11/2020 16:12 Heparin 1000units/ml, 20000 Units in 20 ml Base IV Continuous PRN: Mixture: Additive: Drug: Heparin 1000units/ml.; Formulation: Heparin 1000units/ml.; Amount: 20000 Units; Use Wt Dosing: No; Conc: 1000 Units/ml; Base Solution: Base; Base Volume: 20 ml; Formulation: Base; Total Volume 20 ml; Route: IV; Frequency: Continuous PRN; Start: 26/11/2020 16:12; Order instr: Refer to unfractionated heparin protocol for infusion rates and monitoring.

For non-citrate CVVHDF, refer to heparin protocol for CRRT.; Prof Domain: Doctor; Action: Add Operational;

Heparin 5000 Units IV Once Only

PO 27/11/2020 1152 Heparin 5000 Units IV Once Only: Mixture: Drug: Heparin; Formulation: Heparin IV; Route: IV; Dose: 5000 Units; Frequency: Once Only; Start: 26/11/2020 16:11 Stop: 27/11/2020 1152; Instructions: Slow IV bolus over five minutes; Prof Domain: Doctor; Action: Discontinue;
GF 26/11/2020 16:11 Heparin 5000 Units IV Once Only: Mixture: Drug: Heparin; Formulation: Heparin IV; Route: IV; Dose: 5000 Units; Frequency: Once Only; Start: 26/11/2020 16:11 Instructions: Slow IV bolus over five minutes; Prof Domain: Doctor; Action: Add Operational;

Hydrocortisone 50 mg IV 12 hrly

PO 27/11/2020 1151 Hydrocortisone 50 mg IV 12 hrly: Mixture: Drug: Hydrocortisone; Formulation: Hydrocortisone IV; Route: IV; Dose: 50 mg; Frequency: 12 hrly; Start: 25/11/2020 18:14; Stop: 27/11/2020 1151; Prof Domain: Doctor; Action: Discontinue;
CN 27/11/2020 07:11 Auto-Ack New Order
LG 26/11/2020 18:14 Hydrocortisone 50 mg IV 12 hrly: Mixture: Drug: Hydrocortisone; Formulation: Hydrocortisone IV; Route: IV; Dose: 50 mg; Frequency: 12 hrly; Start: 26/11/2020 18:14; Schedule: 27/11/2020 06:00; Prof Domain: Doctor; Action: Add Operational;

Hydrocortisone 50 mg IV 6 hrly

CN 26/11/2020 23:14 Auto-Ack New Order
LG 26/11/2020 18:14 Hydrocortisone 50 mg IV 6 hrly: Mixture: Drug: Hydrocortisone; Formulation: Hydrocortisone IV; Route: IV; Dose: 50 mg; Frequency: 6 hrly; Start: 24/11/2020 23:47; Stop: 26/11/2020 18:13; Prof Domain: Doctor; Action: Change With Split;
S 25/11/2020 01:09 Auto-Ack New Order
RS 24/11/2020 23:47 Hydrocortisone 50 mg IV 6 hrly: Mixture: Drug: Hydrocortisone; Formulation: Hydrocortisone IV; Route: IV; Dose: 50 mg; Frequency: 6 hrly; Start: 24/11/2020 23:47; Schedule: 25/11/2020 00:00; Prof Domain: Doctor; Action: Add Operational;

Lactulose 15 ml PO/NG 12 hrly

ON 25/11/2020 08:23 Auto-Ack New Order

PATIENT NAME
Henry Burgess

CHI
2208793218

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Lactulose 15 ml PO/NG 12 hrly

RS	24/11/2020 23:43 Lactulose 15 ml PO/NG 12 hrly: Mixture: Drug: Lactulose; Formulation: Lactulose PO/NG; Route: PO/NG; Dose: 15 ml; Solution: Base solution: Base; Formulation: Base; Frequency: 12 hrly; Start: 24/11/2020 23:43; Schedule: 25/11/2020 06:00; Prof Domain: Doctor; Action: Add Operational;

Lansoprazole 30 mg PO/NG OD at 10:00

NB	29/11/2020 12:07 Auto-Ack New Order
CM	29/11/2020 08:34 Lansoprazole 30 mg PO/NG OD at 10:00: Mixture: Drug: Lansoprazole; Formulation: Lansoprazole PO/NG; Route: PO/NG; Dose: 30 mg; Frequency: OD at 10:00; Start: 29/11/2020 08:34; Schedule: 29/11/2020 10:00; Prof Domain: Doctor; Action: Add Operational;

Magnesium sulphate 20mmol: 20 mmol to 20 mmol IV Once On

AS	28/11/2020 14:40 Auto-Ack New Order
LG	28/11/2020 13:00 Magnesium sulphate 20mmol: 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Magnesium sulphate 20mmol.; Formulation: Magnesium sulphate 20mmol; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Glucose 5%; Base volume: 100 ml; Formulation: Glucose 5%; Frequency: Once Only; Start: 28/11/2020 13:00; Instructions: Give over 3 hours in 100ml. ; Prof Domain: Doctor; Action: Add Operational;

Meropenem 1000 mg IV 8 hrly

E	01/12/2020 22:35 Auto-Ack New Order
OP	01/12/2020 14:53 Meropenem 1000 mg IV 8 hrly: Mixture: Drug: Meropenem; Formulation: Meropenem IV; Route: IV; Dose: 1000 mg; Frequency: 8 hrly; Start: 01/12/2020 14:53; Schedule: 01/12/2020 22:00; Prof Domain: Doctor; Action: Add Operational;

Meropenem 1000 mg IV STAT

CN5	01/12/2020 15:33 Auto-Ack New Order
OP	01/12/2020 14:56 Meropenem 1000 mg IV STAT: Mixture: Drug: Meropenem; Formulation: Meropenem IV; Route: IV; Dose: 1000 mg; Frequency: STAT; Start: 01/12/2020 14:56; Prof Domain: Doctor; Action: Add Operational;

Meropenem 2000 mg to 2000 mg IV 8 hrly

CN5	01/12/2020 15:36 Auto-Ack New Order
OP	01/12/2020 14:53 Meropenem 2000 mg to 2000 mg IV 8 hrly: Mixture: Drug: Meropenem; Formulation: Meropenem IV; Route: IV; Dose: 2000 mg; Max Single Dose: 2000 mg; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 100 ml; Formulation: Sodium Chloride 0.9%; Frequency: 8 hrly; Start: 28/11/2020 12:50; Stop: 01/12/2020 14:53; Instructions: Reconsititute each 1g vial with 20mls water for injection then dilute the contents in 100mls 0.9% NaCl ADMINISTER OVER 30 MINUTES Refer to BLING III protocol folder; Prof Domain: Doctor; Action: Discontinue;
AS	28/11/2020 15:10 Auto-Ack New Order
LG	28/11/2020 12:50 Meropenem 2000 mg to 2000 mg IV 8 hrly: Mixture: Drug: Meropenem; Formulation: Meropenem IV; Route: IV; Dose: 2000 mg; Max Single Dose: 2000 mg; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 100 ml; Formulation: Sodium Chloride 0.9%; Frequency: 8 hrly; Start: 28/11/2020 12:50; Schedule: 28/11/2020 14:00; Instructions: Reconsititute each 1g vial with 20mls water for injection then dilute the contents in 100mls 0.9% NaCl ADMINISTER OVER 30 MINUTES Refer to BLING III protocol folder; Prof Domain: Doctor; Action: Add Operational;

Methadone 20 mg PO/NG OD at 10:00

CC	30/11/2020 11:46 Auto-Ack New Order
LG	30/11/2020 10:43 Methadone 20 mg PO/NG OD at 10:00: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 20 mg; Frequency: OD at 10:00; Start: 29/11/2020 08:38; Stop: 30/11/2020 10:42; Instructions: Normal on 70mg od - will need titrated up; Prof Domain: Doctor; Action: Change With Split;
NB	29/11/2020 12:07 Auto-Ack New Order
CM	29/11/2020 08:38 Methadone 20 mg PO/NG OD at 10:00: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 20 mg; Frequency: OD at 10:00; Start: 29/11/2020 08:38; Schedule: 29/11/2020 10:00; Instructions: Normal on 70mg od - will need titrated up; Prof Domain: Doctor; Action: Add Operational;

Methadone 70 mg PO/NG OD at 10:00

SM	03/12/2020 10:40 Auto-Ack New Order
KB	03/12/2020 10:26 Methadone 70 mg PO/NG OD at 10:00: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 70 mg; Frequency: OD at 10:00; Start: 30/11/2020 10:43; Stop: 03/12/2020 10:26; Instructions: Use Sugar Free; Prof Domain: Doctor; Action: Discontinue;
JM6	02/12/2020 11:24 Auto-Ack New Order
J2	01/12/2020 1128 Methadone 70 mg PO/NG OD at 10:00: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 70 mg; Frequency: OD at 10:00; Start: 30/11/2020 10:43; Schedule: 02/12/2020 10:00; Instructions: Use Sugar Free; Prof Domain: Doctor; Action: Change;
CN5	01/12/2020 11:13 Auto-Ack New Order
LG	30/11/2020 10:43 Methadone 70 mg PO/NG OD at 10:00: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 70 mg; Frequency: OD at 10:00; Start: 30/11/2020 10:43; Schedule: 01/12/2020 10:00; Instructions: Normal on 70mg od - will need titrated up; Prof Domain: Doctor; Action: Add Operational;
SM	03/12/2020 11:03 Auto-Ack New Order
KB	03/12/2020 10:25 Methadone 70 mg PO/NG OD at 10:00: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 70 mg; Frequency: OD at 10:00; Start: 03/12/2020 10:25; Schedule: 03/12/2020 10:30; Instructions: Sugar free formulation ; Prof Domain: Doctor; Action: Add Operational;

Methadone 70 mg PO/NG Once Only

LG	30/11/2020 18:26 Methadone 70 mg PO/NG Once Only: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 70 mg; Frequency: Once Only; Start: 30/11/2020 1144; Stop: 30/11/2020 18:26; Prof Domain: Doctor; Action: Discontinue;
CC	30/11/2020 11:48 Auto-Ack New Order
EB	30/11/2020 1144 Methadone 70 mg PO/NG Once Only: Mixture: Drug: Methadone; Formulation: Methadone PO/NG; Route: PO/NG; Dose: 70 mg; Frequency: Once Only; Start: 30/11/2020 1144; Prof Domain: Doctor; Action: Add Operational;

Metronidazole 500 mg IV 8 hrly

J	25/11/2020 15:45 Metronidazole 500 mg IV 8 hrly: Mixture: Drug: Metronidazole; Formulation: Metronidazole IV; Route: IV; Dose: 500 mg; Frequency: 8 hrly; Start: 24/11/2020 23:45; Stop: 25/11/2020 15:45; Prof Domain: Doctor; Action: Discontinue;
S	25/11/2020 07:14 Auto-Ack New Order
RS	24/11/2020 23:45 Metronidazole 500 mg IV 8 hrly: Mixture: Drug: Metronidazole; Formulation: Metronidazole IV; Route: IV; Dose: 500 mg; Frequency: 8 hrly; Start: 24/11/2020 23:45; Schedule: 25/11/2020 06:00; Prof Domain: Doctor; Action: Add Operational;

Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN

OP	02/12/2020 09:55 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Mixture: Additive: Drug: Morphine 1mg/ml; Formulation: Morphine 50mg/50ml; Amount: 50 mg; Use Wt Dosing: No; Conc: 1 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 19:44; Stop: 02/12/2020 09:55; Prof Domain: Doctor; Action: Discontinue;
JM	28/11/2020 20:25 Auto-Ack New Order
LG	28/11/2020 19:44 Morphine 1mg/ml 50 mg in 50 ml Base IV Continuous PRN: Mixture: Additive: Drug: Morphine 1mg/ml; Formulation: Morphine 50mg/50ml; Amount: 50 mg; Use Wt Dosing: No; Conc: 1 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 19:44; Prof Domain: Doctor; Action: Add Operational;

Morphine: 1 mg IV PRN

OP	02/12/2020 09:55 Morphine: 1 mg IV PRN: Mixture: Drug: Morphine.; Formulation: Morphine IV; Route: IV; Dose: 1 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: PRN; Start: 28/11/2020 19:45; Stop: 02/12/2020 09:55; Instructions: As per ICU bolus protocol; Prof Domain: Doctor; Action: Discontinue;
LG	28/11/2020 19:45 Morphine: 1 mg IV PRN: Mixture: Drug: Morphine.; Formulation: Morphine IV; Route: IV; Dose: 1 mg; Solution: Base solution: Sodium Chloride 0.9%; Formulation: Sodium Chloride 0.9%; Frequency: PRN; Start: 28/11/2020 19:45; Instructions: As per ICU bolus protocol.; Prof Domain: Doctor; Action: Add Operational;

Morphine: 5 mg PO/NG 1 hrly

E	01/12/2020 22:35 Auto-Ack New Order
CE	01/12/2020 21:11 Morphine: 5 mg PO/NG 1 hrly: Mixture: Drug: Morphine.; Formulation: Morphine Oral Solution (Oramorph) PO/NG; Route: PO/NG; Dose: 5 mg; Frequency: 1 hrly; Start: 01/12/2020 20:31; Stop: 01/12/2020 21:11; Prof Domain: Doctor; Action: Discontinue;
CE	01/12/2020 20:31 Morphine: 5 mg PO/NG 1 hrly: Mixture: Drug: Morphine.; Formulation: Morphine Oral Solution (Oramorph) PO/NG; Route: PO/NG; Dose: 5 mg; Frequency: 1 hrly; Start: 01/12/2020 20:31; Schedule: 01/12/2020 21:00; Prof Domain: Doctor; Action: Add Operational;

Morphine: 5 mg PO/NG PRN 2 hrly

SM	03/12/2020 12:43 Auto-Ack New Order

Morphine. 5 mg PO/NG PRN 2 hrly
CE 01/12/2020 21:11 Morphine. 5 mg PO/NG PRN 2 hrly; Mixture: Drug: Morphine.; Formulation: Morphine Oral Solution (Oramorph) PO/NG; Route: PO/NG; Dose: 5 mg; Frequency: PRN 2 hrly; Start: 01/12/2020 21:11 Prof Domain: Doctor; Action: Add Operational;

Morphine. 5 mg SC PRN 4 hrly
CM 28/11/2020 11:32 Morphine. 5 mg SC PRN 4 hrly; Mixture: Drug: Morphine.; Formulation: Morphine SC; Route: SC; Dose: 5 mg; Frequency: PRN 4 hrly; Start: 27/11/2020 18:47; Stop: 28/11/2020 11:32; Prof Domain: Doctor; Action: Discontinue;
PO 27/11/2020 18:47 Morphine. 5 mg SC PRN 4 hrly; Mixture: Drug: Morphine.; Formulation: Morphine SC; Route: SC; Dose: 5 mg; Frequency: PRN 4 hrly; Start: 27/11/2020 18:47; Prof Domain: Doctor; Action: Add Operational;

Noradrenaline mg/mL. 16 mg in 50 ml Glucose 5% IV Continuou
PO 27/11/2020 11:53 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Noradrenaline mg/mL.; Formulation: Noradrenaline mg/mL.; Amount: 16 mg; Use Wt Dosing: No; Conc: 0.32 mg/ml; Base Solution: Glucose 5%; Base Volume: 50 ml; Formulation: Glucose 5%; Total Volume: 50 ml; Route: IV; Frequency: Continuous PRN; Start: 25/11/2020 01:44; Stop: 27/11/2020 11:53; Prof Domain: Doctor; Action: Discontinue;
NS 25/11/2020 02:14 Auto-Ack New Order
MM 25/11/2020 01:44 Noradrenaline mg/ml. 16 mg in 50 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Noradrenaline mg/mL.; Formulation: Noradrenaline mg/mL.; Amount: 16 mg; Use Wt Dosing: No; Conc: 0.32 mg/ml; Base Solution: Glucose 5%; Base Volume: 50 ml; Formulation: Glucose 5%; Total Volume: 50 ml; Route: IV; Frequency: Continuous PRN; Start: 25/11/2020 01:44; Prof Domain: Doctor; Action: Add Operational;

Noradrenaline mg/mL. 8 mg in 50 ml Glucose 5% IV Continuous
MM 25/11/2020 01:45 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Noradrenaline mg/mL.; Formulation: Noradrenaline mg/mL.; Amount: 8 mg; Use Wt Dosing: No; Conc: 0.16 mg/ml; Base Solution: Glucose 5%; Base Volume: 50 ml; Formulation: Glucose 5%; Total Volume: 50 ml; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:48; Stop: 25/11/2020 01:45; Prof Domain: Doctor; Action: Discontinue;
S 25/11/2020 00:28 Auto-Ack New Order
RS 24/11/2020 23:48 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Noradrenaline mg/mL.; Formulation: Noradrenaline mg/mL.; Amount: 8 mg; Use Wt Dosing: No; Conc: 0.16 mg/ml; Base Solution: Glucose 5%; Base Volume: 50 ml; Formulation: Glucose 5%; Total Volume: 50 ml; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:48; Prof Domain: Doctor; Action: Add Operational;
PO 27/11/2020 11:53 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Noradrenaline mg/mL.; Formulation: Noradrenaline mg/mL.; Amount: 8 mg; Use Wt Dosing: No; Conc: 0.16 mg/ml; Base Solution: Glucose 5%; Base Volume: 50 ml; Formulation: Glucose 5%; Total Volume: 50 ml; Route: IV; Frequency: Continuous PRN; Start: 26/11/2020 00:18; Stop: 27/11/2020 11:53; Prof Domain: Doctor; Action: Discontinue;
R 26/11/2020 03:12 Auto-Ack New Order
LS 26/11/2020 00:18 Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN Mixture: Additive: Drug: Noradrenaline mg/mL.; Formulation: Noradrenaline mg/mL.; Amount: 8 mg; Use Wt Dosing: No; Conc: 0.16 mg/ml; Base Solution: Glucose 5%; Base Volume: 50 ml; Formulation: Glucose 5%; Total Volume: 50 ml; Route: IV; Frequency: Continuous PRN; Start: 26/11/2020 00:18; Prof Domain: Doctor; Action: Add Operational;

Omeprazole 40mg IV Once Daily
CM 29/11/2020 08:34 Omeprazole 40mg IV Once Daily; Drug Name: Omeprazole; Route: IV; Dose: 40mg ; Frequency: Once Daily; Start: 24/11/2020 23:43; Stop: 29/11/2020 08:34; Prof Domain: Doctor; Action: Discontinue;
E 25/11/2020 13:36 Auto-Ack New Order
RS 24/11/2020 23:43 Omeprazole 40mg IV Once Daily; Drug Name: Omeprazole; Route: IV; Dose: 40mg ; Frequency: Once Daily; Start: 24/11/2020 23:43; Schedule: 25/11/2020 10:00; Prof Domain: Doctor; Action: Add Operational;

Pabrinex 1&2 20 ml IV 8 hrly
LG 30/11/2020 18:26 Pabrinex 1&2 20 ml IV 8 hrly; Mixture: Drug: Pabrinex 1&2; Formulation: Pabrinex 1&2 IV; Route: IV; Dose: 20 ml; Frequency: 8 hrly; Start: 24/11/2020 23:44; Stop: 30/11/2020 18:25; Prof Domain: Doctor; Action: Change With Split;
S 25/11/2020 07:14 Auto-Ack New Order
RS 24/11/2020 23:44 Pabrinex 1&2 20 ml IV 8 hrly; Mixture: Drug: Pabrinex 1&2; Formulation: Pabrinex 1&2 IV; Route: IV; Dose: 20 ml; Frequency: 8 hrly; Start: 24/11/2020 23:44; Schedule: 25/11/2020 08:00; Prof Domain: Doctor; Action: Add Operational;

Pabrinex 1&2 20 ml IV OD at 10:00
J2 02/12/2020 12:13 Pabrinex 1&2 20 ml IV OD at 10:00; Mixture: Drug: Pabrinex 1&2; Formulation: Pabrinex 1&2 IV; Route: IV; Dose: 20 ml; Frequency: OD at 10:00; Start: 30/11/2020 18:26; Stop: 03/12/2020 07:00; Schedule: 03/12/2020 06:00; Prof Domain: Doctor; Action: Change Dispatch;
EK 01/12/2020 06:22 Auto-Ack New Order
LG 30/11/2020 18:26 Pabrinex 1&2 20 ml IV OD at 10:00; Mixture: Drug: Pabrinex 1&2; Formulation: Pabrinex 1&2 IV; Route: IV; Dose: 20 ml; Frequency: OD at 10:00; Start: 30/11/2020 18:26; Schedule: 01/12/2020 06:00; Prof Domain: Doctor; Action: Add Operational;

Paracetamol 1000 mg IV Once Only
S 30/11/2020 01:39 Auto-Ack New Order
E1 30/11/2020 00:52 Paracetamol 1000 mg IV Once Only; Mixture: Drug: Paracetamol; Formulation: Paracetamol IV; Route: IV; Dose: 1000 mg; Solution: Base solution: Base; Base volume: 100 ml; Formulation: Base; Frequency: Once Only; Start: 30/11/2020 00:52; Prof Domain: Doctor; Action: Add Operational;

Piperacillin/Tazobactam 4.5 g IV 6 hrly
AS 28/11/2020 14:40 Auto-Ack New Order
LG 28/11/2020 12:50 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Mixture: Drug: Piperacillin/Tazobactam; Formulation: Piperacillin/Tazobactam IV; Route: IV; Dose: 4.5 g; Frequency: 6 hrly; Start: 25/11/2020 15:45; Stop: 28/11/2020 12:50; Prof Domain: Doctor; Action: Discontinue;
CW 25/11/2020 19:06 Auto-Ack New Order
J 25/11/2020 15:45 Piperacillin/Tazobactam 4.5 g IV 6 hrly; Mixture: Drug: Piperacillin/Tazobactam; Formulation: Piperacillin/Tazobactam IV; Route: IV; Dose: 4.5 g; Frequency: 6 hrly; Start: 25/11/2020 15:45; Schedule: 25/11/2020 18:00; Prof Domain: Doctor; Action: Add Operational;

Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Tim
LG 29/11/2020 14:43 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Mixture: Additive: Drug: Potassium Chloride mmol/ml; Formulation: Potassium Chloride mmol/ml; Amount: 60 mmol; Dose Min: 10 mmol/hr; Dose Max: 10 mmol/hr; Use Wt Dosing: No; Conc: 2 mmol/ml; Base Solution: Base; Base Volume: 30 ml; Formulation: Base; Total Volume 30 ml; Rate: 5 ml/hr; Max Inf Rate: 5 ml/hr; Route: IV; Frequency: One Time Infusion; Start: 29/11/2020 13:00; Order instr: Neat solution only to be given via central access. Please enter stop time on prescription-6 hrs after start of admin.; Prof Domain: Doctor; Action: Discontinue;
AS 28/11/2020 15:19 Auto-Ack New Order
LG 26/11/2020 13:00 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Mixture: Additive: Drug: Potassium Chloride mmol/ml; Formulation: Potassium Chloride mmol/ml; Amount: 60 mmol; Dose Min: 10 mmol/hr; Dose Max: 10 mmol/hr; Use Wt Dosing: No; Conc: 2 mmol/ml; Base Solution: Base; Base Volume: 30 ml; Formulation: Base; Total Volume 30 ml; Rate: 5 ml/hr; Max Inf Rate: 5 ml/hr; Route: IV; Frequency: One Time Infusion; Start: 28/11/2020 13:00; Order instr: Neat solution only to be given via central access. Please enter stop time on prescription-6 hrs after start of admin.; Prof Domain: Doctor; Action: Add Operational;
LG 30/11/2020 18:26 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Mixture: Additive: Drug: Potassium Chloride mmol/ml; Formulation: Potassium Chloride mmol/ml; Amount: 60 mmol; Dose Min: 10 mmol/hr; Dose Max: 10 mmol/hr; Use Wt Dosing: No; Conc: 2 mmol/ml; Base Solution: Base; Base Volume: 30 ml; Formulation: Base; Total Volume 30 ml; Rate: 5 ml/hr; Max Inf Rate: 5 ml/hr; Route: IV; Frequency: One Time Infusion; Start: 29/11/2020 17:37; Order instr: Neat solution only to be given via central access. Please enter stop time on prescription-6 hrs after start of admin.; Prof Domain: Doctor; Action: Discontinue;
NB 29/11/2020 19:12 Auto-Ack New Order
LG 29/11/2020 17:37 Potassium Chloride mmol/ml 60 mmol in 30 ml Base IV One Time Infusion @ 10 mmol/hr to 10 mmol/hr; Mixture: Additive: Drug: Potassium Chloride mmol/ml; Formulation: Potassium Chloride mmol/ml; Amount: 60 mmol; Dose Min: 10 mmol/hr; Dose Max: 10 mmol/hr; Use Wt Dosing: No; Conc: 2 mmol/ml; Base Solution: Base; Base Volume: 30 ml; Formulation: Base; Total Volume 30 ml; Rate: 5 ml/hr; Max Inf Rate: 5 ml/hr; Route: IV; Frequency: One Time Infusion; Start: 29/11/2020 17:37; Order instr: Neat solution only to be given via central access. Please enter stop time on prescription-6 hrs after start of admin.; Prof Domain: Doctor; Action: Add Operational;

Potassium Chloride mmol/ml. 40 mmol to 60 mmol IV Once Onl
JM 28/11/2020 22:00 Auto-Ack New Order

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Potassium Chloride mmol/mL 40 mmol to 60 mmol IV Once Onl

E1 28/11/2020 21:27 Potassium Chloride mmol/mL 40 mmol to 60 mmol IV Once Only: Mixture: Drug: Potassium Chloride mmol/mL; Formulation: Potassium Chloride mmol/mL; Route: IV; Dose: 40 mmol; Max Single Dose: 60 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 28/11/2020 21:27; Instructions: Central administration only. Give over 3 hours.; Prof Domain: Doctor; Action: Add Operational;

LG 29/11/2020 17:37 Potassium Chloride mmol/mL 40 mmol to 60 mmol IV Once Only: Mixture: Drug: Potassium Chloride mmol/mL; Formulation: Potassium Chloride mmol/mL; Route: IV; Dose: 40 mmol; Max Single Dose: 60 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 29/11/2020 07:14; Stop: 29/11/2020 17:37; Instructions: Central administration only. Give over 3 hours.; Prof Domain: Doctor; Action: Discontinue;

NB 29/11/2020 08:16 Auto-Ack New Order

E1 29/11/2020 07:14 Potassium Chloride mmol/mL 40 mmol to 60 mmol IV Once Only: Mixture: Drug: Potassium Chloride mmol/mL; Formulation: Potassium Chloride mmol/mL; Route: IV; Dose: 40 mmol; Max Single Dose: 60 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 29/11/2020 07:14; Instructions: Central administration only. Give over 3 hours.; Prof Domain: Doctor; Action: Add Operational;

EK 01/12/2020 02:00 Auto-Ack New Order

KB 01/12/2020 01:28 Potassium Chloride mmol/mL 40 mmol to 60 mmol IV Once Only: Mixture: Drug: Potassium Chloride mmol/mL; Formulation: Potassium Chloride mmol/mL; Route: IV; Dose: 40 mmol; Max Single Dose: 60 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 01/12/2020 01:28; Instructions: Central administration only. Give over 3 hours.; Prof Domain: Doctor; Action: Add Operational;

Propofol 1% 10 mg IV PRN

LG 28/11/2020 13:04 Propofol 1% 10 mg IV PRN: Mixture: Drug: Propofol 1%; Formulation: Propofol 1%; Route: IV; Dose: 10 mg; Frequency: PRN; Start: 28/11/2020 13:04; Prof Domain: Doctor; Action: Add Operational;

Propofol 1% 10mg/ml 10mg/ml IV PRN

MM 25/11/2020 01:44 Propofol 1% 10mg/ml 10mg/ml IV PRN: Drug Name: Propofol 1% 10mg/ml; Route: IV; Dose: 10mg/ml; Frequency: PRN; Start: 24/11/2020 23:43; Stop: 25/11/2020 01:44; Order instr: As per unit protocol; Prof Domain: Doctor; Action: Discontinue;

RS 24/11/2020 23:43 Propofol 1% 10mg/ml 10mg/ml IV PRN: Drug Name: Propofol 1% 10mg/ml; Route: IV; Dose: 10mg/ml; Frequency: PRN; Start: 24/11/2020 23:43; Order instr: As per unit protocol; Prof Domain: Doctor; Action: Add Operational;

Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRI

MM 25/11/2020 01:44 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Mixture: Additive: Drug: Propofol 1% 10mg/ml; Formulation: Propofol 1% 10mg/ml; Amount: 500 mg; Use Wt Dosing: No; Conc: 10 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:43; Stop: 25/11/2020 01:44; Prof Domain: Doctor; Action: Discontinue;

S 25/11/2020 00:28 Auto-Ack New Order

RS 24/11/2020 23:43 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Mixture: Additive: Drug: Propofol 1% 10mg/ml; Formulation: Propofol 1% 10mg/ml; Amount: 500 mg; Use Wt Dosing: No; Conc: 10 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 24/11/2020 23:43; Prof Domain: Doctor; Action: Add Operational;

SM 03/12/2020 12:47 Auto-Ack New Order

J2 03/12/2020 11:01 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Mixture: Additive: Drug: Propofol 1% 10mg/ml; Formulation: Propofol 1% 10mg/ml; Amount: 500 mg; Use Wt Dosing: No; Conc: 10 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 12:51; Stop: 03/12/2020 11:01; Prof Domain: Doctor; Action: Discontinue;

AS 28/11/2020 13:38 Auto-Ack New Order

LG 28/11/2020 12:51 Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Mixture: Additive: Drug: Propofol 1% 10mg/ml; Formulation: Propofol 1% 10mg/ml; Amount: 500 mg; Use Wt Dosing: No; Conc: 10 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 12:51; Prof Domain: Doctor; Action: Add Operational;

Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PF

CM 28/11/2020 11:32 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN Mixture: Additive: Drug: Propofol 2% 20mg/ml; Formulation: Propofol 2% 20mg/ml; Amount: 1000 mg; Use Wt Dosing: No; Conc: 20 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 25/11/2020 01:44; Stop: 28/11/2020 11:32; Prof Domain: Doctor; Action: Discontinue;

NS 25/11/2020 02:14 Auto-Ack New Order

MM 25/11/2020 01:44 Propofol 2% 20mg/ml 1000 mg in 50 ml Base IV Continuous PRN Mixture: Additive: Drug: Propofol 2% 20mg/ml; Formulation: Propofol 2% 20mg/ml; Amount: 1000 mg; Use Wt Dosing: No; Conc: 20 mg/ml; Base Solution: Base; Base Volume: 50 ml; Formulation: Base; Total Volume 50 ml; Route: IV; Frequency: Continuous PRN; Start: 25/11/2020 01:44; Prof Domain: Doctor; Action: Add Operational;

Sando-K 2 Tab(s) PO/NG 8 hrly

JM 28/11/2020 20:26 Auto-Ack New Order

CM 28/11/2020 11:35 Sando-K 2 Tab(s) PO/NG 8 hrly: Mixture: Drug: Sando-K; Formulation: Sando-K PO/NG; Route: PO/NG; Dose: 2 Tab(s); Frequency: 8 hrly; Start: 28/11/2020 11:36; Schedule: 28/11/2020 14:00; Prof Domain: Doctor; Action: Add Operational;

Senna 15 mg PO/NG OD at 22:00

CB 25/11/2020 22:25 Auto-Ack New Order

RS 24/11/2020 23:43 Senna 15 mg PO/NG OD at 22:00: Mixture: Drug: Senna; Formulation: Senna PO/NG; Route: PO/NG; Dose: 15 mg; Solution: Base solution: Base; Formulation: Base; Frequency: OD at 22:00; Start: 24/11/2020 23:43; Schedule: 25/11/2020 22:00; Prof Domain: Doctor; Action: Add Operational;

Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once

CM 29/11/2020 08:36 Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Sodium Acid Phosphate mmol/ml; Formulation: Sodium Acid Phosphate mmol/ml; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 29/11/2020 07:12; Stop: 29/11/2020 07:11 Instructions: 20mmol sodium; 20mmol phosphate Give over 3 hours via central access only; Prof Domain: Doctor; Action: Discontinue;

E1 29/11/2020 07:12 Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Sodium Acid Phosphate mmol/ml; Formulation: Sodium Acid Phosphate mmol/ml; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 29/11/2020 07:12; Instructions: 20mmol sodium; 20mmol phosphate Give over 3 hours via central access only; Prof Domain: Doctor; Action: Add Operational;

LG 30/11/2020 18:26 Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Sodium Acid Phosphate mmol/ml; Formulation: Sodium Acid Phosphate mmol/ml; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 30/11/2020 07:35; Stop: 30/11/2020 18:26; Instructions: 20mmol sodium; 20mmol phosphate Give over 3 hours via central access only; Prof Domain: Doctor; Action: Discontinue;

CC 30/11/2020 08:29 Auto-Ack New Order

E1 30/11/2020 07:35 Sodium Acid Phosphate mmol/ml 20 mmol to 20 mmol IV Once Only: Mixture: Drug: Sodium Acid Phosphate mmol/ml; Formulation: Sodium Acid Phosphate mmol/ml; Route: IV; Dose: 20 mmol; Max Single Dose: 20 mmol; Solution: Base solution: Sodium Chloride 0.9%; Base volume: 60 ml; Formulation: Sodium Chloride 0.9%; Frequency: Once Only; Start: 30/11/2020 07:35; Instructions: 20mmol sodium; 20mmol phosphate Give over 3 hours via central access only; Prof Domain: Doctor; Action: Add Operational;

Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN

CM 28/11/2020 11:33 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume: 500 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 00:51; Stop: 28/11/2020 11:33; Prof Domain: Doctor; Action: Discontinue;

E1 28/11/2020 00:51 Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN Mixture: Base: Base Soln: Sodium Chloride 0.18% + Glucose 4%; Base Volume: 500 ml; Formulation: Sodium Chloride 0.18% +...; Total Volume: 500 ml; Route: IV; Frequency: Continuous PRN; Start: 28/11/2020 00:51; Prof Domain: Doctor; Action: Add Operational;

Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 5

BURGESS, HENRY ID: 2208793218 1-May-2018 2:19:42 RAH

22-Aug-1979
Male

Room:
Loc: 800 Opt:

Technician:
Test ind:

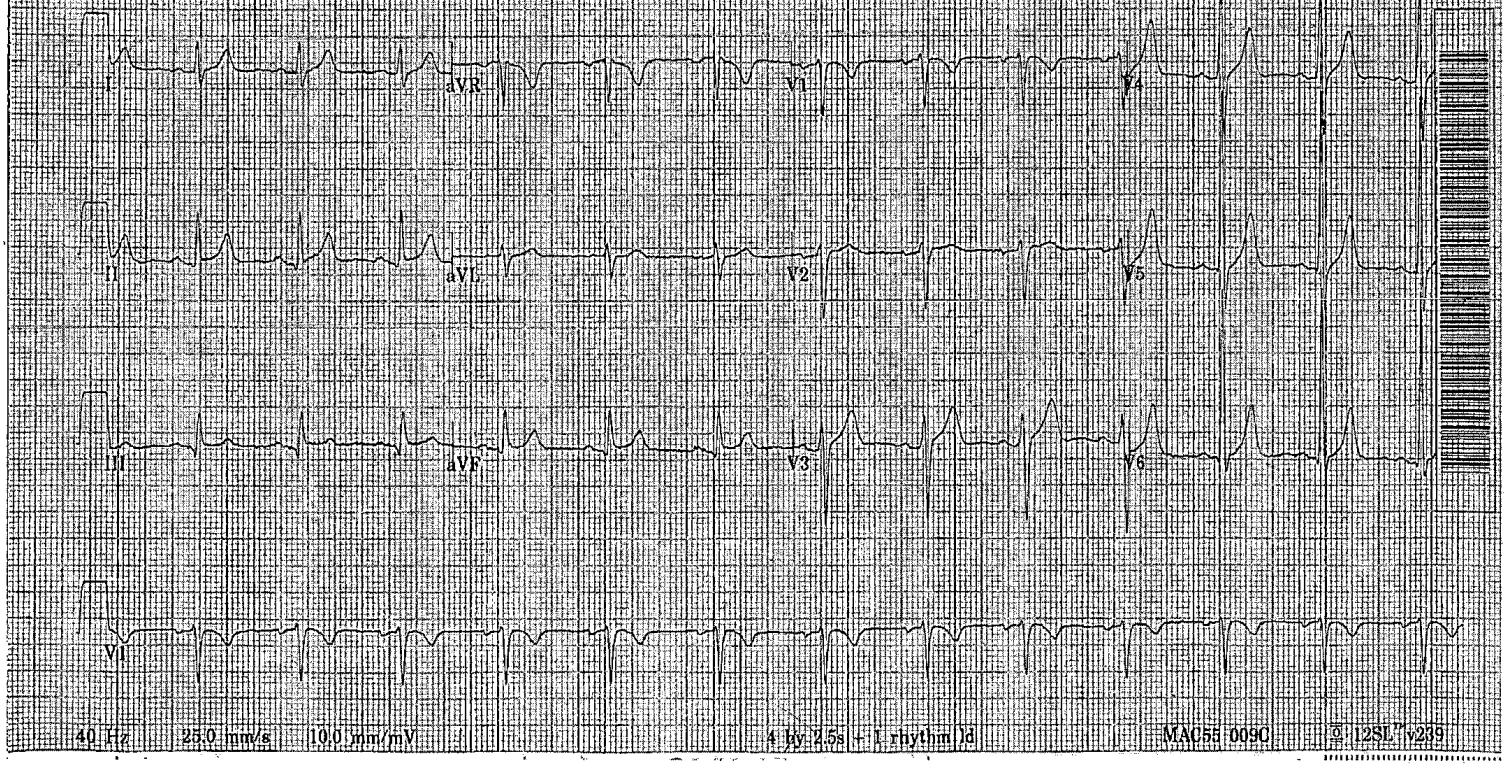
Vent. rate 79 bp
PR interval 152 ms
QRS duration 94 ms
QT/QTc 350/401 ms
P-R-T axes 64 70 50

Normal sinus rhythm
Voltage criteria for left ventricular hypertrophy

2208793218 22/08/1979
BURGESS
Henry

Referred by:

Unconfirmed



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm]d MAC55 009C 12SL™ v239

BURGESS, HENRYY ID; 2208793218 24-Nov-2020 16:22:10 RAH

22-Aug-1979
Male Caucasian

Room:
Opt:

Technician:
Test ind:

Vent. rate	140	bp
PR interval	128	ms
QRS duration	90	ms
QT/QTc	292/445	ms
P-R-T axes	77 72 53	

*** Poor data quality, interpretation ma rsely affected
Sinus tachycardia
Inferior infarct, age undetermined

Visit:

Referred by:

Unconfirmed

I aVR V1 V4

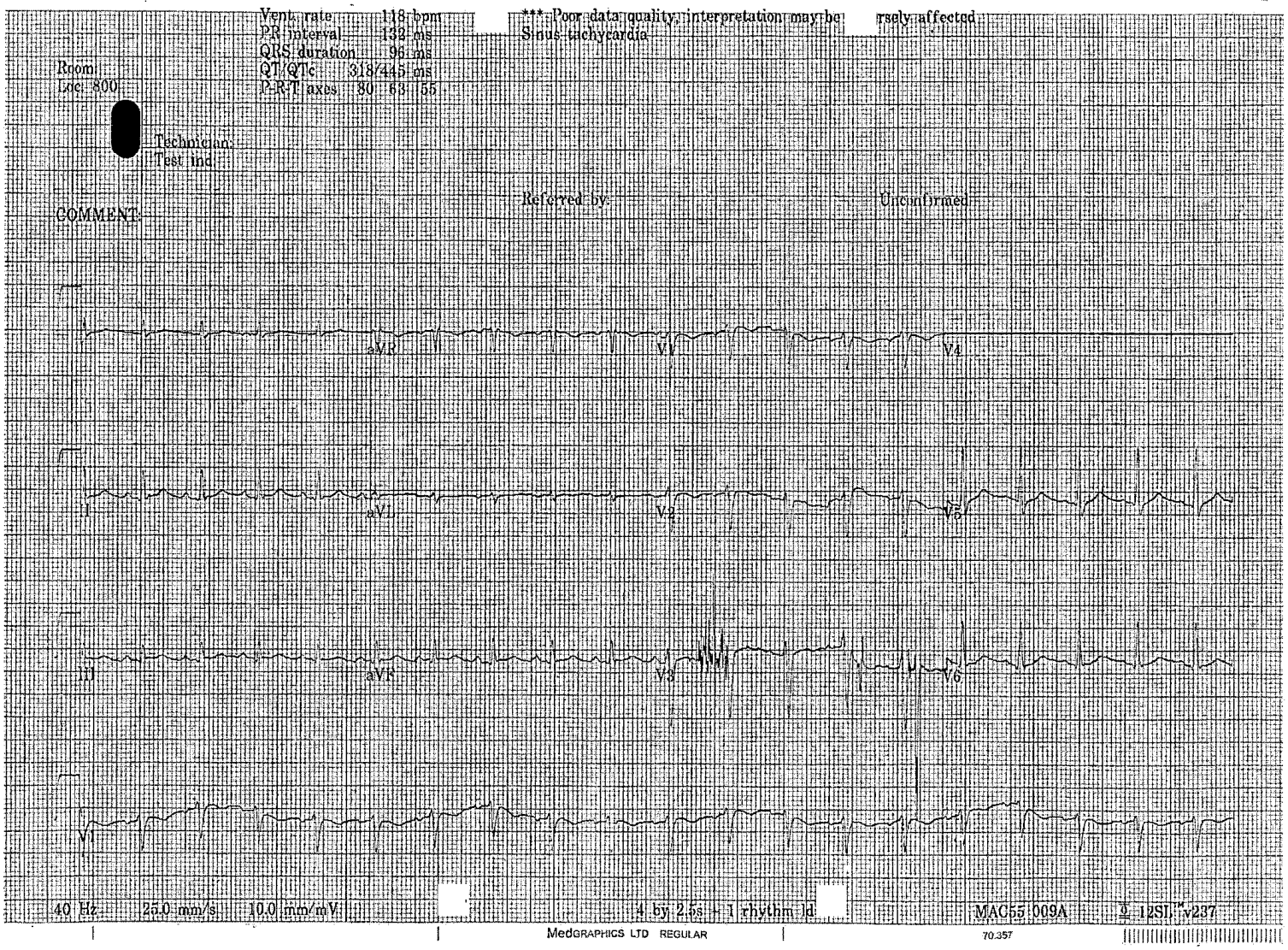
II aVL V2 V5

III aVF V3 V6

V1

40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010Bsp1 @ 12SL™ v24.1 HD

ID: 25-NOV-2020 4:26:19 CARDIOLOGY 016644



BURGESS, HENRY ID: 2208793218 10-May-2022 22:53:10 MAU 022382

22-Aug-1979
Male Caucasian

Vent. rate 71 bpm
PR interval 142 ms
QRS duration 102 ms
QT/QTc 416/452 ms
P-R-T axes 30 58 50

Opt:

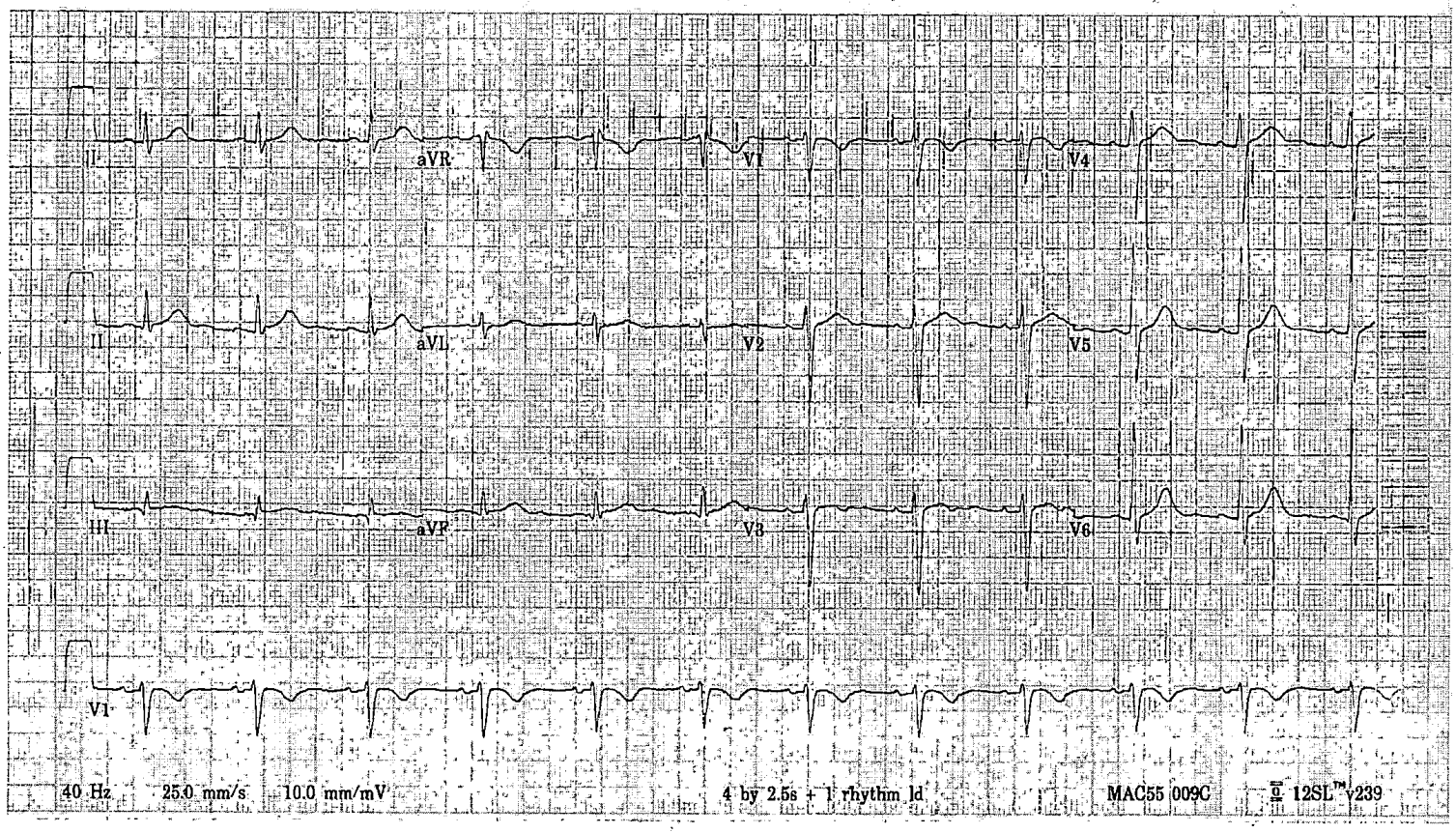
[redacted]

Technician: 500
Test ind:

2208793218
M BURGESS
9 Henry 22/08/197
96a Alice Street
Paisley, Renfrewshire
PA2 6E/

Referred by:

Unconfirmed



M
22/08/1979
22087932?8
BURGESS
Henry

Burgess, Henry
Male
22.08.1979 (45 Years)

Location: 800

Vent rate	44	BPM
PR interval	154	ms
QRS duration	108	ms
QT/QTc-Baz	474/405	ms
P-R-T axes	0 78	54

Patient ID: 2208793218
Marked sinus bradycardia
Abnormal ECG

06-12-2024 01:15:15 AM
RAH ED

Location:
Comments:

Unconfirmed

aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II

[redacted]mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm Id

GE Healthcare

PRINTED IN UK

Burgess, Henry
Male
22.08.1979 (45 Years)
Location: 800

Vent. rate	59	BPM
PR interval	176	ms
QRS duration	98	ms
QT/QTc-Baz	452/447	ms
P-R-T axes	-4 63 14	

Patient ID: 2208793218

Sinus bradycardia
Nonspecific ST and T wave abnormality
Abnormal ECG

17.01.2025 22:18:39
RAH ED

Location:
Comments

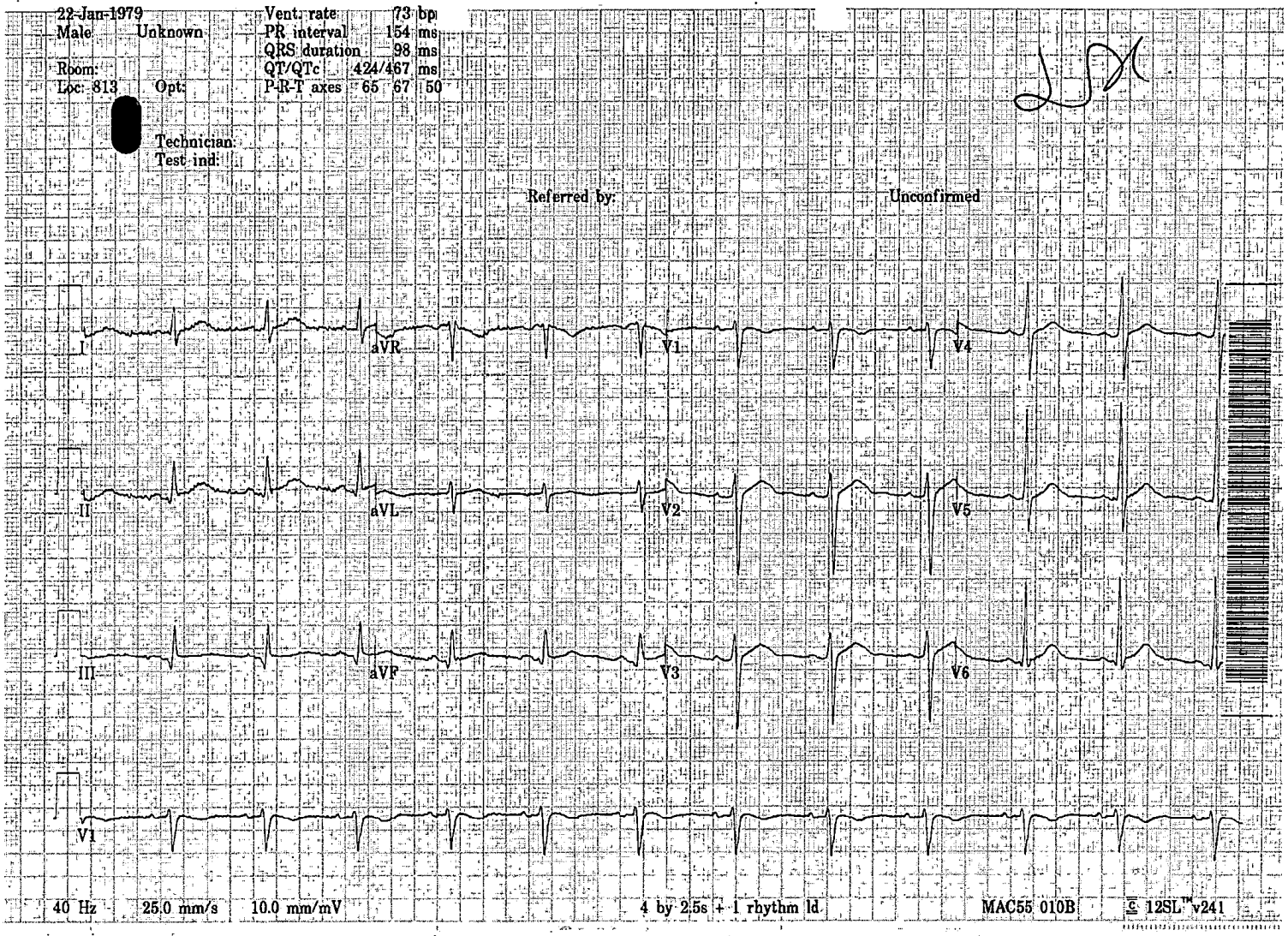


Unconfirmed



m/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7.1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm Id

BURGES, HENRY ID: 2208793218 6-Mar-2025 17:23:59 CARDIOLOGY DEPARTMENT 534775



Royal Alexandra Hospital, Paisley
Cardiology Department

Echocardiography Report

Patient Name: Burgess, Henry	**Date of Study:** 21/12/2020
Patient Id: 2208793218	**Referring Consultant:** DrC Halliday
Sex: Male	**Diagnosing Physician:**
Date of Birth: 22/08/1979	**Sonographer:** McEwan, Erica
Ward/Dept: WARD24	**Referral Reasons:** ?IE

2D		M-Mode		Outflow Doppler		Inflow Doppler	
IVSd	0.87 cm	TAPSE	2.89 cm	LVOT Vmax	1.13 m/s	MV E Vel	0.79 m/s
LVIDd	5.06 cm			LVOT maxPG	5.12 mmHg	MV DecT	202.73 ms
LVIDd Index	2.55 cm/m²			LVOT VTI	19.93 cm	MV A Vel	0.76 m/s
LVPWd	0.84 cm			AV Vmax	1.45 m/s	MV E/A Ratio	1.04
LA Area	23.54 cm²			AV maxPG	8.39 mmHg		
RA Area	12.16 cm²			AV Vmax	1.31 m/s	E' Sept	0.17 m/s
				AV maxPG	6.91 mmHg	E' Lat	0.21 m/s
				AV meanPG	3.69 mmHg	E/E' Lat	3.68
				AV VTI	23.75 cm	E' Avg	0.19 m/s
				RVOT Vmax	0.74 m/s	E/E' Avg	4.15
				RVOT maxPG	2.20 mmHg	TR Vmax	2.89 m/s
				PV Vmax	0.92 m/s	TR maxPG	33.48 mmHg
				PV maxPG	3.41 mmHg		

Echo Findings

Rhythm : Sinus rhythm
LV: Non dilated cavity, good systolic function, normal wall thickness
LA: Non dilated
MV: Thin pliable leaflets, opens well, normal MV inflow velocities, trace of mitral regurgitation
AoV: trileaflet, opens well, no stenosis, no evidence of aortic regurgitation
RV: Non dilated cavity, good systolic function
RA:Non dilated
TV:There is line that traverses the TV with a small mobile echo attached, thin pliable leaflets, opens well, trace tricuspid regurgitation
PV: Thin pliable leaflets, normal forward flow velocities
IVC: Not seen, surgical dressing in the region
DAO: Normal forward flow velocities

Clinical Diagnosis

Code 1
Sinus rhythm
Non dilated LV and RV with good systolic biventricular function
No significant valvular abnormality present
There is no suggestion of endocarditis on the valves, however there is a line which traverses the tricuspid valve with a small mobile echogenicity on the line, unable to exclude

Print Date: 21/12/2020

endocarditis.
Mildly dilated LA
PAsp estimated at 33mmHg + rap

Reviewed with Consultant Cardiologist Dr C Halliday

XR Chest

Performed	24-Nov-2020 16:20	Received	25-Nov-2020 10:38
Reported	25-Nov-2020 10:36	Order Number	C418H36738862
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

shocked, hypoxic ?DKA ?chest sepsis

XR Chest :
Comparison is made with the chest x-ray from 10/05/2016.

Normal heart size and cardiomediastinal contours. There is right upper zone consolidation, which also appears to be cavitating. There is also consolidation at the left base. Furthermore free subdiaphragmatic air is seen.

Reported by: Dr Christin Schulz (SpR) and Dr Neil Corrigan
Verified by: Dr Neil Corrigan

XR Chest

Performed	26-Nov-2020 18:31	Received	29-Nov-2020 12:48
Reported	29-Nov-2020 12:46	Order Number	C418H36746656
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

New RIJ central inserted, ?position ?pneumothorax

XR Chest :

Reference made to previous dated 24/11/2020.

The right-sided internal jugular central line tip is projected over the proximal brachio-cephalic/upper SVC.

The nasogastric tube is seen to pass beneath the left hemidiaphragm.

There is consolidation within the right upper zone with internal cavitation similar to the previous exam.

The previous free gas beneath the diaphragm is no longer visible. No pneumothorax.

Reported by: Dr Adam Berg (SpR)
Verified by: Dr Adam Berg (SpR)

XR Chest

Performed	27-Nov-2020 12:01	Received	30-Nov-2020 10:49
Reported	30-Nov-2020 10:47	Order Number	C418H36748374
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

Check NG prior to feeding

XR Chest :
The NG is in the right position within the stomach. A further tube is in the periphery of the abdomen. There is paucity of gas in the abdomen. Surgical clips are noted in the midline.

Reported by: Dr Christina Kotsarini
Verified by: Dr Christina Kotsarini

XR Chest

Performed	28-Nov-2020 13:00	Received	30-Nov-2020 13:33
Reported	30-Nov-2020 13:31	Order Number	C418H36750721
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

Reintubated after aspiration. New Left IJV CVC, ?position, ?ETT and NG ok. ?new consolidation

XR Chest :
Semi-erect AP film. The apices are coned off the film. Satisfactory position of the left internal jugular line and NG tube. Difficult to see the position of ET tube. Extensive right upper and mid zone consolidation. What is seen of remaining lungs clear. No obvious pneumothorax or drainable effusion. Surgical drains in both the right and left flanks.

Reported by: Dr Alexander Maclennan
Verified by: Dr Alexander Maclennan

XR Chest

Performed	29-Nov-2020 23:56	Received	30-Nov-2020 13:31
Reported	30-Nov-2020 13:29	Order Number	C418H36752224
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

NG tube dislodged this evening then replaced, CXR please ?position

XR Chest :
Portable AP erect film centred to the diaphragms. Difficult to see the NG tube but it does look as if the tip is lying well within stomach similar to the earlier film of 28/11/2020. Unchanged left flank abdominal drain and right upper lobe pneumonia. Remaining lung bases clear.

Reported by: Dr Alexander Maclennan
Verified by: Dr Alexander Maclennan

XR Chest

Performed	30-Nov-2020 01:23	Received	30-Nov-2020 12:32
Reported	30-Nov-2020 12:30	Order Number	C418H36752254
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

ng tube reinserted, ?position

XR Chest :

Portable AP erect chest radiograph performed in ICU.
The upper zones are not included in this examination.

The tip of the NG tube is in satisfactory position within the stomach. A surgical drain can be seen in the left upper quadrant and midline surgical staples noted.
No focal active lung disease in the imaged portions of the lungs. No pleural effusion.

Reported by: Dr Samantha Patek (SpR) and Dr Calum Adams
Verified by: Dr Calum Adams

XR Chest

Performed	04-Dec-2020 14:18	Received	07-Dec-2020 17:59
Reported	07-Dec-2020 17:59	Order Number	C418H36769358
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
This attendance is part of a series
Please see the report for event
(url=cris:E-35175989|35175989)
06-Dec-2020 06:24
XR Chest (XCHES)

Reported by: Dr Javraj Dhaliwal (SpR)
Verified by: Dr Javraj Dhaliwal (SpR)

XR Chest

Performed	06-Dec-2020 06:24	Received	07-Dec-2020 17:59
Reported	07-Dec-2020 17:57	Order Number	C418H36771578
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

on iv meropenem for cavitating pneumonia - spiking temps, desaturation this morning, ? worsening pneumonia. now on 8litres oxygen

XR Chest :
Portable AP erect studies. NG tube tip is coned off tip projected inferior to left hemidiaphragm. Left internal jugular central venous catheter with tip projected over the SVC. On both studies there is cavitating right apical consolidation, with further bibasal patchy consolidation.

See subsequent CT report 06/12/2020.

Reported by: Dr Javraj Dhaliwal (SpR)
Verified by: Dr Javraj Dhaliwal (SpR)

CT Thorax abdomen pelvis with contrast

Performed	06-Dec-2020 10:59	Received	06-Dec-2020 17:05
Reported	06-Dec-2020 17:03	Order Number	C418H36771644
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Henry Burgess
Clinical History :
41 y.o. Admitted 24/11 with cavitating pneumonia and large thrombus left atrium with resulting infarcts in spleen, kidneys and liver. Damage control laparotomy 24/11, then proceeded to splenectomy 25/11. Now on ward. On meropenum on advice of micro having grown strep anginosus. Unwell overnight - Pyrexial, increasing oxygen requirement. CXR: RUL consolidation as before. Abdomen: Tender, distended, wound dry. ?Intra-abdominal collection/abscess. Contrast will have to go via central line

CT Thorax abdomen pelvis with contrast : Reference to previous 24/11/20.

Lines and tubes:
Left internal jugular CVC with tip in the upper SVC.
NG tube with tip in the proximal duodenum.
Urinary catheter with balloon inflated in the bladder.

Thorax:
Superior right upper lobe consolidation with cavitations as before. There is further more patchy consolidation in the adjacent right upper lobe and superior left upper lobe. Progressive right lower lobe and left lower lobe consolidation is seen inferiorly, there is focal low attenuation within the right lower lobe consolidation suggesting possible early necrosis / cavitation. Elsewhere there has been improvement with apparent resolution of patchy inflammatory changes and small cavitating lesions in the left upper lobe.

As before thrombus within the right superior pulmonary vein is extending towards the left atrium, though there is no apparent propagation of thrombus into this.

New small bilateral pleural effusions have developed. There is no new thoracic lymphadenopathy.

Abdomen and pelvis:
Interval midline laparotomy noted with splenectomy. There is a solitary locule of free gas deep to the midline incision in keeping with relatively recent surgery. There is a shallow (<1cm depth) rim enhancing collection involving the lateral conal fascia adjacent to the splenectomy site, tracking to the undersurface of the diaphgram.

Small volume of fluid is present within the anterior abdomen, within the gastrohepatic recess, posterior to the right lobe of liver and tracking down the right para-colic gutter. There is some minor enhancement surrounding some of these suggesting organisation, though there is no single large drainable collection to target. In addition there are multiple pockets of intra-loop fluid predominantly in the left side of the abdomen between jejunal small bowel loops. The associated jejunal loops are thick walled, which in the context is presumed reactive. No intramural gas or hypoattenuation to suggest ischaemia.

The unprepared colon is grossly unremarkable.

Multifocal left sided renal infarcts and solitary right renal infarct as before.

Grossly normal liver. Normal pancreas and adrenals. Contracted gallbladder contains several gallstones. No gross biliary duct dilatation.

Patent portal vein. Allowing for phase of contrast the aorta and major branch vessels appear patent.

Skeleton:

Well corticated old antero-superior corner fracture of L5. No new skeletal findings.

Summary:
1. Evolving multifocal consolidation within the chest as described.
2. Fluid collections as described adjacent to the splenectomy site, within the anterior abdomen and between jejunal loops which are likely reactively thickened.
Though no clear target for drainage.

Reported by: Dr Alastair McKenzie(SpR) and Dr Christina Kotsarini
Verified by: Dr Christina Kotsarini

PICC Line insertion

Performed	08-Dec-2020 11:59	Received	08-Dec-2020 13:39
Reported	08-Dec-2020 13:37	Order Number	C418H36772870
Status	Final	Source System	MiSys

PICC Line insertion Final
Henry Burgess
Clinical History :

41yo, ex-IVDU, ITU step-down. Currently has femoral line in place. Previous central line in situ, all 4 lumens blocked. Currently on IV meropenem, vancomycin + fluconazole as per micro for progressive patchy consolidation in RUL / LUL with possible early necrosis + cavitation within RLL. Advised to get PICC line insertion due to need for lengthy IV antibiotic regime.

PICC Line insertion :
Witnessed verbal consent. Procedural risks including pain, infection, vascular injury and line blockage have been explained to the patient. Happy to proceed.

Supine position. Aseptic technique. Venous puncture of the left basilic vein under ultrasound guidance. Single lumen 5-French PICC line inserted over a guide wire to a length of 45 cm. Tip is in the region of the distal SVC. Bleeding freely.

No complications.
Line available for immediate use.

Chlorhexidine impregnated disc (Biopatch) to insertion site, to be replaced weekly.
Stat lock fixation device and transparent occlusive dressing, to be replaced weekly.

Reported by: Dr Mark Majury
Verified by: Dr Mark Majury

XR Chest

Performed	18-Dec-2020 10:21	Received	24-Dec-2020 16:01
Reported	24-Dec-2020 15:59	Order Number	C418H36808616
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

Monitoring progress of RUL cavitating lesion to aid treatment planning.

XR Chest :
This examination has been superseded by CT please refer to this report.
NG tube in situ the persisting left pleural effusion in that this is increased since previous chest x-ray. Cavitating lesion in the right upper zone as before with perhaps more pleural based shadowing. Otherwise stable appearances.

Reported by: Dr Trudy Coyle
Verified by: Dr Trudy Coyle

CT Thorax abdomen pelvis with contrast

Performed	23-Dec-2020 11:00	Received	23-Dec-2020 12:16
Reported	23-Dec-2020 12:14	Order Number	C418H36820452
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Henry Burgess
Clinical History :

Complex patient - Admitted 1 month ago with cavitating RUL pneumonia and multi-systemic infarcts. Had splenectomy and washout. CT 2 weeks showed intra-abdominal collections and ongoing cavitating pneumonia. CRP and WCC static. Changed from meropenum to clindamycin yesterday by ID. TTE yesterday ?TV lesion. No temp spikes. If CT shows new lung lesions or ongoing abdo collections would be for extended course antibiotics. Thanks

CT Thorax abdomen pelvis with contrast :

Axial CT through the chest abdomen and pelvis was performed following intravenous contrast and water as oral contrast. Comparison made with the prior CT dated 06/12/2020.

Below the diaphragm, normal liver, gallbladder containing gallstones. No biliary dilatation. Normal pancreas, adrenal glands, and right kidney. There are bilateral renal infarcts as before. Normal aorta.

The previously noted intra abdominal collections have resolved. Overall the abdominal appearances have improved when compared with the CT dated 06/12/2020.

Within the chest, there is ongoing right upper lobe cavitating consolidation. Appearances have improved slightly in comparison with the prior CT. The right basal consolidation has also improved. The left basal consolidation is similar but there is an increase in volume of the known left pleural effusion.

Examining the bones, no significant abnormality demonstrated.

Opinion: Marked improvement in intra abdominal appearances. Lung appearances have improved apart from an increase in volume of the known left pleural effusion.

Reported by: Dr Allison McCall
Verified by: Dr Allison McCall

XR Chest

Performed	01-Mar-2021 16:10	Received	03-Mar-2021 10:47
Reported	03-Mar-2021 10:45	Order Number	C418H36925640
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

Early February please: Follow up of cavitating RUL pneumonia. Thanks

XR Chest :
Normal heart and mediastinum. Focal right apical pleural thickening with tenting to vertical scarring extending to the superior right hilum. Remaining lungs clear. The right upper zone appearances have steadily improved from the original portable AP erect film 24/11/2020 although are not back to the baseline of the clear right apex of 10/05/2016.

Reported by: Dr Alexander Maclennan
Verified by: Dr Alexander Maclennan

CT Thorax with contrast

Performed	11-Aug-2021 12:03	Received	18-Aug-2021 14:37
Reported	18-Aug-2021 14:35	Order Number	C418H37026317
Status	Final	Source System	MiSys

CT Thorax with contrast Final
Henry Burgess
Clinical History :
sepsis in dec, catvitating R pneumonia, req laparotomy and splenectomy. cxr not quite back to baseline. Is this all post inflammatory scarring or is there an element of ongoing infection

Date of Examination: 11 August 2021
Name of Procedure and Technique: CT thorax with contrast
Findings: Prior CT scan dated 23 December 2020 available for comparison.
There is no size significant supraclavicular, axillary or mediastinal adenopathy. Shotty lymph nodes are reactive. There is no pleural effusion. Thyroid gland and oesophagus are unremarkable. Within limits of the study there is no major central PE.
There is interval improvement in extent of consolidation in right upper lobe with residual scarring and atelectasis. Inflammatory changes in both lower lobes show complete interval resolution. Visualised lungs are clear of any concerning nodule or consolidation. Trachea and main-stem bronchi are within normal limits.
Partially visualised upper abdomen shows uncomplicated cholelithiasis.
No destructive bony lesion is seen.
Conclusion: Interval resolution of bilateral lower lobe inflammatory changes.
Interval improvement in right upper lobe cavitating consolidation with residual scarring and atelectasis.
No new abnormality noted.
Report Date : 18/08/2021
Reporting Consultant: Dr Nirmali Dutta. Consultant Radiologist,
GMC: 7121593 Medica Reporting Ltd

Reported by: Dr Nirmali Dutta
Verified by: Dr Nirmali Dutta

XR Chest

Performed	26-Apr-2022 20:54	Received	27-Apr-2022 17:15
Reported	27-Apr-2022 17:13	Order Number	C418H38375794
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

42 yo male febrile and confused. WCC 21. full septic screen. ?LRTI

XR Chest :
The heart is not enlarged. No focal active lung disease. Unchanged right apical scarring.

Reported by: Dr Callum Stove
Verified by: Dr Callum Stove

XR Chest

Performed	28-Apr-2022 11:22	Received	03-May-2022 08:53
Reported	03-May-2022 08:51	Order Number	C418H38382121
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

42M presents with seizures. Pyrexic. ?consolidatino

XR Chest :
AP erect projection. Normal cardiomediastinal contour. Postinflammatory scarring right apex. Lungs are clear. No interval change when compared with the chest x-ray dated 26/04/2022.

Reported by: Dr Allison McCall
Verified by: Dr Allison McCall

US Doppler lower limb veins Rt

Performed	11-May-2022 10:47	Received	11-May-2022 11:01
Reported	11-May-2022 10:59	Order Number	C418H38422383
Status	Final	Source System	MiSys

US Doppler lower limb veins Rt Final
Henry Burgess
Clinical History :

Swollen, erythematous right leg. Recent hospitalisation. Prev DVT / PE. Raised d-dimer. ?DVT

US Doppler lower limb veins Rt :
This is a positive examination. Extensive occlusive thrombus is seen within the femoral popliteal segment.

Reported by: Peter Graham (Sonographer)
Verified by: Peter Graham (Sonographer)

XR Chest

Performed	14-Jun-2023 19:20	Received	27-Jun-2023 08:02
Reported	27-Jun-2023 08:00	Order Number	C418H39776005
Status	Final	Source System	MiSys

XR Chest Final
Henry Burgess
Clinical History :

43M presents with diarrhoea, vomiting, abdominal pain. RR and sats normal. CXR to exclude pneumoperitoneum

XR Chest :
No free gas. No active features. No change from last year.

Reported by: Dr Andrew Christie
Verified by: Dr Andrew Christie

CT Thorax and abdomen with contrast

Performed	12-Apr-2024 09:33	Received	15-Apr-2024 09:34
Reported	15-Apr-2024 09:32	Order Number	C418H40766334
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
Henry Burgess
Clinical History :

Urgent please. NB awaiting CXR but CT required. Haemoptysis. Several month history. Previous PE. On rivaroaxaban. Alcohol xs, ?malignancy

CT Thorax and abdomen with contrast :
IV contrast enhanced study performed through the chest
Comparison made with previous dated 11/08/2021.

No mediastinal, hilar or axillary lymphadenopathy. Scarring within the right upper lobe with a little loss of volume which is static compared to the study dated 11/08/2021. No suspicious intrapulmonary nodule.

Probable tiny cyst within the tip of the left lobe of liver. I do not see a suspicious hepatic lesion. Scarred left kidney as before. Absent spleen. Slightly atrophic pancreas with new prominence of the pancreatic duct. This measures just under 6 mm within the proximal body and head. No obvious cause for this is demonstrated. CBD is slightly prominent measuring just under 9 mm. This is only marginally more prominent than on the study dated 11/08/2021. No visible intraductal calculi on CT but multiple calculi are noted within the gallbladder. Unchanged small peri-oesophageal node not felt to be clinically significant.

No suspicious bony lesion.

Conclusion: No evidence of malignancy within the chest. Slightly prominent CBD and new dilated pancreatic duct. No cause for this is demonstrated on CT. Discussion at pancreatic MDT is suggested.

Reported by: Dr Caroline Cameron
Verified by: Dr Caroline Cameron

CT Head

Performed	06-Dec-2024 09:22	Received	06-Dec-2024 10:44
Reported	06-Dec-2024 10:42	Order Number	C418H41677392
Status	Final	Source System	MiSys

CT Head Final
Henry Burgess
Clinical History :

3 witnessed seizures last night and 2 witnessed tonic clonic seizures 2 days ago. ExIVDU , increasing headaches ?SOL

CT Head :

Unenhanced CT head. Comparison to previous head dated 26/04/2022.

No acute intra or extra-axial haemorrhage.
No space occupying lesion or acute territorial infarct.
Normal grey white matter differentiation.
Normal configuration of the ventricles and basal cisterns.
The skull is intact.

Opinion: No acute intracranial pathology. Specifically, no evidence of space occupying lesion.

Reported by: Dr Nicole Harley (SpR) and Dr Caroline Cameron
Verified by: Dr Caroline Cameron

US Doppler lower limb veins Rt

Performed	27-Aug-2025 14:54	Received	27-Aug-2025 15:16
Reported	27-Aug-2025 15:14	Order Number	C418H42607945
Status	Final	Source System	MiSys

US Doppler lower limb veins Rt Final
Henry Burgess
Clinical History :

swollen painful right leg ? DVT - very tender to examin along the deep vein system 2 x DVT ex IVdU

US Doppler lower limb veins Rt :
There is no evidence of a DVT on today's examination.
The fem-pop segment is fully compressible and patent.
Deep calf veins were not imaged.

Reported by: Kate Hamilton (Sonographer)
Verified by: Kate Hamilton (Sonographer)

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☑	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☑
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐



Drug Kardex

RAH ICU

NHS Greater Glasgow & Clyde

24/11/2020 17:07 - 03/12/2020 17:24

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	24/11/2020
Scheduled	
ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	
ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	
INACTIVE * Amoxicillin 1000 mg IV 8 hrly Created: RS 24/11/2020 23:45 Start: 24/11/2020 23:45:00 Discontinued: J 25/11/2020 15:45	
INACTIVE * Clindamycin 1200 mg IV 12 hrly Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:48:00 Discontinued: J 25/11/2020 15:45	
INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	
INACTIVE * Metronidazole 500 mg IV 8 hrly Created: RS 24/11/2020 23:45 Start: 24/11/2020 23:45:00 Discontinued: J 25/11/2020 15:45	
INACTIVE * Hydrocortisone 50 mg IV 6 hrly Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Stop: 25/11/2020 16:13:00	
INACTIVE * Pabrinex 1&2 20 ml IV 8 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	
INACTIVE * Omeprazole 40mg IV Once Daily Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: CM 29/11/2020 08:34	

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	24/11/2020
PRN	INACTIVE * Alfentanil 1mg/ml 0.5 mg IV PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:36 INACTIVE * Propofol 1% 10mg/ml 10mg/ml IV PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: MM 25/11/2020 01:44
Continuous	ACTIVE Actrapid Insulin 1unit/ml 50 Units in 50 ml Sodium Chloride 0.9% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00 ACTIVE Enteral Feeds Nutrison NG Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 INACTIVE * Propofol 1% 10mg/ml 500 mg in 50 ml Base IV Continuous PRN Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: MM 25/11/2020 01:44 INACTIVE * Alfentanil 1mg/ml. 50 mg in 50 ml Sodium Chloride 0.9% IV Continuous PRN @ 0 mg/hr to 8 mg/hr Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00 Discontinued: E1 27/11/2020 22:36 INACTIVE * Noradrenaline mg/ml. 8 mg in 50 ml Glucose 5% IV Continuous PRN Created: RS 24/11/2020 23:48 Start: 24/11/2020 23:48:00 Discontinued: MM 25/11/2020 01:45 INACTIVE * Sodium Chloride 0.18% + Glucose 4% IV Continuous PRN @ 50 ml/hr Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Discontinued: CM 28/11/2020 11:33
Medications	25/11/2020

PATIENT NAME	CHI	ENCOUNTER ID
Henry Burgess	**2208793218**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		25/11/2020			
Scheduled	ACTIVE Lactulose 15 ml PO/NG 12 hrly Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	* ON 06:00 - Held	* CB 15 ml/ () Nil by NG @ 18:00		
	ACTIVE Senna 15 mg PO/NG OD at 22:00 Created: RS 24/11/2020 23:43 Start: 24/11/2020 23:43:00	CB 15 mg/ () Nil by NG @ 22:00			
	INACTIVE * Amoxicillin 1000 mg IV 8 hrly Created: RS 24/11/2020 23:45 Start: 24/11/2020 23:45:00 Discontinued: J 25/11/2020 15:45	S 1000 mg/20 ml (JM) @ 06:00	* ON 1000 mg/20 ml (LG) @ 14:00		
	INACTIVE * Clindamycin 1200 mg IV 12 hrly. Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: J 25/11/2020 15:45	S 1200 mg/100 ml (JM) @ 06:00			
	INACTIVE * Clindamycin 1200 mg IV 6 hrly Created: J 25/11/2020 15:46 Start: 25/11/2020 15:46:00 Discontinued: KB 03/12/2020 13:35	CB 1200 mg/100 ml (CB) @ 18:00			
	INACTIVE * Fluconazole 400 mg IV OD at 10:00 Created: RS 24/11/2020 23:46 Start: 24/11/2020 23:46:00 Discontinued: OP 01/12/2020 14:46	* E 10:00 - Held			
	INACTIVE * Metronidazole 500 mg IV 8 hrly Created: RS 24/11/2020 23:45 Start: 24/11/2020 23:45:00 Discontinued: J 25/11/2020 15:45	S 500 mg/100 ml (JM) @ 06:00	* ON 500 mg/100 ml (LG) @ 14:00		
	INACTIVE * Piperacillin/Tazobactam 4.5 g IV 6 hrly Created: J 25/11/2020 15:45 Start: 25/11/2020 15:45:00 Discontinued: LG 28/11/2020 12:50	CW 4.5 g/ () @ 18:00			
	INACTIVE * Hydrocortisone 50 mg IV 8 hrly Created: RS 24/11/2020 23:47 Start: 24/11/2020 23:47:00 Stop: 26/11/2020 18:13:00	S 50 mg/ (jm) @ 00:00	S 50 mg/5 ml (JM) @ 06:00	E 50 mg/ () @ 12:00	CW 50 mg/ () @ 18:00
	INACTIVE * Pabrinex 1&2 20 ml IV 8 hrly Created: RS 24/11/2020 23:44 Start: 24/11/2020 23:44:00 Stop: 30/11/2020 18:25:00	S 20 ml/100 ml (JM) @ 06:00	ON 20 ml/120 ml (LG) @ 14:00	CB 20 ml/100 ml (CB) @ 22:00	

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Drug History and Reconciliation Plan

NHS Greater Glasgow and Clyde

RAH ICU Drug History and Reconciliation Plan (03-12-2020 15:36)

Allergies & Sensitivities

No known allergies

General Information	
Drug History Sources	**Renfrewshire Drug Service; Emergency Care Summary**
Initially Completed By	**F MacGregor**
Reviewed By	

Home Medications	
Home Medication 1, Plan & Comments	Medication: **Pregabalin 300mg bd** Plan: **Continue** Comments:
Home Medication 2, Plan & Comments	Medication: **Novorapid Flexpen** Plan: **Withhold** Comments:
Home Medication 3, Plan & Comments	Medication: **Novomic 30 Flexpen** Plan: **Withhold** Comments:
Home Medication 4, Plan & Comments	Medication: **Omeprazole 20mg od** Plan: **Continue** Comments:
Home Medication 5, Plan & Comments	Medication: **Mirtazepine 30mg nocte** Plan: **Withhold** Comments:
Home Medication 6, Plan & Comments	Medication: **Methadone sugar free 70mg od - last collected Saturday 21/11 - will need re-titrated from 20mg.** Plan: Comments:
Home Medication 7, Plan & Comments	Medication: Plan: Comments:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Home Medication 8, Plan & Comments	Medication: Plan: Comments:
Home Medication 9, Plan & Comments	Medication: Plan: Comments:
Home Medication 10, Plan & Comments	Medication: Plan: Comments:
Home Medication 11, Plan & Comments	Medication: Plan: Comments:
Home Medication 12, Plan & Comments	Medication: Plan: Comments:
Home Medication 13, Plan & Comments	Medication: Plan: Comments:
Home Medication 14, Plan & Comments	Medication: Plan: Comments:
Home Medication 15, Plan & Comments	Medication: Plan: Comments:
Home Medication 16, Plan & Comments	Medication: Plan: Comments:
Home Medication 17, Plan & Comments	Medication: Plan: C omments:
Home Medication 18, Plan & Comments	Medication: Plan: Comments:
Home Medication 19, Plan & Comments	Medication: Plan: Comments:
Home Medication 20, Plan & Comments	Medication: Plan: Comments:
Home Medication 21, Plan & Comments	Medication: Plan: Comments:
Home Medication 22, Plan & Comments	Medication: Plan: Comments:
Home Medication 23, Plan & Comments	Medication: Plan: Comments:
Home Medication 24, Plan & Comments	Medication: Plan: Comments:
Home Medication 25 Plan & Comments	Medication: Plan: Comments:

Community Pharmacy Details	
Community Pharmacy	**Abbey, Lonend, 889 9883.**

Hospital Medications Before Critical Care	
Hospital Medication 1, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 2, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 3, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 4, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 5, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 6, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 7, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 8, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 9, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 10, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 11, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 12, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 13, Plan & Comments	Medication: Indication: Plan/Comments:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Hospital Medication 14, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 15, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 16, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 17, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 18, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 19, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 20, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 21, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 22, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 23, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 24, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 25, Plan & Comments	Medication: Indication: Plan/Comments:

New Significant Critical Care Medications	
Critical Care Medication 1, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 2, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 3, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 4, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 5, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 6, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 7, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 8, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 9, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 10, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 11, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 12, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 13, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 14, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 15, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 16, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 17, Plan & Comments	Medication: Indication: Plan/Comments:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Critical Care Medication 18, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 19, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 20, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 21, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 22, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 23, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 24, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 25, Plan & Comments	Medication: Indication: Plan/Comments:

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:	
1. Routine drugs that were STOPPED but should be considered for RE-STARTING at a clinically appropriate time and dose.	
1. Drugs to Restart	**Drugs listed below**
Drugs to Restart	**Mirtazapine**
2. Drugs that were STARTED and should be considered for STOPPING at a clinically appopriate time.	
2. Drugs to Stop	**Drugs listed below**
Drugs to Stop	**Meropenem** **Clindamycin**
3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated.	
3.New Drugs to Continue	
New Drugs to Continue	
4. Drugs that have been STOPPED and should NOT be re-started.	
4. Drugs to Remain Stopped	
Drugs to Remain Stopped	

If you have any questions about any of the information in this form, please contact RAH ICU:

0141 314 (0)7069 or (0)6125

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

Inpatient prescription & administration record for Henry Burgess (2208793218)
Admission: 26/04/2022 => 27/04/2022

05:00
28/04/22

Patient Demographics

BURGESS Henry (2208793218)
DOB: 22/08/1979
Flat 0/1, 128 Neilston Road,
Paisley,
Renfrews,
PA2 6EP

Admitted: 26/04/2022 23:03
Discharged: 27/04/2022 06:08

Transfer history

Admission	2022-04-26 16:33:00	AED RAH ED
Transfer	2022-04-26 23:03:00	A2 RAH AMU

Responsible Consultant history

Assigned No Consultant	26/04/22	16:33
Majid Kiyani	26/04/22	23:03

Allergy

Admission Allergy Check performed by: Olivia Kemmett
Current recorded allergy (reaction): No Known Drug Allergies

ACICLOVIR 500 mg Injection for Infusion

☒ 27/04/22 07:00 700 mg THREE times daily - 7am;12pm;10pm (Intravenous Intermittent Infusion) — Olivia Kemmett

AMOXICILLIN 500 mg Capsules

Note to Prescriber added by **Olivia Kemmett** on 27/04/2022 at 01:13
Title: Long term amoxicillin - splenectomy
Long term amoxicillin - splenectomy
Withheld whilst receiving IV amoxicillin

☒ 27/04/22 07:00 500 mg ONCE DAILY MORNING 7am (Oral) — Olivia Kemmett

AMOXICILLIN_1 g Injection

☒ 27/04/22 07:00 1 g THREE TIMES DAILY 7am:12pm:10pm (Intravenous Slow Bolus Injection) — Olivia Kemmett

LANSOPRAZOLE 30 mg Capsules

☒ 27/04/22 07:00 30 mg ONCE DAILY MORNING 7am (Oral) — Olivia Kemmett

MIRTAZAPINE 15 mg Tablets

☒ 27/04/22 22:00 15 mg ONCE DAILY NIGHT 10pm (Oral) — Olivia Kemmett

NOVOMIX 30 (INSULIN ASPART) 3mL F/PEN- AS PER PAPER CHART

☒ 27/04/22 08:00 1 Dose(s) TWICE daily at 8am and 6pm (Subcutaneous Bolus Injection) — Olivia Kemmett

PREGABALIN 150 mg Capsules

☒ 27/04/22 07:00 150 mg TWICE DAILY 7am:10pm (Oral) — Olivia Kemmett

GENTAMICIN AS PER PAPER CHART Intravenous Infusion as required

☒ 27/04/22 01:14 1 Dose (Intravenous Intermittent Infusion) SEE PAPER CHART — Olivia Kemmett

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

Inpatient prescription & administration record for Henry Burgess (2208793218) Admission: 28/04/2022 => 05/05/2022

05:00 07/05/22

Patient Demographics

BURGESS Henry (2208793218)
DOB: 22/08/1979
96A Alice Street, Paisley,
Renfrews,
PA2 6EA

Admitted: 28/04/2022 14:56
Discharged: 05/05/2022 09:56

Transfer history

Admission	2022-04-28 06:44:00	AED RAH ED
Transfer	2022-04-28 14:56:00	A2 RAH AMU
Transfer	2022-05-03 03:09:00	A27 RAH WARD 27

Responsible Consultant history

Assigned No Consultant	28/04/22	14:56
Majid Kiyani	01/05/22	11:43
Christopher Smith	02/05/22	11:30
Derek Baxter	03/05/22	11:52

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): No Known Drug Allergies

ACAMPROSATE 333 mg Enteric Coated Tablets

☒ 28/04/22 22:00 666 mg THREE times daily - 7am;12pm;10pm (Oral) Gordon Proctor

28/04/22	22:00	28/04/2022	21:23	Ivy Evangelista	
29/04/22	07:00			Victoria Craig	Drug unavailable
29/04/22	12:00			Victoria Craig	Drug unavailable
29/04/22	22:00	29/04/2022	22:46	Ivy Evangelista	
30/04/22	07:00			Victoria Craig	Drug unavailable
30/04/22	12:00			Victoria Craig	Drug unavailable
30/04/22	22:00	30/04/2022	22:44	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	07:00	01/05/2022	09:36	Victoria Craig	
01/05/22	12:00	01/05/2022	12:44	Victoria Craig	
01/05/22	22:00			Yvonne Hamilton	Refused by Patient
02/05/22	07:00			Jennifer Blackburn	Drug unavailable
02/05/22	12:00			Jennifer Blackburn	Drug unavailable
02/05/22	22:00			Julie MCWILLIAMS	Drug unavailable
03/05/22	07:00			Nekesa Songoro	Other - see patient nursing notes
03/05/22	12:00	03/05/2022	11:48	Nekesa Songoro/ Courtney McGrath	
03/05/22	22:00	03/05/2022	23:02	Kathrina Coronel	
04/05/22	07:00	04/05/2022	09:25	Collette Morton/ Maria Wallis-Falconer	
04/05/22	12:00			SYSTEM	Not Charted prior to Discharge
04/05/22	22:00			SYSTEM	Not Charted prior to Discharge
05/05/22	07:00			SYSTEM	Not Charted prior to Discharge

ACICLOVIR 250 mg Injection for Infusion

☒ 28/04/22 22:00 750 mg THREE times daily - 6am;2pm;10pm (Intravenous Intermittent Infusion) Gordon Proctor

28/04/22	22:00	28/04/2022	21:01	Ivy Evangelista/ Gillian Sparkes	
29/04/22	06:00			Victoria Craig	No IV access
29/04/22	14:00			Victoria Craig	No IV access
29/04/22	22:00			Ivy Evangelista	No IV access
30/04/22	06:00	30/04/2022	06:40	Wendy Fallon/ Ivy Evangelista	
30/04/22	14:00			Victoria Craig	No IV access
30/04/22	22:00	30/04/2022	22:41	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	06:00	01/05/2022	06:12	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	14:00			Victoria Craig	No IV access
01/05/22	22:00			Yvonne Hamilton	No IV access
02/05/22	06:00			Wendy Fallon	No IV access
02/05/22	14:00			Jennifer Blackburn	No IV access
02/05/22	22:00			Julie MCWILLIAMS	No IV access
03/05/22	06:00			Nekesa Songoro	Other - see patient nursing notes

Discontinued on: 03/05/2022 12:09 by: Kathleen Clare . Reason: Course Complete

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

ACICLOVIR 250 mg Injection for Infusion *(Continued)*

☒ 29/04/22 23:04 750 mg (Intravenous Intermittent Infusion) James Paxton

29/04/22	23:04	29/04/2022	23:05	Ashleigh Bow/ Ivy Evangelista

AMOXICILLIN_1 g Injection

☒ 28/04/22 18:00 2 g SIX times daily - 2am;6am;10am;2pm;6pm;10pm (Intravenous Slow Bolus Injection) Gordon Proctor

28/04/22	18:00	28/04/2022	17:25	Elizabeth Mctaggart/ Lauren Dougan	
28/04/22	22:00	28/04/2022	21:01	Ivy Evangelista/ Gillian Sparkes	
29/04/22	02:00			Ivy Evangelista	No IV access
29/04/22	06:00			Victoria Craig	No IV access
29/04/22	10:00			Victoria Craig	No IV access
29/04/22	14:00			Victoria Craig	No IV access
29/04/22	18:00			Victoria Craig	No IV access
29/04/22	22:00			Ivy Evangelista	No IV access
30/04/22	02:00	30/04/2022	04:00	Wendy Fallon/ Ivy Evangelista	
30/04/22	06:00			Victoria Craig	No IV access
30/04/22	10:00			Victoria Craig	No IV access
30/04/22	14:00			Victoria Craig	No IV access
30/04/22	18:00			Victoria Craig	Drug unavailable
30/04/22	22:00	30/04/2022	22:41	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	02:00	01/05/2022	02:00	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	06:00	01/05/2022	06:13	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	10:00			Victoria Craig	No IV access
01/05/22	14:00			Victoria Craig	No IV access
01/05/22	18:00			Victoria Craig	No IV access
01/05/22	22:00			Yvonne Hamilton	No IV access
02/05/22	02:00			Wendy Fallon	No IV access
02/05/22	06:00			Wendy Fallon	No IV access
02/05/22	10:00			Jennifer Blackburn	No IV access
02/05/22	14:00			Jennifer Blackburn	No IV access
02/05/22	18:00			Jennifer Blackburn	No IV access
02/05/22	22:00			Julie MCWILLIAMS	No IV access
03/05/22	02:00			Nekesa Songoro	Other - see patient nursing notes
03/05/22	06:00			Nekesa Songoro	Other - see patient nursing notes
03/05/22	10:00			Kathleen Clare	Drug discontinued

Discontinued on: 03/05/2022 12:10 by: Kathleen Clare . Reason: Course Complete

☒ 29/04/22 23:02 2 g (Intravenous Slow Bolus Injection) James Paxton

29/04/22	23:02	29/04/2022	23:04	Ashleigh Bow/ Ivy Evangelista

CEFTRIAXONE 2 g Injection

☒ 28/04/22 20:00 2 g TWICE daily at 8am and 8pm (Intravenous Intermittent Infusion) Gordon Proctor

28/04/22	20:00	28/04/2022	20:34	Ivy Evangelista/ Gillian Sparkes	
29/04/22	08:00			Victoria Craig	No IV access
29/04/22	20:00			Ivy Evangelista	No IV access
30/04/22	08:00			Victoria Craig	No IV access
30/04/22	20:00	30/04/2022	22:41	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	08:00			Victoria Craig	No IV access
01/05/22	20:00			Yvonne Hamilton	No IV access
02/05/22	08:00			Jennifer Blackburn	No IV access
02/05/22	20:00			Julie MCWILLIAMS	No IV access
03/05/22	08:00			Nekesa Songoro	Other - see patient nursing notes

Discontinued on: 03/05/2022 12:10 by: Kathleen Clare . Reason: Course Complete

☒ 29/04/22 23:04 2 g (Intravenous Intermittent Infusion) James Paxton

29/04/22	23:04	29/04/2022	23:05	Ashleigh Bow/ Ivy Evangelista

HALOPERIDOL 5 mg in 1 mL Injection

☒ 29/04/22 13:00 0.5 mg (Intramuscular) Sverrir Kristinsson

29/04/22	13:00	29/04/2022	13:00	Sverrir Kristinsson

☒ 29/04/22 13:45 0.5 mg (Intramuscular). Sverrir Kristinsson

29/04/22	13:45	29/04/2022	13:45	Sverrir Kristinsson

☒ 29/04/22 17:06 2 mg (Intramuscular) Sophie Docherty

29/04/22	17:06	29/04/2022	17:17	Victoria Craig

☒ 29/04/22 22:00 1 mg THREE TIMES DAILY 7am;12pm;10pm (Intramuscular) Sophie Docherty

29/04/22	22:00	29/04/2022	23:45	Ivy Evangelista
30/04/22	07:00	30/04/2022	08:49	Victoria Craig
30/04/22	12:00	30/04/2022	13:36	Victoria Craig
30/04/22	22:00	30/04/2022	22:45	Yvonne Hamilton/ Ashleigh Bow

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

HALOPERIDOL 5 mg in 1 mL Injection *(Continued)*

01/05/22 07:00	Victoria Craig	Other - see patient nursing notes	
01/05/22 12:00	Victoria Craig	Other - see patient nursing notes	
01/05/22 22:00	Yvonne Hamilton	Refused by Patient	
02/05/22 07:00	Jennifer Blackburn	Refused by Patient	
02/05/22 12:00	Jennifer Blackburn	Refused by Patient	
02/05/22 22:00	Julie MCWILLIAMS	Refused by Patient	
03/05/22 07:00	Nekesa Songoro	Other - see patient nursing notes	
03/05/22 12:00	Kathleen Clare	Drug discontinued	

Discontinued on: 03/05/2022 12:19 by: Kathleen Clare . Reason: Course Complete

LANSOPRAZOLE 30 mg Capsules

☒ 29/04/22 07:00 30 mg ONCE DAILY MORNING 7am (Oral) — Gordon Proctor

29/04/22 07:00	29/04/2022 09:44	Victoria Craig			
30/04/22 07:00	30/04/2022 08:49	Victoria Craig			
01/05/22 07:00	01/05/2022 09:36	Victoria Craig			
02/05/22 07:00	02/05/2022 09:36	Jennifer Blackburn			
03/05/22 07:00		Nekesa Songoro	Other - see patient nursing notes		
04/05/22 07:00	04/05/2022 09:25	Collette Morton/ Maria Wallis-Falconer			
05/05/22 07:00		SYSTEM	Not Charted prior to Discharge		

LORAZEPAM 4 mg in 1 mL Injection

☒ 29/04/22 17:08 1 mg (Intravenous Slow Bolus Injection) — Sophie Docherty

29/04/22 17:08	Sophie Docherty	Drug discontinued	

Discontinued on: 29/04/2022 17:16 by: Sophie Docherty . Reason: Formulation/Route Change

☒ 29/04/22 17:17 1 mg (Intramuscular) — Sophie Docherty

29/04/22 17:17	29/04/2022 17:30	Victoria Craig	

METHADONE 1 mg in 1 mL Oral Sugar Free Solution

☒ 29/04/22 07:00 80 mg ONCE DAILY MORNING 7am (Oral) — Gordon Proctor

29/04/22 07:00	Victoria Craig	Prescription Clarification Required	

☒ 30/04/22 07:00 110 mg ONCE DAILY MORNING 7am (Oral) — Sverrir Kristinsson

30/04/22 07:00	30/04/2022 13:36	Victoria Craig/ Caitlin Haughie	
01/05/22 07:00	01/05/2022 16:10	Victoria Craig/ Jane Brown	
02/05/22 07:00	02/05/2022 12:44	Jennifer Blackburn/ Lauren Dougan	
03/05/22 07:00	03/05/2022 11:48	Nekesa Songoro/ Courtney McGrath	
04/05/22 07:00	04/05/2022 09:25	Collette Morton/ Maria Wallis-Falconer	
05/05/22 07:00		SYSTEM	Not Charted prior to Discharge

MIRTAZAPINE 15 mg Tablets

☒ 28/04/22 22:00 15 mg ONCE DAILY NIGHT 10pm (Oral) — Gordon Proctor

28/04/22 22:00	28/04/2022 21:23	Ivy Evangelista	
29/04/22 22:00	29/04/2022 22:46	Ivy Evangelista	
30/04/22 22:00	30/04/2022 22:44	Yvonne Hamilton/ Ashleigh Bow	
01/05/22 22:00	01/05/2022 21:27	Yvonne Hamilton	
02/05/22 22:00	02/05/2022 21:38	Emma Gordon	
03/05/22 22:00	03/05/2022 23:02	Kathrina Coronel	
04/05/22 22:00		SYSTEM	Not Charted prior to Discharge

NICOTINELL 30 (Step1) 21 mg in 24 hours Transdermal Patch

☒ 03/05/22 14:00 21 mg ONCE daily at 2pm (Transdermal) — Olivia Kemmett

03/05/22 14:00	03/05/2022 14:48	Courtney McGrath/ Nekesa Songoro	
04/05/22 14:00		SYSTEM	Not Charted prior to Discharge

☒ 02/05/22 14:12 21 mg (Transdermal) — Olivia Kemmett

02/05/22 14:12	02/05/2022 17:56	Jennifer Blackburn	

NOVOMIX 30 (INSULIN ASPART) 3mL F/PEN- AS PER PAPER CHART

☒ 28/04/22 17:00 1 Dose(s) TWICE daily at 7am and 5pm (Subcutaneous Bolus Injection) — Gordon Proctor

28/04/22 17:00	28/04/2022 17:21	Elizabeth Mctaggart	
29/04/22 07:00	29/04/2022 09:44	Victoria Craig	
29/04/22 17:00		Ivy Evangelista	Other - see patient nursing notes
30/04/22 07:00	30/04/2022 08:49	Victoria Craig	
30/04/22 17:00	30/04/2022 18:40	Victoria Craig	
01/05/22 07:00	01/05/2022 09:37	Victoria Craig	
01/05/22 17:00	01/05/2022 17:15	Victoria Craig	
02/05/22 07:00	02/05/2022 09:36	Jennifer Blackburn	
02/05/22 17:00	02/05/2022 17:56	Jennifer Blackburn	

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

NOVOMIX 30 (INSULIN ASPART) 3mL F/PEN- AS PER PAPER CHART *(Continued)*

03/05/22	07:00	03/05/2022	14:48	Courtney McGrath/ Nekesa Songoro	
03/05/22	17:00	03/05/2022	23:01	Kathrina Coronel/ Denise Mcinnes	
04/05/22	07:00			Collette Morton	Self Administers
04/05/22	17:00			SYSTEM	Not Charted prior to Discharge
05/05/22	07:00			SYSTEM	Not Charted prior to Discharge

PABRINEX High Potency Intravenous Infusion

☒ 28/04/22 22:00 2 Pair of ampoules THREE TIMES DAILY 7am:12pm:10pm (Intravenous Intermittent Infusion) — Gordon Proctor

28/04/22	22:00	28/04/2022	21:01	Ivy Evangelista/ Gillian Sparkes	
29/04/22	07:00			Victoria Craig	No IV access
29/04/22	12:00			Victoria Craig	No IV access
29/04/22	22:00			Ivy Evangelista	No IV access
30/04/22	07:00	30/04/2022	06:40	Wendy Fallon/ Ivy Evangelista	
30/04/22	12:00			Victoria Craig	No IV access
30/04/22	22:00	30/04/2022	22:45	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	07:00	01/05/2022	06:13	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	12:00			Victoria Craig	No IV access
01/05/22	22:00			Yvonne Hamilton	No IV access
02/05/22	07:00			Wendy Fallon	No IV access
02/05/22	12:00			Jennifer Blackburn	No IV access
02/05/22	22:00			Julie MCWILLIAMS	No IV access
03/05/22	07:00			Nekesa Songoro	Other - see patient nursing notes
03/05/22	12:00	03/05/2022	14:47	Courtney McGrath/ Nekesa Songoro	
03/05/22	22:00			Denise Mcinnes	Prescription Clarification Required
04/05/22	07:00			Kathleen Clare	Drug discontinued

Discontinued on: 04/05/2022 09:44 by: Kathleen Clare . Reason: Course Complete

☒ 29/04/22 23:01 2 Pair of ampoules (Intravenous Intermittent Infusion) — James Paxton

29/04/22	23:01	29/04/2022	23:04	Ashleigh Bow/ Ivy Evangelista	

PREGABALIN 150 mg Capsules

☒ 28/04/22 22:00 150 mg TWICE DAILY 7am:10pm (Oral) — Gordon Proctor

28/04/22	22:00	28/04/2022	21:23	Ivy Evangelista	
29/04/22	07:00			Victoria Craig	Other - see patient nursing notes
29/04/22	22:00	29/04/2022	22:46	Ivy Evangelista	
30/04/22	07:00			Victoria Craig	Prescription Clarification Required
30/04/22	22:00	30/04/2022	22:45	Yvonne Hamilton/ Ashleigh Bow	
01/05/22	07:00	01/05/2022	09:37	Victoria Craig	
01/05/22	22:00	01/05/2022	21:28	Yvonne Hamilton	
02/05/22	07:00	02/05/2022	09:36	Jennifer Blackburn	
02/05/22	22:00	02/05/2022	21:38	Emma Gordon	
03/05/22	07:00			Nekesa Songoro	Drug unavailable
03/05/22	22:00			Kathrina Coronel	Drug unavailable
04/05/22	07:00	04/05/2022	09:26	Collette Morton/ Maria Wallis-Falconer	
04/05/22	22:00			SYSTEM	Not Charted prior to Discharge
05/05/22	07:00			SYSTEM	Not Charted prior to Discharge

THIAMINE 50 mg Tablets

☒ 04/05/22 12:00 50 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) — Kathleen Clare

04/05/22	12:00			SYSTEM	Not Charted prior to Discharge
04/05/22	17:00			SYSTEM	Not Charted prior to Discharge
04/05/22	22:00			SYSTEM	Not Charted prior to Discharge
05/05/22	07:00			SYSTEM	Not Charted prior to Discharge

DIAZEPAM 10 mg Tablets as required

☒ 29/04/22 14:02 20 mg every TWO HOURS (Oral) Discuss with medic prior For agitation — Shyaam Balakrishnan

20.00 mg	29/04/2022	22:46	Ivy Evangelista	

Discontinued on: 03/05/2022 12:19 by: Kathleen Clare . Reason: Course Complete

HALOPERIDOL 5 mg in 1 mL Injection as required

☒ 29/04/22 17:08 2 mg THREE TIMES DAILY 7am:12pm:10pm (Intramuscular) for agitation — Sophie Docherty

Discontinued on: 03/05/2022 12:19 by: Kathleen Clare . Reason: Course Complete

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

Patient level notes

Note to Prescriber added by **Samantha Alberts** on 29/04/2022 at 11:50

Title: Methadone

Abbey Chemist

Confirmed Dose 110ml. - Kardex rx as 80ml.

Last collected 110ml Tuesday 26/4/22.

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

Inpatient prescription & administration record for Henry Burgess (2208793218) Admission: 14/06/2023 => 15/06/2023

05:00 17/06/23

Patient Demographics

BURGESS Henry (2208793218)
DOB: 22/08/1979
96A Alice Street, Paisley,
Renfrews,
PA2 6EA

Admitted: 14/06/2023 21:41
Discharged: 15/06/2023 09:37

Transfer history

Admission	2023-06-14 14:02:00	AED RAH ED
Transfer	2023-06-14 21:41:00	A2 RAH AMU

Responsible Consultant history

Assigned No Consultant	14/06/23	14:02
Iain Keith	14/06/23	21:41

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): No Known Drug Allergies

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 15/06/23 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Elizabeth Thompson

LANSOPRAZOLE 30 mg Capsules

☒ 15/06/23 07:00 30 mg ONCE DAILY MORNING 7am (Oral) Elizabeth Thompson
15/06/23 07:00 SYSTEM Not Charted prior to Discharge

Methadone 1 mg in 1 mL Oral Solution

☒ 16/06/23 07:00 110 mg THREE times weekly - Mon, Wed, Fri at 7am (Oral) Elizabeth Thompson

MIRTAZAPINE 15 mg Tablets

☒ 15/06/23 22:00 15 mg ONCE DAILY NIGHT 10pm (Oral) Elizabeth Thompson

NOVORAPID (INS ASPART) 3mL F/PEN - AS PER PAPER CHART

☒ 15/06/23 07:00 1 Dose(s) THREE times daily at 7am, 12 noon, and 5pm (Subcutaneous Bolus Injection) Elizabeth Thompson
15/06/23 07:00 SYSTEM Not Charted prior to Discharge

PABRINEX High Potency Intravenous Infusion

☒ 15/06/23 07:00 2 Pair of ampoules THREE TIMES DAILY 7am:12pm:10pm (Intravenous Intermittent Infusion) for 2 day(s) Elizabeth Thompson
15/06/23 07:00 SYSTEM Not Charted prior to Discharge

PREGABALIN 150 mg Capsules

☒ 15/06/23 07:00 150 mg TWICE DAILY 7am:10pm (Oral) Elizabeth Thompson
15/06/23 07:00 SYSTEM Not Charted prior to Discharge

THIAMINE 50 mg Tablets

☒ 15/06/23 07:00 50 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Elizabeth Thompson
15/06/23 07:00 SYSTEM Not Charted prior to Discharge

TOUJEO Solostar 300units/mL - AS PER PAPER CHART

☒ 15/06/23 07:00 1 Dose(s) ONCE DAILY MORNING 7am (Subcutaneous Bolus Injection) Elizabeth Thompson
15/06/23 07:00 SYSTEM Not Charted prior to Discharge

Diazepam Tablets - GMAWS PRN Regimen AS CHARTED as required

☒ 14/06/23 23:06 1 Dose (Oral) AS PER GMAWS CHART Elizabeth Thompson

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice	
Patient's surname	2208793218 M BURGESS 22/08/1979
Patient's first name	Henry 96A ALICE STREET Paisley, Renfrewshire PA2 6EA
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

LAPAROTOMY + WASHOUT ±
PROCEED

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

pain
bleeding
chest/wound infection
DVT/PE
organ/vessel/nerve injury
cardiopulmonary risks
Hernia
Collection
bowel resection

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	HJ dr
Date	24/11/20

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day.
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature Henry Burgess	Date 24/11/15
Name (print) HENRY BURGESS	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family name	2208793218 BURGESS M Henry 22/08/1979 96A ALICE STREET Paisley, Renfrewshire PA2 6EA
Patient's first name	
Date of birth	Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

CENTRAL LINE INSERTION

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

BLEEDING PNEUMOTHORAX

INFECTION FAILURE

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	CLOUDSLEY ST
Date	6/12/12

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature X [signature]	Date 6/12
Name (print) BURGESS	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

H
DoB: 22-Aug-1979
BURGESS, Henry
Pa 96A Alice Street
Paisley
Pa Renfrewshire
PA2 6EA
D
CHI No: 2208793218
Cl Exam Date: 08-Dec-2020

Gender Male ☑ Female ☐

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

PICC LINE INSERTION

* WITNESSED VERBAL CONSENT &

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

PAIN
INFECTION
VASCULAR INJURY
LINE BLOCKAGE

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) [illegible] (CNS)

Date 8/12/2020

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature	Date
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

4/6/24.

Greater Glasgow & Clyde Health Board

2208793218
BURGESS
Henry
0/1 128 Neilston Road
Paisley, Renfrewshire
PA2 6EP
M
22/08/1979

Royal Alexandra Hospital
Vale of Leven Hospital

Bronchoscopy Consent Form

I, Henry Burgess of _____

hereby consent to undergo the procedure of:

- Fibreoptic bronchoscopy and biopsy ☑
- Endobronchial ultrasound (EBUS) ☐
- Transbronchial lung biopsy ☐

I have read and understand the patient information leaflet, and the nature and purpose of the above test has been explained to me by Dr Ricketts

I also consent to such further or alternative operative measures or treatment as may be found necessary during the course of the procedure and to the administration of general or other anaesthetic for any of these purposes.

No assurance has been given to me that the procedure will be performed by any particular practitioner.

Date 15/5/24 Signed H. Burgess

I confirm that I have explained the nature and the purpose of this procedure to the person who signed the above form of consent (doctor to sign)

Date 15/5/24 Signed Ricketts

DG/JG June 2019

RAH/VOL Respiratory Unit
Bronchoscopy/EBUS
Checklist and Premedication

This form is to be filled in for every patient prior to bronchoscopy

Filled in by C R

2208793218
BURGESS M
Henry 22/08/1979
0/1 128 Neilston Road
Paisley, Renfrewshire
PA2 6E

1. Is this patient at risk of respiratory failure? sats 94%. ☑ YES ☐ NO

   - Check spirometry and oxygen saturations. Bronchoscopy is higher risk if FEV_1 <50%. Consider ABG if SpO_2 <93%. **Reconsider procedure if $PaCO_2$ > 6.5**

2. Does the patient have asthma? ☐ YES ☑ NO
   If YES then pre-medicate with nebulised bronchodilators (prescribe below)

3. Is patient diabetic? ☑ YES ☐ NO T1DM
   Advise patient on morning dose reduction of usual medication and consider IV Dextrose infusion. Consider asking patient to withhold oral hypoglycaemics.
   Put in diary first on the list

4. Is there a history of recent myocardial infarction? ☐ YES ☑ NO
   If YES consider delaying procedure for 4 weeks

5. Is the patient on any **oral anticoagulant (eg apixaban)?** ☑ YES ☐ NO
   If YES please stop 2 days before

6. Is the patient on **WARFARIN?** ☐ YES ☑ NO
   If YES stop the drug at least 3 days before test
   Check INR on day of test (INR < 1.5 is acceptable)
   Consider bridging anticoagulation if high risk of thrombosis

7. Is the patient on **Clopiogrel** or **Ticagrelor?** ☐ YES ☑ NO
   If YES stop the drug 7 days before the procedure

8. Is the patient on **LMWH?** (if treatment dose omit the day the day before; prophylactic dose generally fine) ☐ YES ☑ NO

9. Does the patient have risk factors for bleeding? ☐ YES ☑ NO
   If YES check coagulation screen and platelets

Additional information (eg lymph node stations to be sampled, specimens required)

.....

.....

PREMEDICATION PRESCRIPTION

DRUG	DOSE	ROUTE	DATE	PRESCRIBERS SIGNATURE	ADMINISTERED SIGNATURE	TIME
Salbutamol	5mg	Neb				

SCAN WITH ANY POA/GUARDIANSHIP PAPERWORK UNDER LEGAL NOTICES ON DISCHARGE

NHS Greater Glasgow and Clyde

2208793218
BURGESS
Henry
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA
M
22/08/1979

Ward 9 Cn

Date completed 29/11/2010

Date revoked _____

Capacity Documentation For Medical Treatment

Section A - Assessment of Capacity

Capacity is assumed unless there is evidence of incapacity

☑ I believe that this person has attained the age of 16 and lacks capacity with regards to the proposed interventions because of mental disorder or inability to communicate because of physical disability. This is because they are unable to: (tick at least one of the following)

- ☑ Understand that a decision about the proposed treatment is required
- ☑ Believe, understand when presented in appropriate language, retain memory of, or weigh and balance information about the proposed treatment
- ☑ Communicate a decision, including with help of mechanical or other aids
- ☑ Understand appropriately the benefits, risks and alternatives including the consequences of not receiving the proposed treatment
- ☑ Reasonably recall the previous making of a decision about treatment

If the person lacks capacity consider whether they may be a vulnerable adult – if so refer Social Work

Section B – Welfare Attorney/Guardian

I have made reasonable enquiries to ascertain if anyone has been appointed as Welfare Guardian/Attorney or holds an intervention order for this patient and:

☑ I believe that no one has been appointed. If so the nearest relative should be consulted.

OR

☐ I believe that the undernoted has been appointed. If so then consent must be sought from them if possible.

Name: _____

Contact Details: _____

If there is a Welfare Guardian/Attorney please obtain a photocopy of the document and file in the clinical record (may be available on Clinical Portal – if not ask the Welfare Attorney/Guardian)

☐ requested Signed _____ Date _____ ☐ obtained Date _____

To revoke a statement of incapacity, score through and date the above box and the Section 47

ADULTS WITH INCAPACITY
(SCOTLAND) ACT 2000

Certificate of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000

I Dr Radha Sivaram (name)

of The RAH (address)

*am the medical practitioner primarily responsible for the medical treatment of; or

*am a person who is *a dental practitioner/an ophthalmic optician/a registered nurse and who satisfies such requirements as are prescribed by the Adults with Incapacity (Requirements for Signing Medical Treatment Certificates) (Scotland) Regulations 2007 and who is primarily responsible for treatment of the kind in question of:

Henry Burgess (name)

of 96A Alice St, PA2 6CA (address) 12/08/1979 (date of birth)

for whom the *guardian/welfare attorney/person appointed by intervention order/nearest relative/carer

is

I have examined the patient named above on 24/11/25 (date). I am of the opinion that *he/she is incapable within the meaning of the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act") in relation to a decision about the following medical treatment:

Critical Care and operative management

because of (nature of incapacity)

Critical Illness

This incapacity is likely to continue for 1 months.

*I therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist from:

24/11/25 (date of examination) until 24/12/26, being a period which does not exceed one year from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me; or

*I am of the opinion that (a) *he/she is suffering from *a severe or profound learning disability/dementia/a severe neurological disorder; and (b) *what he/she is suffering from is unlikely to improve within the meaning of the Adults with Incapacity (Conditions and Circumstances Applicable to Three Year Medical Certificates) (Scotland) Regulations 2007/ YY and therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist until:

DDMMYY being a period which does not exceed three years from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me.

The authority conferred by section 47(2) of the 2000 Act shall subsist for the period specified above or until such earlier date as this certificate is revoked.

In assessing the capacity of the patient, I have observed the principles set out in section 1 of the 2000 Act.

Signed Radha Sivaram Date 24/11/25

*delete as appropriate

Section D Treatment plan

for patients receiving ongoing treatment under the terms of part 5 of the Adults with Incapacity (Scotland) Act 2000

You must tick both boxes to continue

☑ I have examined the patient named above on (date) 24/11/20 and consider that he/she needs to undergo procedures to safeguard or promote physical or mental health in relation to the treatment plan below. I have assessed his/her capacity to consent to treatment in relation to each area of intervention

☑ I have no reason to believe that any of the proposed treatments are contrary to wishes expressed by the patient, even when they had greater capacity, or to views that are consistent with their moral, cultural, family and experiential back ground

Signature _____ Print _____ Designation/Grade Cons

Disorder/Intervention (see note A)	Date	Capacity (C = capable I = Incapable)
1. Fundamental healthcare procedures including all measures to support the following: Nutrition, hydration, hygiene, skin care and integrity, elimination, relief of pain and discomfort, mobility, communication, eyesight, hearing and simple oral hygiene.	24/11/20	C
2. Prevention and treatment of infection		C
3 Prevention of Deep Venous Thrombosis		C
4. AHP interventions		C
5. Continuing management of existing long term conditions Please specify conditions		
- Surgical management of critical illness	25/11/20	IC

Remember that some treatments require to be named specifically on the treatment plan. These include sedation for agitation, and any treatment which usually requires verbal consent. Covert medications must be named on the treatment plan and also require their own care plan (download from Mental Welfare Commission website). This list is not exhaustive. Section 47 does not cover discharge planning or deprivation of liberty.

Any treatment which would usually require signed consent requires a separate certificate of incapacity.

Member of staff consulting family/carers to sign:

I have discussed with the patient's representative as below

Welfare Guardian/ Power of Attorney (if one appointed):

☐ Name _____ Relationship _____ OR

Relative/ Carer/ Other individual most involved in persons care (if no Welfare Guardian/Power of Attorney):

☐ Name _____ Relationship _____

Signed _____ Print _____ Date _____

If additional items added to the treatment plan they must be discussed separately
All additional section 47 forms to be attached at section C

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

This plan is intended to guide healthcare professionals who are caring for patients who have multiple and complex needs. It should be attached to a certificate of incapacity and retained in the patient's multidisciplinary case record.

A. Under the Act, you can only intervene if it will benefit the patient. Your intervention must be the least restrictive in relation to the patient's freedom in order to achieve the required benefit. You must take the patient's view into account and you must consult other relevant people, where reasonable and practicable.
Include all present or foreseeable disorders and/or interventions for physical and mental disorders not included in "Fundamental Healthcare Procedures" (see note B). You should consider the patient's capacity to consent to each intervention. Under the Act, the patient is incapable if he/she is incapable of acting, or making decisions, or communicating decisions, or understanding decisions, or retaining the memory of decisions.
Exclude all interventions that require express (signed) consent of the patient. Interventions of this sort need a separate certificate of incapacity. *For example, if you write "coronary heart disease and hypertension" on the plan, this authorises you to prevent disease with aspirin, or treat disease with anti-hypertensive drugs, but not operate or bypass blocked arteries.*

You may not include on this form any treatment regulated under section 48 of the Act. Please consult the regulations and separate guidance issued on these treatments. These treatments are:

Sterilisation where there is no serious malfunction or disease of the reproductive organs
Surgical implantation of hormones for the purpose of reducing sex drive
Drug treatment for the purpose of reducing sex drive, other than surgical implantation of hormones.
Electro-convulsive therapy (ECT) for mental disorder
Abortion
Any medical treatment which is considered likely by the medical practitioner primarily responsible for that treatment to lead to sterilisation as an unavoidable result.

B. Fundamental healthcare procedures include all measures to promote or safeguard the following: nutrition, hydration, hygiene, skin care and integrity, elimination, relief of pain and discomfort, mobility, communication, eyesight, hearing and simple oral hygiene.

C. The Act requires you to take the views of others into account when deciding on an intervention.
You should discuss this plan with professional carers and relatives of the patient. Any person with an interest in the welfare of the patient may appeal a treatment decision to the Sheriff. If the patient has a Welfare Attorney or Guardian with the authority to consent to treatment, you must consult this person where reasonable and practical. You can find out if your patient has a Welfare Attorney or Guardian by contacting the Public Guardian on 01324 678300. If this person disagrees with any element of your plan, you must refer to the Code of Practice for details of the dispute resolution process by the Mental Welfare Commission for Scotland, tel: 0131 313 8777.

D. Includes conditions diagnosed previously such as hypertension or diabetes. You may find that you need to treat a condition that is not specified in your treatment plan. If this is a short lived condition, a separate certificate in relation to it might suffice. If it is a condition that is likely to need ongoing intervention, you should consider rewriting the treatment plan.
The treatment plan is only valid for the period specified in the certificate of incapacity. The maximum period is **one year** or three years where the patient suffers from a severe or profound learning disability; dementia; a severe neurological disorder and the condition is unlikely to improve.

mi • 285848 Version 1_0 • GGC0211

ADULTS WITH INCAPACITY
(SCOTLAND) ACT 2000

Certificate of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000

I GORDON PROCTOR (name)

of ROYAL ALEXANDRA HOSPITAL (address)

*am the medical practitioner primarily responsible for the medical treatment of; or

*am a person who is *a dental practitioner/an ophthalmic optician/a registered nurse and who satisfies such requirements as are prescribed by the Adults with Incapacity (Requirements for Signing Medical Treatment Certificates) (Scotland) Regulations 2007 and who is primarily responsible for treatment of the kind in question of:

HENRY BURGESS (name)

of 96A ALICE STREET (address) 22087 (date of birth)

for whom the *guardian/welfare attorney/person appointed by intervention order/nearest relative/carer

is FIONA GARRETT.

I have examined the patient named above on 280227 (date). I am of the opinion that *he/she is incapable within the meaning of the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act") in relation to a decision about the following medical treatment:

? Encephalitis

because of (nature of incapacity) Acute Confusional State

This incapacity is likely to continue for 1 months.

*I therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist from:

280227 (date of examination) until 280517, being a period which does not exceed one year from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me; or

*I am of the opinion that (a) *he/she is suffering from *a severe or profound learning disability/dementia/a severe neurological disorder; and (b) *what he/she is suffering from is unlikely to improve within the meaning of the Adults with Incapacity (Conditions and Circumstances Applicable to Three Year Medical Certificates) (Scotland) Regulations 2007/ YY and therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist until:

DDMMYY being a period which does not exceed three years from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me.

The authority conferred by section 47(2) of the 2000 Act shall subsist for the period specified above or until such earlier date as this certificate is revoked.

In assessing the capacity of the patient, I have observed the principles set out in section 1 of the 2000 Act.

Signed [signature] Date 280217

*delete as appropriate

SCAN WITH ANY POA/GUARDIANSHIP PAPERWORK UNDER LEGAL NOTICES ON DISCHARGE

NHS Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/03/1979
98a Alice Street
Paisley, Renfrewshire
PA2 6EA

Ward AMU

Date completed 28/4/22

Date revoked _____

Capacity Documentation For Medical Treatment

Section A - Assessment of Capacity

Capacity is assumed unless there is evidence of incapacity

☑ I believe that this person has attained the age of 16 and lacks capacity with regards to the proposed interventions because of mental disorder or inability to communicate because of physical disability. This is because they are unable to: (tick at least one of the following)

- ☑ Understand that a decision about the proposed treatment is required
- ☑ Believe, understand when presented in appropriate language, retain memory of, or weigh and balance information about the proposed treatment
- ☑ Communicate a decision, including with help of mechanical or other aids
- ☑ Understand appropriately the benefits, risks and alternatives including the consequences of not receiving the proposed treatment
- ☑ Reasonably recall the previous making of a decision about treatment

If the person lacks capacity consider whether they may be a vulnerable adult – if so refer Social Work

Section B – Welfare Attorney/Guardian

I have made reasonable enquiries to ascertain if anyone has been appointed as Welfare Guardian/Attorney or holds an intervention order for this patient and:

☑ I believe that no one has been appointed. If so the nearest relative should be consulted.

OR

☐ I believe that the undernoted has been appointed. If so then consent must be sought from them if possible.

Name: _____

Contact Details: _____

If there is a Welfare Guardian/Attorney please obtain a photocopy of the document and file in the clinical record (may be available on Clinical Portal – if not ask the Welfare Attorney/Guardian)

☐ requested Signed _____ Date _____ ☐ obtained Date _____

To revoke a statement of incapacity, score through and date the above box and the Section 47

Section D Treatment plan

for patients receiving ongoing treatment under the terms of part 5 of the Adults with Incapacity (Scotland) Act 2000

You must tick both boxes to continue

☑ I have examined the patient named above on (date) 28/4/22 and consider that he/she needs to undergo procedures to safeguard or promote physical or mental health in relation to the treatment plan below. I have assessed his/her capacity to consent to treatment in relation to each area of intervention

☑ I have no reason to believe that any of the proposed treatments are contrary to wishes expressed by the patient, even when they had greater capacity, or to views that are consistent with their moral, cultural, family and experiential back ground

Signature _____ Print G. Proctor Designation/Grade IMT2

Disorder/Intervention (see note A)	Date	Capacity (C = capable I = Incapable)
1. Fundamental healthcare procedures including all measures to support the following: Nutrition, hydration, hygiene, skin care and integrity, elimination, relief of pain and discomfort, mobility, communication, eyesight, hearing and simple oral hygiene.	28/4	I
2. Prevention and treatment of infection	↓	↓
3 Prevention of Deep Venous Thrombosis		
4. AHP interventions		
5. Continuing management of existing long term conditions Please specify conditions -		

Remember that some treatments require to be named specifically on the treatment plan. These include sedation for agitation, and any treatment which usually requires verbal consent. Covert medications must be named on the treatment plan and also require their own care plan (download from Mental Welfare Commission website). This list is not exhaustive. Section 47 does not cover discharge planning or deprivation of liberty.

Any treatment which would usually require signed consent requires a separate certificate of incapacity.

Member of staff consulting family/carers to sign:

I have discussed with the patient's representative as below

Welfare Guardian/ Power of Attorney (if one appointed):

☐ Name _____ Relationship _____ OR

Relative/ Carer/ Other individual most involved in persons care (if no Welfare Guardian/Power of Attorney):

☐ Name _____ Relationship _____

Signed _____ Print _____ Date _____

If additional items added to the treatment plan they must be discussed separately
All additional section 47 forms to be attached at section C

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
7/12		~~0.9% NaCl~~ / 5% Dextrose	500ml	IV	6°		STEo Yeo		10/12/20	0330	✓		
10/12	03:00	5% Dextrose	500mls	IV	6°		K. Fulton (AMP)	[illegible]					
10/12	03:00	N Saline 0.9%	500mls	IV	6°		K. Fulton (AMP)	[illegible]					

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: Henry Burgess Address: DoB: Chi number: 2208793218 *Affix patient data label*	Diabetes: Type 1 ☐ Type 2 ☐ Secondary ☐ Self administering insulin: Yes ☐ No ☐ Usual diabetes medication and device: If unwell, vomiting or septic, check for ketones and request urgent medical review.	• When prescribing insulin always write the word units in full (do not abbreviate to U or IU) • Always measure the dose and administer insulin using an insulin syringe • Rapid acting and premix insulin should be given with meals • Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	CBG Readings (mmol/L) 4.0-14.9	CBG Readings (mmol/L) ≥15	Insulin Preparation	Insulin Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
14/12						units units					Y / N
						units units					Y / N
	Before Breakfast			15-3	Levemir	18 units units		ZK	dl	0838	Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-14.9	≥15	Preparation	Dose (units)					
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: **www.diabetes.org.uk** or StaffNet

Urgent medical review if unwell/deteriorating at any stage.

- **Mild and able to swallow:** 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- **Severe:** 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes.**

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Approved by: NHSGGC Safer Use of Medicines Committee, Dec 2014. Date of review: Dec 2016

mi • 243189 Version 1.0 • GGC0123

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: ..... 2208793218 M Address:..... BURGESS Henry 22/08/1979 ..... FLAT 0/1 DoB:..... 128 NEILSTON ROAD Paisley, Renfrewshire Chi number: PA2 6EP	Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐ Self administering insulin: Yes ☐ No ☐ Usual diabetes medication and device: Novomix 30 14 units BD If unwell, vomiting or septic, check for ketones and request urgent medical review.	• When prescribing insulin always write the word units in full (do not abbreviate to U or IU) • Always measure the dose and administer insulin using an insulin syringe • Rapid acting and premix insulin should be given with meals • Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to guidelines on reverse of form when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
27/4						units units					Y / N
						units units					Y / N
	Before Breakfast				Novomix 30	14 units units	Clemmett				Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-14.9	≥15	Preparation	Dose (units)					
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet

Urgent medical review if unwell/deteriorating at any stage.

- Mild and able to swallow: 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but do not omit insulin in type 1 diabetes.

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Approved by: NHSGGC Safer Use of Medicines Committee, Dec 2014. Date of review: Dec 2016

mi • 243189 Version 1_0 • GGC0123

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

NHS Greater Glasgow and Clyde

Use for patients prescribed intravenous gentamicin unless prophylactic indication or where synergistic doses (usually in endocarditis) are used. Refer to full GGC guidance for EXCLUSIONS & Cautions / Contra-indications

2208793218

Patient n BURGESS M
Henry
Date of b 22/08/1979
FLAT 0/1
128 NEILSTON ROAD
Paisley, Renfrewshire
CHI no.: PA2 6EP

Affix patient label

Age: 42 Sex: (M) / F

Weight: 71 Height: 177

Creatinine: 61 on: 24 / 04 / 22

Source of first dose: Online calculator (preferred method) ☐ Manual calculation ☐ Weight based, creatinine not known ☐

Initial Gentamicin Dose*:

Predicted Frequency*:

*this is not a prescription and may change. Doses must be prescribed individually below.

Gentamicin Patient Information Leaflet issued to: Patient ☐ Other ..... on ...../...../..... Issued by .....

The gentamicin patient information leaflet should be issued to the patient/their carer as soon as possible (unless the prescriber considers this to be inappropriate). It is MANDATORY to issue the leaflet for courses >4 days.

PROMPT ADMINISTRATION
within 1 hour of recognition of sepsis reduces mortality

SIGNS OF GENTAMICIN TOXICITY

RENAL: ↓ urine output/oliguria or ↑ creatinine
OTO-VESTIBULAR: NEW tinnitus, dizziness, poor balance, hearing loss, oscillating vision

Toxicities may occur irrespective of gentamicin concentration

Step 1: Calculate and prescribe the first dose of gentamicin (see overleaf for more details)
- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Prescribe gentamicin 'as per chart' on the medication chart (kardex). AVOID specifying dose or administration time on the kardex.
- Prescribe individual doses in the prescription record section below, specifying the date and time the dose should be given.
- DO NOT prescribe doses in advance of the day they are due. For 48hly dosing write 'no dose required' on the days where gentamicin does not need to be dosed.

Step 2: Monitor creatinine and gentamicin concentration and reassess the dosage regimen
- Check gentamicin concentration after the first dose and then at least every 2 days (see overleaf for more details).
- Monitor creatinine daily. Seek advice if renal function is unstable (e.g. a change in creatinine of >15-20%).

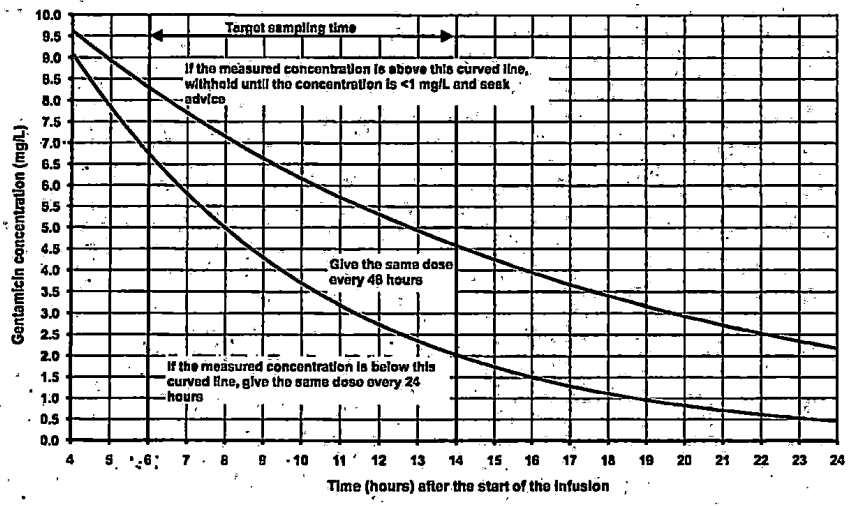
Step 3: Assess daily: the ongoing need for gentamicin; signs of toxicity
- Consider an alternative agent if creatinine is increasing or the patient becomes oliguric.
- If gentamicin continues for >7 days, suggest referral to audiology for assessment.
- Refer to guidelines or clinical pharmacist for further advice on prescribing, monitoring and administration.

TOXICITY Before prescribing each dose check: **Renal & Oto-vestibular function**	Gentamicin Prescription Record: Complete each time a dose is to be given (ensuring gentamicin is prescribed 'as per chart' on the kardex)				Administration Record: Complete each time gentamicin is administered (in addition to the kardex)			Monitoring Record: Record ALL sample dates/times accurately below. See overleaf for monitoring advice.			
	Date to be given	Time to be given 24 h clock	Gentamicin Dose (mg)	Prescriber's signature, PRINTED name and STATUS	*Infuse over 30 mins* Date given	*Infuse over 30 mins* Time started 24 h clock	Given by	Date of sample	Time of sample 24 h clock	Gent level (mg/L)	Action/ Comments (please initial action to be taken)
Cr = 61 micromol /L	24/04	21:00	360mg	C McGEE	24/4/22	21:40	[illegible]				24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
Cr = micromol /L											24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
*Discuss with an infectious diseases or microbiology specialist and document in the notes if treatment continues beyond 4 days * Risks of prolonged treatment must be considered and treatment options discussed with an infection specialist											
Cr = micromol /L											24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
Cr = micromol /L											24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
Discuss with an infection specialist before continuing onto a second sheet											

Patient name: ..... CHI no.: .....

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

Prescribing, monitoring, interpreting and re-prescribing advice



If the measured concentration is unexpectedly HIGH or LOW

- Were dose and sample times recorded accurately?
- Was the correct dose administered?
- Was the sample taken from the line used to administer the drug?
- Was the sample taken during drug administration?
- Has renal function declined or improved?
- Does the patient have oedema or ascites?

If in doubt, take another sample before re-prescribing and/or contact pharmacy for advice.

Approved by: NHSGGC Antimicrobial Utilisation Committee,August 2019
Date of Review: August 2022

mi • 290376 Version 1.0 • GGC0088

Calculating the first dose of gentamicin

- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Calculate the dosage regimen once creatinine is available.
- If the online calculator is not available, manually calculate the dose referring to the GGC Therapeutics Handbook.

Checking the patient's gentamicin concentration

- Take a blood sample 6-14 hours after the start of the first gentamicin infusion (or after 24 hours if CrCl <21 ml/min).
- Thereafter, sample at least every 2 days.
- Record the exact time of all gentamicin samples overleaf and ensure that the TrakCare sample request form is printed at the time of sample collection (to ensure that the time on TrakCare is accurate).

Interpreting gentamicin results and re-prescribing

- Record the measured concentration overleaf.
- If creatinine clearance is ≥21 ml/min and therapy is to continue, plot the gentamicin concentration on the graph opposite & reassess the dose/ dosing interval as indicated.
- If creatinine clearance is <21 ml/min and therapy is to continue, give a further dose once the measured concentration is <1 mg/L.
- Document the action taken in the medical notes and overleaf. Prescribe the next dose overleaf as appropriate.
- Contact pharmacy for further advice as necessary (e.g. if renal function is changing, the gentamicin concentration is unexpectedly high or low or the concentration is on the line between dosage intervals)
- Check microbiology sensitivities and refer to IV to Oral switch policy.

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

I 2208793218 BURGESS Henry D 98a Alice Street Paisley, Renfrewshire PA2 6EA Cl	M 22/08/1979	Diabetes: Type 1 ☐ Type 2 ☐ Secondary ☐ Self administering insulin: Yes ☐ No ☐ Usual diabetes medication and device: If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to guidelines on reverse of form when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y/N
						units					Y / N
						units					Y / N
31/5/22	Before Breakfast		9.5		Novomix 30	16 units	Ulleskmt.	Nerissa	CAA	1215.	Y / N
						units					Y / N
	Before Lunch			18.1		units					Y / N 0.2
						units					Y / N
	Before Dinner			15.2	NOVOMIX 30	14 units	[signature]	KC	[signature]	2100	Y / N
						units					Y / N
	Before Bed					units					Y / N
4/6/22						units					Y / N
						units					Y / N
	Before Breakfast				Novomix 30	18 units	Ulleskmt	13 cm	[signature]	0957	Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-14.9	≥15	Preparation	Dose (units)					
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet

Urgent medical review if unwell/deteriorating at any stage.

- **Mild and able to swallow:** 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- **Severe:** 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes.**

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: ..  .....
Address 2208793218
BURGESS M
.....Henry .. ...22/08/1979 .....
DoB:..... 86a Alice Street
Paisley, Renfrewshire .....
Chi num b. PA2 6EA .....

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: .. 2208793218	Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐	• When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
Address: BURGESS	Self administering insulin: Yes ☐ No ☐	• Always measure the dose and administer insulin using an insulin syringe
Henry M	Usual diabetes medication and device: NOVOMIX 30 14 UNITS BD.	• Rapid acting and premix insulin should be given with meals
DoB: 22/08/1979	If unwell, vomiting or septic, check for ketones and request urgent medical review.	• Long acting insulin should be given at the same time every day
Chi nur		

Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.

Refer to guidelines on reverse of form when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: QID /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
28/4						units / units					Y / N
						units / units					Y / N
	Before Breakfast					units / units					Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner			17	NOVOMIX 30	14 units / units				17.20	Y / N
						units / units					Y / N
	Before Bed			19.6		units / units					Y / N
29.04						units / units					Y / N
						units / units					Y / N
	Before Breakfast					units / units					Y / N
	0930			24.8	NOVOMIX 30	14 units / units				0930	Y / N 0.2
	Before Lunch					units / units					Y / N
	1200		11.0			units / units					Y / N 0.2
	Before Dinner					units / units					Y / N
	1900		11.8			units / units					Y (N)
	Before Bed					units / units					Y / N
30.04						units / units					Y / N
						units / units					Y / N
	Before Breakfast 0815		13.8		NOVOMIX 30	14 units / units				0820	Y / N 1.0
						units / units					Y / N
	Before Lunch		9.3			units / units					Y / N 0.3
						units / units					Y / N
	Before Dinner				NOVOMIX 30	14 units / units			JN.	1830	Y / N
	1830			19.3		units / units					Y / N 0.2
	Before Bed					units / units					Y / N

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
01/02/22						units					Y / N
						units					Y / N
	Before Breakfast			20.6	NOVOMIX 30	14 units	[illegible]	13	vray	0940	Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner			13.6	NOVOMIX 30	14 units	[illegible]	13	vray		Y / N
						units					Y / N
	Before Bed					units					Y / N
02/03/22						units					Y / N
						units					Y / N
	Before Breakfast		9.4		NOVOMIX 30	14 units	[illegible]	13	[illegible]	0930	Y / N
			18.1			units					Y / N
	Before Lunch		9.2			units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
			22.5		NOVOMIX 30	16 units	H. Webb FY1	13	[illegible]	1800	Y / N
	Before Bed 2200		7.8			units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet

Urgent medical review if unwell/deteriorating at any stage.

- Mild and able to swallow: 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but do not omit insulin in type 1 diabetes.

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night: _____

Diabetes specialist nurse page: _____ Ext: _____

Nan [barcode] .....
Add. 2208793218 .....
..... BURGESS M .....
..... Henry 22/08/1979 .....
DoB: 86a Alice Street .....
Chi r. Paisley, Renfrewshire PA2 6EA .....

Patient 2208793218
BURGESS
Henry M
Date o 99a Alice Street 22/08/1979
Paisley, Renfrewshire
CHI N PA2 6EA

tient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
28/4		Nacl 0.9% COOLED	1000	IV	START				28/04/22	10 30	AM		
28/4		HARTMANNS	500	IV	2.0				28/04/22	12 00	AM		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient na [redacted]
2208793218
Date of bi BURGESS M
Henry 22/08/1979
CHI No:.....

label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Patient name: 2208793218
BURGESS
Henry
96a Alice Street
Paisley, Renfrewshire
PA2 6EA

Date of birth: 22/08/197[illegible]

CHI No: .....

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
14/6/25	1725	NaCl 0.9%	1000	IV	250		D T.GAYSTON CDK		14 06 25	17 45			
14/6/25	2125	NaCl 0.9%	1000	IV	250		D T.GAYSTON CDK						

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Nam 2208793218
Addi BURGESS M
Henry 22/08/1979
96a Alice Street
DoB Paisley, Renfrewshire
PA2 6EA
Chi

Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☐ No ☐

Usual diabetes medication and device:
Tajeo. With breakfast 22units
Novocaid 6 units meals.

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
15/6						units					Y / N
						units					Y / N
	Before Breakfast		5.5		Tajeo	22 units	[signature] PH				Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner					units					Y / N
						units					Y / N
	Before Bed					units					Y / N

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-14.9	≥15	Preparation	Dose (units)					
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N
						units units					Y / N
						units units					Y / N
	Before Breakfast					units units					Y / N
						units units					Y / N
	Before Lunch					units units					Y / N
						units units					Y / N
	Before Dinner					units units					Y / N
						units units					Y / N
	Before Bed					units units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: **www.diabetes.org.uk** or **StaffNet**

Urgent medical review if unwell/deteriorating at any stage.

- **Mild and able to swallow:** 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- **Severe:** 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes.**

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Approved by: NHSGGC Safer Use of Medicines Committee, Dec 2014. Date of review: Dec 2016

mi • 243189 Version 1_0 • GGC0123

Patient name: .....

Date of birth: .....

CHI No: .....

Affix patient label

VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII): Prescription, Administration and Monitoring Record (ADULTS)

24 HR CHART: Re-prescribe after 24 hours but new chart NOT required each time a new syringe is prepared

PREPARATION AND ADMINISTRATION

- Syringes must be changed every 24 hours and be prescribed by a doctor.
- Using an **insulin syringe**, draw up 50 units of soluble insulin (Actrapid® or Humulin S®) and add to 49.5ml of 0.9% sodium chloride in a 50ml luer-lock syringe. Prepared concentration is 1 unit/ml.
- Secure a standard giving set to the IV fluid bag.
- Infuse insulin *with* VRIII IV fluids through the same cannula, using an administration set with anti-syphon and anti-reflux valves e.g. Vygon Protect-a-line 2.
- Attach 50ml syringe to the *long* limb of the administration set (Fig.1) and attach the giving set from the VRIII IV fluid bag to the port on the *short* limb (Fig. 2).
- VRIII IV fluids must be delivered via a **volumetric pump.**
- Check CBG hourly or as directed by prescriber (minimum of 2 hourly if the patient is stable). Record on pages 4 and 5.
- Check each CBG against the insulin infusion rate prescribed on page 1 – adjust the rate of the insulin infusion accordingly.
- Two nurse signatures are only required when the infusion is first started and if the infusion rate is changed.

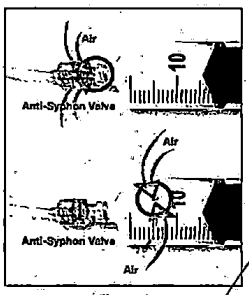


Figure 1

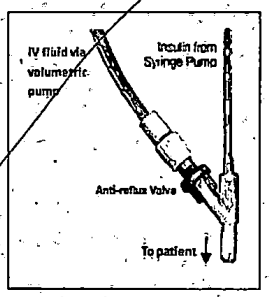


Figure 2

3. Preparation and pump set up details for insulin infusion

	Date	Time	Preparation and pump set up by	Volume in syringe (Post-priming)	Checked by
Initial prep	04/12/20	1920	[illegible]	50ml	[illegible]
Repeat 1	4/12/20	0630	[illegible]	50ml	[illegible]
Repeat 2					
Repeat 3					
Repeat 4					

Patient name: .....

Date of birth: .....

CHI No: .....

Affix patient label

VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII): Prescription, Administration and Monitoring Record (ADULTS)

24 HR CHART: Re-prescribe after 24 hours but new chart NOT required each time a new syringe is prepared

4 ADMINISTRATION of Intravenous Insulin Infusion (see 'notes' box on page 3)

Date	Time	CBG mmol/L	Insulin infusion rate (ml/hour): See section 1	Total volume infused (ml): Cumulative	Volume (ml) infused since last check	Volume remaining (ml)	Site check (tick)	Checked by (two nurse signatures initially & if infusion rate changed)	Comments/Ketones
03/12/20	1900	10·3	3	0					
3/12/20	20:00	15·4	5mls/hr	Ø	Ø	49mls	✓	GM	Ketones 0.6
3/12/20	21:00	15.1	5mls/hr	5.1	5mls	44mls	✓	GM	
3/12/20	22:00	14.6	5mls/hr	9.9mls	5mls	39mls	✓	GM	
3/12/20	23·05	13·3	5mls/hr	15·3mls	4mls	34mls	✓	NP GM	+4ml/hr
4/12/20	00[10]	11.4	4ml/hr	19·6ml	5ml	29ml	✓	JW	
4/12/20	01:00	11.3	4mls/hr	23.2mls	4mls	25mls	✓	GM	
4/12/20	02:10	9.8	↓3mls/hr	27.4mls	4mls	21mls	✓	GM	
4/12/20	03[15]	9/7	3ml/hr	30·9mls	3ml	18mls	✓	JW	
4/12/20	04:00	10.1	3mls/hr	32.8mls	2mls	16mls	✓	GM	
4/12/20	05:00	9.8	3mls/hr	39.5mls	7mls	9mls	✓	GM	
4/12/20	~~0006~~	10·0	3mls/hour	48·0mls		48mls	✓	nm	stopped at 1015 as per medics.

Patient name: .....

Date of birth: .....

CHI No: .....

Affix patient label

VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRII): Prescription, Administration and Monitoring Record (ADULTS)

24 HR CHART: Re-prescribe after 24 hours but new chart NOT required each time a new syringe is prepared

4 ADMINISTRATION of Intravenous Insulin Infusion: continued (see 'notes' box on page 3)

Date	Time	CBG mmol/L	Insulin infusion rate (ml/hour): See section 1	Total volume infused (ml): Cumulative	Volume (ml) infused since last check	Volume remaining (ml)	Site check (tick)	Checked by (two nurse signatures initially & if infusion rate changed)	Comments/Ketones

VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII): GUIDELINE

Principles of VRIII are:

- Desired glucose control is achieved and maintained
- Avoidance of hypoglycaemia
- Avoidance of ketosis by providing adequate carbohydrate and insulin
- Maintenance of fluid and electrolyte balance

Patient group:

DO use the guideline for the following:

- Surgical patients with diabetes undergoing operations e.g. fasting > 24 hours, emergency surgery or poor glycaemic control
- Medical patients with diabetes who have uncontrolled hyperglycaemia or who are unable to eat and drink due to prolonged fasting, nausea, vomiting or reduced consciousness

DO NOT use the guideline for the following patient groups (see separate guidelines and seek urgent specialist advice):

- Diabetic Ketoacidosis (DKA)
- Hyperglycaemic Hyperosmolar State (HHS) / Hyperosmolar Non-Ketotic Coma (HONC)
- Pregnant patients requiring intravenous insulin

Before starting VRIII:

- Check bedside capillary blood glucose (CBG) to determine initial insulin rate
- Specify the lower limit target glucose level (usually 4mmol/l is acceptable in an awake patient, but it may be preferable to aim for a lower limit of 6mmol/l in an anaesthetised patient)
- Check U&Es to guide potassium administration for VRIII fluids
- Check if the patient is already on a long-acting insulin (e.g. Humulin I®, Insulatard®, Lantus®, Levemir®, Abasaglar® or Tresiba® - see BNF for full list). If so, administer at the usual time whilst using VRIII (unless advised otherwise). Seek urgent specialist advice for patients on continuous basal insulin pumps. Pre-mixed insulin (e.g. Humulin M3®, Novomix 30®, HumalogMix 25®, HumalogMix 50®) **should not** be administered whilst on VRIII.

VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII): GUIDELINE (continued)

Prescribing VRIII:

- Complete IV insulin prescriptions on page 1: nursing staff will adjust insulin infusion rate, according the patient's capillary blood glucose (CBG).
- If issues with the default VRIII guidance (e.g. persistent hypo- or hyperglycaemia), seek advice from senior medical staff with a view to revising the insulin rates
- Check CBG hourly (minimum of 2 hourly in a stable patient), more frequent if CBG <4mmol/L (see below)
- If CBG <4mmol/L – stop VRIII (or reduce to 0.5 units of insulin per hour if no long-acting insulin on board) and follow the guidelines for Acute Hypoglycaemia. Check the CBG every 15-30 minutes, as appropriate. When blood glucose levels are stable, check CBG hourly
- If blood glucose >20mmol/L it is important to assess the following:
    - Check pump devices, IV lines and IV cannula to ensure patients are getting the prescribed insulin dose
    - Consider other causes that could be contributing: sepsis, steroid therapy, obesity
    - Seek senior medical advice with a view to revising insulin rates
- Stopping VRIII in patients who are normally on SC insulin: ensure SC insulin (either long-acting or premixed insulin) has been restarted before stopping VRIII. For advice on this, contact your local Diabetes Team (via Trakcare).

Prescribing IV fluids with VRIII:

- The fluid regimen used with this VRIII is **not** appropriate for fluid resuscitation (see below)
- **Glucose**-containing VRIII fluids **should always** be used: only exceptions are patients in ITU/HDU/CCU areas
- Use fluid chart on p.2. The standard regimen is **0.45% sodium chloride + 5% glucose + 0.15% potassium chloride** (pre-prepared infusion bags) run at 100ml/hour- run 5 x 500ml bags consecutively i.e. 5 bags (2500ml) over 25 hours
- If above fluid unavailable, use **0.18% sodium chloride + 4% glucose + 0.15% potassium chloride** (pre-prepared infusion bags) as an alternative, run at 100ml/hour- run 5 x 500ml bags consecutively i.e. 5 bags (2500ml) over 25 hours
- If the patient is receiving **other** IV fluids (e.g. for daily maintenance), continue to prescribe these on a separate fluid chart but (due to the concurrent VRIII fluids) review their flow rate to ensure that the target fluid intake for the patient is not exceeded. Inform nursing staff that there is another fluid chart in use.
- Prescribing in special patient groups – see page 8
- Potassium supplementation – see page 8

IV fluids – special patient groups (seek advice from relevant specialty):

- Neurosurgery/head trauma/spinal trauma: risk of brain and spinal cord oedema, therefore, 0.9 % sodium chloride + 5% glucose + 0.15 % potassium chloride at **80 mls/hour** may be indicated (see table below for guidance on potassium supplementation)
- Renal impairment/heart failure: Care should be taken when administering large volumes of IV crystalloid to patients vulnerable to salt and fluid overload. This includes patients with heart failure, oliguric AKI and CKD 3b, 4 and 5 who are euvolaemic after appropriate fluid resuscitation. Most importantly these patients need regular review of their fluid status and appropriate change in the rate of IV fluid administration if there are signs of fluid overload
- Fluid resuscitation or intra-operative losses: additional IV fluids will be required (a separate non-glucose-containing infusion fluid and infusion line should be used)

Potassium supplementation (target 4-5mmol/L):

- Vary the potassium chloride content of the VRIII IV fluids according to plasma potassium levels but continue to monitor potassium and re-check U&Es in 4 hours:

Plasma potassium	Prescribe a VRIII IV fluid bag with:	Examples[1] of 500ml pre-prepared infusion bags: (see GGC Therapeutics Handbook for full list of VRIII IV fluid bags and designated stock locations)
< 3.5mmol/L	20mmol potassium chloride	➢ 0.45% sodium chloride + 5% glucose + 0.3% potassium chloride **OR** ➢ 0.18% sodium chloride + 4% glucose + 0.3% potassium chloride
3.5 – 5mmol/L	10mmol potassium chloride	➢ 0.45% sodium chloride + 5% glucose + 0.15% potassium chloride **OR** ➢ 0.18% sodium chloride + 4% glucose + 0.15% potassium chloride
> 5mmol/L or patient is anuric	Zero potassium	➢ 0.45% sodium chloride + 5% glucose **OR** ➢ 0.18% sodium chloride + 4% glucose

[1] 0.9 % sodium chloride + 5% glucose, with varying amounts of potassium, may be required in some patients (neurosurgery/head trauma/spinal trauma): see Therapeutics Handbook for availability of pre-prepared bags for this patient group

- If renal impairment (i.e. CKD, AKI) or oliguria: seek senior advice or contact Renal or Diabetes Team

Prescriber review:

Review the following at least twice daily (frequency of review depends on the clinical scenario):

- VRIII and blood glucose response – may need to revise insulin infusion rates if persistent hypo- or hyperglycaemia. If an alternative insulin infusion rate is required, score through all previously prescribed infusion rates
- Rate of IV fluid infusion and type of fluid used
- Potassium level and potassium supplementation

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

NHS Greater Glasgow and Clyde

Use for patients prescribed intravenous gentamicin unless prophylactic indication or where synergistic doses (usually in endocarditis) are used. Refer to full GGC guidance for EXCLUSIONS & Cautions / Contra-Indications

Patient name: ... 2208793218
Date of birth: .... BURGESS M
Henry 22/08/1975
96A ALICE STREET
CHI no.: ..... Paisley, Renfrewshire
PA2 6EA

Age: 41 Sex: (M) / F
Weight: 74kg Height: 175cm
Creatinine: 91 on: 24 / 11 / 20
Source of first dose: Online calculator (preferred method) ☐ Manual calculation ☐ Weight based, creatinine not known ☐

Initial Gentamicin Dose*: *this is not a prescription and may change. Doses must be prescribed individually below.
Predicted Frequency*:

Gentamicin Patient Information Leaflet Issued to: Patient ☐ Other ..... on ...../...../..... Issued by .....

The gentamicin patient information leaflet should be issued to the patient/their carer as soon as possible (unless the prescriber considers this to be inappropriate). It is MANDATORY to issue the leaflet for courses >4 days.

PROMPT ADMINISTRATION
within 1 hour of recognition of sepsis reduces mortality

SIGNS OF GENTAMICIN TOXICITY
RENAL: ↓ urine output/oliguria or ↑ creatinine
OTO-
VESTIBULAR: NEW tinnitus, dizziness, poor balance, hearing loss, oscillating vision

Toxicities may occur irrespective of gentamicin concentration

Step 1: Calculate and prescribe the first dose of gentamicin (see overleaf for more details)
- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Prescribe gentamicin 'as per chart' on the medication chart (kardex). AVOID specifying dose or administration time on the kardex.
- Prescribe individual doses in the prescription record section below, specifying the date and time the dose should be given.
- DO NOT prescribe doses in advance of the day they are due. For 48hly dosing write 'no dose required' on the days where gentamicin does not need to be dosed.

Step 2: Monitor creatinine and gentamicin concentration and reassess the dosage regimen
- Check gentamicin concentration after the first dose and then at least every 2 days (see overleaf for more details).
- Monitor creatinine daily. Seek advice if renal function is unstable (e.g. a change in creatinine of >15-20%).

Step 3: Assess daily: the ongoing need for gentamicin; signs of toxicity
- Consider an alternative agent if creatinine is increasing or the patient becomes oliguric.
- If gentamicin continues for >7 days, suggest referral to audiology for assessment.
- Refer to guidelines or clinical pharmacist for further advice on prescribing, monitoring and administration.

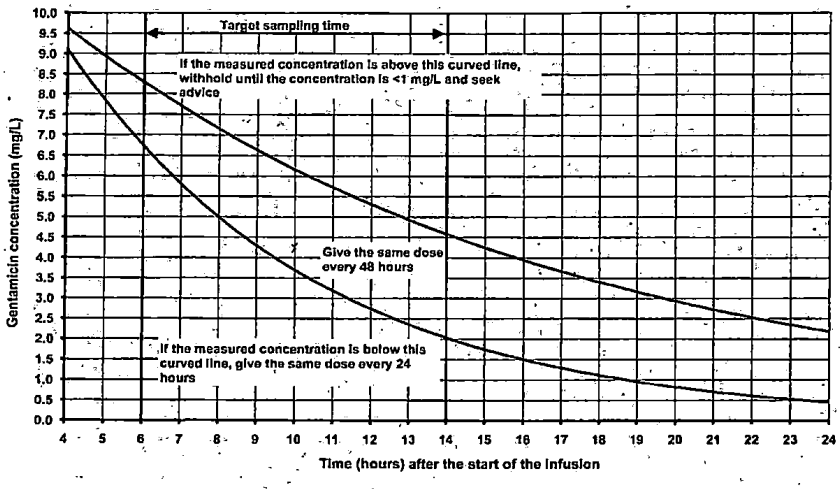
TOXICITY Before prescribing each dose check: Renal & Oto-vestibular function	Gentamicin Prescription Record: Complete each time a dose is to be given (ensuring gentamicin is prescribed 'as per chart' on the kardex)				Administration Record: Complete each time gentamicin is administered (in addition to the kardex)			Monitoring Record: Record ALL sample dates/times accurately below. See overleaf for monitoring advice.			
	Date to be given	Time to be given 24 h clock	Gentamicin Dose (mg)	Prescriber's signature, PRINTED name and STATUS	*Infuse over 30 mins* Date given	*Infuse over 30 mins* Time started 24 h clock	Given by	Date of sample	Time of sample 24 h clock	Gent level (mg/L)	Action/ Comments (please initial action to be taken)
Cr = micromol /L	24/11		240mg	given in theatre approx 2000					0600	2.9	24 hourly ☑ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
Cr = 65 micromol /L	25/11	2000	360mg	[illegible] CMKGREEN 25/11/20	2035		CB, KM			4.3	24 hourly ☐ 48 hourly ☑ Withhold ☐ Stop ☐ Details/other :
*Discuss with an infectious diseases or microbiology specialist and document in the notes if treatment continues beyond 4 days * Risks of prolonged treatment must be considered and treatment options discussed with an infection specialist											
Cr = micromol /L	26/11		NO DOSE	—							24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
Cr = micromol /L	27/11	2000	360mg	[signature] 27/11/20	2100		LB, EF				24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
Discuss with an infection specialist before continuing onto a second sheet											

Patient name: ..... CHI no.: .....

NHS Greater Glasgow and Clyde

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

Prescribing, monitoring, interpreting and re-prescribing advice



If the measured concentration is unexpectedly HIGH or LOW

- Were dose and sample times recorded accurately?
- Was the correct dose administered?
- Was the sample taken from the line used to administer the drug?
- Was the sample taken during drug administration?
- Has renal function declined or improved?
- Does the patient have oedema or ascites?

If in doubt, take another sample before re-prescribing and/or contact pharmacy for advice.

Calculating the first dose of gentamicin

- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Calculate the dosage regimen once creatinine is available.
- If the online calculator is not available, manually calculate the dose referring to the GGC Therapeutics Handbook.

Checking the patient's gentamicin concentration

- Take a blood sample 6-14 hours after the start of the first gentamicin infusion (or after 24 hours if CrCl <21 ml/min).
- Thereafter, sample at least every 2 days.
- Record the exact time of all gentamicin samples overleaf and ensure that the TrakCare sample request form is printed at the time of sample collection (to ensure that the time on TrakCare is accurate).

Interpreting gentamicin results and re-prescribing

- Record the measured concentration overleaf.
- If creatinine clearance is ≥21 ml/min and therapy is to continue, plot the gentamicin concentration on the graph opposite & reassess the dose/ dosing interval as indicated.
- If creatinine clearance is <21 ml/min and therapy is to continue, give a further dose once the measured concentration is <1 mg/L.
- Document the action taken in the medical notes and overleaf. Prescribe the next dose overleaf as appropriate.
- Contact pharmacy for further advice as necessary (e.g. if renal function is changing, the gentamicin concentration is unexpectedly high or low or the concentration is on the line between dosage intervals)
- Check microbiology sensitivities and refer to IV to Oral switch policy.

Approved by: NHSGGC Antimicrobial Utilisation Committee,August 2019
Date of Review: August 2022

mi • 290376 Version 1.0 • GGC0088

Blood Component Prescription and Record of Transfusion

NHS Greater Glasgow and Clyde

Please use one form per transfusion episode

Patient
CHI r CHI: 2208793218 22/08/1979 M
Hosp BURGESS, Henry
98A ALICE ST, Paisley, PA2 6EA
D.O.I
M / F Dr.
Practice: 87625
Affix Patient Label

Consultant:	Mr M'Grey.
Date (DD/MM/YYYY):	25-11-2020
Hospital:	RAH
Ward:	THEATRE 7

Part 1. To be completed by medical staff or authorised non medical prescriber (please tick)

Reason for transfusion: Hb:

Special requirements: CMV neg ☐ Irradiated ☐ Blood warmer required ☐ None ☐

Special instructions:

Previous reaction: Yes ☐ No ☐ Unknown ☐

Consent discussion recorded: Yes ☐ No ☐ Not possible prior to transfusion ☐ Incapacitated ☐

Blood Transfusion leaflet given: Yes ☐ No ☐ Previously given ☐ Not available ☐

Unit	Date	Component	Duration	Vol/mLs	Practitioner's signature	Print name and GMC / NMC number	Prescription cancelled (Initial)
1	25/11/20	Packed Cells	1hr			MARTIN 3335266	
2	25/11/20	Packed Cells	1hr			MARTIN 3335266	
3							
4							
5							
6							
7							
8							

Part 2. Pre-transfusion checklist - To be completed by person administering each product

Unit	Date	Patient IV access	Baseline obs	Inspect bag	Verbal ID *	Wristband ID	Check expiry date	Sign and print name(s)	Time Unit Taken Down
1	25/11/2020	☑	☑	☑	N/A	☑	☑	M HAMILTON	1133
2	25/11/2020	☑	☑	☑	N/A	☑	☑	M HAMILTON	1148
3		☐	☐	☐	☐	☐	☐		
4		☐	☐	☐	☐	☐	☐		
5		☐	☐	☐	☐	☐	☐		
6		☐	☐	☐	☐	☐	☐		
7		☐	☐	☐	☐	☐	☐		
8		☐	☐	☐	☐	☐	☐		

* Where appropriate

IF THERE ARE ANY DISCREPANCIES, DO NOT PROCEED – CONTACT YOUR HOSPITAL TRANSFUSION LABORATORY (HTL).

Part 3. Apply pink section of Compatibility Label below

Donation No: G101 620 126 720 J Component: Conc. Red Cells Signature 1: M. Hamilton Date Given: 25/11/2020 Signature 2: Time Given: 1118hrs Hospital : RAH Ward : TH7	2. Donation No: G101 620 126 343 0 Component: Conc. Red Cells Signature 1: M Hamilton Date Given: 25/11/2020 Signature 2: Time Given: 1134 Hospital : RAH Ward : TH7.
3. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	4. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
5. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	6. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:
7. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:	8. Complete and apply pink section of Compatibility Label when transfusion commenced. If unit not transfused, record reason here and sign:

Part 4. Care during Transfusion

Frequency of vital signs (All observations to be recorded on patient's current MEWS / SEWS chart):

Temperature, pulse, blood pressure and respiration rate should be measured and recorded:

- before the start of each unit of blood or blood product.

The patient should be in an observed area during the transfusion as life-threatening reactions may occur. Where appropriate, patients / guardians should be informed of possible symptoms of a transfusion reaction, they should alert staff immediately if they feel unwell. Stop the transfusion and seek medical advice if you suspect a transfusion reaction. Symptoms can include pyrexia, urticaria, hypotension, and respiratory distress.

- at 15 minutes after commencement and hourly thereafter until the completion of each unit.
- further observations during the transfusion are at the discretion of each clinical area and dependent on the patient's condition.
- on the completion of each unit.This is a minimum requirement. Some clinical areas may require more frequent observations particularly in unstable or unconscious patients.

1. Record signature, date and time on the pink section of the compatibility label above.
2. Once transfusion has commenced, fully complete blue section of the compatibility label and return this to the HTL. Under the Blood Safety and Quality Regulations (2005) **THIS IS A LEGAL REQUIREMENT.**

Only staff who have completed transfusion training, available at *www.learnbloodtransfusion.org.uk* can participate in the clinical transfusion process.

TRAIN or REVALIDATE online at *www.learnbloodtransfusion.org.uk*

Additional Comments

Further advice on blood transfusion, including reactions is available on Staffnet at:
www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/BloodTransfusion/Pages/BloodTransfusion.aspx

2208793218
BURGESS, Henry
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Infusion

NHS Greater Glasgow and Clyde

M 22/08/197 Use with volumetric/syringe pumps where the rate is set by MILLILITRES (ml) per hour

Weight:	CHI Number:
	Ward: ED.

Administer via a central line.

Target Mean Arterial Blood Pressure (MAP) _____ mmHg

Section 1 – Prescription Details (to be completed by prescriber)							(to be completed by nurse)
Name of drug	Total amount of drug in syringe/bag (mg/micrograms/ units)	Name of diluent	Total volume, drugs and diluent	Drug concentration (micrograms/ mg/units per ml)	Route	Prescriber's signature	Medical physics asset number
Noradrenaline	4mg	Glucose 5%	50ml	0.08mg/ml	IV		

Section 2 – Flow Rate Details (to be verified by the prescriber)					
	Date	Drug dose per hour	Flow rate setting ml/hour	Calculated by	Verified by
Rate		0-0.8mg/hr	0-10ml/hr		
Change 1					

Section 3 – Preparation Details							Section 4 – Start Details				
	Date	Time	Prepared by	Checked by	Batch number drug	Batch number diluent	Time started	Flow rate setting ml/hour	Started by	Checked by	Measurement on syringe (ml) at start of infusion
Initial preparation	24/11/20	1720	GR	[illegible]	T-36045	ascorbic acid ampoules	1740	5ml/hr.		GR	49ml
Repeat 1											
Repeat 2											

FOR USE IN RAH ONLY

Guidelines to be used in conjunction with the recording sheet for use with volumetric/syringe pumps where the rate is set by millilitres (ml) per hour.

The drug should be prescribed in the patients main medicine prescription document. Each prescription sheet should be used to record the prescription, flow rate, preparation and administration details of syringes or infusion bags which are prepared in accordance with the prescription in section 1 of this form.
If the details in Section 1 require to be changed, a new infusion prescription form must be used.

The from should be completed as follows.

Section 1: PRESCRIPTION DETAILS. The prescription should be completed in full by a qualified medical practitioner.

(i) Enter name of drug.
(ii) Enter total amount of drug in micrograms or milligrams or units.
(iii) Enter name of diluent.
(iv) Enter total volume of drug and diluent.
(v) Enter drug concentration i.e. micrograms or milligrams or grams or units per ml.
(vi) The route of administration i.e. Intravenous.
(Vii) The prescriber must provide a full signature.
(viii) The medical physics asset number must be provided if an incident form is completed.

Section 2: FLOW RATE DETAILS

(i) Enter date.
(ii) The drug dose to be delivered per hour in micrograms or milligrams or grams or units should be prescribed on the " initial rate" line by a qualified practitioner.
(iii) Enter the rate setting in ml/hour.
(iv) The flow rate setting must be calculated by a doctor and verified by another doctor or pharmacist or registered nurse.
(v) When a variable dose regimen e.g. sliding scale insulin has been prescribed, this should be prescribed in the flow rate details and all changes recorded in the comments section as appropriate.

SECTION 3: PREPARATION DETAILS

(i) Enter date and name.
(ii) The infusion may be prepared by a qualified medical practitioner or appropriately trained registered nurse/midwife.
(iii) The preparation of the infusion must be witnessed by another doctor or pharmacist or registered nurse/midwife.
(iv) Enter batch number of drugs and diluent.
(v) Repeat preparation of the same prescription should be recorded on subsequent lines.

SECTION 4: START DETAILS

(i) Enter time started and flow rate settings.
(ii) The person responsible for starting the pumps and a witness should sign.
(iii) Enter amount of fluid in bag/syringe at start of infusion after any required priming.

SECTION 5: ADMINISTRATION CHECK

(i) The infusion must be checked at 1 hourly intervals as indicated on the recording sheet, during the period that the pump is in use.
(ii) Complete " blood results" column where appropriate, e.g. APTT or blood glucose.
(iii) The "comments" section should be used to record relevant observations.
N.B. A simple calculation undertaken when recording the " volume infused since last check" will indicate over or under infusion.

SECTION 6: DISCONTINUATION

(i) When the infusion is to be discontinued, a doctor should discontinue the drug on the patients main prescription document and on the recording sheet. A line should be drawn through each prescription to prevent continued use.
(ii) The amount destroyed should be documented in millilitres.

NHS Greater Glasgow and Clyde

ADULT VANCOMYCIN INTERMITTENT INFUSION: PRESCRIBING, ADMINISTRATION & MONITORING CHART

Patient Name: HENRY BURGESS

Date of birth: 22/08/79

CHI no.: 2208793218

Affix patient label

Actual body weight	Vancomycin loading dose
< 40 kg	750 mg in 250 mL NaCl 0.9% over 1.5 hours
40 - 59 kg	1000 mg in 250 mL NaCl 0.9% over 2 hours
60 - 90 kg	1500 mg in 500 mL NaCl 0.9% over 3 hours
>90 kg	2000 mg in 500 mL NaCl 0.9% over 4 hours

See back page for vancomycin prescribing/monitoring guidance

STEP 1 Prescribe vancomycin 'as charted' on the kardex. DO NOT specify a dose/dose times.

STEP 2 Calculate the initial vancomycin dose and record the details below;

Sex: M / F Age: 41 Weight: 80kg Height: ..... Creatinine (Cr): (N) on ..../..../....

Initial dose source: Online calculator (preferred) ☐ Manual calculation (see Handbook) ☐ Cr awaited, loading dose only (see above) ☐

Initial dose* calculated as: 1500 mg as a one-off loading dose then 1500 mg every 12 hours

**this is not a prescription and may change. Doses must be prescribed in the prescribing boxes below/overleaf*

STEP 3 Prescribe & record administration of the ONE-OFF LOADING DOSE in Box 1 below;

BOX 1 Vancomycin Loading Dose Prescription				Administration Record		
Date to be given	Time to be given	Vancomycin Dose (mg)	Prescriber's signature, PRINTED name and STATUS	Date given	*Infuse at no greater than 500 mg/hr* Time started	Given by Sig 1: Sig 2:
28/11/20	14:00	1500mg	JCEMMELL GEMMELL			

PROMPT ADMINISTRATION within 1 hour of recognising sepsis reduces mortality. Inform nursing staff that the loading dose is due and prescribe the initial maintenance dose below as soon as the patient's creatinine result is available.

STEP 4 Prescribe & record administration of the INITIAL MAINTENANCE DOSE in Box 2 below;

BOX 2 Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg): 1500mg | Dose interval: 12hrly | Route: (IV infusion) | Date: 28/11/20

Prescriber (Print and sign): GEMMELL JCEMMELL

See box 3 ☐ Stopped* ☐ **Also discontinue on kardex* Date: Initials:

Target vancomycin concentration:
Standard: 10-20 mg/L ☐
Deep-seated/severe infection: 15-20 mg/L ☑

Comments

Administration Record ***Infuse at rate no greater than 500 mg/hr***			
SPECIFY dose time(s) ↓	Date:	Date:	Date:
Enter time between 00:00 – 05:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
STEP 5 Record CREATININE (µmol/L) here DAILY →			
Date sample TAKEN			
Time sample TAKEN			
Vancomycin result (mg/L)			
Action/ Comments (please initial)			

STEP 6 Record details of VANCOMYCIN MONITORING** here →

**Sample trough (pre-dose) between 24-48 HOURS OF COMMENCING THERAPY then every 2-3 days (OR sample daily if unstable renal function)

STEP 7 continue or amend using box 3 OVERLEAF if required →

ASSESS DAILY: for any signs of toxicity (e.g. ↓ urine output or ↑ creatinine) AND the ongoing need for vancomycin

Approved by: NHSGGC Antimicrobial Utilisation Committee, AUGUST 2017. Date of review: AUGUST 2020 PECOS ORDER CODE: GGC0206

See the back page for guidance on prescribing/monitoring vancomycin & for guidance on how to use this chart.

BOX 3 — Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route IV infusion	Date

Prescriber (Print and sign)

See box 4 ☐
Stopped* ☐
*Also discontinue on kardex
Date:
Initials:

Target vancomycin concentration:
Standard: 10-20 mg/L ☐
Deep-seated/severe infection: 15-20 mg/L ☐

Comments

SPECIFY dose time(s) ↓	Date:	Date:	Date:
Enter time between 00:00 – 06:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Record CREATININE (µmol/L) here DAILY →			
Record details of VANCOMYCIN MONITORING** here → Date sample TAKEN			
Time sample TAKEN			
Vancomycin result (mg/L)			
Action/ Comments (please initial)			

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

continue or amend using box 4 BELOW if required →

BOX 4 — Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route IV infusion	Date

Prescriber (Print and sign)

See box 5 ☐
Stopped* ☐
*Also discontinue on kardex
Date:
Initials:

Target vancomycin concentration:
Standard: 10-20 mg/L ☐
Deep-seated/severe infection: 15-20 mg/L ☐

Comments

SPECIFY dose time(s) ↓	Date:	Date:	Date:
Enter time between 00:00 – 06:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Record CREATININE (µmol/L) here DAILY →			
Record details of VANCOMYCIN MONITORING** here → Date sample TAKEN			
Time sample TAKEN			
Vancomycin result (mg/L)			
Action/ Comments (please initial)			

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

continue or amend using box 5 OPPOSITE if required →

See the back page for guidance on prescribing/monitoring vancomycin & for guidance on how to use this chart.

BOX 5 Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route IV infusion	Date

Prescriber (Print and sign)

See box 6 ☐ Stopped* ☐ *Also discontinue on kardex

Date:

Initials:

Target vancomycin concentration:

Standard: 10-20 mg/L ☐

Deep-seated/severe infection: 15-20 mg/L ☐

Comments

Record CREATININE (µmol/L) here DAILY →

Record details of VANCOMYCIN MONITORING** here →

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

SPECIFY dose time(s) ↓	Administration Record ***Infuse at rate no greater than 500 mg/hr*** Date:	Date:	Date:
Enter time between 00:00 – 06:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Date sample TAKEN			
Time sample TAKEN			
Vancomycin result (mg/L)			
Action/ Comments (please initial)			

continue or amend using box 6 BELOW if required →

BOX 6 Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route IV infusion	Date

Prescriber (Print and sign)

See new chart ☐ Stopped* ☐ *Also discontinue on kardex

Date:

Initials:

Target vancomycin concentration:

Standard: 10-20 mg/L ☐

Deep-seated/severe infection: 15-20 mg/L ☐

Comments

Record CREATININE (µmol/L) here DAILY →

Record details of VANCOMYCIN MONITORING** here →

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

SPECIFY dose time(s) ↓	Administration Record ***Infuse at rate no greater than 500 mg/hr*** Date:	Date:	Date:
Enter time between 00:00 – 06:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Date sample TAKEN			
Time sample TAKEN			
Vancomycin result (mg/L)			
Action/ Comments (please initial)			

continue or amend using a NEW CHART if required

Guidance on how to use this chart

For PRESCRIBERS

STEP 1 • Prescribe "as charted" on the kardex. **DO NOT** add a dose/administration time; this causes confusion as these may vary.

STEP 2 • Calculate the initial vancomycin dose (see Page 1 for options) and record the details of the dose calculation on Page 1.

STEP 3 • Prescribe the loading dose in box 1 (inform nursing staff the dose is due to ensure prompt administration). To avoid delayed maintenance doses it is important to also complete step 4 at this point (unless a creatinine result is awaited).

STEP 4 • Prescribe the initial maintenance dose in box 2 of the chart (see the online calculator/Handbook for when this is due).
• Avoid prescribing doses for midnight as this can lead to confusion over administration dates. Refer to the Therapeutics Handbook for how to avoid dosing between midnight and 6am. Prescribe in chronological order i.e. 2 AM before 2 PM.
• Endorse kardex code '9' in the relevant administration box on the chart and the kardex if a dose has to be withheld.

STEP 5 • Check creatinine daily. Record the results on the chart to ensure any changes impacting on dosing are recognised easily.
• Review therapy & seek advice if renal function is unstable (e.g. Cr change of >15-20 %).

STEP 6 • Initiate vancomycin monitoring (see below) and record the results on the chart (including the EXACT sample time).

STEP 7 • Re-prescribe the maintenance dose every 3 days (or sooner if the dose or dose times change).
• For a new maintenance prescription: discontinue the current maintenance prescription box by ticking 'see box x' (adding a signature and date) and scoring through. There is no need to alter the kardex, which should state "as charted".
• To stop therapy on the chart: tick the 'stopped' box (adding a signature and date) and score through all pages of the chart with the word 'STOP'. Remember to discontinue vancomycin on the prescription chart AND on the kardex.

For NURSING STAFF

- Before administering CHECK the kardex to ensure vancomycin hasn't been discontinued there. Check that creatinine & vancomycin levels are being monitored (these are recorded underneath the administration record; discuss with the prescriber promptly if you are unsure if this monitoring is being done).
- Record the date and **exact time** of administration **on BOTH the chart and the kardex** with two nurse's signatures.
- Doses due after a vancomycin sample has been taken should usually be given. **DO NOT wait for the vancomycin result before dosing, unless advised to by medical staff or if renal function is deteriorating (check with a prescriber/pharmacist if unsure).**

Guidance on monitoring intermittent infusion vancomycin therapy

Checking the patient's vancomycin concentration

- Take the initial vancomycin trough (pre-dose) sample between 24- 48 hours of commencing therapy. Thereafter, sample every 2-3 days; sample daily if renal function is unstable. Monitor creatinine daily and record the result on this chart. Seek advice from pharmacy if creatinine is unstable (e.g. a change of > 15-20%).
- Record the EXACT TIME of all vancomycin samples in the monitoring section of the relevant prescribing box.

Interpreting vancomycin results and re-prescribing

- Always check for errors and that the dosing & sampling time histories are correct before making any adjustments (see below[#]).
- Refer to the dose adjustment table below and contact pharmacy for further advice as necessary (e.g. changing renal function).
- Document the vancomycin concentration on this chart with the action taken. Prescribe the new dosage regimen if necessary.

[#]***If the measured concentration is unexpectedly HIGH or LOW***

- Was the sample too early in therapy (pre-steady state)?
- Were dose & sample times recorded accurately?
- Was the sample taken from the line used to administer the drug?
- Has renal function declined or improved?
- Was the sample at the correct time (i.e. a true trough sample)?
- Was the correct dose administered/did the patient receive the full dose?
- Was the sample taken during drug administration?
- Does the patient have oedema or ascites or an extreme body weight?

Vancomycin trough conc.	Suggested dose change *contact pharmacy for advice if daily doses > 4 grams are required
<10 mg/L	↑ the dose amount by half (e.g. increase a 500 mg dose to 750 mg) & consider reducing the dosage interval. Seek advice if you are unsure or if the current dose is > 2500 mg daily.*
10-15 mg/L	If the patient is responding, maintain the current dose regimen. If the patient is seriously ill, consider ↑ the dose amount or ↓ the dosage interval to achieve a trough level of 15-20 mg/L.
15-20 mg/L	Maintain the present dosage regimen.
>20 mg/L	Withhold and seek advice from pharmacy BEFORE the next dose is due.

Guidance on how to manage UNINTENDED delays in intermittent vancomycin dosing

NOTE: this guidance **DOES NOT** apply where the dose has been **DELIBERATELY** withheld. Contact pharmacy if necessary.

If a patient has stable renal function (if you are unsure about this contact a prescriber/pharmacy) & a vancomycin dose has been delayed UNINTENTIONALLY (e.g. lost intravenous access) please refer to the tables below for guidance on how to proceed.

Prescribed dose interval	Dose delay	Action
12 hourly	≤ 6 hours	Give delayed dose immediately and record the date and exact time of administration on the chart and kardex with TWO nurse's signatures. **Give the next vancomycin dose at the ORIGINALLY PRESCRIBED TIME.**
24 hourly	≤ 12 hours	
48 hourly	≤ 24 hours	

Prescribed dose interval	Dose delay	Action
12 hourly	> 6 hours	Give the delayed dose as soon as possible and record the date and exact time of administration on the chart and kardex with TWO nurse's signatures. **Seek advice from pharmacy for further dosing.**
24 hourly	> 12 hours	
48 hourly	> 24 hours	

Patient na 2208793218
BURGESS M
Henry
Date of bi 22/08/197
96A ALICE STREET
Paisley, Renfrewshire
CHI No: PA2 6EA
label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
24/11/20		Nacl	1000mls	IV	Stat		McMahon Cons		24/11/16				
24/11/20		Nacl	1000mls	IV	Stat.				24/11/20	1515			
		Hartmans	1000mls	IV	1°				24/11/20	1500			

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

[redacted] envy Burgess

Date of birth: .....

CHI No: 2208793218

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
6/12		NaCl 0.9%	500	IV	2°		SISIET ST4	
6/12		NaCl 0.9%	500	IV	2°			
06/12		0.9% NaCl	500	IV	2°			
06/12		0.9% NaCl	500	IV	4°			
06/12		0.9% NaCl	500	IV	4°			
06/12		0.9% NaCl	500	IV	4°			
7/12		0.9% NaCl	500ml	IV	4°		STEO ... Tes.	
		0.9% NaCl	500ml	IV	[redacted]°		STEO Tes.	

Administration details - continued

Date	Time	Given by	Checked by	Comments
06/12/20				
06/12	0830			
06/12	1130			
6/12	1400			
07/12	07 35	PDF		
07/12	13 30	LES		
8/12/20	23:55	[redacted]		Intravitreal
9/12/20	13:45	SE		

*Prescriber should sign this box if the fluid/additive is no longer required.

						Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	RR DRUG	DOSE / ROUTE / INDICATION	STOPPED DATE: INITIALS:	DATE		For Use Y/N
		PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	DATE:	TIME		Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DOSE		Date:
				GIVEN BY		Assessed by:
						Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	SS DRUG	DOSE / ROUTE / INDICATION	STOPPED DATE: INITIALS:	DATE		For Use Y/N
		PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	DATE:	TIME		Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DOSE		Date:
				GIVEN BY		Assessed by:
						Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	TT DRUG	DOSE / ROUTE / INDICATION	STOPPED DATE: INITIALS:	DATE		For Use Y/N
		PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	DATE:	TIME		Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DOSE		Date:
				GIVEN BY		Assessed by:
						Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	VV DRUG	DOSE / ROUTE / INDICATION	STOPPED DATE: INITIALS:	DATE		For Use Y/N
		PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	DATE:	TIME		Qty:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DOSE		Date:
				GIVEN BY		Assessed by:
						Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name HENRY BURGESS

CHI No 2208793218

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Cat. No. 40985 Ver 4, 09/2010 GGC0029

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: 2208793218 BURGESS Henry M
Addre: .....
DoB: 22/08/1979
Chi n: .....

Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☐ No ☑

Usual diabetes medication and device:

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
	0230		5.5			units					Y / N
	0715		4.8			units					Y / N
	Before Breakfast				Novomix 30	10 units					Y / N
						units					Y / N
19/12	Before Lunch		5.0			units					Y / N
						units					Y / N
	Before Dinner		8.2		Novomix 30	20 units				1720	Y / N
						units					Y / N
	Before Bed					units					Y / N
10						units					Y / N
						units					Y / N
12	Before Breakfast		8.9		Novomix 30	10 units				1015	Y / N
20						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner		7.6		Novomix 30	20 units				1740	Y / N
						units					Y / N
	Before Bed					units					Y / N
			8.8			units					Y / N
21						units					Y / N
12	Before Breakfast		6.3		Novomix 30	10 units				0840	Y / N
20						units					Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner		10.3		Novomix 30	20 units				1750	Y / N
						units					Y / N
	Before Bed		3.5			units					Y / N

23.30 5.3 mmol/L

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		6.1				units / units					Y / N
						units / units					Y / N
	Before Breakfast				Novomix 30	10 units / units				1010	Y / N
22/12						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner		11.4		Novomix 30	14 units / units		SH	LC	1720	Y / N
						units / units					Y / N
	Before Bed 2230	4.3				units / units					Y / N
23/12	6am	5.6				units / units					Y / N
						units / units					Y / N
	Before Breakfast				Novomix 30	12 units / units				0815	Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner				NOVOMIX 30	10 units / units					Y / N
						units / units					Y / N
	Before Bed					units / units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet

Urgent medical review if unwell/deteriorating at any stage.

- Mild and able to swallow: 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but do not omit insulin in type 1 diabetes.

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Approved by: NHSGGC Safer Use of Medicines Committee, Dec 2014. Date of review: Dec 2016

mi • 243189 Version 1_0 • GGC0123

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: Henry Burgess
Address:
DoB:
Chi number: 220879 3218
Affix patient data label

Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☐ No ☑

Usual diabetes medication and device:
morning - levemir 20u
evening - novomix 30u

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
14/12/20						units / units					Y / N
						units / units					Y / N
	Before Breakfast					units / units					Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner		5.4		NOVOMIX 30	30 units / units		dl	13	1800	Y / N
						units / units					Y / N
	Before Bed					units / units					Y / N
15/12/20						units / units					Y / N
						units / units					Y / N
	Before Breakfast		11.2		LEVEMIR	20 units / units		dl	dl	0845	Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner				NOVOMIX 30	~~30~~ 20 units / units		dl	13	1845	Y / N
						units / units					Y / N
	Before Bed	4.7				units / units					Y / N
16/12						units / units					Y / N
						units / units					Y / N
	Before Breakfast		7.8		NOVOMIX 30	10 units / units		dl	dl	0830	Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner		8.9			units / units					Y / N
					NOVOMIX 30 at start of feed	20 units / units		dl	AM	1750	Y / N
	Before Bed					units / units					Y / N

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
						units					Y / N
						units					Y / N
	Before Breakfast		10.8			units					Y / N
						units					Y / N
	Before Lunch					units					Y / N
17/12						units					Y / N
	Before Dinner		6.6		Novomix 30	20 units				1850	Y / N
			(Paid to Fred)			units					Y / N
	Before Bed					units					Y / N
						units					Y / N
						units					Y / N
18/12	Before Breakfast					units					Y / N
			14.1		Novomix 30	10 units		JP	10.	1150	Y / N
	Before Lunch					units					Y / N
						units					Y / N
	Before Dinner		6.6		Novomix 30	10 units			JP	1715	Y / N
						units					Y / N
	Before Bed					units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L	Hyperglycaemia: Glucose ≥ 15mmol/L
Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet Urgent medical review if unwell/deteriorating at any stage. • Mild and able to swallow: 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice • Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic) Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes.**	Check urine or blood for ketones – need urgent medical review if ketones present or if unwell. Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion. Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes. If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Nam 2208793218
Addr BURGESS M
Henry 22/08/1979
96A ALICE STREET
DoB Paisley, Renfrewshire
Chi PA2 6EA

Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☐ No ☐

Usual diabetes medication and device:
LEVEMIR 20 units morning
NOVOMIX 30. 30 units evening

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Please record insulin preparation and administration times in the main Medicine Prescription Form (Kardex) and write 'as per chart' across the administration boxes****

Refer to guidelines on reverse of form when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: 4 /day.

Date	Time	CBG Readings (mmol/L) <4	CBG Readings (mmol/L) 4.0-14.9	CBG Readings (mmol/L) ≥15	Insulin Preparation	Insulin Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
											Y / N
											Y / N
9/12	Before Breakfast		12.9		LEVEMIR	20		SR	BF		Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner		4.6		NOVOMIX 30	30		SR	MM		Y / N
											Y / N
	Before Bed	3.6	8.9								Y / N
											Y / N
											Y / N
10/12	Before Breakfast										Y / N
											Y / N
	Before Lunch			15.4	LEVEMIR	20			MM	13:10	Y / N
											Y / N
	Before Dinner										Y / N
		2.2 4.2			IN Jeed NOVOMIX 30	24	mollie ann		MM	23:05	Y / N
	Before Bed		6.3								Y / N
											Y / N
											Y. / N
11/	Before Breakfast		10.3		LEVEMIR	20	mollie ann	M	JP	10:50	Y / N
											Y / N
12/	Before Lunch										Y / N
											Y / N
20	Before Dinner		2.7		NOVOMIX	[illegible]		NB	SA	18:20	Y / N
			5.4								Y / N
/	Before Bed										Y / N

Date	Time	CBG Readings (mmol/L) <4	CBG Readings (mmol/L) 4.0-14.9	CBG Readings (mmol/L) ≥15	Insulin Preparation	Insulin Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
12/12											Y / N
											Y / N
	Before Breakfast		9.7		LEVEMIR	18				0610	Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner		5.6		NOVOMIX 30.	24units	STAT			1905	Y / N
											Y / N
	Before Bed										Y / N
13/12/20											Y / N
											Y / N
	Before Breakfast		4.2		LEVEMIR	16	ANP			0620	Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner		6.8		NOVOMIX 30	24units	ANP			1830	Y / N
											Y / N
	Before Bed		11.9								Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L	Hyperglycaemia: Glucose ≥ 15mmol/L
Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet Urgent medical review if unwell/deteriorating at any stage. • Mild and able to swallow: 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice • Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic) Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but do not omit insulin in type 1 diabetes.	Check urine or blood for ketones – need urgent medical review if ketones present or if unwell. Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion. Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes. If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Insulin Prescription and Administration Form

Greater Glasgow and Clyde

N 2208793218	
BURGESS M	
Ac Henry 22/08/1979	
36A ALICE STREET	
Paisley, Renfrewshire	
Dc PA2 6EA	
Ch	

Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☐ No ☐

Usual diabetes medication and device:
Novomix 30 12/12.

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Ensure that the insulin type and adminstration times are also prescribed on the Kardex. Adminstration of all doses must be recorded on both chart and Kardex.****

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: 4 /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin: Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
						units / units					Y / N
						units / units					Y / N
	Before Breakfast					units / units					Y / N
						units / units					Y / N
4/12	Before Lunch					units / units					Y / N
	1600		15.1		NOVORAPID	4 units / units			LMcG	1600	Y / N
	Before Dinner		11.9		NOVOMIX 30 (AT END OF FEED)	30 units / units		MCLARK	RM	1800	Y / N
						units / units					Y / N
	Before Bed					units / units					Y / N
						units / units					Y / N
						units / units					Y / N
	Before Breakfast			21.2	NOVOMIX 30 (AT END OF FEED)	20 units / units		HB	RC	0610	
5/12						units / units					
	Before Lunch				NOVOMIX 30 at start of feed	32 units / units					
						units / units					Y / N
	Before Dinner				NOVOMIX 30	30 units / units		MC	LMcG		Y / N
						units / units					Y / N
	Before Bed					units / units					Y / N
						units / units					Y / N
						units / units					Y / N
06/12	Before Breakfast			18.9	LEVEMIR at end of feed	20 units / units		GM	MR	1200	Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner		9.5		NOVOMIX 30	32 units / units		BF		2020	Y / N
						units / units					Y / N
	Before Bed					units / units					Y / N

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
						units / units					Y / N
						units / units					Y / N
	Before Breakfast		12.3		~~NOVOMIX 30~~ LEVEMIR	units / 20 units	RSeale	US	EC	08-05	Y / N
07/12						units / units					Y / N
	Before Lunch					units / units					Y / N
11PM	1890		6.4			units / units					Y / N
	Before Dinner				NOVOMIX 30	30 units / units					Y / N
						units / units					Y / N
	Before Bed		6.3	8.7 2035		units / units		SM		2036	Y / N
						units / units					Y / N
						units / units					Y / N
8/12	Before Breakfast		13.8		LEVEMIR	20 units / units		SL	FCassy	0810	Y / N
						units / units					Y / N
	Before Lunch					units / units					Y / N
						units / units					Y / N
	Before Dinner		3.6		NOVOMIX 30	30 units / units			FCassy	SR	Y / N
			(7.9)			units / units					Y / N
	Before Bed		5.2			units / units					Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L	Hyperglycaemia: Glucose ≥ 15mmol/L
Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet Urgent medical review if unwell/deteriorating at any stage. **Mild and able to swallow:** 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice • **Severe:** 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic) Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes.**	Check urine or blood for ketones – need urgent medical review if ketones present or if unwell. Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion. Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes. If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Approved by: NHSGCC Safer Use of Medicines Committee, Dec 2014. Date of review: Dec 2016

mi • 243189 Version 1_0 • GGC0123

See the back page for guidance on prescribing/monitoring vancomycin & for guidance on how to use this chart.

BOX 5 — Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route	Date
1750	12°	IV infusion	14/12

Prescriber (Print and sign): J. Tech

See box 6 ☐ Stopped* ☐ *Also discontinue on kardex Date: Initials:

Target vancomycin concentration: Standard: 10-20 mg/L ☐ Deep-seated/severe infection: 15-20 mg/L ☐

Comments

Administration Record — BOX 5

Infuse at rate no greater than 500 mg/hr

SPECIFY dose time(s) ↓	Date: 14/12	Date: 15/12.	Date: 16/12
Enter time between 00:00 – 06:00 below: :	Exact time: level. Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: ~~level~~ Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: 11:50	Exact time: 1200 Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: level Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: 23:50	Exact time: 0005 15/12/20 Sig 1: Sig 2:	Exact time: 1612 0020 Sig 1: Sig 2:	Exact time: 0100 Sig 1: Sig 2:
Record CREATININE (µmol/L) here DAILY →		26	
Record details of VANCOMYCIN MONITORING** here → Date sample TAKEN	14/12		16/12.
Time sample TAKEN	11:45		11:13
Vancomycin result (mg/L)	13.9		19.5
Action/ Comments (please initial)	continue OP		continue

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

continue or amend using box 6 BELOW if required ↓

BOX 6 — Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route	Date
1750	12°	IV infusion	17/12/20

Prescriber (Print and sign):

See new chart ☐ Stopped* ☐ *Also discontinue on kardex Date: Initials:

Target vancomycin concentration: Standard: 10-20 mg/L ☐ Deep-seated/severe infection: 15-20 mg/L ☐

Comments

Administration Record — BOX 6

Infuse at rate no greater than 500 mg/hr

SPECIFY dose time(s) ↓	Date: 17/12	Date:	Date:
Enter time between 00:00 – 06:00 below: :	Exact time: Sig 1: Sig 2: LC	Exact time: Sig 1: Sig 2: LEVEL	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: 12:00	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: 23:59	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Record CREATININE (µmol/L) here DAILY →			
Record details of VANCOMYCIN MONITORING** here → Date sample TAKEN			
Time sample TAKEN			
Vancomycin result (mg/L)			
Action/ Comments (please initial)			

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

continue or amend using a NEW CHART if required

Guidance on how to use this chart

For PRESCRIBERS

STEP 1 • Prescribe "as charted" on the kardex. DO NOT add a dose/administration time; this causes confusion as these may vary.

STEP 2 • Calculate the initial vancomycin dose (see Page 1 for options) and record the details of the dose calculation on Page 1.

STEP 3 • Prescribe the loading dose in box 1 (inform nursing staff the dose is due to ensure prompt administration). To avoid delayed maintenance doses it is important to also complete step 4 at this point (unless a creatinine result is awaited).

STEP 4 • Prescribe the initial maintenance dose in box 2 of the chart (see the online calculator/Handbook for when this is due).
• Avoid prescribing doses for midnight as this can lead to confusion over administration dates. Refer to the Therapeutics Handbook for how to avoid dosing between midnight and 6am. Prescribe in chronological order i.e. 2 AM before 2 PM.
• Endorse kardex code '9' in the relevant administration box on the chart and the kardex if a dose has to be withheld.

STEP 5 • Check creatinine daily. Record the results on the chart to ensure any changes impacting on dosing are recognised easily.
• Review therapy & seek advice if renal function is unstable (e.g. Cr change of >15-20 %).

STEP 6 • Initiate vancomycin monitoring (see below) and record the results on the chart (including the EXACT sample time).

STEP 7 • Re-prescribe the maintenance dose every 3 days (or sooner if the dose or dose times change).
• For a new maintenance prescription: discontinue the current maintenance prescription box by ticking 'see box x' (adding a signature and date) and scoring through. There is no need to alter the kardex, which should state "as charted".
• To stop therapy on the chart: tick the 'stopped' box (adding a signature and date) and score through all pages of the chart with the word 'STOP'. Remember to discontinue vancomycin on the prescription chart AND on the kardex.

For NURSING STAFF

- Before administering CHECK the kardex to ensure vancomycin hasn't been discontinued there. Check that creatinine & vancomycin levels are being monitored (these are recorded underneath the administration record; discuss with the prescriber promptly if you are unsure if this monitoring is being done).
- Record the date and **exact time** of administration **on BOTH the chart and the kardex** with two nurse's signatures.
- Doses due after a vancomycin sample has been taken should usually be given. **DO NOT wait for the vancomycin result before dosing, unless advised to by medical staff or if renal function is deteriorating (check with a prescriber/pharmacist if unsure).**

Guidance on monitoring intermittent infusion vancomycin therapy

Checking the patient's vancomycin concentration

- Take the initial vancomycin trough (pre-dose) sample between 24- 48 hours of commencing therapy. Thereafter, sample every 2-3 days; sample daily if renal function is unstable. Monitor creatinine daily and record the result on this chart. Seek advice from pharmacy if creatinine is unstable (e.g. a change of > 15-20%).
- Record the EXACT TIME of all vancomycin samples in the monitoring section of the relevant prescribing box.

Interpreting vancomycin results and re-prescribing

- Always check for errors and that the dosing & sampling time histories are correct before making any adjustments (see below[#]).
- Refer to the dose adjustment table below and contact pharmacy for further advice as necessary (e.g. changing renal function).
- Document the vancomycin concentration on this chart with the action taken. Prescribe the new dosage regimen if necessary.

[#] ***If the measured concentration is unexpectedly HIGH or LOW***

- Was the sample too early in therapy (pre-steady state)?
- Were dose & sample times recorded accurately?
- Was the sample taken from the line used to administer the drug?
- Has renal function declined or improved?
- Was the sample at the correct time (i.e. a true trough sample)?
- Was the correct dose administered/did the patient receive the full dose?
- Was the sample taken during drug administration?
- Does the patient have oedema or ascites or an extreme body weight?

Vancomycin trough conc.	Suggested dose change *contact pharmacy for advice if daily doses > 4 grams are required
<10 mg/L	↑ the dose amount by half (e.g. increase a 500 mg dose to 750 mg) & consider reducing the dosage interval. Seek advice if you are unsure or if the current dose is > 2500 mg daily.*
10-15 mg/L	If the patient is responding, maintain the current dose regimen. If the patient is seriously ill, consider ↑ the dose amount or ↓ the dosage interval to achieve a trough level of 15-20 mg/L.
15-20 mg/L	Maintain the present dosage regimen.
>20 mg/L	Withhold and seek advice from pharmacy BEFORE the next dose is due.

Guidance on how to manage UNINTENDED delays in intermittent vancomycin dosing

NOTE: this guidance **DOES NOT** apply where the dose has been **DELIBERATELY** withheld. Contact pharmacy if necessary.

If a patient has stable renal function (if you are unsure about this contact a prescriber/pharmacy) & a vancomycin dose has been delayed UNINTENTIONALLY (e.g. lost intravenous access) please refer to the tables below for guidance on how to proceed.

Prescribed dose interval	Dose delay	Action
12 hourly	≤ 6 hours	Give delayed dose immediately and record the date and exact time of administration on the chart and kardex with TWO nurse's signatures. Give the next vancomycin dose at the ORIGINALLY PRESCRIBED TIME.
24 hourly	≤ 12 hours	
48 hourly	≤ 24 hours	

Prescribed dose interval	Dose delay	Action
12 hourly	> 6 hours	Give the delayed dose as soon as possible and record the date and exact time of administration on the chart and kardex with TWO nurse's signatures. Seek advice from pharmacy for further dosing.
24 hourly	> 12 hours	
48 hourly	> 24 hours	

NHS Greater Glasgow and Clyde

ADULT VANCOMYCIN INTERMITTENT INFUSION: PRESCRIBING, ADMINISTRATION & MONITORING CHART

Patient Name: .....
2208793218
Date of birth: ..... BURGESS Henry M 22/08/197(
CHI no.: ..... 96A ALICE STREET Paisley, Renfrewshire PA2 6EA
patient label

Actual body weight	Vancomycin loading dose
< 40 kg	750 mg in 250 mL NaCl 0.9% over 1.5 hours
40 - 59 kg	1000 mg in 250 mL NaCl 0.9% over 2 hours
60 - 90 kg	1500 mg in 500 mL NaCl 0.9% over 3 hours
>90 kg	2000 mg in 500 mL NaCl 0.9% over 4 hours

See back page for vancomycin prescribing/monitoring guidance

STEP 1 Prescribe vancomycin 'as charted' on the kardex. DO NOT specify a dose/dose times.

STEP 2 Calculate the initial vancomycin dose and record the details below;

Sex: (M) / F Age: 41 Weight: 80 kg Height: 173cm Creatinine (Cr): 31 on 06/12/2020

Initial dose source: Online calculator (preferred) ☑ Manual calculation (see Handbook) ☐ Cr awaited, loading dose only (see above) ☐

Initial dose* calculated as: 1500 mg as a one-off loading dose then 1500 mg every 12 hours

*this is not a prescription and may change. Doses must be prescribed in the prescribing boxes below/overleaf

STEP 3 Prescribe & record administration of the ONE-OFF LOADING DOSE in Box 1 below;

BOX 1 Vancomycin Loading Dose Prescription

Date to be given	Time to be given	Vancomycin Dose (mg)	Prescriber's signature, PRINTED name and STATUS
06/12/2020	2000	1500	R. ALEXANDER FY2

Administration Record

Date given	*Infuse at no greater than 500 mg/hr* Time started	Given by
6/12/20	1900	Sig 1: MH Sig 2: GM

PROMPT ADMINISTRATION within 1 hour of recognising sepsis reduces mortality. Inform nursing staff that the loading dose is due and prescribe the initial maintenance dose below as soon as the patient's creatinine result is available.

STEP 4 Prescribe & record administration of the INITIAL MAINTENANCE DOSE in Box 2 below;

BOX 2 Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route	Date
1500	12°	IV infusion	07/12/2020

Prescriber (Print and sign): R. ALEXANDER FY2

See box 3 ☑ Stopped* ☐ *Also discontinue on kardex Date: 08/12/20 Initials: LB

Target vancomycin concentration: Standard: 10-20 mg/L ☑ Deep-seated/severe infection: 15-20 mg/L ☐

Comments

SPECIFY dose time(s) ↓	Date: 07/12/2020	Date: 08/12/20	Date:
Enter time between 00:00 – 06:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2: level	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: 08:00	Exact time: 09.30 Sig 1: CL Sig 2: EC	Exact time: 08.15 Sig 1: SR Sig 2: EC	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2: to epaderpo
Enter time between 18:01 – 23:59 below: 20:00	Exact time: Sig 1: SM Sig 2: GR	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:

STEP 5 Record CREATININE (µmol/L) here DAILY →

		26	

STEP 6 Record details of VANCOMYCIN MONITORING** here → pre-dose. 9.4 mg/L 08/12 0800

**Sample trough (pre-dose) between 24-48 HOURS OF COMMENCING THERAPY then every 2-3 days (OR sample daily if unstable renal function)

Date sample TAKEN		08/12/20	
Time sample TAKEN		0800	
Vancomycin result (mg/L)		9.4 mg/L.	
Action/ Comments (please initial)		D/W Erin, pharmacist to ↑ to 2000mg	

STEP 7 continue or amend using box 3 OVERLEAF if required →

ASSESS DAILY: for any signs of toxicity (e.g. ↓urine output or ↑creatinine) AND the ongoing need for vancomycin

Approved by: NHSGGC Antimicrobial Utilisation Committee, AUGUST 2017. Date of review: AUGUST 2020 PECOS ORDER CODE: GGC0205

Patient Name: ..... CHI Number: ..... Page 2

See the back page for guidance on prescribing/monitoring vancomycin & for guidance on how to use this chart.

BOX 3 — Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route	Date
2000mg	12°	IV infusion	8/12/20

Prescriber (Print and sign): [signature] — See box 4 ☑ Stopped* ☐ (*Also discontinue on kardex) Date: Initials:

Target vancomycin concentration: Standard: 10-20 mg/L ☑ Deep-seated/severe infection: 15-20 mg/L ☐

Comments: ✱ level predose @ 2000hrs 09/12/20

SPECIFY dose time(s) ↓	Date: 8/12/20	Date: 9/12/20	Date: 10/12
Enter time between 00:00 – 05:00 below: 08:00	Exact time: ~~Sig 1: Sig 2:~~	Exact time: Sig 1: SA Sig 2: AK	Exact time: Sig 1: Sig 2:
Enter time between 06:01 – 12:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: 14:40 Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: 20:00	Exact time: 2000 Sig 1: SM Sig 2: LL	Exact time: 2130 Sig 1: RC Sig 2: JP	Exact time: 2130 Sig 1: RE Sig 2: NH
Record CREATININE (µmol/L) here DAILY →			
Record details of VANCOMYCIN MONITORING here →** Date sample TAKEN		10/12/20	
Time sample TAKEN		12:10	
Vancomycin result (mg/L)		14.1	
Action/ Comments (please initial)		continue same dose. * Please give evening dose @ 21:30 * (as per pharmacy advice)	discussed + ~~advised~~ dose – see notes AS

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

continue or amend using box 4 BELOW if required →

BOX 4 — Maintenance Dose Prescription

Drug: VANCOMYCIN

Dose (mg)	Dose interval	Route	Date
1750	12°	IV Infusion	11/12

Prescriber (Print and sign): A SLOAN AS — See box 5 ☐ Stopped* ☐ (*Also discontinue on kardex) Date: Initials:

Target vancomycin concentration: Standard: 10-20 mg/L ☑ Deep-seated/severe infection: 15-20 mg/L ☐

Comments: level @ before AM dose 12/12/20

SPECIFY dose time(s) ↓	Date: 11/12	Date: 12/12/20	Date: 13/12/20
Enter time between 00:00 – 05:00 below: :	Exact time: ~~0600hrs~~ Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: 11 05 Sig 1: NR Sig 2: RE
Enter time between 06:01 – 12:00 below: 09:30	Exact time: ~~1300~~ Sig 1: AD Sig 2: LC	Exact time: ~~0800~~ level 11:50 Sig 1: AD Sig 2: JP	Exact time: Sig 1: Sig 2:
Enter time between 12:01 – 18:00 below: :	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:	Exact time: Sig 1: Sig 2:
Enter time between 18:01 – 23:59 below: 21:30	Exact time: 2130 Sig 1: AR Sig 2: JC	Exact time: 22.20 Sig 1: LW Sig 2: JC	Exact time: Sig 1: Sig 2:
Record CREATININE (µmol/L) here DAILY →	31	83	
Record details of VANCOMYCIN MONITORING here →** Date sample TAKEN	11/12	12/12/20	
Time sample TAKEN	07:30	07:20	
Vancomycin result (mg/L)	22.9	20.2	
Action/ Comments (please initial)	* Withhold dose until speak to pharmacy* discussed (see notes)		

**Sample trough (pre-dose) every 2-3 days (OR sample daily if unstable renal function)

continue or amend using box 5 OPPOSITE if required →

2208793218
BURGESS
Henry

M
22/08/197[illegible]

ROYAL ALEXANDRA HO...T...

This in conjunction with the recording sheet for use with volumetric/syringe pumps where the rate is set by **MILLILITRES (ml) per hour**

N:	**Unit No:**	**Drug:** 20ml Noradrenaline

Section 5 - Administration Check *(to be completed 1 HOURLY by nursing staff)*

Date	Time	Blood results	Rate setting on device checked against prescription (ml)	Volume remaining where measurable	Volume infused since last check	Total volume infused (cumulative)	Site check	Checked by	Comments
24/11/20	1726	–	5ml/hr	49ml	0m	0m	✓	[signature]	Started by ITU Cons

Section 6 - Discontinuation | Date: | Time: | Amount destroyed (ml): | Signature(s):

STY5219N

Name:	Unit No:	Drug:

Section 5 - Administration Check *(to be completed 1 HOURLY by nursing staff)*

Date	Time	Blood results	Rate setting on device checked against prescription (ml)	Volume remaining where measurable	Volume infused since last check	Total volume infused (cumulative)	Site check	Checked by	Comments

Section 6 - Discontinuation	Date:	Time:	Amount destroyed (ml):	Signature(s):

2208793218
BURGESS Henry M 22/08/1979

Chart No: (See Prescriber section below for start date & time)

24 HR CHART: re-prescribe after 24 hrs if still required

NHS Greater Glasgow and Clyde

Variable Rate Intravenous Insulin Infusion (VRIII): Prescription, Administration and Monitoring Record (ADULTS)

PRESCRIBING steps

Step 1 Do NOT use this chart for Diabetic Ketoacidosis (DKA), Hyperglycaemic Hyperosmolar State (HHS)/ Hyperosmolar Non-Ketotic Coma (HONC) or pregnant patients

Step 2 Read guideline on p 5-8 or refer to Therapeutics Handbook

Step 3 Prescribe IV insulin on Kardex 'as per chart'; continue SC *long-acting* insulin

Step 4 Complete the red sections on the insulin prescribing box and write chart number (top of page 1)

Step 5 CBG monitoring will be hourly (and 2 hourly in stable patients): inform nursing staff if an alternative frequency of monitoring is required

Step 6 Review 12 hourly and adjust insulin infusion rate if required (scoring through all previously prescribed infusion rates)

Step 7 Prescribe VRIII fluids on p2

1. Prescription: insulin infusion details

Medicine	Total amount of insulin in syringe	Name of diluent	Total volume in syringe	Insulin concentration	Route	Comments
SOLUBLE INSULIN (Actrapid® or Humulin S®)	50 units	Sodium Chloride 0.9%	50ml	1 unit/ml	IV	

Prescription: insulin dose variable rate

Capillary blood glucose (CBG) - mmol/L	Insulin Infusion Rate (units/hour) Recommended initial rate	Alternative rate	Alternative rate
	Prescriber: tick below as appropriate		
< 4 (see * below)	0 (if long-acting insulin given) ☐ 0.5 (if long-acting insulin not given) ☐ Date / Time / Initial	STOPPED 04/12	
4-7	1		
7.1-9	2		
9.1-11	3		
11.1-14	4		
14.1-17	5 (check ketones if Type 1)		
17.1-20	6 (check ketones if Type 1)		
>20	Seek senior medical advice (check ketones)		
Prescriber: Print, sign & date	Date 03/12/10 Time 1800 Print name A Pollard Status CT Signature	Date / Time Print name / Status Signature	Date / Time Print name / Status Signature
Discontinuation	Date / Time / Initials	Date / Time / Initials	Date / Time / Initials

*CBG <4: Treat as per Acute Hypoglycaemia Guideline and see 'Prescribing VRIII' on p7 of this chart

Patient name: .....

Date of birth: .....

CHI No: .....

Affix patient label

VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII): Prescription, Administration and Monitoring Record (ADULTS)

FLUIDS: Concurrent glucose containing IV fluid must be given with insulin (initial rate 100mls/hour) and guided by U&Es. See page 7 for fluid choice and rate. Check potassium at least twice daily (or more frequently if required). Continue to prescribe 'background' fluids on a separate standard fluid chart.

24 HR CHART: RE-PRESCRIBE AFTER 24 HOURS

2. VRIII FLUIDS: Prescription

Date	Time	Name of fluid ** Prescribe % of each individual component (If a potassium free bag is required, write 'zero' in words)			Volume (ml)	Flow rate (ml/hr)	Signature, PRINTED name and status	Stopped by (initials)
		Sodium Chloride	Glucose	Potassium Chloride				
03/12	1800	0.45 %	5 %	0.15 %	500	100	A Pollock FY	
03/12	2300	0.45 %	5 %	0.15 %	500	100		
04/12	0830	0.45 %	5 %	0.15 %	500	100		
04/12	1330	0.45 %	5 %	0.15 %	500	100		
		Sodium Chloride %	Glucose %	Potassium Chloride %				

ADMINISTRATION

Date	Time	Given by	Checked by	Comments
3/12/20	2000	CW	✓	
4/12/20	0105	CW	✓	

**Prescribe 0.45% sodium chloride + 5% glucose + 0.15% potassium chloride, unless cautions/contra-indications are present (see p7&8). For guidance on volume and flow-rate, see page 7. If this fluid is unavailable, use 0.18% sodium chloride + 4% glucose + 0.15% potassium chloride. Remember, local protocols may recommend an alternative fluid. ALWAYS CONFIRM AVAILABILITY OF FLUIDS BEFORE PRESCRIBING.

Created on 04 Dec 2020 06:39 by N:

Anaesthetics continued

Maintenance of Normothermia This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐ No ☑ N/A ☐
		Warm Fluids	Yes ☐ No ☑ N/A ☐
		Warming Mat	Yes ☐ No ☑ N/A ☐
		Thermal Hat	Yes ☐ No ☑ N/A ☐
		IV fluid warmer	Yes ☐ No ☑ N/A ☐
		Other – specify: Patient Sheets	Yes ☑ No ☐ N/A ☐
Temperature documented by Anaesthetist	Yes ☐ No ☑		

Record of Anaesthetic Pump Infusion Device Numbers This section NOT applicable ☑

Anaesthetic Comments

Patient attended theatre for central line insertion to left groin. No GA, no sedation.
Lidocaine 1% injected to left groin by Anaesthetist.

2208793218 M
BURGESS, Henry 22/08/1979

Created on 04 Dec 2020 06:39 by N...

Theatre

Safe Positioning

This section NOT applicable ☑

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradable Suspected Deep tissue

Area of concern identified (include area of body)	Actions taken
Patient states nil issues, large red, weeping area noted to top of patients head	Will inform Recovery staff

Position	Positioning Devices		Pressure redistribution	Arm Position	
Position 1 Time: 1450	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☑ Prone ☐	Pillows ☑	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☑	Across chest ☑
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:**	**Secured with:**
	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 2 Time:	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:**	**Secured with:**
	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 3 Time:	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:**	**Secured with:**
	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐

Pressure Area care Ch

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
96A ALICE ST,Paisley,PA2 6EA
Dr.,
Practice: 87625

Insert KEY to identify pressure re-distribution:-
E – Elevation U- unable to access
R - Reposition

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	With PILLOW N/A ☐	
1450	1st position							right thumb			les

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☑
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
96A ALICE ST,Paisley,PA2 6EA

Dr

Practice: 87625

Theatre continued

Electrosurgery — This section NOT applicable ☑

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:
Post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquet — This section NOT applicable ☑

Site and side applied	Time applied	Time removed

DVT Prophylaxis — This section NOT applicable ☑

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — Batch no./Expiry Date — This section NOT applicable ☐

Sodium Chloride 0.9%

CHI: 2208793218 22/08/1979 M
BURGESS Henry
86A ALICE ST,Paisley,PA2 6EA
Dr.,
Practice: 87625

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
left groin	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: 2 % ☑ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____

Local Anaesthetic Infiltration to Wound

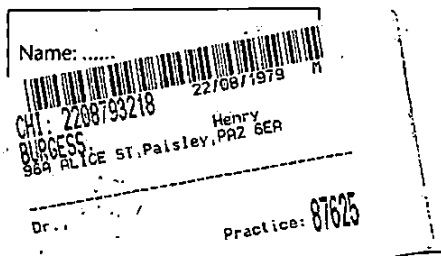
This section NOT applicable ☒

Site	Drug	Quantity

Drains

This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2		U			
3					
4					


Name: .....
22/08/1979 M
CHI: 2208793218
Henry
BURGESS
98A ALICE ST,Paisley,PA2 6ER
Dr..
Practice: 87625

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
95A ALICE ST,Paisley,PA2 6EA

Dr.

Practice: 87625

Traceability Stickers

Name
22/08/1979 M
CHI: 2208793218 Henry
BURGESS
96A ALICE ST, Paisley, PA2 6ER

Dr.. Practice: 87625

Patch

This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☑

Wound Closure used: Yes ☐ No ☐ N/A ☐

Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound Closure	Dressings	Packing
1	Left groin		Tegaderm film	
2				
3				
4				

Operation / Procedure Performed

Insertion of central line

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradeable Suspected deep tissue

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign
Catheter Secured 1 Safsilk Suture		

CHI: 2208793218 22/08/1979 M
BURGESS Henry
56A ALICE ST,Paisley,PA2 6EA
Dr.,
Practice: 87625

Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic type	Drains	RSI
Theatre	CVP/Arterial Line	Wounds/Dressings	Awake Fibre Optic Intubation
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies		Skin inspection results	
	IV Fluids	Intra-operative events	
	PVC	Surgical Instructions	
	PVC Documentation		
	Airway type		

Recovery

This section NOT applicable ■

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (include area of body)	Actions taken

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
96A ALICE ST,Paisley,PA2 6ER

Dr.

Practice: 87625

Post-operative Observations

Time																		
210																		
200																		
190																		
180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
100																		
90																		
80																		
70																		
60																		
50																		
40																		
30																		
Airway type																		
O_2 Therapy																		
SpO_2																		
Resp. Rate																		
CVP																		
Temp.																		
Pain Score																		
P.O.N.V.																		
Sedation Score																		
BM Score																		
PV staining																		
Hourly Urine Vol. / Total Urine Vol.																		
Wound Score																		
Circulation +ve/-ve																		
Sensation +ve/-ve																		
Movement +ve/-ve																		
Pedal Pulse – R / L																		
Drain 1																		
Staff initials																		

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
SEA ALICE ST,Paisley,PA2 6EA
Dr.
Practice: 87625

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type

1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy

Post Operative Nausea and Vomiting Assessment

0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*

Sedation Score

0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable

Wound Score

0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

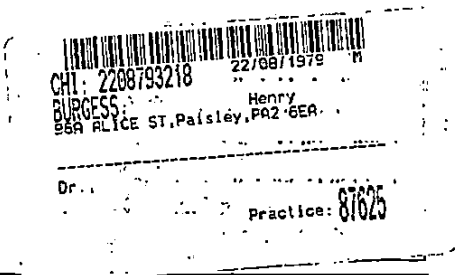
CHI: 2208793218 22/08/1979 M
BURGESS, Henry
96A ALICE ST,Paisley,PA2 6EA

Dr.,

Practice: 87625

Events

Event	Action	Outcome



Events

Event	Action	Outcome

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
9EA ALICE ST,Paisley,PA2 6EA

Dr.. Practice: 87625

Discharge

NEWS Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

NHS Intraoperative Accountable Items Count Record

Date 6/12/20

ADDRESSOGRAPH 2208793218 NA BURGESS M Henry 22/08/1979 DO HC Natasha Parker WARD 20 HOSPITAL RAH THEATRE TL8	COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
	PRE - OP SWAB COUNT		NO scrub nurse required S. Douglas C Coyle
	PRE - OP INSTRUMENT COUNT		
	FINAL COUNT		
	FINAL INSTRUMENT COUNT		
	FINAL DISPATCH COUNT		

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1- SIGNATURE:

SCRUB PRACTITIONER 2 - SIGNATURE :
To be signed by replacement scrub practitioner if applicable N/A ☐

OPERATION : ~~CEA~~ INSERTION of central venous catheter

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☑

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)		Tapes				
Abdominal packs		Sloops/Slings				
Sutures		Bulldogs				
Blades		Shods				
IV [illegible]les		Ports				
Syringes		Tibbs Cannula				N/A
Discard-a-pad		Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN		
Reels		Pen & Ruler		Throat pack OUT		
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☑

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect	Ensure Datix is Completed ☐ Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Diagnostic Directorate Interventional Radiology
Multi Disciplinary Check List/Care Plan

NHS Greater Glasgow and Clyde

Unit/CHI No.	
Name	2208793218 SS.
Addres	BURGESS Henry 96A ALICE STREET Paisley, Renfrewshire PA2 6EA
DOB	22/08/197 3218

Hospital RAH
Ward 20 Date 8.12.20.
Referring Consultant Crem
Proposed procedure
Patient's weight

CHECK LIST

	Ward	Comments	Reception	Comments
Nameband (legible, name dob, CHI no/Unit no)	✓20.		✓	
Consent	✓ccd		✓	In dept
AWI form completed	✓N/A			
Power of Attorney				
DNAR	N/A.			
Case notes/ Nursing notes	✓20.		✓	
Fasted from - Date: Time:			N/A.	
Drug kardex/Infusion charts	✓20		✓	
I.V. access	✓20.		NIL.	
Implants:			NIL.	
Jewellery removed or taped Make up/Nail polish removed Body piercing	✓20		NIL.	
Regular medication given and recorded	✓20.		✓	
FBC, coag, U&E'S available	✓20		Trak. ✓	
Previous allergy/contrast allergy	✓20	NKDA	NIL KNOWN.	
Anti-coagulation therapy. Specify			Dalteparin OD 15000 iu.	
Infection Control Risk MRSA/Cdif/ Hep +ve etc please specify	✓20	NIL known	NIL KNOWN.	
Communication/aids/assistance	✓20	~~collector~~	Able to	communicate well
Mobility (inc any aids reqd)	✓20	AOZ @ present	Requires assistance to mobilise	
Outpatient transport booked			N/A.	

Patient has a history: (please circle all that apply)

(Asthma) Hypertension Epilepsy CVA
Hayfever Cardiac conditions Renal impairment
Respiratory conditions Angina (Diabetes*) type 1.
*please record latest blood glucose

Any other relevant health condition i.e. cancer/ Blood borne infection

Ward Nurse Sign C.C.Burns Print Name Given Humphrey Designation
Radiology Nurse Sign C.MacBurns Print Name C. Humphrey Designation SCN RAD

Team Brief ☐ Pause ☑

Base Line Obs

	Time															
	Pain Score															
	Sedation AVPU															
	Nausea															
BP / PULSE	240															
	230															
	220															
	210															
	200															
	190															
	180															
	170															
	160															
	150															
	140															
	130															
	120															
	110															
	100															
	90															
	80															
	70															
	60															
	50															
	40															
	30															
RESPS																
Sa O_2																
O_2 Therapy																
BM																
TEMP																

Traceability

Contrast:

Implants

REF

VYCON

1294.115 lifecath PICC pur (PUR) 5FR 1L 60cm

LOT 260219GP

2022-02-26 2019-02-26

Insertion date / pose le / fecha de colocación / platziert am / data di inserimento / ingebracht op / data de colocação / datum för isättning

27001.001 / Stand 2018 / 9

PROCEDURE PERFORMED: Picc Insertion Left

Supine ✓	Prone	Right Lateral	Left Lateral

Skin prep:	Chloraprep
Drain/drainage catheter	
Skin closure/device	
Dressings/anchor device	Bio patch statlock tegaderm Bandage
Wound care	

Arterial/Venous /Percutaneous puncture site post procedure instructions (please circle)

Femoral	Right / Left	French size sheath/catheter	
Radial	Right / Left	Time Removed	
Brachial	Right / Left	Removed by	
Jugular	Right / Left	Did patient receive Heparin	
Antegrade puncture		Retrograde puncture	
Check puncture site for bleeding/haematoma			

Catheter/sheath size	Lie flat	Further period of bed rest
4 French	2 Hours	2 hours
5 French	3 Hours	2 hours
6/7/8 French	4 Hours	2 hours

Time	Puncture site	CSM	Pulses	Comments

Vital signs, resps, BP, pulse and SaO_2 As per Ward Protocol minutes until stable.

Fluids and diet / IV fluids / Fast until / Fluids only (please circle) As per Ward Protocol

Peri-operative accountable items at end of procedure Complete ☐ Signature: _____

(e.g. Scuds, caps, needles, swabs)

Criteria to be considered before transferring to ward or discharged

	Yes	No
Is the patient conscious and orientated to time and place	✓	
Is the patient cardiovascularly stable		
Is the patient comfortable	✓	
Are drains patent and is drainage within expected limits		
Are wounds free from excessive staining		
Is puncture site satisfactory	✓	

Patient transferred discharged at Time Signature:

Discharge

Advice/Information discussed with ward / patient / carer (please circle)

Lidocaine 1% - 1 teaspoonful see prescription form for s/n

* Please observe for Bleeding / Blocking Infection for

* Bandage in place for 2 hrs. any concern regarding CSM please remove for s/n

For Immediate Use for s/n
Uneventful procedure for s/n
Post information sheet in pt notes for s/n
Handover to ward nurse at 13:30hrs for

Colonoscopy report

Performed	08-Feb-2023 11:54	Received	08-Feb-2023 12:46
Reported	08-Feb-2023 12:46	Order Number	UNI266104-2208793218
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
COLONOSCOPY REPORT

Name:	**Henry BURGESS (M)**
Date of birth:	**22/08/1979**
NHS No:	**2208793218**
Case Note No:	**2208793218**

Address:	**Flat 0-1** **128 Neilston Road** **Paisley** **Renfrewshire** **PA2 6EP**

GP:	**MCGOVERN, MICHAEL** **The Charleston Surgery** **5 South Campbell St** **Paisley** **PA2 6LR**

Procedure date:	**8th February 2023 (11:54)**
Attachments:	**Urgent**
Caecum_1	**Day patient/NHS**
	Not specified
Priority:	**(none)**
Status:	**GP (Direct Access)**
Hospital:	
Ward:	
Referring Cons:	

Indications
Clinically important comments: Diarrhoea and outlet type PR bleeding. Sister had bowel cancer in her 30s. Genetic link not proved. T1 DM.

Consultant/Endo
Miss Felicit
Nurses: Kerri
Alis

Report
Bowel preparation with Plenvu was poor. A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified with reasonable confidence by the ileocecal valve. The scope was retroflexed in the rectum. The examination to the limit of insertion was normal. Complications: patient discomfort.

Inst
SC
Disposat

Premed
Midazolam

Site a: Caecum
Specimens: 4x biopsy.

Advice/Comments
Very poor prep but with washing adequate views. Slightly thickened caecal mucosa, biopsies taken. Couldn't get completely into caecal pole as patient asked to stop (could not give fentanyl as patient has opiate allergy) but I am happy with the views obtained given the clinical history and do not think that follow up imaging is needed. Await biopsy results

Follow up

Awaiting pathology results.

Miss Felicity Creamer
Consultant Colorectal Surgeon
c.c. Burgess, Henry

Produced by Unisoft's GI Reporting Tool Compiled on 08/02/202:

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital Number:	Height:
DOB:	Weight:
Date of Admission: 24/11/2020	Surface area:
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

	DATE →																								
	MONTH →																								
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																								
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																									
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																									
SIGNATURE OF ASSESSOR																									
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																									

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A DRUG — DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: — PRESCRIBER (PRINT & SIGN) — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

B DRUG — DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: — PRESCRIBER (PRINT & SIGN) — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

C DRUG — DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: — PRESCRIBER (PRINT & SIGN) — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

M

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

N

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

P

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

R

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

CC DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

BEFORE ADMISSION																														Patient's Own Medicine
☐	LL	DRUG																												For Use Y/N
NEW DOSE	DOSE		ROUTE	INDICATION																										Qty:
☐	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	STOPPED DATE:	DATE																								Date:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					INITIALS:	TIME																								Assessed by:
☐							DOSE																								Ordered from Pharm.
							GIVEN BY																								
BEFORE ADMISSION																														For Use Y/N
☐	MM	DRUG																												Qty:
NEW DOSE	DOSE		ROUTE	INDICATION																										Date:
☐	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	STOPPED DATE:	DATE																								Assessed by:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					INITIALS:	TIME																								Ordered from Pharm.
☐							DOSE																								
							GIVEN BY																								
BEFORE ADMISSION																														For Use Y/N
☐	NN	DRUG																												Qty:
NEW DOSE	DOSE		ROUTE	INDICATION																										Date:
☐	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	STOPPED DATE:	DATE																								Assessed by:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					INITIALS:	TIME																								Ordered from Pharm.
☐							DOSE																								
							GIVEN BY																								
BEFORE ADMISSION																														For Use Y/N
☐	PP	DRUG																												Qty:
NEW DOSE	DOSE		ROUTE	INDICATION																										Date:
☐	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.	STOPPED DATE:	DATE																								Assessed by:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					INITIALS:	TIME																								Ordered from Pharm.
☐							DOSE																								
							GIVEN BY																								

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg | Gram = g
Millilitre = ml | Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - intrathecal must be written in full.

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Cat. No. 40995 Ver 4, 09/2010 GGC0029

On
wards
ICU
only

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared: ___/___/___ Time: _____
Sheet No. .....
2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name ABBEY Tel No. 889 9883
Address LONDON
Compliance Aid Details No
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

2208793218
BURGESS
Henry M
96A ALICE STREET 22/08/1979
Paisley, Renfrewshire
PA2 6EA

Height: 173cm
Weight: 86.7kg
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
	Rewritten 06/12/20						

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88– 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No ____ L/min

DATE: ___/___/___ PRESCRIBER (PRINT & SIGN): _____

	DATE	3	4	5	6
	MONTH	12	12	12	12

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑

DRUG: CLINDAMYCIN

DOSE: 1200mg | ROUTE: IV | DATE: 25/11/20 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): M Boswell

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Stopped as per micro. 03/12/20

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

B — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑

DRUG: MEROPENEM

DOSE: 1000mg | ROUTE #?: IV | DATE: 01/12/20 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): M Boswell.

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 1000 mg TDS

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

C — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑

DRUG: DALTEPARIN

DOSE: 15000 UNITS. | ROUTE: S/C | DATE: 27/11/20 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): M Boswell.

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE → 03 04 5 6
MONTH → 12 12 10.12

Patient's Own Medicine

D DRUG: Novomix 30
DOSE: APC | ROUTE: SC | DATE: 04/12
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: / INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
0800	X				

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

E DRUG: Novomix 30
DOSE: APC | ROUTE: SC | DATE: 04/12
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: / INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
			1800 X	mcma	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

F DRUG: Levemir
DOSE: APC | ROUTE: SC | DATE: 04/12
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: / INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
0600	X	X	1200		

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

G DRUG:
DOSE: | ROUTE: | DATE:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: / INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE: 3 4 5 6
MONTH: 12 12 12 12

H — DRUG: METHADONE * Signer FLOSE *
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 70mg | ROUTE: PO | DATE: 25/11/20 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): M Boswell.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: 10 1100 — WM NN WM
0700-0900: as
1200-1400:
1600-1800:
2200-2400:
Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J — DRUG: LANSOPRAZOLE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 30mg | ROUTE: PO | DATE: 29/11/20 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): M Boswell
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time:
0700-0900: W mc CM
1200-1400:
1600-1800:
2200-2400:
Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K — DRUG: DIAZEPAM
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 5mg | ROUTE: PO | DATE: 30/11/20 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): M Boswell
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time:
0700-0900: W mc CM
1200-1400: W mc CM
1600-1800: mc
2200-2400: mc
Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L — DRUG: ENSURE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 1 x bottle | ROUTE: PO | DATE: 3/12/20 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): M Boswell.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time:
0700-0900: W mc CM
1200-1400: W mc CM
1600-1800: mc mc
2200-2400:
Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE / MONTH: 6 / 12

M — DRUG: Saline 0.9%
DOSE: 5ml | ROUTE: NEB | DATE: 6/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N — DRUG: Salbutamol
DOSE: 2.5mg | ROUTE: NEB | DATE: 6/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P — DRUG: Paracetamol
DOSE: 1g | ROUTE: PO | DATE: 6/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R — DRUG:
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

S

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

T

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

V

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

W

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

							Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	RR DRUG	DOSE / ROUTE / INDICATION	PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED DATE: INITIALS: DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	SS DRUG	DOSE / ROUTE / INDICATION	PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED DATE: INITIALS: DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	TT DRUG	DOSE / ROUTE / INDICATION	PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED DATE: INITIALS: DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	VV DRUG	DOSE / ROUTE / INDICATION	PRESCRIBER (PRINT & SIGN) / MAX.FREQ.	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	STOPPED DATE: INITIALS: DATE:	DATE / TIME / DOSE / GIVEN BY	For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name HENRY BURGESS

CHI No 2208793218

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Cat. No. 40995 Ver 4, 09/2010 GGC0029

On ICW meds rec — Previously on ppx problem + nitrofurantoin — Wonders Ward Shared Reception Tablet — Mabler @ end of parking

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date ____ Name (Print) ____
Discharge Prescription Prepared & Reconciled YES ☐
Date ____ Name (Print) ____

Date and time this form prepared: __/__/__ Time: ____ | Sheet No ..... | 2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: ____

Print & Sign: ____ Date: ____

COMMUNITY PHARMACY INFORMATION

Name ____ Tel No. ____
Address ____
Compliance Aid Details ____
Patient consent to share discharge information Y/N
Print & Sign ____

PATIENT DETAILS

Hospital Numl ____ ight: ____
DOB: ____ ight: ____
Date of Admis ____ rface area: ____
Consultant N: ____ ard: ____

2208793218
BURGESS
Henry
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA
M
22/08/197

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
8/12/20	LIDOCAINE 1%	1ml	S/C	ASAP			12.20
8/12/20	HEPARIN 5 Unit/ml	5ml	IV	ASAP			12.55
23/12/20	COMENAR MENC/Hib vaccine	1dose	IM	STAT			1700
23/12/20	MEN B vaccine	1dose	IM	STAT			1700
23/12/20	INFLUENZA vaccine	1dose	IM	STAT			1700
23/12/20	PNEUMOCOCCAL vaccine	1dose	IM	STAT			1700

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No ____ L/min

92% Sats

DATE: __/__/__ PRESCRIBER (PRINT & SIGN): ____

	DATE	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
	MONTH	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Other time 10:00 | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

A

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

DRUG DALTEPARIN

DOSE 16000units | ROUTE SC | DATE 27/11

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: | INITIALS:

B

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

DRUG MEROPENEM

DOSE 1000mg | ROUTE IV | DATE 01/12

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: 21/12 | INITIALS:

C

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG NOVOMIX 30

DOSE APC | ROUTE SC | DATE 01/12

PRESCRIBED (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: U/K | INITIALS:

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE / MONTH: 6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16/12 17/12 18/12 19/12 20/12 21/12 22/12 23/12

Other time: 06100 | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

D DRUG LEVEMIR

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE APC | ROUTE SC | DATE 04/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG FLUCONAZOLE

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DOSE 400mg | ROUTE IV | DATE 06/12 | STOPPED DATE: 17/12 | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: As per micro (MacGoori)

F DRUG VANCOMYCIN

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DOSE APC | ROUTE IV | DATE 06/12 | STOPPED DATE: 17/12 | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: As per micro (MacGoori)

G DRUG NOVOMIX 30

BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

DOSE APC. | ROUTE SCL. | DATE 15/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Floorpen

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE / MONTH

H — DRUG: METHADONE + SYRUP
- DOSE: 70mg
- ROUTE: PO
- DATE: 25/11
- STOPPED DATE:
- INITIALS:
- PRESCRIBER (PRINT & SIGN):
- BEFORE ADMISSION: ☑
- NEW DOSE: ☐
- NEW MEDICATION: ☐
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: *SUCRL FREE AE

J — DRUG: LANSOPRAZOLE
- DOSE: 30mg
- ROUTE: PO
- DATE: 29/11
- STOPPED DATE:
- INITIALS:
- PRESCRIBER (PRINT & SIGN): STED Leo
- BEFORE ADMISSION: ☐
- NEW DOSE: ☐
- NEW MEDICATION: ☑
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

K — DRUG: DIAZEPAM
- DOSE: 5mg
- ROUTE: PO
- DATE: 30/11
- STOPPED DATE:
- INITIALS:
- PRESCRIBER (PRINT & SIGN):
- BEFORE ADMISSION: ☐
- NEW DOSE: ☐
- NEW MEDICATION: ☑
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

L — DRUG: ENSURE
- DOSE: 1 bottle
- ROUTE: PO
- DATE: 03/12
- STOPPED DATE: 3/12/12
- INITIALS: RK
- PRESCRIBER (PRINT & SIGN):
- BEFORE ADMISSION: ☐
- NEW DOSE: ☐
- NEW MEDICATION: ☑
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE 06 07 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
MONTH 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

M DRUG SALINE 0.9%

DOSE 6ml | ROUTE NEB | DATE 6/12 | STOPPED DATE: 27/12 | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

N DRUG SALBUTAMOL

DOSE 2.5mg | ROUTE NEB | DATE 6/12 | STOPPED DATE: 27/12 | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

R DRUG PARACETAMOL

DOSE 1gram | ROUTE PO | DATE 06/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

R DRUG LOPERAMIDE

DOSE 2mg | ROUTE O | DATE 07/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

S — DRUG: Ensure compact
- DOSE: 1 x Bottle
- ROUTE: oral
- DATE: 7/12/20
- STOPPED DATE: 18/12/20
- PRESCRIBER (PRINT & SIGN): R Knowles
- INITIALS: RK
- BEFORE ADMISSION: ☐
- NEW DOSE: ☐
- NEW MEDICATION: ☑
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Dietitian. Do not add to IDL

T — DRUG: APIXABAN
- DOSE: 10mg
- ROUTE: PO
- DATE: 18/12
- STOPPED DATE:
- INITIALS:
- PRESCRIBER (PRINT & SIGN):
- BEFORE ADMISSION: ☐
- NEW DOSE: ☐
- NEW MEDICATION: ☑
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: FOR 7 DAYS. Started on 19/12.

V — DRUG: then 5mg BD Ensure compact
- DOSE: 1 x Bottle
- ROUTE: oral
- DATE: 18/12/20
- STOPPED DATE:
- INITIALS:
- PRESCRIBER (PRINT & SIGN): R Knowles
- BEFORE ADMISSION: ☐
- NEW DOSE: ☑
- NEW MEDICATION: ☐
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Dietitian. DO NOT ADD TO IDL

W — DRUG: CLINDAMYCIN
- DOSE: 600 mg
- ROUTE: PO
- DATE: 21/12
- STOPPED DATE:
- INITIALS:
- PRESCRIBER (PRINT & SIGN): Simon RMO
- BEFORE ADMISSION: ☐
- NEW DOSE: ☐
- NEW MEDICATION: ☑
- ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: AS PER ID (P) POL 2/52.

DATE / MONTH: 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 — 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE → 23
MONTH → 12

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

X DRUG: AMOX ACILLIN

DOSE: 500mg | ROUTE: PO | DATE: 23/12/23 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [signature] | PM

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: To start when finished clinda.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

0700-0900: 12ⁿ

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

LL — DRUG: ORAMORPH
DOSE: 5mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: 2 | DATE: 01/12
NEW MEDICATION ☑ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

MM — DRUG: ONDANSETRON
DOSE: 4mg | ROUTE: PO/IM/IV | INDICATION: NAUSEA
PRESCRIBER (PRINT & SIGN): STEP [signature] | MAX.FREQ.: TDS | DATE: 7/12/20
NEW MEDICATION ☑ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

NN — DRUG: CODEINE -
DOSE: 15 mg-30mg | ROUTE: PO | INDICATION: pain -
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: QID | DATE: 23/12/20
NEW MEDICATION ☑ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

PP — DRUG:
DOSE: | ROUTE: | INDICATION:
PRESCRIBER (PRINT & SIGN): | MAX.FREQ.: | DATE:
NEW MEDICATION ☐ | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	BEFORE ADMISSION	NEW DOSE	STOPPED DATE	STOPPED INITIALS	Patient's Own Medicine: For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
LL	☐	☐							
MM	☐	☐							
NN	☐	☐							
PP	☐	☐							

	DATE	TIME	DOSE	GIVEN BY
LL	11/12/12 … 12/12 … 13/12 … 3/12 … 21/12 … 22/12 … 23/12 … 24/12 … 25/12 … 26/12 … 27/12 … 28/12 … 29/12 … 30/12 … 31/12 … 1/12 … 2/12 … 3/12 … 4/12 … 5/12 … 6/12 … 7/12 … 8/12 … 9/12 … 10/12 … 11/12 … 12/12 … 13/12	17:55 … 06:35 … 16:00 … 22:20 … 05:50 … 18:20 … 22:00 … 12:00 … 20:00 … 17:45 … 05:30 … 16:00 … 00:00 … 16:30 … 05:30 … 18:00 … 05:30 … 16:45 … 05:30 … 14:45 … 02:00 … 14:45 … 02:00	5mg … 5mg	PT … Lou … BD … Lou … PT … PT … SD … SD … NW … NW … NW

Name: 2208793218
Address: BURGESS HENRY
22/08/1979 M
DoB: DATE ---/---/---
CHI nur TIME: ---/---
Dr.

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
Abdomen	Yes ☐ No ☐ N/A ☑	Aqueous iodine based solution ☑ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution:_____% ☐ Other – Specify:_____% ☐ Batch no:_____ Expiry date:_____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution:_____% ☐ Other – Specify:_____% ☐ Batch no:_____ Expiry date:_____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution:_____% ☐ Other – Specify:_____% ☐ Batch no:_____ Expiry date:_____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution:___% ☐ Chlorhexidine acetate solution:_____% ☐ Other – Specify:_____% ☐ Batch no:_____ Expiry date:_____

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☑

Site	Drug	Quantity

Drains

This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1	Right Side Lower Abdomen	Primed	30	N°1 Sofsilk	365 Non-woven Dressing
2	left Side. lower Abdomen	Primed	30	N°1 Sofsilk	365 non-woven Dressing
3					
4					

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
96A ALICE ST,Paisley,PA2 6EA

Dr.

Practice: 87625

Traceability Stickers

Name: ...
Address: 2208793218
BURGESS
HENRY
22/08/1979 M
DoB: ...
CHI num ...

Traceability Stickers

Major Pack
2022-10-28 Mölnlycke Health Care
REF 97077021-00 LOT 20349168 0008
7 332958 593048

17 11 20 02
37565
GGC GENERAL LARGE TRAY
AACT0582/008
2020/11/17 STERILE
McKENDRY, CATHERINE
AACU03666307

12 10 20 04
38032
OMNITRACT RETRACT
TRAY 2
AACT0880/001
2020/10/12 STERILE
McGILL, PATRICIA
AACU03655890

12 10 20 02
37384
OMNITRACT RETRACT
TRAY 1
AACT0879/001
2020/10/12 STERILE
McGILL, PATRICIA
AACU03655849

Floseal Hemostatic Matrix, 5 mL
LOT Y2V003AB
REF 1503353
Baxter Healthcare SA
Label Code 0724352

Nam 2208793218
Addn BURGESS
HENRY
22/08/1979 M
DoB: DATE ---/---/---
CHI TIME ---:---
Dr.

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐

Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site	Wound Closure	Dressings	Packing
1	Abdominal Wound	staples.	Aquacel + Duoderm.	
2				
3				
4				

Operation / Procedure Performed

REMOVAL OF 1 ABDOMINAL PACK + 2 Robinson DRAINS
RE-LOOK LAPAROTOMY - Splenectomy.

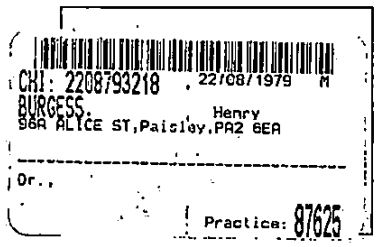
Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradeable Suspected deep tissue

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign
Sacrum red not blanching noted on left. Blood tilt.		
Left elbow red.	15'15	



Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic type	Drains	RSI
Theatre	CVP/Arterial Line	Wounds/Dressings	Awake Fibre Optic Intubation
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies		Skin inspection results	
	IV Fluids	Intra-operative events	
	PVC	Surgical Instructions	
	PVC Documentation		
	Airway type		

Recovery

This section NOT applicable ■

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (include area of body)	Actions taken

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
96A ALICE ST,Paisley,PA2 6EA

Dr

Practice: 87625

Affix patient data label

Post-operative Observations

Time																		
210																		
200																		
190																		
180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
100																		
90																		
80																		
70																		
60																		
50																		
40																		
30																		
Airway type																		
O_2 Therapy																		
SpO_2																		
Resp. Rate																		
CVP																		
Temp.																		
Pain Score																		
P.O.N.V.																		
Sedation Score																		
BM Score																		
PV staining																		
Hourly Urine Vol.																		
Total Urine Vol.																		
Wound Score																		
Circulation +ve/-ve																		
Sensation +ve/-ve																		
Movement +ve/-ve																		
Pedal Pulse – R / L																		
Drain 1																		
Staff Initials																		

Name: 2208793218
Address: BURGESS
HENRY
22/08/1979 M
DoB: DATE ---/---/---
CHI nu TIME: ---:---
Dr.

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type

1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy

Post Operative Nausea and Vomiting Assessment

0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*

Sedation Score

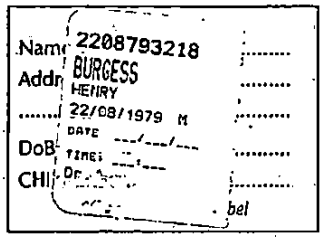
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable

Wound Score

0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			



Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

CHI: 2208793218 22/08/1979 M
BURGESS Henry
56A ALICE ST,Paisley,PA2 6ER

Dr.

: Practice: 87625

Discharge

NEWS Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

Burgess Henry CHI: 2208793218

Operation note:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel:
Enquiries to:
Letter Date: 25/11/2020
Reference: PMG
Dictated Date: 25/11/2020
Transcribed Date: 25/11/2020

Royal Alexandra Hospital
Department: General Surgery

Re-look laparotomy and splenectomy

P MacGoey J Ng and A Asadi

GA: Dr A Makin

Damage control laparotomy last night- laparostomy in situ ventilated with MOF in ICU. Coagulation indices satisfactory.

Planned return for splenectomy (source control for infected infarcted spleen and to permit anticoagulation in due course (LA thrombus and multi-visceral presumed arterial embolic events).

Laparostomy dressing taken down (ONE (SOLO) PACK FROM LAST NIGHT'S COUNT RETRIEVED AND DISCARDED)

Omnitract retractor deployed. Lateral continuation of gastro-colic ligament division towards spleen with combination of Ligasure and suture ligation dividing short gastrics.

Splenic attachments divided with ligasure allowing medialisation of spleen. Macerated spleen removed piecemeal without any significant bleeding (arterial supply presumably negligible). Roberts applied to pedicle and transfixed 2.0 prolene. Packed whilst bowel re-inspected- no infarcts seen. Infracolic washout performed. Pack removed haemsstasis with sutures adjacent pedicle, diathermy to retroperitoneum and floseal. Dry at end.

Drains: left via paracolic gutter to splenic bed. Right via paracolic gutter to subphrenic space.

Mass closure loop Nylon. Clips to skin. (Note no evident increase airway pressures on closing)

Spleen sent for micro and pathology.

Post-op:

ICU ventilated

Repeat coag including fibrinogen please on return to ICU

We will consider anticoagulation with iv heparin later today.

Chase micro from peritoneal fluid last night / spleen today.

Leave NG on free drainage please- do not feed yet.

Operation note:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department:
Contact Tel:
Enquiries to:
Letter Date: 24/11/2020
Reference: PMG
Dictated Date: 24/11/2020
Transcribed Date: 24/11/2020.
Royal Alexandra Hospital
Department:

Emergency exploratory Laparotomy and washout

lacGoey and J Ng (Mr Musyoka consulted intra-operatively)

GA: Dr Roy Williamson

Indication:

Sepsis, multi-organ dysfunction, peritonitis and CT evidence of free intra-peritoneal gas.

Incision:.

Long midline

dings:

> 2 l pus in peritoneal cavity- apparently sub-acute with organised interloop abscesses and loculated pus in pelvis, paracolic gutters, sub-hepatic and subphrenic spaces. Bubbles of gas adjacent to infarcted spleen.

Cirrhotic liver and adhesions from omentum to gallbladder.

No evidence of GI tract perforation:

Procedure:

Extensive finger dissection to free up all omentum and bowel and inspect infracolic compartment from DJ to TI, colon and rectum.

Anterior stomach inspected, lesser sac opened, lesser omentum opened to visualise lesser curve and duodenum Kocherised to exclude duodenal perforation.

LUQ accessed by carefully placing hand over spleen and retracting- pus and small volume of gas liberated. LUQ washed out.

Intra-operative decision re: proceeding with splenectomy:

Adverse physiology: Acidaemic, clinically coagulopathic and shocked (16ml/ hr double-strength NorAdrenaline). Also moderate severe respiratory failure. Damage-control aims deemed appropriate accepting potentially sub-optimal source control (but adequate drainage)

No major bleeding intra-operatively but risk of major haemorrhage in view of portal hypertension and diseased spleen if proceed with splenectomy. On balance decision to not resect- temporary closure. And anticipate re-look / splenectomy in next 24 hours dictated by physiology.

Ioban temporary closure (ONE LARGE PACK WRAPPED IN IOBAN FROM OPERATIVE COUNT) with 2 x Robinsons's drains

Plan:

Continue triple therapy and clindamycin pending micro advice

Cannot be anticoagulated currently (despite LA thrombus as likely aetiology of visceral infarcts)

Indication for return to theatre tonight = uncontrolled bleeding (cf: 'septic' deterioration)

Leave drains on free drainage (if KCI Vac pump available please start Vac therapy but not for unregulated wall suction)

NG on free drainage- don't feed

Acute Services Division

NHS Greater Glasgow and Clyde

2208793218
BURGESS
Henry M
96A ALICE STREET 22/08/1979
Paisley, Renfrewshire
PA2 6EA

Perioperative Care Plan

Hospital: RAH	Consultant: Gray
Ward: 20	Date: 6/12/26

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐
	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

WARD Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.

Please provide e.g. theatre buddy, 'Getting to know me' document if available.

Central line insertion

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal Blood Cross Matched confirmed by labs Blood Grouped and Saved confirmed by labs Antibodies +ve ☐ -ve ☐	Yes ☐ No ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐	Comments if required:
Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	
Pregnancy test carried out with the patient's consent Pregnancy test result	Yes ☐ Refused ☐ Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☑ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☑		
Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☑ N/A ☐ Site 1: Time: Site 2: Time:	

2208793218 M
BURGESS 22/08/1979
Henry
96A ALICE STREET
Paisley, Renfrewshire PA2 6EA

place patient data label

SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ECG	Yes ☐ No ☐ N/A ☑	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
MAR document	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
NEWS chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Falls risk assessment	Yes ☐ No ☑ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
Prescription Chart	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
PUDRA	Yes ☑ N/A ☐	Yes ☑ N/A ☐	Yes ☑ N/A ☐
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
PVC Care Plan in place	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☑ N/A ☑	Yes ☐ No ☑ N/A ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure matches theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐
Signed by Surgeon and Patient	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Dated	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies) If 'Yes' specify:	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☑
Fasted from – specify time (24 hr clock) N/A ☑	Food:	Food: FPP	Food: ✓
	Fluid:	Fluid: FPP	Fluid:
Blood Glucose Score – if relevant	Time: 1200 Score: 18.9 N/A ☐	Time: 14:15 Score: 16.1 N/A ☐	Time: Score: N/A ☐
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☑
EXTERNAL PROSTHESIS N/A ☑ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑

2208793218
BURGESS M
Henry 22/08/1979

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ 7 If 'Yes' state where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
Loose teeth, caps and crowns and veneers State site and type unknown(?)	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☑
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐ N/A	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☑ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☐ No ☐ N/A	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☑ If 'yes' state where stored If unable to remove,please tape and state location	Yes ☐ No ☐	Yes ☐ No ☐ none worn	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☑ Not Known ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on __/__/__ Comments if required:	
Inhalers/ sprays with patient N/A ☑	Yes ☐ No ☐	Type:	
Anti-embolic Prophylaxis – N/A ☐	Yes ☑ No ☐	Type: Dalteparin	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason: none -	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required:	
Pre-Medication given N/A ☐	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☑ Trolley ☐ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☑ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: GMoore Sign: GMoore Time: 1355.	Print: Evelyn Sign: Evelyn Time: 14.10	Print: P. MILLER Sign: P. Miller Time:: 1430.

2208793218
N BURGESS M
A Henry 22/08/1979
D
C

Surgical Brief & Surgical Pause

Surgical Brief carried out:	Yes ☐ No ☑	If 'No' specify reason: Emergency case
Surgical Pause carried out:	Yes ☐ No ☑	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: 80	BP: 113/76	Temp: 35.6°C	SpO_2: 98	Resps:
Anaesthetic practitioner has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☑	Or patient has been Grouped and Saved: Yes ☐ No ☑		

Stop Before You Block — This section NOT applicable ☑

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time:
Local Anaesthetic ☑	Site: L) groin Drug: Lidocaine 1%		8 mls
Sedation ☐	Drug:		mls

PVC site _____ Skin Prep specify: N/A. Batch no. _____
time inserted _____ Expiry date _____

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☑ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☑ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	

Blood Glucose Monitoring — This section NOT applicable ☑

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☐	Specify:

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Affix patient data label

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state where stored			
Loose teeth, caps and crowns and veneers	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
State site and type			
Hearing aid(s) N/A ☑	R ☐ L ☐	R ☐ L ☐	R ☐ L ☐
	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐	Insitu ☑ Removed ☐
If removed state where stored			
Spectacles/Contact lenses removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes' state where stored			
Make-up/ Nail polish removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If 'yes' state where stored If unable to remove, please tape and state location			
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☑ Not Known ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☑	Yes ☐ No ☐	Type:	
Anti-embolic Prophylaxis – N/A ☑	Yes ☐ No ☐	Type:	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required: CATHETER. ✓	
Pre-Medication given N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☐ Trolley ☑ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: D. Campbell Sign: Time: 19.25.	Print: Sign: Time:	Print: P. Smyth Sign: Time: 19.50

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Surgical Brief & Surgical Pause

Surgical Brief carried out:	Yes ☐ No ☐	If 'No' specify reason:
Surgical Pause carried out:	Yes ☐ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: 119.	BP: 107/48	Temp: 36.2	SpO_2: 94%	Resps:
Anaesthetic practitioner has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been Grouped and Saved: Yes ☐ No ☐		

Stop Before You Block — This section NOT applicable ☐

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☑	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☐	Drug:		mls

PVC site _____ Skin Prep specify: Batch no. _____
time inserted _____ Expiry date _____

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑	Specify: Clear Guard.

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify: upper body.	Yes ☑ No ☐ N/A ☐
		Warm Fluids	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other – specify:	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist	Yes ☐ No ☐		

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Anaesthetic Comments

Flowtron @ 40mmHg.

Access - venflons & Art Line inserted in A&E.

Noradrenaline single strength c/o A&E.

Pump No. 023850

CHI: 2208793218 22/08/1979 M
BURGESS Henry
86A ALICE ST,Paisley,PA2 6EA
Dr
Practice: 87625

Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☑	Hover Mattress ☐	Sliding sheet ☑	Roll board ☐	Other:

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradable Suspected Deep tissue

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position

Position 1

Time:

Supine	☑	Prone	☐	Head ring	☐	Lateral supports	☐
Left Lateral	☐	Right lateral	☐	Pillows	☐	Hydraulic leg supports	☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb traction	☐
Tren-delenburg	☐	Reverse Tren-delenburg	☐	Wedge	☐	Side supports	☐
Lower limb traction	☐	Deckchair	☐	Sandbag	☐	Bolster	☐
Other	☐	Lithotomy	☐	Oxford pillow	☐	Other	☐
				Bean bag	☐		
				Head Pad	☐		

Pressure redistribution: Gel pads ☐; Heel gel pads ☐; Full gel mattress ☐; Gel wedge ☐; Pillows ☐

R Arm Position		L Arm Position	
At side	☐	At side	☐
On boards	☑	On boards	☑
Across chest	☐	Across chest	☐
Hand table	☐	Hand table	☐
Hand traction	☐	Hand traction	☐
Secured with:		**Secured with:**	
J-board	☐	J-board	☐
Straps	☑	Straps	☑
Pressure care:		**Pressure care:**	
Gel/ Foam pads	☑	Gel/ Foam pads	☑

Position 2

Time:

Supine	☐	Prone	☐	Head ring	☐	Lateral supports	☐
Left Lateral	☐	Right lateral	☐	Pillows	☐	Hydraulic leg supports	☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb traction	☐
Tren-delenburg	☐	Reverse Tren-delenburg	☐	Wedge	☐	Side supports	☐
Lower limb traction	☐	Deckchair	☐	Sandbag	☐	Bolster	☐
Other	☐	Lithotomy	☐	Oxford pillow	☐	Other	☐
				Bean bag	☐		
				Head Pad	☐		

Pressure redistribution: Gel pads ☐; Heel gel pads ☐; Full gel mattress ☐; Gel wedge ☐; Pillows ☐

R Arm Position		L Arm Position	
At side	☐	At side	☐
On boards	☐	On boards	☐
Across chest	☐	Across chest	☐
Hand table	☐	Hand table	☐
Hand traction	☐	Hand traction	☐
Secured with:		**Secured with:**	
J-board	☐	J-board	☐
Straps	☐	Straps	☐
Pressure care:		**Pressure care:**	
Gel/ Foam pads	☐	Gel/ Foam pads	☐

Position 3

Time:

Supine	☐	Prone	☐	Head ring	☐	Lateral supports	☐
Left Lateral	☐	Right lateral	☐	Pillows	☐	Hydraulic leg supports	☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb traction	☐
Tren-delenburg	☐	Reverse Tren-delenburg	☐	Wedge	☐	Side supports	☐
Lower limb traction	☐	Deckchair	☐	Sandbag	☐	Bolster	☐
Other	☐	Lithotomy	☐	Oxford pillow	☐	Other	☐
				Bean bag	☐		
				Head Pad	☐		

Pressure redistribution: Gel pads ☐; Heel gel pads ☐; Full gel mattress ☐; Gel wedge ☐; Pillows ☐

R Arm Position		L Arm Position	
At side	☐	At side	☐
On boards	☐	On boards	☐
Across chest	☐	Across chest	☐
Hand table	☐	Hand table	☐
Hand traction	☐	Hand traction	☐
Secured with:		**Secured with:**	
J-board	☐	J-board	☐
Straps	☐	Straps	☐
Pressure care:		**Pressure care:**	
Gel/ Foam pads	☐	Gel/ Foam pads	☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation U- unable to access
R - Reposition

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
20 22								E) index finger			
2100								R EAR LSDE			

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☒
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
98A ALICE ST,Paisley,PA2 6EA

Dr..

Practice: 87625

Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☑ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode: Right Thigh		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☑	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☑	If 'No' state reason and action:
Post-op skin check(s) is satisfactory	Yes ☑ No ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquet — This section NOT applicable ☑

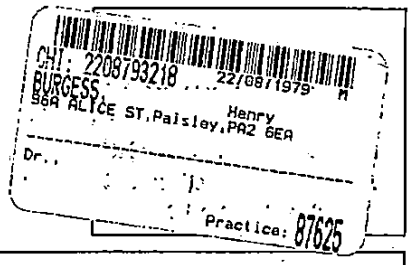
Site and side applied	Time applied	Time removed

DVT Prophylaxis — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: 40 mmHg	Yes ☑ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☑
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☑ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — Batch no./Expiry Date — This section NOT applicable ☐

0.9% Nacl 03/2023



Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
Abdomen	Yes ☐ No ☑ N/A ☐	Aqueous iodine based solution ☑ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☒

Site	Drug	Quantity

Drains

This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1	Abdomen (right side)	Robinson	30ch	1-0 Ssilk	Doban
2	Abdomen (left side)	Robinson	30ch	1-0 Ssilk	Doban
3					
4					

CHI: 2208793218 22/08/1979 M
BURGESS,
96A ALICE ST,Pais Henry
ley,PA2 6ER

Dr.

Practice: 87625

Traceability Stickers

NHS GG and C
Sterile Services
PA16 7AF

2020/11/16

2022/11/16

This product is Manufactured in accordance with Article 12 (93/42/EEC)

2020/11/16 7:35:06 AACP045
AACU03665736

GGC GENERAL LARGE TRAY

AACU03665736

7 332958 593048

Major Pack
2022-10-28 Mölnlycke Health Care
REF 97077021-00 LOT 20349168 0004

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

CHI: 2208793218 22/08/1979 M
BURGESS, Henry
98A ALICE ST,Paisley,PA2 6ER
Dr.
Practice: 87625

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☒ N/A ☐

Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site	Wound Closure	Dressings	Packing
1	Abdomen		1X Abdominal pack (inside abdominal wound	
2			(wound left open) but covered with Ioban.	
3				
4				

Operation / Procedure Performed

Laparotomy; peritoneal lavage,

(Abdomen left opened with ONE PACK INSIDE, covered with Ioban (For relook on 25/11/2020)

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradeable Suspected deep tissue

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign
1X Abdominal pack inside Abdominal wound Abdomen left opened and covered the wound with Ioban. For relook and to proceed with further interventions on 25/11/2020. Transferred patient to ITU.	Adl @ 25/11/2020	@ 25/11.

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic type	Drains	RSI
Theatre	CVP/Arterial Line	Wounds/Dressings	Awake Fibre Optic Intubation
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies		Skin inspection results	
	IV Fluids	Intra-operative events	
	PVC	Surgical Instructions	
	PVC Documentation		
	Airway type		

Recovery

This section NOT applicable ■

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (include area of body)	Actions taken

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Post-operative Observations

Time																		
210																		
200																		
190																		
180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
100																		
90																		
80																		
70																		
60																		
50																		
40																		
30																		
Airway type																		
O_2 Therapy																		
SpO_2																		
Resp. Rate																		
CVP																		
Temp.																		
Pain Score																		
P.O.N.V.																		
Sedation Score																		
BM Score																		
PV staining																		
Hourly Urine Vol.																		
Total Urine Vol.																		
Wound Score																		
Circulation +ve/-ve																		
Sensation +ve/-ve																		
Movement +ve/-ve																		
Pedal Pulse – R / L																		
Drain 1																		
Staff initials																		

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type

1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy

Post Operative Nausea and Vomiting Assessment

0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*

Sedation Score

0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable

Wound Score

0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Discharge

NEWS Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	**Anaesthetic**	**Theatre**	**Recovery**	**Other**
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

NHS Intraoperative Accountable Items Count Record

Date 24/11/20

A	2208793218
N	BURGESS Henry
	M
	22/08/1979
	96A ALICE STREET
D	Paisley, Renfrewshire
	PA2 6EA
WARD	RESUS
HOSPITAL	RAH
THEATRE	7

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
PRE - OP SWAB COUNT	A GAFFNEY	S TUNAMI
PRE - OP INSTRUMENT COUNT	A GAFFNEY	S TUNAMI
FINAL COUNT	G Rae	N. SEBASTIAN
FINAL INSTRUMENT COUNT	G Rae	N. SEBASTIAN
FINAL DISPATCH COUNT	G Rae	N. SEBASTIAN

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct
SCRUB PRACTITIONER 1- SIGNATURE: A Gaffney

SCRUB PRACTITIONER 2 - SIGNATURE :
To be signed by replacement scrub practitioner if applicable G Rae N/A ☐

OPERATION : Laparotomy, peritoneal lavage (Abdominal wound left open with 1x Abdominal packing) For reloak and further interventions on 25/11/2020.

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name A Gaffney	Incoming Scrub (2) Print Name G RAE	Circulating Practitioner (1) @ 21:36 S. TUNAMI Signature/Print Name and Time
			Circulating Practitioner (2) @ 21:36 N. Sebastian Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)	✓	Pledgelets	✓	Caesarean Roll	✓	
Swabs (10x10)	20	Tapes	✓	Alexis	1	
Abdominal packs	20	Sloops/Slings	✓	Ramsley	1	
Sutures	5	Bulldogs	✓	Light Handles	1	1x Abdo packs inside Abdominal wound
Blades	1	Shods	✓			
IV needles	-	Ports	✓			
Syringes	1	Tibbs Cannula	✓			
Discard-a-pad	1	Staple Gun Inserts	✓			
Diathermy pencil	1	Spears	✓			
Diathermy tips	1	Retrieval Bag (Bert)	✓			
Scratch pad	1	Digital Tourniquets	✓	Throat Pack IN		
Reels	1	Pen & Ruler	✓	Throat pack OUT		
Patties	✓	Bi-Polar	✓	Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☒

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect :.....

Ensure Datix is Completed ☐
Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Acute Services Division
Surgery and Anaesthetics

NHS
Greater Glasgow and Clyde

Name: 2208793218
Addre: BURGESS
Henry M
98A ALICE STREET 22/08/1979
DoB:. Paisley, Renfrewshire
CHI n PA2 6EA

Perioperative Care Plan

Hospital: RAH	Consultant:
Ward: 1W 2	Date: 25/11/20

Theatre Staff - The following information can be found within the Nursing Admission Document (NAD)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see NAD	Yes ☐ No ☐	Yes ☐ No ☐
• Waterlow Score	Yes ☐ No ☐	Yes ☐ No ☐

Waterlow Score – Key: 10+ = At Risk 15+ = High Risk 20+ = Very High Risk

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.
Please provide 'Getting to know me' document if available.

Topical Local Anaesthetic applied	Yes ☐ No ☐ N/A ☐
Specify site and time applied	Site 1:
	Time:
	Site 2:
	Time:

Nam 2208793218
Addr BURGESS M
Henry 22/08/1979
96A ALICE STREET
DoB: Paisley, Renfrewshire
PA2 6EA
CHI

Ward Checklist – To be completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check	Anaesthetic Assistant
Identity band correct (Name, DoB, CHI number, Ward)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Case Notes / Scanner Folder (circle) – IW Careview online	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ECG	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
NAD document	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
NEWS chart	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Cannard pack	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
MUST Tool	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Waterlow chart	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Pressure Ulcer chart	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Wound Assessment chart	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Active Care Checklist	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
PVC Care Plan in place	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Consent / Incapacity (circle) Signed and dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Checked against Theatre List	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Check with Patient / Incapacity / Consent (circle)	AWI		
Procedure and site for surgery	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Allergies/ Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes' specify:			
Fasted from – specify time (24 hr clock) N/A ☐	Food: 12 hours	Food:	Food:
	Fluid: 12 hours	Fluid:	Fluid:
Blood Glucose Score – if relevant 0900 - 11.3mmol/L	Time: 0830 Score: 10.3 N/A ☐	Time: Score: N/A ☐	Time: Score: N/A ☐
Internal prosthesis in situ e.g. metalwork, pacemaker, implant etc	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes' state location and type			
External prosthesis removed e.g. hairpiece, false eye etc.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state type where stored			
Loose teeth, caps and crowns State site and type	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Dentures removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored			
Hearing aid(s)	R ☐ L ☐ N/A ☑	R ☐ L ☐ N/A ☐	R ☐ L ☐ N/A ☐
Hearing aid(s) removed If removed state where stored	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐	Insitu ☐ Removed ☐

Nam 2208793218 .....
Addr BURGESS M .....
Henry 22/08/1979 .....
..... 96A ALICE STREET .....
DoB: Paisley, Renfrewshire .....
PA2 6EA
CHI : .....

Ward Checklist continued			
Pre-operative checks	**Ward Check**	**Reception Check**	**Anaesthetic Assistant**
Spectacles/Contact lenses removed (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored			
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☑ Trolley ☐ Operating chair ☐ Yes ☑ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
Make-up/ Nail polish removed (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
False nails in situ – Anaesthetist informed	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored			
Jewellery/Body piercing taped (circle)	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state location of items on body			
Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:	
Blood Cross Matched confirmed by labs	Yes ☑ No ☐ N/A ☐		
Blood Grouped and Saved confirmed by labs	Yes ☑ No ☐ N/A ☐		
CJD single question asked	Yes ☑ No ☐	[redacted]	
Answer to CJD single question	At increased risk ☐		
If answered 'Yes' or if any other questions please contact your Infection Control Team	Not at increased risk ☑		
If CJD question has not been asked, then ask the question "Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified ☐ No, I have not been notified ☐	Comments if required:	
Inhalers/ sprays with patient	Yes ☐ No ☐ N/A ☑	Type:	
State type			
Anti-embolic Prophylaxis – state type	Yes ☑ No ☐ N/A ☐	Type: TEDS	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required:	
Date of Last Menstrual Period (LMP)		N/A ☑	
Is there any chance you are pregnant?	Yes ☐ No ☐ N/A ☑	[redacted]	
Pregnancy test carried out	Yes ☐ No ☐ N/A ☑		
Pregnancy test result	Postive ☐ Negative ☐		
Tampon removed	Yes ☐ N/A ☑		
MRSA swab test results	Postive ☐ Negative ☐ Results pending ☑ N/A ☐	Comments if required	
Pre-Medication given	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Ward: ONelson Time: 0840	Reception: Time:	Anaesthetic Assistant: Time:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Surgical Brief

Surgical Brief carried out:	Yes ☐ No ☐	If 'No' please specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:

Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been Grouped and Saved: Yes ☐ No ☐

Stop Before You Block — This section NOT applicable ☐

Stop Before You Block carried out:	Yes ☐ No ☐	

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐	Spinal ☐	Regional Blocks ☐	Throat spray ☐
Local Anaesthetic ☐	Site:	Drug:		mls
Sedation ☐	Drug:			mls

PVC Care Plan in place Yes ☐ No ☐ Skin Prep specify:

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:		
OTHER	Yes ☐ N/A ☐	Specify prep:		

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM Score								

Safe use of SpO_2 probe to prevent injury — This section NOT applicable ☐

SpO_2 Probe rotated hourly	Yes ☐ No ☐ N/A ☐	Initial position:						
Time rotated								
Probe position								
Time rotated								
Probe position								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☐	Specify:

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☐ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other – specify:	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist	Yes ☐ No ☐		

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Comments

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Sliding sheet ☐	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care

Pre-operative skin inspection scores (please circle)	Excoriation Level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure Relieving	Arm Position	
Position 1 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐				Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐				**Secured with:**	**Secured with:**
				J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 2 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐				Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐				**Secured with:**	**Secured with:**
				J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 3 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Lower limb traction ☐ Deckchair ☐				Hand traction ☐	Hand traction ☐
Other ☐ Lithotomy ☐				**Secured with:**	**Secured with:**
				J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:
Post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquet — This section NOT applicable ☐

Site and side applied	Time applied	Time removed

DVT Prophylaxis — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Theatre continues on next page

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify:	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution ☐	Chlorhexidine gluconate solution: ___ % ☐
	No ☐	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: _____ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: _____ % ☐

Site – specify:	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution ☐	Chlorhexidine gluconate solution: ___ % ☐
	No ☐	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: _____ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: _____ % ☐

Site – specify:	Clipped	Preparation solution used	
	Yes ☐	Aqueous iodine based solution ☐	Chlorhexidine gluconate solution: ___ % ☐
	No ☐	Alcohol iodine based solution ☐	Chlorhexidine acetate solution: _____ % ☐
	N/A ☐	Aqueous iodine and sodium chloride 50/50 ☐	Other – Specify: _____ % ☐

Prevention of Compartment Syndrome

This section NOT applicable ☐

Legs in Lloyd Davis or Lithotomy position:

Yes ☐ No ☐

Patient must be rested for 5 minutes every 3 hours. If this does not happen, the reason must be documented in the comments / notes section.

Time legs positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

Site	Drug	Quantity

Drains

This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					
5					

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☐ N/A ☐

Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound Closure	Dressings	Packing
1				
2				
3				
4				
5				
6				
7				
8				

Urinary Catheter

Inserted Pre-op ☐

This section NOT applicable ☐

	Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with sterile water	Prepping Solution
1			mls	mls	
2			mls	mls	
3			mls	mls	

Blood Tags

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Traceability Stickers

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Traceability Stickers

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Operation / Procedure Performed

Pressure Area Care

Post-operative skin inspection scores (please circle)	Excoriation Level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient	**Anaesthetic**	**Theatre**	**Other**
Patient's name	Anaesthetic type	Drains	
Theatre	CVP/Arterial Line	Wounds/Dressings	
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies	Peripheral IV	Skin inspection results	
	PVC Care Plan in place	Intra-operative events	
	Airway type	Surgical Instructions	

Recovery — This section NOT applicable ☐

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care

See post operative skin inspection score from theatre on previous page

Skin inspection as required by patient but no longer than 2 hours

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (include area of body)	Actions taken

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Post-operative Observations

Time																	
210																	
200																	
190																	
180																	
170																	
160																	
150																	
140																	
130																	
120																	
110																	
100																	
90																	
80																	
70																	
60																	
50																	
40																	
30																	
Airway type																	
O_2 Therapy																	
SpO_2																	
Resp. Rate																	
CVP																	
Temp.																	
Pain Score																	
P.O.N.V.																	
Sedation Score																	
BM Score																	
HemoCue Score																	
Hourly Urine Vol. / Total Urine Vol.																	
Wound Score																	
Wound Score																	
Wound Score																	
PV Staining																	
Circulation +ve/-ve																	
Sensation +ve/-ve																	
Movement +ve/-ve																	
Pedal Pulse – Left																	
Pedal Pulse – Right																	
Drain 1																	
Drain 2																	
Drain 3																	
Drain 4																	
Staff initials																	

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol. / Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy

Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*

Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable

Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Events

Event	Action	Outcome

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Events

Event	Action	Outcome

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Discharge

NEWS Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic infiltration	Urinary catheter	NEWS Score	
Allergies		Intra-operative events		
	Peripheral IV			
	PVC Care Plan in place			

Blood Tags

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Acute Services Division

NHS Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Perioperative Care Plan

Hospital: RAH	Consultant: Mr M'Gory
Ward: THT	Date: 25-11-2020

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐
	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

WARD Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.

Please provide e.g. theatre buddy, 'Getting to know me' document if available.

Pr. transfered from ITU (2) ventilated RW.

Kate Heath

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☐ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☐	X-matched. ✓ (KH)
Blood Grouped and Saved confirmed by labs	Yes ☐ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		
Date of Last Menstrual Period (LMP) N/A ☐	Date __/__/__	n/a
Is there any chance you are pregnant? N/A ☐	Yes ☐ No ☐	n/a
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	n/a
Pregnancy test result	Postive ☐ Negative ☐	
Tampon removed N/A ☐	Yes ☐	n/a
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☐		
Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

CHI: 2208793218 22/08/1979 M
BURGESS Henry
58A ALICE ST,Paisley,PA2 6EA

Dr..

Practice: 87625

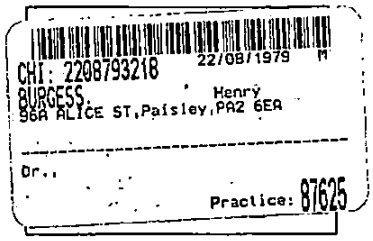
Affix patient data label

25-11-2020

TH7.

SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Case Notes / Scanner Folder (circle)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
ECG x 2	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
MAR document ✓	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
NEWS chart	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Falls risk assessment	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
PUDRA	Yes ☐ N/A ☐	Yes ☐ N/A ☐	Yes ☐ N/A ☑ NO
Alert Sticker – specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
PVC Care Plan in place	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
CONSENT FORM checks AWI ☑			
Correct patient information	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure matches theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Patient confirms proposed procedure	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Signed by Surgeon and Patient	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ADULTS WITH INCAPACITY (AWI) N/A ☐ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
If 'Yes' specify:			Nil known.
Fasted from – specify time (24 hr clock) N/A ☐	Food:	Food:	Food:
	Fluid:	Fluid:	Fluid:
Blood Glucose Score – if relevant	Time: Score: N/A ☐	Time: Score: N/A ☐	Time: Score: N/A ☐
INTERNAL PROSTHESIS In situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐



Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Loose teeth, caps and crowns and veneers State site and type	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Hearing aid(s) N/A ☐ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☐ If 'yes' state where stored If unable to remove,please tape and state location	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☐ Not Known ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☐	Yes ☐ No ☐	Type:	
Anti-embolic Prophylaxis – N/A ☐	Yes ☐ No ☐	Type:	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☐	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☐ No ☐	Comment if required: urinary catheter (volumetr insitu.)	
Pre-Medication given N/A ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: Sign: Time:	Print: Sign: Time:	Print: K HEATH Sign: Kate Heath Time::

Name: 2208793218
Address:.. BURGESS HENRY
..... 22/08/1979 M
DoB: ..... DATE ___/___/___
CHI num TIME: ___:___
Affix patient ...

Surgical Brief & Surgical Pause

Surgical Brief carried out:	Yes ☐ No ☐	If 'No' specify reason:
Surgical Pause carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: 95	BP: 109/56	Temp: 35.8	SpO_2: 98%	Resps: ✓
Anaesthetic practitioner has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☑ No ☐	Or patient has been Grouped and Saved: Yes ☐ No ☐	X-matched	

Stop Before You Block — This section NOT applicable ☐

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site:	Drug:	mls
Sedation ☐	Drug:		mls

PVC site _____ Skin Prep specify: 18G x 2 (left arm) from ITU ② Batch no. _____
time inserted _____ Expiry date _____

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐	Yes ☐ Yes ☐	Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑	Specify: sensitive eye guards applied in THT.

Nam 2208793218
Addr BURGESS
HENRY
22/08/1979 M
DoB: DATE ___/___/___
CHI TIME ___:___
Dr

Anaesthetics continued

Maintenance of Normothermia This section NOT applicable ☐

Actions taken to maintain the patient's temperature			
Yes ☑ No ☐	Warm air blanket device – specify: upper bair hugger	Yes ☑ No ☐ N/A ☐
	Warm Fluids	Yes ☑ No ☐ N/A ☐
	Warming Mat	Yes ☐ No ☑ N/A ☐
	Thermal Hat	Yes ☐ No ☑ N/A ☐
	IV fluid warmer	Yes ☑ No ☐ N/A ☐
	Other – specify:	Yes ☐ No ☐ N/A ☐

Temperature documented by Anaesthetist Yes ☑ No ☐ informed

Record of Anaesthetic Pump Infusion Device Numbers This section NOT applicable ☐

Anaesthetic Comments

Anaes. Nurse. M. Hamilton
Runner K. Heath

Anaes. A. Makin (cm)
K. Boswell

Pt. transfered from ITU (2) ventilated by Dr Makin, Dr Boswell, SN M. Hamilton. K Heath
Multiple drug therapies running via
x5 pumps intra-op
Femoral central line to right groin
insitu & urinary catheter o/s for THT.
Left radial arterial line also insitu.

1118hrs First unit of blood commenced in THT.
Temp 37°. K Heath

Name: .....
Address: 2208793218
..... BURGESS
..... HENRY
DoB: ..... 22/08/1979 M
CHI num DATE --/--/---
Ad TIME: --:--
Dr.

Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☑	Sliding sheet ☑	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level:	Pressure Ulcer Grade:					
	mild / moderate / severe	1	2	3	4	Ungradable	Suspected Deep tissue

Area of concern identified (include area of body)	Actions taken
to be assessed	

Position	Positioning Devices		Pressure redistribution	Arm Position	
Position 1	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☑	Hydraulic leg supports ☐	Heel gel pads ☑	At side ☐	At side ☐
Supine ☑ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☑	On boards ☑	On boards ☑
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☑	Straps ☑
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☑	Gel/ Foam pads ☐
Position 2	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 3	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐

Pressure Area care Chart

Name: 2208793218
Addres BURGESS
HENRY
22/08/1979 M
DATE ---/---/---
TIME: ---:---
DoB:
CHI nu Dr:

Insert KEY to identify pressure re-distribution:-
E – Elevation U- unable to access
R - Reposition

x2 (SaO2 probes
in use

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
09[45]								right ~~middle~~ index finger (ICU)			ICU Nurse
~~10[50]~~ 10[50] (ICU)								right middle finger			ICU Nurse
11[25]								left little finger			ICU Nurse

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☑
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

Name .....
Addre 2208793218 .....
BURGESS .....
..... HENRY .....
DoB: 22/08/1979 M .....
DATE ___/___/___
CHI r TIME: ___:___ .....
Dr.

Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☑ N/A ☐	Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode: right outer thigh	

Skin site(s) assessed and meets safety criteria as per policy	Yes ☑ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☑	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☑ No ☐ N/A ☐	If 'No' state reason and action:
Post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquet — This section NOT applicable ☑

Site and side applied	Time applied	Time removed

DVT Prophylaxis — This section NOT applicable ☐

Intermittent Pneumatic Compression Devices: 40 mmHg	Yes ☑ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☑
Foot Pump Devices: _____ mmHg	Yes ☐ No ☑ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☑ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — Batch no./Expiry Date — This section NOT applicable ☐

0.9% NaCl 20121BB1C 8/23

Signature of referring doctor (or other professional) **Date**

NHS Greater Glasgow & Clyde: **Anaesthetic Chart**

Date	Time	Premedication	Ordered By	Given By	Time Given

Addressograph Label
Name: HENRY BURGESS
D.o.B.:
Sex:
Unit No.: 2208793218
41 ♂

Pre-Operative assessment ASA: V

Investigations

Previous GA: Complications:

Weight | BP

CVS: Septic shock. Norad (quad) + Vasopressin

Haem: H+ 50, pCO2 6·6, pO2 16·9, lactate 4·2.

Resp:

Biochem: Na 125, K 4·4

GIS:

CXR

CNS: PE - clot extending to PA/Dr.

ECG

Others: Drinks ~1L Vodka/day. T1DM. Previous IVDU on methadone. Treated Hep C.

Others

Drugs: Pregabalin, Omeprazole, Mirtazapine

Airway

Allergies: NKDA.

Techniques and Risks: ITU case - in theatre last night => ITU, abdomen packed + not closed. For splenectomy, thoracotomy => ITU post op

Operation: Relook laparotomy +/- splenectomy

Surgeon: McGrego

Anaesthetist:

Supervising Anaesthetist: Meth

Post-Operative Instructions

Analgesia

Oxygen

Fluids

Other

STY0480D

Signature: _____ Date: 25/1/20

Green cannula

Site of Injection: (R) femoral line
Site of Infusion: (R) femoral line
CVP Site: (R) femoral line
Arterial Line Site: (R) radical.
Position: Supine, arms out
Intubation Grade:
Bougie:
(ETT) / LMA / Mask
Cuffed / Uncuffed
Size:
Oral / nasal
RSI

Comments: Transferred from ICU intubated and ventilated.
11:20 → Hb 86.

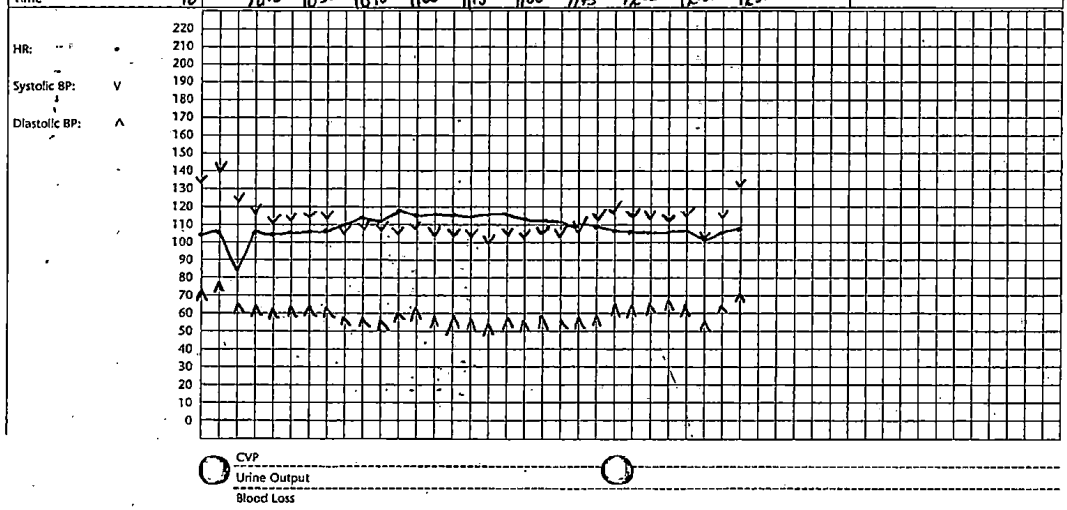
ECG	✓	FIO2	✓	CVP	✓
NIBP	✗	EtAA	✓	IABP	✓
SpO2	✓	Temp	✓	PA	
EtCO2	✓	Disconnect		TOF	✓

Anaesthetic machines Checked:

Fluids
I. 0.9% NaCl 500mls.
II. Hartmann's 500mls.
III. PRC 1 UNIT
IV PRC 1 UNIT

Warmer:

ACTRAPID	9 →													
NORADRENALINE	6·5 →													
VASOPRESSIN	6 →													
PROPOFOL	9 →													
ALFENTANIL	4 →													
10% CALCIUM GLUCONATE	10 —													
FLUCONAZOLE	400 —													
FENTANYL	500													
ROCURONIUM				50										
IV Fluids	(I)			(II)		(III)		(IV)						
VT x f / Pressure 450x20 /	22	21	21	21	20	19	20	19	20	20	20			
FiO2	0·8	0·75	0·7	0·7	0·6	0·6	0·6	0·6	0·6	0·6	0·6			
SaO2	100	100	99	99	99	98	98	98	99	98	97			
ETCO2	5·2	5·2	5·3	5·4	5·7	5·6	5·8	5·9	6·0	5·9	6·0			
~~Enflurane~~ (Sevo) MAC	—	0·5	0·5	0·5	0·5	0·5	0·5	0·5	0·5	0·5	0·5			
Temperature	35·8					37·5								
Time	1000	1015	1030	1045	1100	1115	1130	1145	1200	1215	1230			



NHS Great [redacted] Clyde: Anaesthetic Chart

Date	Time	Premedication	Ordered By	Given By	Time Given

Add
Nam 2208793218
D.o.I BURGESS M
Sex: Henry 22/08/1979
Unit 96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Pre-Operative assessment ASA: ≤ 4E

Investigations

Previous GA: Complications:

Weight: PT 17 / APTT 42

BP

CVS:

Resp: LUL consolidation CT - perforated ulcer ? duodenal

Haem WCC 13.7 Hb 158 Plt 319

Biochem CRP 383

GIS:

CXR

CNS: AUDIT excess - 1L vodka/24h TIDM

ECG ST

Others: Ex - IVDU. Tested Hep C

Others TOTAL 4L HARTMANN'S IN A+E

Drugs

Airway

Allergies NKDA

Techniques and Risks

GA + RSI
Post-op HDU / ICU

Operation: LAPAROTOMY + PROCEED

Surgeon:

Anaesthetist: E GAMESWARAN / R WILLIAMSON

Supervising Anaesthetist:

Post-Operative Instructions

Analgesia

Oxygen → ICU post op please.

Fluids

Other

STY0480D

Signature: [redacted] Date: 24/11/20

Site of Injection: RIGHT FEMORAL
Site of Infusion: QUAD LINE IN SITU
CVP Site:
Arterial Line Site: LEFT RADIAL IN SITU

Position: SUPINE
Intubation Grade: 1 (MACGRATH)
Bougie:
STYLETTE

(ETT) LMA / Mask
Cuffed / Uncuffed
Size 9.0
(Oral) / nasal
RSI

Fluids Warmer: ✓

HARTMANN'S 1000 (1) (TOTAL 5L)
HARTMANN'S 500 (2) 5.5L
HARTMANN'S 1000 (3) 6.5L
HARTMANN'S 1000 (4) 7.5L
Hartmans. 1000 (5) 8.5L
Hartmans. 1000 (6) 9.5L

Comments: EYES TAPED
PRESS PTS RAMSY
HOT AIR/WARM IV

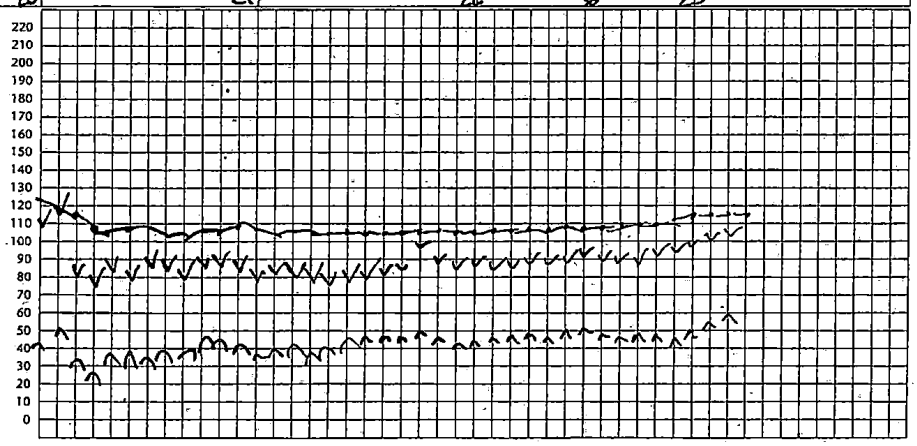
GENTAMICIN 240mg
(MAD METRONIDAZOLE + COMOXICLAV IN A+E)
FLUCLOXACILLIN 4000mg STARTED @ 2040
Clindamycin 600mg @ 2225

ECG	FIO2	CVP
NIBP	EtAA	IABP
SpO2	Temp	PA
EtCO2	Disconnect	TOF

Anaesthetic machines Checked:

NEOSTIGMINE	1									
GLYCOPYRROL	150									
ROCURONIUM	80	2+2					-2	-2		
MORPHINE										
Hydrocortisone					50	+50				
								Propofol IV infusion.		
NIMBEX/ATRACURIUM (ml/h)	10-15-20			25	(dilute strength)	15	16			
IV Fluids	(1)	(2)	(3)	(4)			(5)		(6)	
Vt/ x f / Pressure										
FIO2	0.8	0.7	0.6	0.5	0.7	0.7	0.7	0.7	0.7	0.7
SaO2	92	94	93	91	93	95	95	95	96	96
ETCO2	6.0	5.3	5.2	5.6	5.4	5.1	5.3	5.4	5.6	5.5
ET Agent SEV	1.8	1.8	1.9	1.7	2.0	2.2	2.2	2.1	1.8	1.4
Temperature										
Time	2100		2100				2200	30	2300	

HR: •
Systolic BP: V
Diastolic BP: ^



CVP
Urine Output 100 →
Blood Loss
90/190

ABG	2104	2220
H+	59	60
pCO_2	7.2	7.1
pO_2	10.4	12.6
K	4.4	5.0
Ca	1.08	1.09
Glc	22.5	21.0
Lac	6.9	7.3
Hb	110	113
HCO_3		22

Operation note:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department:
Contact Tel:
Enquiries to:

Letter Date: 24/11/2020
Reference: PMG
Dictated Date: 24/11/2020
Transcribed Date: 24/11/2020

Emergency exploratory Laparotomy and washout

Department: Royal Alexandra Hospital

P MacGoey and J Ng (Mr Musyoka consulted intra-operatively)

GA: Dr Roy Williamson

Indication:

Sepsis, multi-organ dysfunction, peritonitis and CT evidence of free intra-peritoneal gas.

Incision:

Long midline

Findings:

> 2 l pus in peritoneal cavity- apparently sub-acute with organised interloop abscesses and loculated pus in pelvis, paracolic gutters, sub-hepatic and subphrenic spaces. Bubbles of gas adjacent to infarcted spleen.

Cirrhotic liver and adhesions from omentum to gallbladder.

No evidence of GI tract perforation:

Procedure:

Extensive finger dissection to free up all omentum and bowel and inspect infracolic compartment from DJ to TI, colon and rectum.

Anterior stomach inspected, lesser sac opened, lesser omentum opened to visualise lesser curve and duodenum Kocherised to exclude duodenal perforation.

LUQ accessed by carefully placing hand over spleen and retracting- pus and small volume of gas liberated. LUQ washed out.

Intra-operative decision re: proceeding with splenectomy:

Adverse physiology: Acidaemic, clinically coagulopathic and shocked (16ml/ hr double-strength NorAdrenaline). Also moderate severe respiratory failure. Damage-control aims deemed appropriate accepting potentially sub-optimal source control (but adequate drainage)

No major bleeding intra-operatively but risk of major haemorrhage in view of portal hypertension and diseased spleen if proceed with splenectomy. On balance decision to not resect- temporary closure. And anticipate re-look / splenectomy in next 24 hours dictated by physiology.

Ioban temporary closure (ONE LARGE PACK WRAPPED IN IOBAN FROM OPERATIVE COUNT) with 2 x Robinsons's drains

Plan:

Continue triple therapy and clindamycin pending micro advice

Cannot be anticoagulated currently (despite LA thrombus as likely aetiology of visceral infarcts)

Indication for return to theatre tonight = uncontrolled bleeding (cf: 'septic' deterioration)

Leave drains on free drainage (if KCI Vac pump available please start Vac therapy but not for unregulated wall suction)

NG on free drainage- don't feed

Operation note:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel:
Enquiries to:
Letter Date: 25/11/2020
Reference: PMG
Dictated Date: 25/11/2020
Transcribed Date: 25/11/2020

Re-look laparotomy and splenectomy

Royal Alexandra Hospital
Department: General Surgery

P MacGoey J Ng and A Asadi

GA: Dr A Makin

Damage control laparotomy last night- laparostomy in situ ventilated with MOF in ICU. Coagulation indices satisfactory.

Planned return for splenectomy (source control for infected infarcted spleen and to permit anticoagulation in due course (LA thrombus and multi-visceral presumed arterial embolic events).

Laparostomy dressing taken down (ONE (SOLO) PACK FROM LAST NIGHT'S COUNT RETRIEVED AND DISCARDED)

Omnitract retractor deployed. Lateral continuation of gastro-colic ligament division towards spleen with combination of Ligasure and suture ligation dividing short gastrics.

Splenic attachments divided with ligasure allowing medialisation of spleen. Macerated spleen removed piecemeal without any significant bleeding (arterial supply presumably negligible). Roberts applied to pedicle and transfixed 2.0 prolene. Packed whilst bowel re-inspected- no infarcts seen. Infracolic washout performed. Pack removed haemsstasis with sutures adjacent pedicle, diathermy to retroperitoneum and floseal. Dry at end.

Drains: left via paracolic gutter to splenic bed. Right via paracolic gutter to subphrenic space.

Mass closure loop Nylon. Clips to skin. (Note no evident increase airway pressures on closing)

Spleen sent for micro and pathology.

Post-op:

ICU ventilated

Repeat coag including fibrinogen please on return to ICU

We will consider anticoagulation with iv heparin later today.

Chase micro from peritoneal fluid last night / spleen today.

Leave NG on free drainage please- do not feed yet.

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 25.11.2020

CHI: 2208793218 22/08/1979 M
BURGESS Henry
96A ALICE ST, Paisley, PA2 6EA

Dr.,

Practice: 87625

HOSP/CHI no. 2208793218

WARD ITU 2

HOSPITAL RAH

THEATRE 7

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
PRE - OP SWAB COUNT	C. Dunn	A. Prentice
PRE - OP INSTRUMENT COUNT	C. Dunn	A. Prentice
FINAL COUNT	C Dunn	K Jenkinson
FINAL INSTRUMENT COUNT	C. Dunn	K Jenkinson
FINAL DISPATCH COUNT	C Dunn.	K Jenkinson

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct
SCRUB PRACTITIONER 1- SIGNATURE:

SCRUB PRACTITIONER 2 - SIGNATURE:
To be signed by replacement scrub practitioner if applicable N/A ☐

OPERATION: REMOVAL OF 1 ABDOMINAL PACK + 2 WALLACE ROBINSON DRAINS
RE-LOOK LAPAROTOMY - Splenectomy

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll	✓	
Swabs (10x10)	25	Tapes		White Strip	1	
Abdominal packs	25	Sloops/Slings		Surgifix 8pcs	10	
Sutures	14	Bulldogs				
Blades	1	Shods				
IV needles	✓	Ports				
Syringes	✓	Tibbs Cannula				
Discard-a-pad	1	Staple Gun Inserts				
Diathermy pencil	1	Spears				
Diathermy tips + TOP	2	Retrieval Bag (Bert)				
Scratch pad	1	Digital Tourniquets		Throat Pack IN		
Reels	4	Pen & Ruler		Throat pack OUT		
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect .....

Ensure Datix is Completed ☐
Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Acute Services Division

NHS Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Perioperative Care Plan

Hospital: RAH	Consultant:
Ward: AAE.	Date: 24/11/20

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐
	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

WARD Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.

Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal Blood Cross Matched confirmed by labs Blood Grouped and Saved confirmed by labs Antibodies +ve ☐ -ve ☐	Yes ☑ No ☐ Yes ☑ No ☐ N/A ☐ Yes ☑ No ☐ N/A ☐	Comments if required:
Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	
Pregnancy test carried out with the patient's consent Pregnancy test result	Yes ☐ Refused ☐ Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	
MRSA Positive ☐ Negative ☐ Results pending ☐ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☐		
Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☑ Site 1: Time: Site 2: Time:	

Name: [redacted]
Address [redacted]
2208793218
..... BURGESS M
DoB: ..... Henry 22/08/1979
CHI nun 96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA
A

SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ECG	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
MAR document	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Falls risk assessment	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
PUDRA	Yes ☑ N/A ☐	Yes ☐ N/A ☐	Yes ☐ N/A ☐
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
PVC Care Plan in place	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Procedure matches theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Signed by Surgeon and Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes' specify:			
Fasted from – specify time (24 hr clock) N/A ☐	Food:	Food:	Food: 7pm
	Fluid:	Fluid:	Fluid:
Blood Glucose Score – if relevant	Time: Score: N/A ☐	Time: Score: N/A ☐	Time: Score: 25 mmol N/A ☐
INTERNAL PROSTHESIS In situ e.g. metalwork, pacemaker, implant etc	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If 'Yes' state location and type			
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state type where stored			

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Age > 40, new onset daily diarrhoea > 4 weeks:true
Abdominal examination performed:Yes - Abnormal
Comments:GENERALY tender
Rectal examination performed:Yes - Normal
QFIT requested?:Result pending
FBC requested?:Yes - result pending
Urea and Electrolytes requested?:Yes - result pending
I feel that this patient would tolerate colonoscopy::Unsure
If Unsure, please provide details:alcohol dependence
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

General Surgery - 23092014 Southern General Hospital 684632

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes (Integrated Team) GGC Diabetes SPOA	——	**Consultant / receiving practitioner and/or specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital and hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 18-Oct-2023 **Date sent** 18-Oct-2023

PATIENT DETAILS

Surname	BURGESS
Forename(s)	HENRY
Title	MR
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

FLAT 0-1
128 NEILSTON ROAD
PAISLEY
RENFREWSHIRE
PA2 6NU

Contact number(s)

Voice: 07960524514
E-mail: harryburgessjnr22879@gmail.com

101031087039L | Unique Care Pathway Number: 101031087039L

REGISTERED GP DETAILS

Name	Dr Michael Mcgovern		
GMC code	7485698	GP code	37516
Practice name	The Charleston Surgery		
Practice code	87466		

Practice address

5 SOUTH CAMPBELL STREET
RENFREWSHIRE
PA2 6LR

Contact number(s)

Voice: 01418894373

REFERRING GP DETAILS

Name	Dr. Conor Diffin		
GMC code	7460731	GP code	99999
Practice name	The Charleston Surgery (87466)		
Practice code	87466		

Practice address

5 South Campbell St
Paisley
PA2 6LR

Contact number(s)

Voice: 0141 889 4373

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: ?

Comment: Dear Colleague,

Please consider this gentleman for review. I reviewed Henry recently in surgery with symptoms of progressive peripheral neuropathy as well as recurrent episodes of cellulitis secondary to this and struggling with foot care.

Henry described over the last few months a progression of his known peripheral neuropathy symptoms citing burning sensation and pins and needles which begin in his feet and spread to about mid-way up both calves. I have also recently seen Henry for management of his cellulitis which appears to have originated from cuts on the surface of his feet as well as potentially an ingrown toenail. Whilst the infection has settled Henry has raised ongoing concerns about his ability to properly manage his foot care in the context of diabetes and previous infections. Henry does seem to have reduced sensation in both feet and also extending up into the mid-calf and shin area in both legs. His skin on both feet appears to be slightly dry but intact. He tells me that he does have moisturiser for his feet currently. His nails appear to be in okay condition however his right great hallux seems to have begun to grow inwards and this is the area where Henry has the most concern citing a previous ingrown toenail there.

He is a known Type 1 Diabetic managed under the Diabetic team, with Primary Care input. Henry also has a history of ongoing alcohol excess and currently at the moment is drinking around 8 cans of beer per day. I've again counselled against this and he is hoping to reduce it. Regarding other medications, Henry takes Thiamine and Pregabalin and is also a Methadone patient.

I would very much appreciate your review of this gentleman given what appears to be a prurition of diabetic neuropathy and episodes of infection secondary to poor foot care. Any advice would be greatly appreciated.

Kind regards

Dr Conor Diffin

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Infectious gastroenteritis	-	14-Jun-2023	14-Jun-2023
Grand mal seizure	Attended a&e- BIBA. alcohol use and bloody stool. R calf pain. Further Seizure in ED. Admitted.	14-Jun-2023	14-Jun-2023
[X]Alcohol withdrawal-induced seizure	- hospital admission - discharged himself	14-Jun-2023	14-Jun-2023
Benzodiazepine dependence	-	01-Dec-2022	01-Dec-2022
Opioid type drug dependence	-	01-Dec-2022	01-Dec-2022
Alcohol dependence syndrome	-	01-Dec-2022	01-Dec-2022
Deep vein thrombosis	- R	12-May-2022	12-May-2022
[D]Seizure NOS	-	30-Dec-2021	30-Dec-2021
Lobar (pneumococcal) pneumonia	-	24-Sep-2021	24-Sep-2021
Pulmonary embolism	-	24-Dec-2020	24-Dec-2020
Chronic active hepatitis	-	28-Sep-2017	28-Sep-2017

Deep vein thrombosis	- R	07-Jul-2016	07-Jul-2016
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Deep vein thrombosis	- R	12-Feb-2003	12-Feb-2003

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	24-Nov-2022	24-Nov-2022

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Toujeo 300units/ml solution for injection 1.5ml pre-filled SoloStar pens (Sanofi)	3	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	16-Oct-2023
NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	5	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	11-Oct-2023
Rivaroxaban 20mg tablets	28	tablet	ONE TABLET(S) DAILY	-	11-Aug-2023	28-Sep-2023
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	4	kit	USE AS DIRECTED	-	11-Aug-2023	16-Oct-2023
Lift Glucose Shot liquid (Flavour Not Specified)	720	ml	USE AS DIRECTED	-	16-Jan-2023	11-Oct-2023
Thiamine 50mg tablets	112	tablet	1 TABLET(S) QID	-	26-Jan-2023	21-Sep-2023
Lansoprazole 30mg gastro-resistant capsules	28	capsule	ONE DAILY (FOR DYSPEPSIA / REFLUX)	-	26-Jan-2023	28-Sep-2023
GlucoRx Nexus testing strips (GlucoRx Ltd)	100	strip	AS DIRECTED	-	26-Jan-2023	11-Oct-2023
GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd)	100	needle	USE AS DIRECTED	-	16-Jan-2023	11-Oct-2023
Amoxicillin 500mg capsules	56	capsule	1 TABLET(S) DAILY (POST SPLEN[more]	-	30-Dec-2022	29-Sep-2023
Acamprosate 333mg gastro-resistant tablets	168	tablet	AS PER RDS - 2 TABLETS THREE [more]	-	29-Dec-2022	29-Dec-2022
Methadone 1mg/ml oral solution	1	ml	AS PER RDS	-	29-Dec-2022	29-Dec-2022

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	16-Oct-2023	16-Oct-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	22-Sep-2023	22-Sep-2023
Pregabalin 150mg capsules	56	capsule		-	04-Sep-2023	04-Sep-2023

			TAKE ONE CAPSULE TWICE A DAY			
Flucloxacillin 500mg capsules	56	capsule	2 CAPSULE FOUR TIMES A DAY	-	04-Sep-2023	04-Sep-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	11-Aug-2023	11-Aug-2023
Loperamide 2mg capsules	24	capsule	4MG FOLLOWED BY 2MGAFTER EACH[more]	-	11-Aug-2023	11-Aug-2023
Magnesium sulfate paste	25	gram	APPLY ONCE AT NIGHT	-	11-Aug-2023	11-Aug-2023
Flucloxacillin 500mg capsules	28	capsule	1 CAPSULE FOUR TIMES A DAY	-	11-Aug-2023	11-Aug-2023
Loperamide 2mg capsules	24	capsule	4MG FOLLOWED BY 2MGAFTER EACH[more]	-	04-Aug-2023	04-Aug-2023
Lansoprazole 30mg gastro-resistant capsules	56	capsule	TWO DAILY (FOR DYSPEPSIA / REFLUX)	-	04-Aug-2023	04-Aug-2023
Buscopan 10mg tablets (Sanofi Consumer Healthcare)	42	tablet	ONE TABLET(S) UP TO THREE TIM[more]	-	04-Aug-2023	04-Aug-2023
Pregabalin 150mg capsules	28	capsule	TAKE ONE CAPSULE TWICE A DAY	-	02-Aug-2023	02-Aug-2023
Pregabalin 150mg capsules	28	capsule	TAKE ONE CAPSULE TWICE A DAY	-	17-Jul-2023	17-Jul-2023
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	11-Jul-2023	11-Jul-2023
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	4	kit	USE AS DIRECTED	-	22-Jun-2023	22-Jun-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	20-Jun-2023	20-Jun-2023
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	4	kit	USE AS DIRECTED	-	22-May-2023	22-May-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	16-May-2023	16-May-2023
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	16-May-2023	16-May-2023
Toujeo 300units/ml solution for injection 1.5ml pre-filled SoloStar pens (Sanofi)	3	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	11-Aug-2023
NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	5	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	11-Aug-2023
Lift Glucose Shot liquid (Flavour Not Specified)	720	ml	USE AS DIRECTED	-	16-Jan-2023	19-Jun-2023

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Heavy drinker - 7-9u/day:	Drinking status on eventdate: Current drinker.	29-Nov-2022

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine GGC Gen Ref or Advice - Resp	——	**Consultant / receiving practitioner and/or specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital and hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 14-Mar-2024 **Date sent** 18-Mar-2024

PATIENT DETAILS

Surname	BURGESS
Forename(s)	HENRY
Title	MR
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

FLAT 0-1
128 NEILSTON ROAD
PAISLEY
RENFREWSHIRE
PA2 6NU

Contact number(s)

Voice: 07960524514
E-mail: harryburgessjnr22879@gmail.com

101032470526L | Unique Care Pathway Number: 101032470526L

REGISTERED GP DETAILS

Name	Dr Michael Mcgovern		
GMC code	7485698	GP code	37516
Practice name	The Charleston Surgery		
Practice code	87466		

Practice address

5 SOUTH CAMPBELL STREET
RENFREWSHIRE
PA2 6LR

Contact number(s)

Voice: 01418894373

REFERRING GP DETAILS

Name	Dr. Jane MacPhillimy		
GMC code	6056010	GP code	39551
Practice name	The Charleston Surgery (87466)		
Practice code	87466		

Practice address

5 South Campbell St
Paisley
PA2 6LR

Contact number(s)

Voice: 0141 889 4373

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Ongoing hemoptysis

Comment: Dear Doctor,

Thank you for seeing this 44 year old man who presents with ongoing hemoptysis for some months now. He says that the amounts of blood in his sputum are small but he is concerned about an underlying problem. He is on rivaroxaban and I wonder if this might be causing the issue. I have advised him to get a chest x-ray but wondered if he required further investigation given the ongoing hemoptysis.

Thank you for your advice around this.

Yours sincerely,

Dr J MacPhillimy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Infectious gastroenteritis	-	14-Jun-2023	14-Jun-2023
Grand mal seizure	Attended a&e- BIBA. alcohol use and bloody stool. R calf pain. Further Seizure in ED. Admitted.	14-Jun-2023	14-Jun-2023
[X]Alcohol withdrawal-induced seizure	- hospital admission - discharged himself	14-Jun-2023	14-Jun-2023
Benzodiazepine dependence	-	01-Dec-2022	01-Dec-2022
Opioid type drug dependence	-	01-Dec-2022	01-Dec-2022
Alcohol dependence syndrome	-	01-Dec-2022	01-Dec-2022
Deep vein thrombosis	- R	12-May-2022	12-May-2022
[D]Seizure NOS	-	30-Dec-2021	30-Dec-2021
Lobar (pneumococcal) pneumonia	-	24-Sep-2021	24-Sep-2021
Pulmonary embolism	-	24-Dec-2020	24-Dec-2020
Chronic active hepatitis	-	28-Sep-2017	28-Sep-2017
Deep vein thrombosis	- R	07-Jul-2016	07-Jul-2016
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Deep vein thrombosis	- R	12-Feb-2003	12-Feb-2003

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	24-Nov-2022	24-Nov-2022

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

						Date last issued
Amoxicillin 500mg capsules	56	capsule	1 TABLET(S) DAILY (POST SPLEN[more]	-	30-Dec-2022	06-Mar-2024
Toujeo 300units/ml solution for injection 1.5ml pre-filled SoloStar pens (Sanofi)	3	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	04-Mar-2024
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	4	kit	USE AS DIRECTED	-	11-Aug-2023	04-Mar-2024
Lansoprazole 30mg gastro-resistant capsules	28	capsule	ONE DAILY (FOR DYSPEPSIA / REFLUX)	-	26-Jan-2023	06-Mar-2024
Lift Glucose Shot liquid (Flavour Not Specified)	720	ml	USE AS DIRECTED	-	16-Jan-2023	03-Jan-2024
NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	5	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	20-Dec-2023
Rivaroxaban 20mg tablets	28	tablet	ONE TABLET(S) DAILY	-	11-Aug-2023	04-Mar-2024
GlucoRx Nexus testing strips (GlucoRx Ltd)	100	strip	AS DIRECTED	-	26-Jan-2023	27-Nov-2023
Thiamine 50mg tablets	112	tablet	1 TABLET(S) QID	-	26-Jan-2023	06-Mar-2024
GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd)	100	needle	USE AS DIRECTED	-	16-Jan-2023	04-Mar-2024

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	06-Mar-2024	06-Mar-2024
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	06-Mar-2024	06-Mar-2024
Doxycycline 100mg capsules	8	capsule	2 CAPS , THEN ONE CAP DAILY	-	16-Feb-2024	16-Feb-2024
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	08-Feb-2024	08-Feb-2024
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	08-Feb-2024	08-Feb-2024
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	25-Jan-2024	25-Jan-2024
Loperamide 2mg capsules	24	capsule	4MG FOLLOWED BY 2MGAFTER EACH[more]	-	04-Jan-2024	04-Jan-2024
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	04-Jan-2024	04-Jan-2024
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	04-Jan-2024	04-Jan-2024

Buscopan 10mg tablets (Sanofi Consumer Healthcare)	42	tablet	ONE TABLET(S) UP TO THREE TIM [more]	-	04-Jan-2024	04-Jan-2024
Cyclizine 50mg tablets	21	tablet	1 TABLET THREE TIMES DAILY	-	22-Dec-2023	22-Dec-2023
Flucloxacillin 500mg capsules	56	capsule	1 CAPSULE FOUR TIMES A DAY	-	22-Dec-2023	22-Dec-2023
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	15-Dec-2023	15-Dec-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	15-Dec-2023	15-Dec-2023
Mirtazapine 15mg tablets	28	tablet	ONE DAILY AT NIGHT (FOR DEPRE[more]	-	15-Nov-2023	15-Nov-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	13-Nov-2023	13-Nov-2023
Pregabalin 150mg capsules	56	capsule	TAKE ONE CAPSULE TWICE A DAY	-	16-Oct-2023	16-Oct-2023
Toujeo 300units/ml solution for injection 1.5ml pre-filled SoloStar pens (Sanofi)	3	pre-filled disposable injection	USE AS DIRECTED	-	16-Jan-2023	08-Feb-2024
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	4	kit	USE AS DIRECTED	-	11-Aug-2023	03-Jan-2024
Lift Glucose Shot liquid (Flavour Not Specified)	720	ml	USE AS DIRECTED	-	16-Jan-2023	11-Oct-2023
Lansoprazole 30mg gastro-resistant capsules	28	capsule	ONE DAILY (FOR DYSPEPSIA / REFLUX)	-	26-Jan-2023	27-Nov-2023
Amoxicillin 500mg capsules	56	capsule	1 TABLET(S) DAILY (POST SPLEN[more]	-	30-Dec-2022	04-Mar-2024

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker.	12-Mar-2024
Heavy drinker - 7-9u/day:	Drinking status on eventdate: Current drinker.	29-Nov-2022

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

Consultant Ophthalmologist
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY
PA2 9PN

Tuesday, 2 April 2024

Dear Doctor

PATIENT REFERRAL

Please could you accept this referral for further investigation.

CHI No	2208793218
Name	HENRY BURGESS
Date of birth	22-Aug-1979
Address	**Home address:** FLAT 0-1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
GP	THE CHARLESTON SURGERY, 5 SOUTH CAMPBELL STREET, PAISLEY, PA02 6LR
Diabetologist	
Diabetic history	Type 1, diagnosed 16 years ago.

This patient was screened on Tuesday, 2 April 2024 and their screening results are as follows:

	Right eye	Left eye
Visual Acuity	Not measured	Not measured
Diabetes Retinopathy Grade	R6 Not adequately visualised	R6 Not adequately visualised
Maculopathy Level		
OCT Scan Grade		
Non-DR Features	None recorded	None recorded
Comments	See grader comments	

A full assessment was not able to be completed and we have therefore written to the patient to advise them of this referral.

Should you have any questions relating to this patient's referral, please do not hesitate to contact the department on 0141 451 5424.

Yours sincerely

Greater Glasgow & Clyde Diabetic Eye Screening Service

2208793218 22-Aug-1979
HENRY BURGESS

Screening Examination

Examination Type	**Slit Lamp Biomicroscopy**
Examination Date	**Tuesday, 2 April 2024**

Personal Data and Diabetes History

Patient Summary	**Aged 44, Type 1, diagnosed 15 years ago.**

Screening Outcome

Grader	**Mr MATT GRAY**
Recommendation	**Ophth for DR - Routine**
Grader comment	Non-DR comment: Pt to be moved to screening at HES due to security concerns in community setting. Mechanism for transfer = R6 at SL. See datix no 802327.

Dilation Information

Pupil dilation status	**Undilated: . (batch:, expires:)**

Ophthalmological Findings at Screening

	Right Eye	Left Eye
Quality of Image		
Retinal status	**R6**	**R6**
Maculopathy		
Microaneurysms	**no**	**no**
Flame haemorrhages	**no**	**no**
Cotton wool spots	**no**	**no**
Blot haemorrhages		
Venous beading	**no**	**no**
IRMA	**no**	**no**
Vessels elsewhere		
Vessels at disc		
Vitreous haemorrhages	**no**	**no**
Retinal detachment	**no**	**no**
Exudates		

Visual Acuity at Screening

	Right Eye	Left Eye
Visual acuity		
Measurement scale		
Correction		

Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

Consultant Ophthalmologist
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY
PA2 9PN

Tuesday, 2 April 2024

Dear Doctor

PATIENT REFERRAL

Please could you accept this referral for further investigation.

CHI No	2208793218
Name	HENRY BURGESS
Date of birth	22-Aug-1979
Address	**Home address:** FLAT 0-1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
GP	THE CHARLESTON SURGERY, 5 SOUTH CAMPBELL STREET, PAISLEY, PA02 6LR
Diabetologist	
Diabetic history	Type 1, diagnosed 16 years ago.

This patient was screened on Tuesday, 2 April 2024 and their screening results are as follows:

	Right eye	Left eye
Visual Acuity	Not measured	Not measured
Diabetes Retinopathy Grade	R6 Not adequately visualised	R6 Not adequately visualised
Maculopathy Level		
OCT Scan Grade		
Non-DR Features	None recorded	None recorded
Comments	See grader comments	

A full assessment was not able to be completed and we have therefore written to the patient to advise them of this referral.

Should you have any questions relating to this patient's referral, please do not hesitate to contact the department on 0141 451 5424.

Yours sincerely

Greater Glasgow & Clyde Diabetic Eye Screening Service

2208793218 22-Aug-1979
HENRY BURGESS

Screening Examination

Examination Type	**Slit Lamp Biomicroscopy**
Examination Date	**Tuesday, 2 April 2024**

Personal Data and Diabetes History

Patient Summary	**Aged 44, Type 1, diagnosed 15 years ago.**

Screening Outcome

Grader	**Mr MATT GRAY**
Recommendation	**Ophth for DR - Routine**
Grader comment	Non-DR comment: Pt to be moved to screening at HES due to security concerns in community setting. Mechanism for transfer = R6 at SL. See datix no 802327.

Dilation Information

Pupil dilation status	**Undilated: . (batch:, expires:)**

Ophthalmological Findings at Screening

	Right Eye	Left Eye
Quality of Image		
Retinal status	**R6**	**R6**
Maculopathy		
Microaneurysms	**no**	**no**
Flame haemorrhages	**no**	**no**
Cotton wool spots	**no**	**no**
Blot haemorrhages		
Venous beading	**no**	**no**
IRMA	**no**	**no**
Vessels elsewhere		
Vessels at disc		
Vitreous haemorrhages	**no**	**no**
Retinal detachment	**no**	**no**
Exudates		

Visual Acuity at Screening

	Right Eye	Left Eye
Visual acuity		
Measurement scale		
Correction		

Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS
Greater Glasgow and Clyde

Consultant Ophthalmologist
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY
PA2 9PN

Tuesday, 2 April 2024

Dear Doctor

PATIENT REFERRAL

Please could you accept this referral for further investigation.

CHI No	2208793218
Name	HENRY BURGESS
Date of birth	22-Aug-1979
Address	**Home address:** FLAT 0-1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
GP	THE CHARLESTON SURGERY, 5 SOUTH CAMPBELL STREET, PAISLEY, PA02 6LR
Diabetologist	
Diabetic history	Type 1, diagnosed 16 years ago.

This patient was screened on Tuesday, 2 April 2024 and their screening results are as follows:

	Right eye	Left eye
Visual Acuity	Not measured	Not measured
Diabetes Retinopathy Grade	R6 Not adequately visualised	R6 Not adequately visualised
Maculopathy Level		
OCT Scan Grade		
Non-DR Features	None recorded	None recorded
Comments	See grader comments	

A full assessment was not able to be completed and we have therefore written to the patient to advise them of this referral.

Should you have any questions relating to this patient's referral, please do not hesitate to contact the department on 0141 451 5424.

Yours sincerely

Greater Glasgow & Clyde Diabetic Eye Screening Service

444

2208793218 22-Aug-1979
HENRY BURGESS

Screening Examination

Examination Type	**Slit Lamp Biomicroscopy**
Examination Date	**Tuesday, 2 April 2024**

Personal Data and Diabetes History

Patient Summary	**Aged 44, Type 1, diagnosed 15 years ago.**

Screening Outcome

Grader	**Mr MATT GRAY**
Recommendation	**Ophth for DR - Routine**
Grader comment	Non-DR comment: Pt to be moved to screening at HES due to security concerns in community setting. Mechanism for transfer = R6 at SL. See datix no 802327.

Dilation Information

Pupil dilation status	**Undilated: . (batch:, expires:)**

Ophthalmological Findings at Screening

	Right Eye	Left Eye
Quality of Image		
Retinal status	**R6**	**R6**
Maculopathy		
Microaneurysms	**no**	**no**
Flame haemorrhages	**no**	**no**
Cotton wool spots	**no**	**no**
Blot haemorrhages		
Venous beading	**no**	**no**
IRMA	**no**	**no**
Vessels elsewhere		
Vessels at disc		
Vitreous haemorrhages	**no**	**no**
Retinal detachment	**no**	**no**
Exudates		

Visual Acuity at Screening

	Right Eye	Left Eye
Visual acuity		
Measurement scale		
Correction		

Referral letter:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

General Surgical Team
Royal Alexandra Hospital

Main Switchboard: 0141-887-9111
Department: Respiratory Medicine
Contact Tel: 0141 314 6823
Enquiries to: Angela.Lamberton@ggc.scot.nhs.uk
Letter Date: 30/04/2024
Reference: LB/AL
Dictated Date: 30/04/2024
Transcribed Date: 30/04/2024

Dear Colleague,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
0/1 128 Neilston Road, Paisley, Renfrewshire, PA2 6EP

I would be grateful for your review of his 44 year old gentleman's CT. He was referred to us with persistent haemoptysis on a background of smoking and Rivaroxaban use for previous PE and DVT. He looks to have a history of alcohol and drug use and is a type one insulin controlled diabetic.

His CT did not show any concerning causes in his lungs for his symptoms, but we will review him in the clinic in a couple of months time. Incidentally it did show slight prominence of the common bile duct and a dilated pancreatic duct with a slightly atrophic looking pancreas.

I would be grateful for your review of this scan to see if anything further needs to be done. His last liver function tests were in September and I have asked the GP whether they could consider updating these. Alkaline phosphatase was borderline elevated at 140, but otherwise the bloods were normal in September.

Yours sincerely

Dr L. Brash

Consultant Physician (Respiratory & General Medicine)

Electronically Signed: Dr Lauren Brash, Consultant

cc. Dr MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley
PA2 6LR

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery NPC General – ACUTE STAFF ONLY	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent
Date of referral 30-Apr-2024 **Date sent** 30-Apr-2024

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

0/1 128 Neilston Road
Paisley
Renfrewshire
PA2 6EP

Contact number(s)

Voice: 07960 524514
Voice: 07960524514

101032909233W | Unique Care Pathway Number: 101032909233W

REGISTERED GP DETAILS

Name	Dr MJ McGovern		
GMC code	-	GP code	-
Practice name	The Charleston Practice		
Practice code	-		

Practice address

Contact number(s)
-

REFERRING HCP DETAILS

HCP Name	LaurenBrash
HCP code	6071618
HCP Position	Consultant Respiratory Physician
Organisation name	Respiratory Medicine Acute Clyde Sector (GG&C)
Location code	G157G

Organisation address

SCIGW Virtual Location

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: prominence of the common bile duct, dilated pancreatic duct, slightly atrophic looking pancreas

Comment: I would be grateful for your review of his 44 year old gentleman's CT. He was referred to us with persistent haemoptysis on a background of smoking and Rivaroxaban use for previous PE and DVT. He looks to have a history of alcohol and drug use and is a type one insulin controlled diabetic.

His CT did not show any concerning causes in his lungs for his symptoms, but we will review him in the clinic in a couple of months time. Incidentally it did show slight prominence of the common bile duct and a dilated pancreatic duct with a slightly atrophic looking pancreas.

I would be grateful for your review of this scan to see if anything further needs to be done. His last liver function tests were in September and I have asked the GP whether they could consider updating these. Alkaline phosphatase was borderline elevated at 140, but otherwise the bloods were normal in September.

Yours sincerely
Dr L. Brash
Consultant Physician (Respiratory & General Medicine)

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Consultant
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Urgent - Suspected Cancer
Date of referral 21-Aug-2024 **Date sent** 23-Aug-2024

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	

Patient's address

Flat 0-1
128 Neilston Road
Paisley
PA2 6EP

Contact number(s)

Voice: 073622993985
Voice: 073622993985

101033974533F | Unique Care Pathway Number: 101033974533F

REGISTERED GP DETAILS

Name	Dr Guy C Perrett		
GMC code	4704504	GP code	36056
Practice name	The Consulting Rooms		
Practice code	87502		

Practice address

The Consulting Rooms
21 Neilston Road
Paisley
PA2 6LW

Contact number(s)

Voice: 0141 889 5277
Facsimile: 0141 848 5500
E-mail: GG-UHB.GP87502clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Neil Evans		
GMC code	7446605	GP code	37915
Practice name	The Consulting Rooms (87502)		
Practice code	87502		

Practice address

21 Neilston Rd
Paisley
PA2 6LW

Contact number(s)

Voice: 0141 889 5277

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Weight Loss and + Qfit

Comment: Dear Colleague

This gentleman has longstanding bowel problems - often complaining of discomfort and diarrhoea. We had previously asked him to do a q fit but he did not hand this back in. He is currently receiving alcohol detox at Gartnavel and he told them that his bowel symptoms are ongoing and the he has lost a few kg in weight. They did a q fit and it came back positive at 19. I have not reviewed this patient, but looking at his results on portal he is not anaemic and all of his haematinics are normal.

He is a current smoker and is known to the RDS who prescribe Methadone for him. He had a previous DVT in 2022 but he is no longer anti coagulated.

As I said he is currently an in patient at Gartnavel and the team there think he is likely to remain there for another week.

Kind Regards

Neil Evans GP

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Deep vein thrombosis (Right)	-	12-May-2022	12-May-2022
Alcohol problem drinking	-	27-Apr-2022	27-Apr-2022
[D]Seizure NOS	-	30-Dec-2021	30-Dec-2021
Lobar (pneumococcal) pneumonia	-	24-Sep-2021	24-Sep-2021
Lobar (pneumococcal) pneumonia	-	23-Aug-2021	23-Aug-2021
Lobar (pneumococcal) pneumonia	Right upper lobe	24-Dec-2020	24-Dec-2020
Pulmonary embolus	Right upper lobe pulmonary lobe, extending as far as the left atrium	24-Dec-2020	24-Dec-2020
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Deep vein thrombosis	(Right)	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded

CT (computed tomography) of chest and abdomen	Chest CT follow-up - Improvement	21-Aug-2021	21-Aug-2021
Exploratory laparotomy	With washout	24-Nov-2020	24-Nov-2020
Splenectomy NEC	-	24-Nov-2020	24-Nov-2020
Alcohol detoxification	-	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Oct-2022	132	90

Body Measurements

Date Recorded	Height	Weight	BMI
01-Nov-2022	-	-	30.3
01-Nov-2022	-	95	-
29-Jun-2021	177	71	22.7
22-Sep-2020	-	95.2	30.4
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker 10 Cigarettes/day :		29-Jun-2021
Current smoker:		22-Sep-2020
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Is patient aware they are being referred under a suspicion of cancer pathway?:Yes

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Physical Health:
He was then urgently hospitalized on 24/11/20 with suspected sepsis, multiple infarcts to spleen/kidneys, liver, possible pneumonia, underwent a splenectomy, and discharged 23/12/21. Prior seizure activity and collapse by intoxication previously noted on clinical portal.
His latest bloods where markedly deranged in glucose, chlorine, FBC and alkaline phosphate which may be indicative of his alcohol use and past HCV infection twice (which was treated successfully). Latest BBV assessment March 2021 satisfactory. His GP was contacted to request an Hb1Ac and Liver Ultrasound as a precaution.

Current Medication:

GP (newly registered at Consulting Rooms Paisley just 1/7/21). Prior GP Dr Calvo Abbey Medical Centre Paisley>

Recent prescription of:- Novomix30 = 14 units BD at present,
Pregabalin 150mg x 2 daily,
Cocodamol 30/500mg (PRN)
and Amoxicillin long term.

RADRS prescribing = Methadone(Sugar free) 70ml daily SODOC, dispense Tues/Thus and Sat (this likely to revert to daily dispense)

Smoker – 20pd
No Known Allergies.

Emotional Health: No prior history of note. Was prescribed Mirtazapine until admission November – December 2020 where this was stopped as not required and his analgesia was amended, which has aggrieved his since. His mood is low, melancholic although future focussed and wishes treatment.

Social: Unemployed on sickness benefit. Support for Turning Point Scotland Home support services (Michelle Stewart). Lives alone although in relationship with a woman who is also in substance use recovery. No children. Mr Burgess has a longstanding forensic history with several assaults to others and drug related offences. He is currently subject to a supervision order and his CJSW is Naomi Baxter.

Plan – Following our MDT meeting, it has been agreed he is to be referred for routine inpatient alcohol detoxification at Kershaw Unit Gartnavel Royal Hospital Glasgow. Mr Burgess is in receipt of Pabrinex therapy at present and has been more engaging recently. He wishes only to considered for Acamprosate as his is as yet undecided on Disulfiram therapy, which may be currently influenced by his chaotic drug and alcohol use at present.

Your sincerely,

Katrine Somerville
Community Addiction Nurse
Intake Team

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Medicine GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	—	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 05-Jul-2022 **Date sent** 05-Jul-2022

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

Flat 0-1
128 Neilston Road
Paisley
PA2 6EP

Contact number(s)

Voice: 07960524514
Voice: 07960524514

101026791829U

Unique Care Pathway Number: 101026791829U

REGISTERED GP DETAILS

Name	Dr Laura Cormack		
GMC code	6103548	GP code	35581
Practice name	The Consulting Rooms		
Practice code	87502		

Practice address

The Consulting Rooms
21 Neilston Road
Paisley
PA2 6LW

Contact number(s)

Voice: 0141 889 5277
Facsimile: 0141 848 5500
E-mail: GG-UHB.GP87502clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Karen Dunwoodie		
GMC code	7077695	GP code	38881
Practice name	The Consulting Rooms (87502)		
Practice code	87502		

Practice address

21 Neilston Rd
Paisley
PA2 6LW

Contact number(s)

Voice: 0141 889 5277

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Advice Please

Comment: Dear Colleague,

This gentleman was recently discharged having been diagnosed with a right leg DVT and started on Rivaroxaban. He has a history of a previous PE and IVDU. No duration of treatment was provided. I would be grateful if this would be clarified given his history of recurrent VTE. He has been compliant with medication and continues on Rivaroxaban 20mg.

Many thanks,

M Dunwoodie

GP

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Deep vein thrombosis (Right)	-	12-May-2022	12-May-2022
Alcohol problem drinking	-	27-Apr-2022	27-Apr-2022
[D]Seizure NOS	-	30-Dec-2021	30-Dec-2021
Lobar (pneumococcal) pneumonia	-	24-Sep-2021	24-Sep-2021
Lobar (pneumococcal) pneumonia	-	23-Aug-2021	23-Aug-2021
Lobar (pneumococcal) pneumonia	Right upper lobe	24-Dec-2020	24-Dec-2020
Pulmonary embolus	Right upper lobe pulmonary lobe, extending as far as the left atrium	24-Dec-2020	24-Dec-2020
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Deep vein thrombosis	(Right)	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
CT (computed tomography) of chest and abdomen	Chest CT follow-up - Improvement	21-Aug-2021	21-Aug-2021
Splenectomy NEC	-	24-Nov-2020	24-Nov-2020
Exploratory laparotomy	With washout	24-Nov-2020	24-Nov-2020

Alcohol detoxification	-	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Glucorx Nexus Test strips	100	100 strip	TO BE USED AS DIRECTED	-	10-May-2022	10-May-2022
Mirtazapine Tablets 15 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Sep-2021	27-May-2022
Acamprosate Calcium E/c tablets 333 mg	168	168 tablet	TAKE TWO TABLETS THREE TIMES DAILY	-	17-Aug-2021	17-Aug-2021
Thiamine Tablets 50 mg	112	112 tablet	ONE TO BE TAKEN FOUR TIMES DAILY	-	17-Aug-2021	27-May-2022
Pregabalin Capsules 150 mg	56	56 CAPSULE	TAKE ONE TWICE DAILY	-	23-Jul-2021	13-Jun-2022
Amoxicillin Capsules 500 mg	28	28 capsule	TAKE ONE DAILY	-	23-Jul-2021	17-Jun-2022
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	23-Jul-2021	17-Jun-2022
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 pre-filled disposable injection	TO BE USED AS DIRECTED	-	23-Jul-2021	17-May-2022
Methadone 1 Mg/Ml Oral solution	0.001	0.001 ml	AS PER RDS - NOT TO BE PRESCRIBED BY GP	-	23-Jul-2021	23-Jul-2021
Glucorx Carepoint Needles for insulin pens 4 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	01-Jul-2021	05-May-2022

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Rivaroxaban Tablets 20 mg	28	28 tablet	1 DAILY	-	07-Jun-2022	01-Jul-2022
Sildenafil Citrate Tablets 100 mg	8	8 tablet	ONE TO BE TAKEN AS DIRECTED. SLS	-	27-May-2022	27-May-2022
Ibuprofen Tablets 400 mg	24	24 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	10-May-2022	10-May-2022
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)	-	28-Mar-2022	28-Mar-2022
Sildenafil Citrate Tablets 100 mg	8	8 tablet	ONE TO BE TAKEN AS DIRECTED. SLS	-	04-Mar-2022	04-Mar-2022
Dermol Cream	500	500 gram	USE IN SHOWER TO WASH	-	14-Feb-2022	14-Feb-2022
Hydrocortisone And Miconazole Cream 1 % + 2 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	14-Feb-2022	18-Mar-2022
Glucorx Nexus Test strips	50	50 STRIP	TO BE USED AS DIRECTED	-	14-Feb-2022	

						14-Feb-2022
Glucomen Areo Sensor Test strips	50	50 strip	TO BE USED AS DIRECTED	-	31-Dec-2021	18-Feb-2022

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
29-Jun-2021	177	71	22.7
22-Sep-2020	-	95.2	30.4
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker 10 Cigarettes/day :		29-Jun-2021
Current smoker:		22-Sep-2020
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

General Medicine
Corsebar Road
Paisley
PA2 9PN

06/07/2022

Dr LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
PA2 6LW

Dear Dr LE Cormack

Patient Name: Henry Burgess
CHI Number: 2208793218
Referral Date: 06/07/2022

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

( ) Other

The Thrombosis MDT plan from 13/05/22 (available on Clinical Portal) states "6 weeks minimum and 3 months if compliant with the anticoagulation".

Yours sincerely

Dr Sally McAdam

User ID Sally McAdam

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
General Surgery - 23092014_Southern General Hospital_684632

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal GGC Colorectal	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 02-Nov-2022 **Date sent** 02-Nov-2022

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

Flat 0-1
128 Neilston Road
Paisley
PA2 6EP

Contact number(s)

Voice: 07960524514
Voice: 07960524514

1010278574853

Unique Care Pathway Number: 1010278574853

REGISTERED GP DETAILS

Name	Dr Laura Cormack		
GMC code	6103548	GP code	35581
Practice name	The Consulting Rooms		
Practice code	87502		

Practice address

The Consulting Rooms
21 Neilston Road
Paisley
PA2 6LW

Contact number(s)

Voice: 0141 889 5277
Facsimile: 0141 848 5500
E-mail: GG-UHB.GP87502clinical@nhs.net

REFERRING GP DETAILS

Name	Rachel Miller		
GMC code	7072570	GP code	-
Practice name	-		
Practice code	87502		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Change in bowels to diarrhoea and worsening PR bleeding (BG moderate risk bowel cancer)

Comment: This gentleman describes change in bowels to daily diarrhoea 4/daily (usual habit alternate days) with PR bleeding and blood seen mixed with stools. New bilateral abdominal pains at sides.

No weight loss

Moderate risk of bowel cancer as sister bowel cancer dx in 30s. I attach genetic letter.

He states he has had previous colonoscopy years ago but I cannot find this.

He does suffer from alcohol dependence under ADRS and is T1DM.

O/E abdo generally tender but no guarding or rebound. HR89 s98% RR16 PR normal light brown stool in rectum.

Yours sincerely

Dr Rachel Miller GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Diarrhoea	-	02-Nov-2022	02-Nov-2022
Intoxication - alcohol	-	06-Oct-2022	06-Oct-2022
Deep vein thrombosis (Right)	-	12-May-2022	12-May-2022
Alcohol problem drinking	-	27-Apr-2022	27-Apr-2022
[D]Seizure NOS	-	30-Dec-2021	30-Dec-2021
Lobar (pneumococcal) pneumonia	-	24-Sep-2021	24-Sep-2021
Lobar (pneumococcal) pneumonia	-	23-Aug-2021	23-Aug-2021
Pulmonary embolus	Right upper lobe pulmonary lobe, extending as far as the left atrium	24-Dec-2020	24-Dec-2020
Lobar (pneumococcal) pneumonia	Right upper lobe	24-Dec-2020	24-Dec-2020
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Deep vein thrombosis	(Right)	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
CT (computed tomography) of chest and abdomen	Chest CT follow-up - Improvement	21-Aug-2021	21-Aug-2021
Splenectomy NEC	-	24-Nov-2020	24-Nov-2020
Exploratory laparotomy	With washout	24-Nov-2020	24-Nov-2020
Alcohol detoxification	-	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Glucorx Nexus Test strips	100	100 strip	TO BE USED AS DIRECTED	-	10-May-2022	28-Sep-2022
Mirtazapine Tablets 15 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	09-Sep-2021	28-Sep-2022
Thiamine Tablets 50 mg	112	112 tablet	ONE TO BE TAKEN FOUR TIMES DAILY	-	17-Aug-2021	21-Sep-2022
Pregabalin Capsules 150 mg	56	56 CAPSULE	TAKE ONE TWICE DAILY	-	23-Jul-2021	28-Sep-2022
Amoxicillin Capsules 500 mg	28	28 capsule	TAKE ONE DAILY	-	23-Jul-2021	25-Oct-2022
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	23-Jul-2021	25-Oct-2022
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 pre-filled disposable injection	TO BE USED AS DIRECTED	-	23-Jul-2021	28-Oct-2022
Glucorx Carepoint Needles for insulin pens 4 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	01-Jul-2021	26-Aug-2022

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Rivaroxaban Tablets 20 mg	14	14 tablet	1 DAILY	-	02-Aug-2022	02-Aug-2022
Rivaroxaban Tablets 20 mg	28	28 tablet	1 DAILY	-	07-Jun-2022	01-Jul-2022
Sildenafil Citrate Tablets 100 mg	8	8 tablet	ONE TO BE TAKEN AS DIRECTED. SLS	-	27-May-2022	27-May-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Oct-2022	132	90

Body Measurements

Date Recorded	Height	Weight	BMI
01-Nov-2022	-	95	-
29-Jun-2021	177	71	22.7
22-Sep-2020	-	95.2	30.4
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker 10 Cigarettes/day :		29-Jun-2021
Current smoker:		22-Sep-2020
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Alcohol detoxification	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omnican Fine Needles for insulin pens 8 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	31-May-2018	20-Jun-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	01-Mar-2018	21-Jun-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 BD	-	01-Mar-2018	18-Jul-2018
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	01-Mar-2018	21-Jun-2018
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	01-Mar-2018	20-Jun-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	18-Jul-2018	18-Jul-2018
Daktacort Cream 2 % + 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	21-Jun-2018	21-Jun-2018
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	31-May-2018	31-May-2018
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	21-May-2018	21-May-2018
Scholl Softgrip Class II Circular Knit Below Knee Stocking, closed toe, soft black Medium	2	2 stocking	AS DIRECTED	-	21-May-2018	21-May-2018
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY AS REQUIRED	-	21-May-2018	21-Jun-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Apr-2018	03-Apr-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Registered GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

5/11/18 1.30pm DNA

Bloods

4/12

Hospital use only	Clinic	Day Date	Time	Hospital No.

17/12 1.30pm DNA

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Diabetes (Integrated Team)
GGC Diabetes SPOA

— **Consultant / receiving practitioner and/or specialty clinic**

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

— **Hospital and hospital address**

Hospital location code: C418H

Email address:

Urgency of referral Routine
Date of referral 17-Aug-2018 **Date sent** 20-Aug-2018

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

76 Stock Street
Paisley
PA2 6NH

Contact number(s)

Voice: 07477774484

1010167873184 Unique Care Pathway Number: 1010167873184

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	6709423	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625.		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: abbeyprescriptions.nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088

→ Neil Diab/renal/ans D 5/2/19

new Diab/consultant/ renal/ans D 25/3/19

needs consultant.

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: High BM Levels

Comment: Dear colleagues,
This pleasant 38 year old gentleman is known by your services he has type 1 diabetes. He was previously at your clinic last year and was taking Novomix 30 units am and 12 units pm he was also taking Novorapid. At that point his diabetes was well controlled and his HBA1C was 50.
Mr Burgess is currently an in-patient at Turning Point Scotland where he is detoxifying from substance misuse. His BM levels have been high (close to 20) and the nurses at Turning Point have been encouraging his Novomix and giving him Novorapid as required.
At present he is taking Novomix 30 14 units twice daily.
They came in today for review, I have taken bloods including HBA1C and I can see from a letter dated 30.11.17 that he requires a referral to the consultant to be put on the routine list.
Thank you very much for seeing this pleasant gentleman.

Yours Sincerely

cc. Diabetic Nurses

I wonder if you would kind enough to review this pleasant gentleman and try to optimis his BM's as they are still running on the high side.

Yours sincerely

novomix 30
12+12.
(novorapid 2-3units if required)

Reason for referral

Care type requested: Out Patient
Expected outcome: Treat

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007

Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis.	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Alcohol detoxification	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omnican Fine Needles for Insulin pens 8 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	31-May-2018	20-Jun-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	01-Mar-2018	21-Jun-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 BD	-	01-Mar-2018	18-Jul-2018
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	01-Mar-2018	21-Jun-2018
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	01-Mar-2018	20-Jun-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	18-Jul-2018	18-Jul-2018
Daktacort Cream 2 % + 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	21-Jun-2018	21-Jun-2018
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	31-May-2018	31-May-2018
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	21-May-2018	21-May-2018
Scholl Softgrip Class II Circular Knit Below Knee Stocking, closed toe, soft black Medium	2	2 stocking	AS DIRECTED	-	21-May-2018	21-May-2018
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY AS REQUIRED	-	21-May-2018	21-Jun-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Apr-2018	03-Apr-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Registered GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) . Date

5/11/18 1.30pm DNA

Bloods ☐

4/12 ✓ SL

Hospital use only	Clinic	Day Date	Time	Hospital No.

17/12 1.30pm DNA

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Diabetes (Integrated Team)
GGC Diabetes SPOA

— Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

— Hospital and hospital address

Hospital location code: C418H

Email address:

Urgency of referral Routine
Date of referral 17-Aug-2018 **Date sent** 20-Aug-2018

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

76 Stock Street
Paisley
PA2 6NH

Contact number(s)

Voice: 07477774484

1010167873184 Unique Care Pathway Number: 1010167873184

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	6709423	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: abbeyprescriptions.nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088

→ New Diab/reminder letters 0 new Diab/consultant/ routine/any 0

5/2/19 ✓ 28/3/19

needs consultant.

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: High BM Levels

Comment: Dear colleagues,
This pleasant 38 year old gentleman is known by your services he has type 1 diabetes. He was previously at your clinic last year and was taking Novomix 30 units am and 12 units pm he was also taking Novorapid. At that point his diabetes was well controlled and his HBA1C was 50.
Mr Burgess is currently an in-patient at Turning Point Scotland where he is detoxifying from substance misuse. His BM levels have been high (close to 20) and the nurses at Turning Point have been encouraging his Novomix and giving him Novorapid as required.
At present he is taking Novomix 30 14 units twice daily.
They came in today for review, I have taken bloods including HBA1C and I can see from a letter dated 30.11.17 that he requires a referral to the consultant to be put on the routine list.
Thank you very much for seeing this pleasant gentleman.

Yours Sincerely

cc. Diabetic Nurses

I wonder if you would kind enough to review this pleasant gentleman and try to optimis his BM's as they are still running on the high side.

Yours sincerely

novomix 30
12 + 12.
(novorapid 2-3units if required)

Reason for referral
Care type requested: Out Patient
Expected outcome: Treat

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007

Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis.	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Alcohol detoxification	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omnican Fine Needles for Insulin pens 8 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	31-May-2018	20-Jun-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	01-Mar-2018	21-Jun-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 BD	-	01-Mar-2018	18-Jul-2018
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	01-Mar-2018	21-Jun-2018
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	01-Mar-2018	20-Jun-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	18-Jul-2018	18-Jul-2018
Daktacort Cream 2 % + 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	21-Jun-2018	21-Jun-2018
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	31-May-2018	31-May-2018
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	21-May-2018	21-May-2018
Scholl Softgrip Class II Circular Knit Below Knee Stocking, closed toe, soft black Medium	2	2 stocking	AS DIRECTED	-	21-May-2018	21-May-2018
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY AS REQUIRED	-	21-May-2018	21-Jun-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Apr-2018	03-Apr-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Registered GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

RDS Outreach HCV Assessment Clinic

RAACBGA3-SR CAMERON BURNS HEP C OUTREACH CLINIC TUES AM

Date of Referral: 02/07/2019

Name	***CHI Number***	***DOB***
Henry Burgess	2208793218	22/08/79
Home Address	***GP and Address***	***Name of Referrer***
2/1 , 76 Stock St Paisley PA2 6NH	Dr Goyle King St Medical Practice, Transferring to Abbey Lonend soon	John Coulter John.coulter@ggc.scot.nhs.uk ***Name of Prescribing Dr.*** Dr McIvor

Current Treatment /Medication

Methadone 50mls. Titrating up to 80mls
Mirtazapine 30mgs
Pregablin 300mgs x 2
Acamprosate 666mgs x3

Pharmacy Details & Dispensing regime

Abbey Chemist Lonend, Methadone daily supervised

Patient background including medical history/mental health issues etc.

Long Hx of drug misuse (IV) heroin. Recent relapse to Alcohol 14 cans cider / day 2 bags heroin smoked and Occasional street valium.. Hx of Depression / Anxiety – Stable at present. Various Leg ulcers . ? DVT.

Any other relevant information

He has Insulin Dependent diabetes which is poorly controlled. Numerous DNA for HCV treatment since 2016

Waverley care referral discussed **NO**

Please e-mail new referrals to: GG-UHB.RMCRAH@nhs.net, anne.burns2@nhs.net

The first available appointment will be offered for the outreach clinic at RDS.

Referral letter:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Diabetes team

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 02/12/2020
Reference:
Dictated Date: 02/12/2020
Transcribed Date:

Dear ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Dear Diabetes team,

I would appreciate your input on restarting pre-admission insulin therapy in this type 1 diabetic.

Henry Burgess is in ICU2 following an admission with septic shock. He underwent an emergency laparotomy for septic emboli to his liver, kidneys and spleen resulting in a splenectomy and ICU stay.

He was extubated yesterday and is now on the mend, though continues on antibiotics for Step Milleri cultured from the spleen and is anticoagulated for a pulmonary vein embolus.

His other PMH includes ex-IVDU on methadone and treated Hep C.

He has been receiving NG feed and with this a background actrapid infusion with sugars between 8-15.

He is not yet ready to stop his feed but will hopefully start to eat and drink a bit over the next few days and gradually stop his feed. For this reason we were hoping to start reintroducing his normal insulin and would like your advice.

He was previously on Novomix 30 12 units morning and evening and says his sugars were usually around 8. I cant see that he has ever had input from the diabetes team in the past and he is not clear on this.

Many thanks,

Olivia Pittman

ACCS CT2 #56177

ICU 2

Electronically Signed: ,

cc.

Referral letter: Diabetes referral

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Diabetes Team
RAH

Main Switchboard: 0141-887-9111
Department: Ward 24 General Surgery
Contact Tel: 06181
Enquiries to:
Letter Date: 15/12/2020
Reference:
Dictated Date: 15/12/2020
Transcribed Date: 15/12/2020

Dear Dr,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Dear Diabetes team,

We would be grateful for your further input regarding insulin therapy for this gentleman on Ward 24 who is a type 1 diabetic who was reviewed by yourselves in HDU.

He is an ICU stepdown patient who was admitted with septic shock and had emergency laparotomy and splenectomy. Background – ex-IVDU, treated Hep C.

He currently receives 12 hourly NG feed overnight due to poor oral intake. Dieticians have reviewed him and feel this could be halved to encourage Henry to eat more during the day as he is slowly clinically improving.

New feeding regime can commence following a review of his insulin. His current insulin regime is Levemir 20 units in morning (once overnight feed has stopped) and Novomix30 30 units in the evening (prior to feed starting). His sugars are well controlled within range of 4-11.

Kind regards,

Electronically Signed: ,

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Main Switchboard:	0141-887-9111
Department:	GENERAL SURGERY
Contact Tel:	0141-314-6857
Enquiries to:	JOANNE FORBES
Letter Date:	12/01/2021
Reference:	PM/JF
Dictated Date:	04/01/2021
Transcribed Date:	05/01/2021

Dear Dr. JR Calvo Rodriguez,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Admission: Specialty - General Surgery; Ward - RAH Ward 24 General Surgery
Consultant - Mr Patrick MacGoey; Date of Admission - 24/11/2020
Date of Discharge - 23/12/2020; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Diagnosis:
1. Cavitating right upper lobe pneumonia
2. Adjacent pulmonary vein thrombus (extending into left atrium)
3. Multiviseral arterial emboli
4. Multi-organ failure and peritonitis secondary to infected infarcted spleen
5. Damage control laparotomy wash out, drainage and subsequent splenectomy
6. Intravenous drug use
7. Hepatitis C (treated)
8. Type 1 diabetes
9. History of alcohol excess

Plan:
1. Apixaban (duration 3 months)
2. Continue Clindamycin until 04.01.21 and then long term Amoxicillin 500mgs once a day (asplenia)
3. Complete immunisation schedule as per IDL (further meningitis vaccines 3rd week of January)

Henry was admitted profoundly unwell with septic shock and peritonitis as well as diabetic ketoacidosis. He was resuscitated with fluids, antibiotics and insulin and taken for a CT scan. This showed evidence of free gas and fluid in his abdomen with an infarcted spleen as well as other infarcts in his kidney and liver.

Our initial thoughts were that his cavitating lung lesions may have been due to right heart endocarditis though there was no convincing evidence of this on his echocardiograms. Whether

primary or secondary the lung changes were quite marked and it seems that the adjacent pulmonary vein thrombus propagated into the left atrium resulting in septic emboli in the systemic circulation.

At laparotomy there was no evidence of hollow viscus perforation and it seemed all of the gas was due to gas forming organisms. Given the severity of his physiological derangement (profound shock, acidemia and coagulopathy) no attempt was made to remove his spleen at the first sitting and he was washed out drained and returned to ICU with a laparostomy in situ. The next morning he returned to theatre for splenectomy and a re-look and washout. He made good progress following this with resolution of organ failure and no further operative or radiological intervention was required.

I reviewed him in the returns clinic 1 week following discharge and was pleased to see him looking well. He and his partner were happy that he was making progress with no fever or other symptoms and his repeat blood test showed a falling CRP and a rising Albumin which are reassuring. There is some superficial dehiscence of his midline wound but this was healing. I will arrange a further clinic follow up and a CXR and he will also require respiratory follow up.

Thanks for your help in managing him.

Kind regards

Yours sincerely

Mr Patrick MacGoey

Consultant Upper GI Surgeon

Electronically Signed: Mr Patrick MacGoey, Consultant

cc. DR JANE GRAVIL
CONSULTANT RESPIRATORY PHYSICIAN
RAH

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Diabetes - 15012021 Hospital Letter 1239218

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes (Consultant) GGC General Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 28-Jan-2021 **Date sent** 29-Jan-2021

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

96a Alice Street
Paisley
PA2 6EA

Contact number(s)

Voice: 848 1296
Voice: 07435910104

101022528342X | Unique Care Pathway Number: 101022528342X

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: gg-uhb.gp87625clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: type I diabetes, ?pancreatic enzyme insufficiency

Comment: I would be grateful if you could review this pleasant gentleman and consider whether he needs a faecal elastase test as suggested by one of the dieticians in the attached letter.

The letter is self explanatory. In primary care we do not have the means to organise faecal elastase test and I would be grateful if you would consider whether this is necessary for this patient.

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Lobar (pneumococcal) pneumonia	Right upper lobe	24-Dec-2020	24-Dec-2020
Pulmonary embolus	Right upper lobe pulmonary lobe, extending as far as the left atrium	24-Dec-2020	24-Dec-2020
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Splenectomy NEC	-	24-Nov-2020	24-Nov-2020
Exploratory laparotomy	With washout	24-Nov-2020	24-Nov-2020
Alcohol detoxification	-	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Pregabalin Capsules 150 mg	56	56 capsule	1 BD	-	11-Jan-2021	18-Jan-2021
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	24-Dec-2020	18-Jan-2021
Methadone Hydrochloride Oral Solution, Sugar Free 1 mg/ml	0.0001	0.0001 ml	70ML ONCE DAILY	-	24-Dec-2020	24-Dec-2020
Amoxicillin Capsules 500 mg	28	28 capsule	1 OD	-	24-Dec-2020	18-Jan-2021
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	23-Sep-2020	28-Oct-2020

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ensure Shake Oral Powder Sachets (Vanilla) 57 gram sachet	42	42 SACHET	1 SACHET BD	-	15-Jan-2021	15-Jan-2021
Zerobase Cream 11 %	500	500 gram	APPLY AS DIRECTED	-	30-Dec-2020	30-Dec-2020
Irripod Sterile Irrigation Solution sodium chloride 0.9 %, pod, 20 ml	25	25 unit dose	TO BE USED AS DIRECTED	-	30-Dec-2020	15-Jan-2021
Aquacel Ag+ Ribbon Cavity Dressing 2 cm x 45 cm	10	10 DRESSING	TO BE USED AS DIRECTED	-	30-Dec-2020	15-Jan-2021
Xupad Dressing Pad 20 cm x 20 cm	20	20 dressing	Daily	-	30-Dec-2020	15-Jan-2021
Premierpore Dressing 10 cm x 30 cm	100	100 dressing	TO BE USED AS DIRECTED	-	30-Dec-2020	15-Jan-2021
Codeine Phosphate Tablets 15 mg	112	112 TABLET	ONE TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED FOR PAIN	-	24-Dec-2020	12-Jan-2021
Loperamide Hydrochloride Capsules 2 mg	30	30 capsule	ONE CAPSULE EVERY 6 HOURS	-	24-Dec-2020	08-Jan-2021
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	60	60 sachet	ONE TO BE TAKEN TWICE A DAY	-	24-Dec-2020	24-Dec-2020
Non-Woven Filmated Swabs (non-sterile) Spec 29, 10 cm x 10 cm, 8-ply	200	200 swab	AS DIRECTED	-	24-Dec-2020	15-Jan-2021
Ensure Shake Oral Powder Sachets (Banana) 57 gram sachet	42	42 SACHET	ONE SACHET BD DAILY MIXED FLAVOURS PLEASE	-	24-Dec-2020	24-Dec-2020
Apixaban Tablets 5 mg	56	56 tablet		-	24-Dec-2020	

			ONE TO BE TAKEN TWICE DAILY			18-Jan-2021
Pregabalin Capsules 75 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	24-Dec-2020	24-Dec-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	28-Oct-2020	28-Oct-2020
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	23-Sep-2020	23-Sep-2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	23-Sep-2020	23-Sep-2020
Pregabalin Capsules 300 mg	56	56 capsule	1 Cap Twice daily	-	23-Sep-2020	28-Oct-2020
Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	23-Sep-2020	28-Oct-2020

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
22-Sep-2020	-	95.2	30.4
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		22-Sep-2020
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Registered GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

Cindy

Renfrewshire
Health & Social Care
Partnership

Mental Health Services

Renfrewshire Drug Service
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ

Date: 02/07/21
Our Ref: KS/KS
Enquiries: 0300 300 11 99
(Option 2)

URGENT REFERRAL

Strictly Private & Confidential

7/7/21

→ new type (1) Diab (smoth, mixture, milk/ routine 0

Diabetic Nursing Services
Royal Alexandria Hospital
Paisley

Dear Cindy,

Re: BURGESS, Henry (Mr.) CHI: 220 879 3218 OF Flat 0/1, 128 Neilston Rd, Paisley, PA2 6EA Home: (07960) 524514

Mr Burgess is 41 year old unemployed man, in relationship but living separately, no children, referred by prison health and liberated 15/09/2020 in receipt of Methadone (Sugar free) ORT and insulin Novomix30 14 units BD at present.

Reason for Referral:

Mr Burgess continue to inform that he cannot monitor his blood glucose levels at present and is neglectful of ordering his diabetic medication and supplies timeously. Having recently been in touch with yourselves at Diabetes Services and have requested his diabetic needs be monitored and supported, he now has a supply of insulin and pen needles, kindly arranged by Abbey Loned pharmacy in Paisley, although still no means of measuring his blood glucose.

Given he will be admitted to hospital in the next few weeks for a planned detoxification, it would be helpful to make contact with him as soon as possible or contact Kershaw Unit staff when he is admitted whilst he is receiving stabilizing treatment.

Current Update from Renfrewshire Alcohol and Drug Recovery Service:

Longstanding history of heroin (IV and smoked) dependence, complicated alcohol dependence, and in receipt of several episodes of ORT treatment with both RADRS and DTTO services. Diagnosis of insulin dependent diabetes which is poorly controlled. Following his liberation from prison, he had lapsed to alcohol use, street valium use, and poorly engaged with services.

Current alcohol and drug use: He has drinking steadily since January 2021 and is currently consuming 10-12 cans lager 4% per day. Described alcohol withdrawal symptoms on waking and drinks first thing. He has lapsed to irregular street valium use on occasional although denies routine use, describing as 6-10 tbs on occasion. He denies a return to heroin use although difficult to assess as prescribed long term opiate for chronic pain form diabetic neuropathy.

Physical Health:
He was then urgently hospitalized on 24/11/20 with suspected sepsis, multiple infarcts to spleen/kidneys, liver, possible pneumonia, underwent a splenectomy, and discharged 23/12/21. Prior seizure activity and collapse by intoxication previously noted on clinical portal.
His latest bloods where markedly deranged in glucose, chlorine, FBC and alkaline phosphate which may be indicative of his alcohol use and past HCV infection twice (which was treated successfully). Latest BBV assessment March 2021 satisfactory. His GP was contacted to request an Hb1Ac and Liver Ultrasound as a precaution.

Current Medication:

GP (newly registered at Consulting Rooms Paisley just 1/7/21). Prior GP Dr Calvo Abbey Medical Centre Paisley>

Recent prescription of:- Novomix30 = 14 units BD at present,
Pregabalin 150mg x 2 daily,
Cocodamol 30/500mg (PRN)
and Amoxicillin long term.

RADRS prescribing = Methadone(Sugar free) 70ml daily SODOC, dispense Tues/Thus and Sat (this likely to revert to daily dispense)

Smoker – 20pd
No Known Allergies.

Emotional Health: No prior history of note. Was prescribed Mirtazapine until admission November – December 2020 where this was stopped as not required and his analgesia was amended, which has aggrieved his since. His mood is low, melancholic although future focussed and wishes treatment.

Social: Unemployed on sickness benefit. Support for Turning Point Scotland Home support services (Michelle Stewart). Lives alone although in relationship with a woman who is also in substance use recovery. No children. Mr Burgess has a longstanding forensic history with several assaults to others and drug related offences. He is currently subject to a supervision order and his CJSW is Naomi Baxter.

Plan – Following our MDT meeting, it has been agreed he is to be referred for routine inpatient alcohol detoxification at Kershaw Unit Gartnavel Royal Hospital Glasgow. Mr Burgess is in receipt of Pabrinex therapy at present and has been more engaging recently. He wishes only to considered for Acamprosate as his is as yet undecided on Disulfiram therapy, which may be currently influenced by his chaotic drug and alcohol use at present.

Your sincerely,

Katrine Somerville
Community Addiction Nurse
Intake Team

Cindy

Renfrewshire
Health & Social Care
Partnership

Mental Health Services

Renfrewshire Drug Service
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ

Date: 02/07/21
Our Ref: KS/KS
Enquiries: 0300 300 11 99
(Option 2)

URGENT REFERRAL

Strictly Private & Confidential

7/7/21

Diabetic Nursing Services
Royal Alexandria Hospital
Paisley

→ new type 1 Diabetic (smoker, maintains, methadone) routine O

Dear Cindy,

Re: BURGESS, Henry (Mr.) CHI: 220 879 3218 OF Flat 0/1, 128 Neilston Rd, Paisley, PA2 6EA
Home: (07960) 524514

Mr Burgess is 41 year old unemployed man, in relationship but living separately, no children, referred by prison health and liberated 15/09/2020 in receipt of Methadone (Sugar free) ORT and insulin Novomix30 14 units BD at present.

Reason for Referral:

Mr Burgess continue to inform that he cannot monitor his blood glucose levels at present and is neglectful of ordering his diabetic medication and supplies timeously. Having recently been in touch with yourselves at Diabetes Services and have requested his diabetic needs be monitored and supported, he now has a supply of insulin and pen needles, kindly arranged by Abbey Loned pharmacy in Paisley, although still no means of measuring his blood glucose.

Given he will be admitted to hospital in the next few weeks for a planned detoxification, it would be helpful to make contact with him as soon as possible or contact Kershaw Unit staff when he is admitted whilst he is receiving stabilizing treatment.

Current Update from Renfrewshire Alcohol and Drug Recovery Service:

Longstanding history of heroin (IV and smoked) dependence, complicated alcohol dependence, and in receipt of several episodes of ORT treatment with both RADRS and DTTO services. Diagnosis of insulin dependent diabetes which is poorly controlled. Following his liberation from prison, he had lapsed to alcohol use, street valium use, and poorly engaged with services.

Current alcohol and drug use: He has drinking steadily since January 2021 and is currently consuming 10-12 cans lager 4% per day. Described alcohol withdrawal symptoms on waking and drinks first thing. He has lapsed to irregular street valium use on occasional although denies routine use, describing as 6-10 tbs on occasion. He denies a return to heroin use although difficult to assess as prescribed long term opiate for chronic pain form diabetic neuropathy.

5/11/18 1.30pm DNA

BLOODS

4/12 ✓ SL

Hospital use only	Clinic	Day Date	Time	Hospital No.

17/12 1.30pm DNA

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Diabetes (Integrated Team)
GGC Diabetes SPOA
— **Consultant / receiving practitioner and/or specialty clinic**

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
— **Hospital and hospital address**

Hospital location code: C418H

Email address: -

Urgency of referral Routine
Date of referral 17-Aug-2018 **Date sent** 20-Aug-2018

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

76 Stock Street
Paisley
PA2 6NH

Contact number(s)

Voice: 07477774484

1010167873184 Unique Care Pathway Number: 1010167873184

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	6709423	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: abbeyprescriptions.nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088

→ New Diab/retinal form ✓
5/2/19

needs consultant.

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: High BM Levels

Comment: Dear colleagues,
This pleasant 38 year old gentleman is known by your services he has type 1 diabetes. He was previously at your clinic last year and was taking Novomix 30 units am and 12 units pm he was also taking Novorapid. At that point his diabetes was well controlled and his HBA1C was 50.
Mr Burgess is currently an in-patient at Turning Point Scotland where he is detoxifying from substance misuse. His BM levels have been high (close to 20) and the nurses at Turning Point have been encouraging his Novomix and giving him Novorapid as required.
At present he is taking Novomix 30 14 units twice daily.
They came in today for review, I have taken bloods including HBA1C and I can see from a letter dated 30.11.17 that he requires a referral to the consultant to be put on the routine list.
Thank you very much for seeing this pleasant gentleman.

Yours Sincerely

cc. Diabetic Nurses

I wonder if you would kind enough to review this pleasant gentleman and try to optimis his BM's as they are still running on the high side.

Yours sincerely

novomix 30
12+12
(novorapid 2-3units if required)

Reason for referral

Care type requested: Out Patient
Expected outcome: Treat

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007

Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Alcohol detoxification	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omnican Fine Needles for Insulin pens 8 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	31-May-2018	20-Jun-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	01-Mar-2018	21-Jun-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 BD	-	01-Mar-2018	18-Jul-2018
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	01-Mar-2018	21-Jun-2018
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	01-Mar-2018	20-Jun-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	18-Jul-2018	18-Jul-2018
Daktacort Cream 2 % + 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	21-Jun-2018	21-Jun-2018
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	31-May-2018	31-May-2018
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	21-May-2018	21-May-2018
Scholl Softgrip Class II Circular Knit Below Knee Stocking, closed toe, soft black Medium	2	2 stocking	AS DIRECTED	-	21-May-2018	21-May-2018
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY AS REQUIRED	-	21-May-2018	21-Jun-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Apr-2018	03-Apr-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Registered GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes (Integrated Team) GGC Diabetes SPOA	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 17-Aug-2018 **Date sent** 20-Aug-2018

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

76 Stock Street
Paisley
PA2 6NH

Contact number(s)

Voice: 07477774484

1010167873184 | Unique Care Pathway Number: 1010167873184

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	6709423	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: abbeyprescriptions.nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: High BM Levels

Comment: Dear colleagues,
This pleasant 38 year old gentleman is known by your services he has type 1 diabetes. He was previously at your clinic last year and was taking Novomix 30 units am and 12 units pm he was also taking Novorapid. At that point his diabetes was well controlled and his HBA1C was 50.
Mr Burgess is currently an in-patient at Turning Point Scotland where he is detoxifying from substance misuse. His BM levels have been high (close to 20) and the nurses at Turning Point have been encouraging his Novomix and giving him Novorapid as required.
At present he is taking Novomix 30 14 units twice daily.
They came in today for review, I have taken bloods including HBA1C and I can see from a letter dated 30.11.17 that he requires a referral to the consultant to be put on the routine list.
Thank you very much for seeing this pleasant gentleman.

Yours Sincerely

cc. Diabetic Nurses

I wonder if you would kind enough to review this pleasant gentleman and try to optimis his BM's as they are still running on the high side.

Yours sincerely

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Alcohol detoxification	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omnican Fine Needles for insulin pens 8 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	31-May-2018	20-Jun-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	01-Mar-2018	21-Jun-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 BD	-	01-Mar-2018	18-Jul-2018
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	01-Mar-2018	21-Jun-2018
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	01-Mar-2018	20-Jun-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	18-Jul-2018	18-Jul-2018
Daktacort Cream 2 % + 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	21-Jun-2018	21-Jun-2018
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	31-May-2018	31-May-2018
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	21-May-2018	21-May-2018
Scholl Softgrip Class II Circular Knit Below Knee Stocking, closed toe, soft black Medium	2	2 stocking	AS DIRECTED	-	21-May-2018	21-May-2018
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY AS REQUIRED	-	21-May-2018	21-Jun-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Apr-2018	03-Apr-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Registered GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes (Consultant) GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code: C418H Email address: -

Urgency of referral Routine
Date of referral 17-Aug-2018 **Date sent** 20-Aug-2018

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

76 Stock Street
Paisley
PA2 6NH

Contact number(s)
Voice: 07477774484

101016787181F | Unique Care Pathway Number: 101016787181F

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	6709423	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)
Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: abbeyprescriptions.nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)
Voice: 0141 889 4088

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Type 1 Diabetes

Comment: Dear colleagues,
This pleasant 38 year old gentleman is known by your services he has type 1 diabetes. He was previously at your clinic last year and was taking Novomix 30 units am and 12 units pm he was also taking Novorapid. At that point his diabetes was well controlled and his HBA1C was 50.
Mr Burgess is currently an in-patient at Turning Point Scotland where he is detoxifying from substance misuse. His BM levels have been high (close to 20) and the nurses at Turning Point have been encouraging his Novomix and giving him Novorapid as required.
At present he is taking Novomix 30 14 units twice daily.
They came in today for review, I have taken bloods including HBA1C and I can see from a letter dated 30.11.17 that he requires a referral to the consultant to be put on the routine list.
Thank you very much for seeing this pleasant gentleman.

Yours Sincerely

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis (Right)	-	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis and abscess of leg NOS (Right)	-	04-Feb-2002	04-Feb-2002
Retractile testis	No operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Alcohol detoxification	11-Sep-2017	11-Sep-2017

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omnican Fine Needles for insulin pens 8 mm/31 gauge	100	100 NEEDLE	TO BE USED AS DIRECTED	-	31-May-2018	20-Jun-2018
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	01-Mar-2018	21-Jun-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	1 BD	-	01-Mar-2018	18-Jul-2018
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	01-Mar-2018	20-Jun-2018
Pregabalin Capsules 300 mg	56	56 capsule	ONE TO BE TAKEN TWICE A DAY	-	01-Mar-2018	21-Jun-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ibuprofen Tablets 400 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	-	18-Jul-2018	18-Jul-2018
Daktacort Cream 2 % + 1 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA TWICE DAILY	-	21-Jun-2018	21-Jun-2018
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	31-May-2018	31-May-2018
Ibuprofen Gel 5 %	100	100 gram	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY	-	21-May-2018	21-May-2018
Scholl Softgrip Class II Circular Knit Below Knee Stocking, closed toe, soft black Medium	2	2 stocking	AS DIRECTED	-	21-May-2018	21-May-2018
Clinitas Carbomer Eye Gel 0.2 %	10	10 GRAM	APPLY THREE TO FOUR TIMES DAILY AS REQUIRED	-	21-May-2018	21-Jun-2018
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Apr-2018	03-Apr-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

Date Recorded	Height	Weight	BMI
08-Feb-2018	177	76	24.26

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		08-Feb-2018
Alcohol units per week, 4 U/week:		08-Feb-2018

Clinical warnings

Allergies

Description	Comment	Date recorded

Adverse reaction to opiates or related narcotics NOS	Found unconscious. Responsed to Naloxone	14-Sep-2017

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Registered GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

RDS Outreach HCV Assessment Clinic

RAACBGA3-SR CAMERON BURNS HEP C OUTREACH CLINIC TUES PM

Date of Referral:

Name	***CHI Number***	***DOB***
Henry Burgess	2208793218	22/08/79
Home Address	***GP and Address***	***Name of Referrer***
1 / 2, 76 Stock St Stock St Paisley PA2 6NH	Dr Goyal King St Medical Practice	Michael Nelis ***Name of Prescribing Dr.*** Dr McCallum/Dr McIvor

Current Treatment /Medication

Buprenorphine 16mgs daily
Mirtazepine 30mgs daily
Pregabalin 300mgs x2 daily
Acamprosate 666mgs daily

Pharmacy Details & Dispensing regime

Abbey Chemist Loanend Daily supervised Buprenorphine – other medications daily dispensed.

Patient background including medical history/mental health issues etc.

Henry has longstanding history of addiction issues which fluctuate between alcohol and drugs – opiates and Valium. He has recently been abstinent from opiates, reduced his alcohol use and minimal benzodiazepine use. He has Insulin dependent diabetes which is poorly controlled due to his lifestyle. He has been referred before and defaulted on some appointments most recently fibro scan.

Any other relevant information

No

Waverley care referral discussed **NO**

Please e-mail new referrals to: GG-UHB.RMCRAH@nhs.net, anne.burns2@nhs.net
The first available appointment will be offered for the outreach clinic at RDS.

5/11/18 1.30pm DNA — BLOODS ☐ — 4/2 ✓ SL

Hospital use only	Clinic	Day Date	Time	Hospital No.

17/12 1.30pm DNA

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Diabetes (Integrated Team)
GGC Diabetes SPOA

— **Consultant / receiving practitioner and/or specialty clinic**

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

— **Hospital and hospital address**

Hospital location code: C418H

Email address: -

Urgency of referral Routine
Date of referral 17-Aug-2018 **Date sent** 20-Aug-2018

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

76 Stock Street
Paisley
PA2 6NH

Contact number(s)

Voice: 07477774484

1010167873184 Unique Care Pathway Number: 1010167873184

REGISTERED GP DETAILS

Name	Dr Ramon Calvo		
GMC code	6709423	GP code	38709
Practice name	Abbey Medical Centre (3572)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088
Facsimile: 0141 842 1169
E-mail: abbeyprescriptions.nhs.net

REFERRING GP DETAILS

Name	Dr. Juan Calvo Rodriguez		
GMC code	4354590	GP code	38709
Practice name	Abbey Medical Centre (87625)		
Practice code	87625		

Practice address

Lonend
Paisley
PA1 1SU

Contact number(s)

Voice: 0141 889 4088

→ New Diab/renal labs ☐
5/2/19

needs consultant.

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: High BM Levels

Comment: Dear colleagues,
This pleasant 38 year old gentleman is known by your services he has type 1 diabetes. He was previously at your clinic last year and was taking Novomix 30 units am and 12 units pm he was also taking Novorapid. At that point his diabetes was well controlled and his HBA1C was 50.
Mr Burgess is currently an in-patient at Turning Point Scotland where he is detoxifying from substance misuse. His BM levels have been high (close to 20) and the nurses at Turning Point have been encouraging his Novomix and giving him Novorapid as required.
At present he is taking Novomix 30 14 units twice daily.
They came in today for review, I have taken bloods including HBA1C and I can see from a letter dated 30.11.17 that he requires a referral to the consultant to be put on the routine list.
Thank you very much for seeing this pleasant gentleman.

Yours Sincerely

cc. Diabetic Nurses

I wonder if you would kind enough to review this pleasant gentleman and try to optimis his BM's as they are still running on the high side.

Yours sincerely

novomix 30
12 + 12.
(novorapid 2-3units if required)

Reason for referral

Care type requested: Out Patient
Expected outcome: Treat

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	x2 in 2000 and again in 2009	22-Feb-2018	22-Feb-2018
Chronic active hepatitis	-	28-Aug-2017	28-Aug-2017
Penile candidiasis (thrush)	-	15-Dec-2016	15-Dec-2016
Deep vein thrombosis	Right	07-Jul-2016	07-Jul-2016
Knee joint pain	-	14-Dec-2015	14-Dec-2015
Ankle sprain (Right)	-	14-Dec-2015	14-Dec-2015
Insomnia NOS	Longstanding	21-May-2015	21-May-2015
Finger fracture (Left)	-	23-Feb-2015	23-Feb-2015
Ingrowing great toe nail	-	17-Jul-2013	17-Jul-2013
Foot pain	?Peripheral neuropathy	09-May-2013	09-May-2013
Infection foot	-	29-Apr-2013	29-Apr-2013
Toe pain	-	15-Apr-2013	15-Apr-2013
[V]Hepatitis C carrier	States he had a full course of treatment and is now cured	24-Jan-2013	24-Jan-2013
Opioid drug dependence NOS	On Suboxone from RDS	24-Jan-2013	24-Jan-2013
Diarrhoea and vomiting	-	17-Jan-2013	17-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
Injecting drug user	-	31-May-2007	31-May-2007

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Type 1 diabetic

Comment: I would be grateful if this 33 year old man could be assessed in the clinic please

He is known patient of Type 1 Diabetes and on Insulin currently. He has spent 5 yrs in prison and has been released earlier this month. He has also got possibly diabetic neuropathy involving his legs and currently Pregabalin, Mirtazepine, Novomix 30 and Novorapid

I am arranging some blood tests.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Type 1 diabetes mellitus	19-Dec-2012	19-Dec-2012

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	19-Dec-2012	19-Dec-2012
Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	19-Dec-2012	19-Dec-2012
Pregabalin Capsules 75 mg	56	56 capsule	1 CAPSULE 4 TIMES DAILY	-	19-Dec-2012	19-Dec-2012
Glucose Oral gel 40 %	75	75 GRAM	TO BE USED AS DIRECTED	-	19-Dec-2012	19-Dec-2012

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	19-Dec-2012	19-Dec-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	—	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral ROUTINE
Date of referral 24-Jun-2015 **Date sent** 24-Jun-2015

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

14 Thomson Brae
Paisley
PA1 1TP

Contact number(s)

Voice: 0141 258 4480
Voice: 07552 074742

1010094826355 | Unique Care Pathway Number: 1010094826355

REGISTERED GP DETAILS

Name	Dr WI Weir		
GMC code	2557236	GP code	38148
Practice name	King Street Surgery		
Practice code	87490		

Practice address

King Street Surgery
15 King Street
Renfrewshire
Paisley
PA1 2PS

Contact number(s)

Voice: 0141 889 3144
Facsimile: 0141 889 7134

REFERRING GP DETAILS

Name	Dr. John Ip		
GMC code	4319391	GP code	34649
Practice name	King Street Surgery (87490)		
Practice code	87490		

Practice address

The Surgery
15 King Street
Paisley
PA1 2PS

Contact number(s)

Voice: 0141 889 3144
Facsimile: 0141 889 7134

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Type 1 DM

Comment: 35 year old man, Type 1 DM since Feb 12, multi history of drug abuse, Hep C, DVTs and prison terms. Lost to followu up at DM clinic due to prison sentence recently. Referral back to clinic for follow up. Thank you.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Infection foot	-	29-Apr-2013	29-Apr-2013
Opioid drug dependence NOS	on suboxone from RDS	24-Jan-2013	24-Jan-2013
[V]Hepatitis C carrier	has had full course of treatment and states cured	24-Jan-2013	24-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
[D]Seizure NOS	x 2 2000 and 2009	12-Feb-2009	12-Feb-2009
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis	right leg	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis NOS	leg right	04-Feb-2002	04-Feb-2002
Retractile testis	no operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Family conditions (All priorities)

Description	Date of Onset
[V]Family history of asthma	21-Dec-2012
[V]Family history of diabetes mellitus	21-Dec-2012

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	28-Apr-2015	22-Jun-2015
Omnican Fine Needles for insulin pens 8 mm/31 gauge	100	100 needle	USE AS DIRECTED	-	28-Apr-2015	22-Jun-2015
Onetouch Ultra Test strips	100	100 strip	AS DIRECTED	-	06-Feb-2013	22-Jun-2015
Pregabalin Capsules 150 mg	168	168 CAPSULE	TAKE ONE IN THE MORNING AND TWO AT NIGHT	-	14-Jan-2013	22-Jun-2015
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	19-Dec-2012	22-Jun-2015
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	19-Dec-2012	22-Jun-2015
Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	19-Dec-2012	22-Jun-2015
Glucose Oral gel 40 %	75	75 GRAM		-	19-Dec-2012	

	TO BE USED AS DIRECTED	22-Jun-2015

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Promethazine Hydrochloride Tablets 25 mg	28	28 tablet	TAKE ONE AT NIGHT	-	21-May-2015	21-May-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Oct-2013	129	88
19-Feb-2013	118	76
21-Dec-2012	150	85

Body Measurements

Date Recorded	Height	Weight	BMI
15-Mar-2013	-	-	25.1
14-Mar-2013	174	76	25.1
19-Feb-2013	-	79.5	26.26
21-Dec-2012	174	86	28.41

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:		19-Feb-2013
Cigarette smoker:		21-Dec-2012
Alcohol consumption, 0 units/week:		19-Feb-2013
Trivial drinker - <1u/day:		21-Dec-2012
Aerobic exercise 2 times/week:		21-Dec-2012

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments** Diabetes - 24062015 Referral 621088

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 19-Nov-2015 **Date sent** 19-Nov-2015

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

14 Thomson Brae
Paisley
PA1 1TP

Contact number(s)

Voice: 0141 258 4480
Voice: 07593 411135

1010103514241 Unique Care Pathway Number: 1010103514241

REGISTERED GP DETAILS

Name	Dr WI Weir		
GMC code	2557236	GP code	38148
Practice name	King Street Surgery		
Practice code	87490		

Practice address

King Street Surgery
15 King Street
Renfrewshire
Paisley
PA1 2PS

Contact number(s)

Voice: 0141 889 3144
Facsimile: 0141 889 7134

REFERRING GP DETAILS

Name	Dr Jake Winning		
GMC code	7020215	GP code	-
Practice name	-		
Practice code	87490		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Type 1 DM

Comment: I would be grateful if you could re-appoint this patient. He tells me he did not receive his appointment through the post until after his appointment had happened.

Please find attached original referral letter

Kind regards

Dr Jake Wining
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Infection foot	-	29-Apr-2013	29-Apr-2013
Opioid drug dependence NOS	on suboxone from RDS	24-Jan-2013	24-Jan-2013
[V]Hepatitis C carrier	has had full course of treatment and states cured	24-Jan-2013	24-Jan-2013
Type 1 diabetes mellitus	-	01-Feb-2012	01-Feb-2012
[D]Seizure NOS	x 2 2000 and 2009	12-Feb-2009	12-Feb-2009
Alcohol dependence syndrome	-	07-Feb-2006	07-Feb-2006
Head injury	-	02-Feb-2004	02-Feb-2004
Deep vein thrombosis	right leg	12-Feb-2003	12-Feb-2003
[V]Hepatitis C carrier	-	13-Feb-2002	13-Feb-2002
Cellulitis NOS	leg right	04-Feb-2002	04-Feb-2002
Retractile testis	no operation	20-Dec-1984	20-Dec-1984
Asthma resolved	-	15-May-1984	15-May-1984
Mumps	-	07-Feb-1984	07-Feb-1984

Family conditions (All priorities)

Description	Date of Onset
[V]Family history of asthma	21-Dec-2012
[V]Family history of diabetes mellitus	21-Dec-2012

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	28-Apr-2015	15-Oct-2015
Omnican Fine Needles for insulin pens 8 mm/31 gauge	100	100 needle	USE AS DIRECTED	-	28-Apr-2015	15-Oct-2015
Onetouch Ultra Test strips	100	100 strip	AS DIRECTED	-	06-Feb-2013	15-Oct-2015
Pregabalin Capsules 150 mg	112	112 CAPSULE	TAKE TWO IN THE MORNING AND TWO AT NIGHT	-	14-Jan-2013	17-Nov-2015
Novomix 30 Flexpen Suspension For Injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	19-Dec-2012	15-Oct-2015

Mirtazapine Tablets 30 mg	28	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	19-Dec-2012	17-Nov-2015
Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen	5	5 PRE-FILLED DISPOSABLE INJECTION	TO BE USED AS DIRECTED	-	19-Dec-2012	15-Oct-2015
Glucose Oral gel 40 %	75	75 GRAM	TO BE USED AS DIRECTED	-	19-Dec-2012	15-Oct-2015

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Oct-2013	129	88
19-Feb-2013	118	76
21-Dec-2012	150	85

Body Measurements

Date Recorded	Height	Weight	BMI
15-Mar-2013	-	-	25.1
14-Mar-2013	174	76	25.1
19-Feb-2013	-	79.5	26.26
21-Dec-2012	174	86	28.41

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker:		19-Feb-2013
Cigarette smoker:		21-Dec-2012
Alcohol consumption, 0 units/week:		19-Feb-2013
Trivial drinker - <1u/day:		21-Dec-2012
Aerobic exercise 2 times/week:		21-Dec-2012

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: White Scottish

Diabetes - 24062015 Referral 621088

Signature of referring doctor (or other professional) **Date**

RDS Outreach HCV Assessment Clinic

Date of Referral: 02/08/16

Name	***CHI Number***	***DOB***
Henry Burgess Mobile: 07789703296 **(No messages to be left).**	2208793218	22/08/79
Home Address	***GP and Address***	***Name of Referrer***
C/O Abbey Chemist Ltd, 144 Trongate, Glasgow G15EN	Dr. Goyal, Samir King Street Surgery 15 King Street Paisley Renfrewshire PA1 2PS	Abbey Chemist. Tel: 0141-552-2528 Peter Finlayson ***Name of Prescribing Dr.*** Information not provided

Current Treatment /Medication

Information not provided

Pharmacy Details & Dispensing regime

Information not provided

Patient background including medical history/mental health issues etc.

Pharmacy testing referral. No information provided.
Date of test: 13/06/16
Result: HCV – PCR/RNA Positive
Result given: 14/07/16

Any other relevant information

Harm reduction advice given.

Waverley care referral discussed **YES**

Please e-mail new referrals to: David.bain@ggc.scot.nhs.uk, Irene.hunter2@ggc.scot.nhs.uk, Elaine.mclellan@ggc.scot.nhs.uk.

The first available appointment will be offered for the outreach clinic at RDS.

RDS Outreach HCV Assessment Clinic

Date of Referral: 02/09/16

Name	***CHI Number***	***DOB***
Henry Burgess Mobile: 07789703296 **(NO MESSAGES TO BE LEFT)**	2208793218	22/08/79
Home Address C/O Abbey Chemist Ltd. 144 Trongate Glasgow G15 5EN	***GP and Address*** Dr. Goyal, Samir King Street Surgery, 15 King Street Paisley Renfrewshire PA1 2PS	***Name of Referrer*** Abbey Chemist Tel:0141-552-2585 Peter Finlayson ***Name of Prescribing Dr.*** Information not provided

Current Treatment /Medication

Information not provided



Pharmacy Details & Dispensing regime

Information not provided

Patient background including medical history/mental health issues etc.

Pharmacy testing referral. No information provided
Date of test: 13/06/16
Result: HCV – PCR/RNA Positive
Result given to client 14/07/16.

Any other relevant information

02/09016 - Telephone call received from Pharmacist. Henry requesting a 2nd referral.

Waverley care referral discussed **YES/NO**

Please e-mail new referrals to: David.bain@ggc.scot.nhs.uk. Irene.hunter2@ggc.scot.nhs.uk. Elaine.mclellan@ggc.scot.nhs.uk.

The first available appointment will be offered for the outreach clinic at RDS.

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Possil Social Work Office
7 Closeburn Street
Glasgow
G22 5JZ

www.glasgow.gov.uk
www.nhsggc.org.uk

RAH.

Direct Line: 0141 276 4580

Date: 10.2.17

Dr Heydtmann
Consultant Gastroenterologist
Royal Alexandra Hospital

Dear Dr Heydtmann

RE: HENRY BURGESS CHI: 2208793218 ADDRESS: 14 THOMPSON BRAE, PAISLEY, PA1 1TP **(MAIL TO BE SENT TO: c/o C NOTMAN, SENIOR ADDICTION NURSE (HCV), NW CAT, 7 CLOSEBURN STREET, GLASGOW, G22 5JZ)**

I would like to refer the above named gentleman for further assessment of his HCV following meeting with him yesterday.

He was referred to be for HCV community support by his CAT prescriber, Dr Kaufmann based at NW CAT (Closeburn Street).

Mr Burgess was re-diagnosed HCV PCR positive in June 2016. He had successfully completed treatment whilst in HMP Glenochil in 2012 achieving an SVR.

Mr Burgess currently attends the Community Addiction Team on a weekly basis. He is prescribed 60mg/mls methadone daily dispensed via his local pharmacy. He admits to ongoing illicit drug use, reporting that he is injecting approx £40 - £50 heroin daily (L) groin. He has (L) leg cellulitis. Mr Burgess is more than aware of the dangers of continued IV use and overdose risks were discussed. Mr Burgess also reported using illicit diazepam on an intermittent basis.

Alcohol has previously been an issue; however he now states that his use of alcohol is on a social basis only and is not problematic. The impact of alcohol on his liver health was discussed.

Mr Burgess is type 1 diabetic and on insulin. He is also prescribed gabapentin for diabetic neuropathy. He suffers from low mood and anxiety and is receipt of mirtazapine for same.

He is currently residing with his mother in the Paisley area but hopes to obtain his own tenancy in the Glasgow area. He requested that no mail be sent to his mothers' address.

He states that he is keen to complete liver assessment with a view to possibly accessing treatment.

I would be grateful if he could be listed for your HCV clinic.

Yours sincerely

Caroline Notman
Senior Addiction Nurse (HCV)
NW Sector

RDS Outreach HCV Assessment Clinic

RAACBGA3-SR CAMERON BURNS HEP C OUTREACH CLINIC TUES PM

Date of Referral:

Name	**CHI Number**	**DOB**
Henry Burgess	321[illegible]	22.8.1979
Home Address	**GP and Address**	**Name of Referrer**
1/2 76 Stocke St Paisley PA2 6NH	Abbey Loanend medical practice	Michael Nellis **Name of Prescribing Dr.** DR McCallum

Current Treatment /Medication

Buprenorphine 18 mg daily

Pharmacy Details & Dispensing regime

Abbey Chemist Loanend Daily dispensing

Patient background including medical history/mental health issues etc.

Long history of alcohol and illicit drug misuse. Recently he has achieved long periods of abstinence from opiate use and he has reduced his alcohol consumption to social drinking.

Any other relevant information

NO – could you notify support when appointment made

Waverley care referral discussed YES/NO

Michael Nellis 0141 618 5299

Please e-mail new referrals to: GG-UHB.RMCRAH@nhs.net, anne.burns2@nhs.net

The first available appointment will be offered for the outreach clinic at RDS.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Henry Burgess
0/1 128 Neilston Road
Paisley
Renfrewshire
PA2 6EP

Main Switchboard: 0141-887-9111
Department: Respiratory Medicine
Contact Tel: 0141 314 6823
Enquiries to: Angela.Lamberton@ggc.scot.nhs.uk
Letter Date: 30/04/2024
Reference: LB/AL
Dictated Date: 30/04/2024
Transcribed Date: 30/04/2024

Dear Mr Burgess,

Your GP recently wrote to us saying that you have been coughing up blood. I understand that you are on a blood thinner for previous blood clots. I understand that you also smoke.

We arranged for you to have a CT scan of your chest. I am pleased to say this did not show any concerning abnormalities within the lung, and particularly none to explain your symptoms.

I will arrange for a clinic review in the next couple of months to assess your symptoms, but if you feel the blood is coming from your throat you should discuss this with your doctor in case you need to see an ear, nose and throat doctor. If the bleeding is coming from your gums it would be more appropriate for you to be seen by a dentist.

Incidentally the CT scan has shown that the common bile duct from your gallbladder and pancreatic duct are a little dilated. I am going to ask the surgical doctors to look at your scans and see if this is something that needs any further tests. You have not had any recent liver blood tests and I have copied this letter to your GP to see if they may be able to do some up to date ones for you.

Yours sincerely

Dr L. Brash

Consultant Physician (Respiratory & General Medicine)

Electronically Signed: Dr Lauren Brash, Consultant

cc. Dr MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley

PA2 6LR

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel: 0141 314 7075
Enquiries to: hazel.mcmillan@ggc.scot.nhs.uk
Letter Date: 02/05/2024
Reference: PM/HMcM
Dictated Date: 01/05/2024
Transcribed Date: 01/05/2024

Henry Burgess
0/1 128 Neilston Road
Paisley
Renfrewshire
PA2 6EP

Dear Mr Burgess,

I hope you are keeping well. I last saw you in January 2021 after your emergency surgery and splenectomy. Dr Brash, one of the Respiratory Doctors, has written to me in relation to your most recent scan.

There are some changes around the pancreas and I would like to get an MRI scan to get some further information as to whether gallstones are the cause of this. You will hear from the Radiology Department in due course.

Kind regards.

Yours sincerely

Mr Patrick MacGoey

Consultant Upper GI Surgeon

Electronically Signed: Mr Patrick MacGoey, Consultant

cc. Dr MJ McGovern
The Charleston Surgery
5 South Campbell Street
Paisley

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Henry Burgess
0/1 128 Neilston Road
Paisley
Renfrewshire
PA2 6EP

Main Switchboard: 0141-887-9111
Department: Respiratory Medicine
Contact Tel: 0141 314 7472
Enquiries to: hazel.giulianotti@ggc.scot.nhs.uk
Letter Date: 21/05/2024
Reference: LM/HG
Dictated Date: 07/05/2024
Transcribed Date: 15/05/2024

Dear Mr Burgess,

I was expecting to review you at my respiratory clinic on 07/05/24. You did not attend. I understand you have been coughing up blood. Your GP is concerned about you. Please contact my Secretary if you are willing to attend.

Yours sincerely

Dr L McLure

Consultant Physician

Respiratory & General Medicine

Electronically Signed: Dr Lindsey McLure, Consultant

cc. Dr McGovern:
5 South Campbell Street:
Paisley PA2 6LR

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Henry Burgess
0/1 128 Neilston Road
Paisley
Renfrewshire
PA2 6EP

Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel: 0141 314 7075
Enquiries to: hazel.mcmillan@ggc.scot.nhs.uk
Letter Date: 09/07/2024
Reference: PM/HMcM
Dictated Date: 08/07/2024
Transcribed Date: 09/07/2024

Dear Mr Burgess,

Further to my letter of 01/05/24 (explaining that I was requesting an MRI scan for you) I have had a letter from the MRI Department to say that you did not attend for your appointment on Friday 28/06/'24.

If you wish to have this scan carried out please contact my secretary, Hazel, on 0141 314 7075.

You will appreciate that MRI is a precious resource. Therefore, I have not arranged a further scan appointment until we hear from you.

Kind regards.

Yours sincerely

Mr Patrick MacGoey

Consultant Upper GI Surgeon

Electronically Signed: Mr Patrick MacGoey, Consultant

cc. Dr MJ McGovern
The Charleston Surgery
5 South Campbell Street
Paisley

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Henry Burgess
0/1
128 NEILSTON ROAD
Paisley
Renfrewshire
PA2 6EP

Main Switchboard: 0141-887-9111
Department: Respiratory Unit
Contact Tel: 0141 314 6859 - Fiona
Enquiries to: fiona.mccormick@nhs.scot
Letter Date: 29/11/2024
Reference: CR/FMcC
Dictated Date: 18/11/2024
Transcribed Date: 28/11/2024

Dear Henry,

I saw you in clinic in May with haemoptysis (coughing up blood) which I thought was probably related to your Rivaroxaban treatment. We had arranged for you to come back for a camera test, but you failed to attend one and then attended for a further test, but were unable to stay and have the test done.

If you are still having haemoptysis please let us know, otherwise you have been discharged from our service at the moment. If you have further haemoptysis, please get in touch with your GP and you can be re-referred to us.

Yours sincerely

CLARE RICKETTS

CONSULTANT IN RESPIRATORY MEDICINE

Electronically Signed: Dr Helen Ricketts, Consultant

cc. Dr G Perrett
The Consulting Rooms
21 Neilston Road
PAISLEY

Case No 7616330 **Case Active** 27/04/2025 13:41 **Case Type** Direct Referral ED

Patient Henry Burgess **Sex** M **D.O.B** 22/08/1979 **Age** 45 years

Current Address
96A Alice Street Paisley

PA2 6EA

Home Address (if currently not at home)
0/1 128 Neilston Road
Paisley

PA2 6EP

Current Phone: 07362 299385 **Home Phone:** **CHI:** 2208793218

Case Origin **Callers Name** Henry **Callers Tel:**

Own Doctor Perrett,Guy(A54)
Surgery The Consulting Rooms

NHS24 Received By Emma Higgins (Call Taker Si) () **NHS24 Triage Start** 13:42
NHS24 Triage By Emma Higgins (Call Taker Si) () **NHS24 Triage End** 14:37
NHS24 Reported Condition **NHS24 Outcome** AEP
LEG IS SWOLLEN AND PAINFUL 3 DAYS

NHS24 Recorded Allergies **NHS24 Recorded Medications** **NHS24 Recorded Medical History**

NHS24 Clinical Summary

Clinical summary created by: Emma Higgins (Call Taker Si) () [27/04/2025 14:38:32]
Reason for call: LEG IS SWOLLEN AND PAINFUL 3 DAYS
27:04:2025 13:42:18 HIGGINSE.. HX OF BLOOD CLOT IN LEG. LEG SWOLLEN AND PAINFUL. TAKING BLOOD THINNING MEDICATION. TYPE ONE DIABETIC... FEELS LIKE DRAGGING LEG... BOTH LEGS AFFECTED. RIGHT LEG IS WORSE... FULL LEGS FROM HIP TO TOES... HX OF SEIZURES...
27:04:2025 14:36:29 MCGONAGLEA.. T1DM BM 13.1 NORMAL -BILATERAL SWELLING TO LEGS- WORSE ON RHS - HOT TO TOUCH - HARD TO TOUCH - PITING OEDEMA - SIMILAR TO PREVIOUS DVT - ADVISED TO STOP APIXIBAN BUT HAS TAKEN A COURSE OVER LAST 2 DAYS - ADVISE A+E ASAP/1HR - RAH..
Outcome: Patient advised to go to A&E

NHS24 Disposition
Accident & Emergency (ASAP)

NHS24 NUrse Comments

Reported Condition **Received By** **Received**

TAS Assessment **Assessed By** **TAS Assess Start**
TAS Assess End

Consultation **Consult By** **Consult Start**
Consult End

Examination Details **Clinical Codes**

Diagnosis

Treatment

Prescriptions

Follow-up(s)

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Diabetes GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral ROUTINE
Date of referral 20-Dec-2012 **Date sent** 20-Dec-2012

PATIENT DETAILS

Surname	Burgess
Forename(s)	Henry
Title	Mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

14 Thomson Brae
Paisley
PA1 1TP

Contact number(s)

-

101004658805C Unique Care Pathway Number: 101004658805C

REGISTERED GP DETAILS

Name	Dr Wendy Kirkwood		
GMC code	3493135	GP code	34894
Practice name	King Street Surgery		
Practice code	87490		

Practice address

15 King Street
Renfrewshire
Paisley
PA1 2PS

Contact number(s)

Voice: 0141 889 3144
Facsimile: 0141 889 7134

REFERRING GP DETAILS

Name	Dr. Showmen Bardhan		
GMC code	5208402	GP code	99999
Practice name	King Street Surgery (87490)		
Practice code	87490		

Practice address

The Surgery
15 King Street
Paisley
PA1 2PS

Contact number(s)

Voice: 0141 889 3144

2. Post-splenectomy- Patient has been given post-splenectomy vaccines. These included combined Hib/MenC, Men B, Pneumococcal and Influenza vaccine. 4/52 post vaccines, patient is to receive MenACWY conjugate vaccine and a second dose of Men B vaccine. Patient is also to receive his Influenza vaccine annually and his re-immunisation pneumococcal vaccine every 5 years. Antibiotic prophylaxis is to commence after course of clindamycin has finished. This will be 500mg amoxicillin OD PO lifelong.

3. Cavitating pneumonia in the right upper lobe with patchy multifocal consolidation throughout both lower lobes. Patient was started on IV antibiotics during admission and eventually changed to PO clindamycin as per microbiology advice. This is to continue for a duration of 2/52.

4. Embolus demonstrated within the right upper lobe pulmonary vein, extending as far as the left atrium- patient was initially treated with heparin then changed to treatment dose dalteparin which was then switches to 10mg BD apixaban for 7/7 then 5mg BD for 11/52. To complete a total duration of 3 months of apixaban for a provoked PE.

5. T1DM- Patient was on 12 units BD novomix 30 pre-admission. During his admission, patient was on a NG feeding regimen and his insulin doses were increased to match his intake. He has since stopped his NG feed and back on PO intake. His insulin regimen has been titrated back down with input from the diabetes team. Patient is now on Novomix 30 10 units in the morning and in the evening.

Operation note:
24/11/20
Emergency exploratory Laparotomy and washout
Under Mr P MacGoey

25/11/20
Re-look laparotomy and splenectomy
Under Mr P MacGoey

Medication changes:
Addition of 600mg TDS clindamycin for a total duration of 2/52.
Addition of 500mg OD amoxicillin to start when completed clindamycin dose and to continue lifelong.
Addition of 15mg PRN codeine.
Addition of 1 sachet PRN laxido whilst on regular opiates.
Addition of 30mg Lansoprazole OD in place of omeprazole.

	Addition of 2mg loperamide QDS until diarrhoea has settled. Addition of 10mg BD apixaban for 7/7 then to reduce to 5mg BD for 7/52. Pregabalin was restarted on discharge at a reduced dose of 75mg BD. For the GP kindly to review the need for weekly dispensing of pregabalin. Patient to continue on methadone sugar free 70mg OD and to be supplied daily with Renfrew addictions services following up patient in the community. Follow up: For GP kindly to facilitate the patient to receive his ongoing post-splenectomy vaccinations and antibiotic. For the GP kindly to review the need for weekly dispensing of pregabalin. Renfrew addictions services following up patient in the community and facilitating methadone pick up. Review by Mr MacGoey in SAU on 29/12/20 and bloods. To arrive at 09:00
Discharge Comments:	
Follow Up:	No 4/52 post vaccines (given on 23/12/20), patient is to receive MenACWY conjugate vaccine and a second dose of Men B vaccine. Patient is also to receive his Influenza vaccine annually and his re-immunisation pneumococcal vaccine every 5 years. Antibiotic prophylaxis is to commence after course of clindamycin has finished. This will be 500mg amoxicillin OD PO lifelong. Patient to continue on methadone sugar free 70mg OD and to be supplied daily with Renfrew addictions services following up patient in the community. Review by Mr MacGoey in SAU on 29/12/20 and bloods. To arrive at 09:00
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Lauren Sawdon

Prescription Review
Medications reviewed by pharmacist: Erin Murray (Pharmacist)
Checked by: David R Carter (Clinical Pharmacist)
Discharged by: Paul McGrane (staff nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LAURA CORMACKThe Consulting Rooms,21 Neilston Rd,Paisley, PA2 6LW

Main Switchboard:
Date of Completion: 27-Apr-2022

Dear LAURA CORMACK,

Name	CHI	DoB	Address
Henry Burgess	**2208793218**	**22-Aug-1979**	**FLAT 0/1, 128 NEILSTON ROAD, Paisley, Renfrewshire, PA2 6EP**

Admitted	Type	Discharged	Destination
26-Apr-2022 23:03	IP	27-Apr-2022	

Specialty	Consultant	Ward	Telephone
General Medicine	Kiyani	RAH AMU Ward 2 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
\

Last Discharge Review: Sverrir Kristinsson (Sverrir Kristinsson - Doctor Senior Level) on 27 Apr 2022 15:30

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Acamprosate 333mg gastro-resistant tablets	oral	2 tablets three times daily	No	Patient left before supplied			
Codeine 15mg tablets	oral	to take 1 tablet when required. maximum qds	No	Patient left before supplied	**Drug Details:** week supply on discharge please		
gluc	topical	1 strip four times daily , Glucomen Glucose + Ketone strips , On-going from 12 Aug 2021	No	Patient left before supplied			
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient left before supplied			
Loperamide 2mg capsules	oral	1 capsule every six hours	No	Patient left before supplied			
Methadone 1mg/ml oral solution sugar free	oral	80 mg once daily , Abbey Chemist Lonend 0141 889 9883 confirmed with RDS (Kate Somerville)	No	Patient left before supplied			
Mirtazapine 15mg tablets	oral	1 tablet once daily at night	No	Community Pharmacist to Supply			
Pregabalin 150mg capsules	oral	1 capsule twice daily	No	Patient left before supplied			
Thiamine 50mg tablets	oral	1 tablet four times daily	No	Patient left before supplied			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-04-27	Amoxicillin 500mg capsules	oral	To take 1 tablet once in a morning after clindamycin antibiotic course has completed. This is to be lifelong	splenectomy	Course completed Medication was removed from, made inactive or made unprescribable in the drug database.
2022-04-27	Insulin aspart biphasic 30/70 100units/ml suspension for injection 3ml pre-filled disposable devices (NovoMix 30 FlexPen)	subcutaneous	TO BE USED AS DIRECTED.		Superseded by HEPMA medications Medication was removed from, made inactive or made unprescribable in the drug database.

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	
	Dear Doctor, Henry presented with confusion, fever and seizures. This occurred following an alcohol binge and we suspected alcohol withdrawal. We wanted to rule out CNS infection but Henry wanted to leave. He was found to have full capacity as his previous confusion had settled. The confusion was put down to a post ictal phase that had recovered. Henry discharged against medical advice in the knowledge of potential deterioration. Yours sincerely, Dr Svez Kristinsson SHO RAH AMU

Discharge Comments:	
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Sverrir KRISTINSSON

Prescription Review
Checked by: Sverrir KRISTINSSON (Doctor Senior Level)
Discharged by: Sverrir KRISTINSSON (Doctor Senior Level)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LAURA CORMACKThe Consulting Rooms,21 Neilston Rd,Paisley, PA2 6LW

Main Switchboard:
Date of Completion: 04-May-2022

Dear LAURA CORMACK,

Name	CHI	DoB	Address
Henry Burgess	**2208793218**	**22-Aug-1979**	**96a Alice Street, Paisley, Renfrewshire, PA2 6EA**

Admitted	Type	Discharged	Destination
28-Apr-2022 14:53	IP	03-May-2022	

Specialty	Consultant	Ward	Telephone
General Medicine	Baxter	RAH 27 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Li Siang Wong (Li Siang Wong - FY1 Doctor August 2021) on 03 May 2022 12:42

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Acamprosate 333mg gastro-resistant tablets	oral	2 tablets three times daily	Yes				
Codeine 15mg tablets	oral	when required Take 1 tablet when required. maximum qds	Yes		**Dispensing Details:** x28 tabs supplied **Drug Details:** week supply on discharge please		
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily	Yes				
Loperamide 2mg capsules	oral	1 capsule every six hours	Yes				
Methadone 1mg/ml oral solution sugar free	oral	110 mL once daily , Abbey Chemist Lonend 0141 889 9883 Confirmed with Pharmacy 29/4/22.	No	Community Pharmacist to Supply			
Mirtazapine 15mg tablets	oral	1 tablet once daily at night					
NovoMix 30 FlexPen 100units/ml suspension for injection 3ml pre-filled pens (Novo Nordisk Ltd)	subcutaneous	as directed by diabetes 14 units BD	Yes				
Pregabalin 150mg capsules	oral	1 capsule twice daily , please supply 14 (fourteen) caps	Yes		**Dispensing Details:** See CD Rx		
Thiamine 50mg tablets	oral	1 tablet four times daily	Yes				

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
/dispensed GM

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-04-29	gluc	topical	1 strip four times daily , Glucomen Glucose + Ketone strips , On-going from 12 Aug 2021		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear doctor, PMHx: hepatitis C, DVT, PE, pneumococcal pneumonia, T1DM, EtOH XS Please be aware of Mr Burgess' recent admission to the RAH on 28/4/22 with a 3 day history of intermittent seizures after taking 110 buprenorphine. He also has a history of alcohol excess. He was recently discharged from the RAH on 27/4/22 following a similar presentation but self-discharged before CNS infection could be ruled out. He again absconded from the ward during this admission and had to be detained under EDC. All investigations were normal during this admission. Diagnosis: opiate/ alcohol withdrawal seizures He was treated with pabrinex and diazepam as per the GMAWS pathway. He has had no further seizures and his confusion/ agitation has now settled. He was reviewed by psychiatry who revoked his EDC. He has been stable on the ward and is now ready to go home. Medication changes: none Follow up: 1) Addiction services in community Kind regards,
Discharge Comments:	

Follow Up:	Yes 1) Addiction services in community
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Li Siang WONG

Prescription Review
Medications reviewed by pharmacist: Fiona Wright5 (RAH Pharmacist)
Checked by: Pauline PAGE (pharmacy tech)
Discharged by: Maria WALLIS (nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

MICHAEL MCGOVERNThe Charleston Surgery,5 South Campbell St,Paisley, PA2 6LR

Main Switchboard:
Date of Completion: 15-Jun-2023

Dear MICHAEL MCGOVERN,

Name	CHI	DoB	Address
Henry Burgess	**2208793218**	**22-Aug-1979**	**96a Alice Street, Paisley, Renfrewshire, PA2 6EA**

Admitted	Type	Discharged	Destination
14-Jun-2023 21:35	IP	15-Jun-2023	

Specialty	Consultant	Ward	Telephone
General Medicine	Keith	RAH AMU Ward 2 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Elizabeth Thompson (7946419 - FY1 intake August 2022) on 15 Jun 2023 07:41

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Amoxicillin 500mg capsules	oral	1 capsule once daily			**Drug Details:** Long-term as recommended by respiratory		
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily					
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily					
Methadone 1mg/ml oral solution sugar free	oral	110 mL once daily , Abbey Chemist Lonend 0141 889 9883 Do not dispense on discharge from Kershaw 23/12/22					
Mirtazapine 15mg tablets	oral	1 tablet once daily at night					
Pregabalin 150mg capsules	oral	1 capsule twice daily , please supply 14 (fourteen) caps					
Thiamine 50mg tablets	oral	1 tablet four times daily					
Toujeo 300units/ml solution for injection 1.5ml pre-filled SoloStar pens (Sanofi)	subcutaneous	once daily as directed					Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2023-06-15	Acamprosate 333mg gastro-resistant tablets	oral	2 tablets three times daily		Stopped before admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2023-06-15	NovoMix 30 FlexPen 100units/ml suspension for injection 3ml pre-filled pens (Novo Nordisk Ltd)	subcutaneous	as directed by diabetes 14 units BD		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Please be aware of this patients recent admission to AMU at RAH. Mr Burgess was admitted with a suspected seizure secondary to alcohol withdrawal. He discharged himself against medical advice. Kind regards, AMU
Discharge Comments:	
Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Elizabeth THOMPSON

Prescription Review
Checked by: Elizabeth THOMPSON (FY1 intake August 2022)
Discharged by: Elizabeth THOMPSON (FY1 intake August 2022)

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Henry Burgess
96A ALICE STREET
Paisley
Renfrewshire
PA2 6EA

Main Switchboard: 0141-887-9111
Department: Respiratory Medicine
Contact Tel: 0141 314 6823
Enquiries to: Angela.Neil@ggc.scot.nhs.uk
Letter Date: 11/03/2021
Reference: CW/AN
Dictated Date: 05/03/2021
Transcribed Date: 09/03/2021

Dear Mr Burgess,

Thank you for coming for your x-ray the other day. The x-ray does look much better than it had done prior to your admission in December, although I do not think it has completely gone back to normal. There is a little bit of scarring in the top of the right lung which may well be in keeping with all the infection that was there. I think we should probably do a CT scan to have a look at the lungs in a little bit more detail. It may well be that you are going to be left with a little bit of scarring within the lungs, but I want to be sure that all the infective elements have cleared up. You will get a letter in the post about an appointment and we will be in touch with the results.

Many thanks.

Yours sincerely

Dr C. Williams

Consultant Respiratory Physician

Electronically Signed: Dr Catherine Williams, Consultant

cc. Dr JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Diabetes
Contact Tel: 0141 314 6882
Enquiries to: Irene.Oreilly@ggc.scot.nhs.uk
Letter Date: 20/01/2023
Reference: CS/SC
Dictated Date: 11/01/2023
Transcribed Date: 19/01/2023

Henry Burgess
FLAT 0-1
128 NEILSTON ROAD
Paisley
Renfrewshire
PA2 6EP

Dear Mr Burgess,

Your case was discussed at the Diabetes MDT on the 11th January. I agree wholeheartedly with Sister Harkins about the potential benefits of basal bolus therapy therefore she may have already been in contact with the proposal of switching you to once a day Toujeo background insulin and Fiasp with meals. My colleague Emma Kerr will also support your Dietetic input and we will hopefully be able to move on to carbohydrate counting and ratios of insulin to carbohydrate to use with your meals.

Yours sincerely

Dr Christopher Smith

Consultant Physician in Diabetes & Endocrinology

Electronically Signed: Dr Christopher Smith, Consultant

cc. Dr MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley,PA2 6LR

Sister Elaine Harkins
Diabetes Nurses
DDIC
RAH

Emma Kerr
Diabetes Specialist Dietitian
Dietetics Dept
RAH

Letter to Patient: 2nd letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endoscopy
Contact Tel: 01389 817454
Enquiries to: awn Grieves
Letter Date: 14/01/2023
Reference: CHI: 2208793218
Dictated Date: 14/01/2023
Transcribed Date:

Henry Burgess
FLAT 0-1
128 NEILSTON ROAD
Paisley
Renfrewshire
PA2 6EP

Dear Henry Burgess,

You are currently on the Waiting list for a Colonoscopy procedure.

I am writing this 2nd letter today 14th January 2023. in the hope that you make contact in order for us to be able to make arrangements for you to come in for this procedure and for you to advise whether you still wish to proceed with this procedure.

Could you contact us please **within the next 7 days** to advise .on 01389 817454

Failure to contact us will result in you being removed from our waiting list.

Yours sincerely

Dawn Grieves

Endoscopy Co-ordinator

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Henry Burgess
FLAT 0-1
128 NEILSTON ROAD
Paisley
Renfrewshire
PA2 6EP

Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel: 0141 314 6936
Enquiries to: joanne.forbes@ggc.scot.nhs.uk
Letter Date: 03/04/2023
Reference: FC/HMcM
Dictated Date: 24/03/2023
Transcribed Date: 03/04/2023

Dear Mr Burgess,

I am just writing to let you know that the biopsies we took at your recent colonoscopy were entirely normal. I hope that your symptoms are settling down.

I have not arranged any further follow-up for you at this time, although we would obviously be happy to see you again should you have ongoing problems with your bowels.

Yours sincerely

Ms Felicity Creamer

Consultant Colorectal Surgeon

Electronically Signed: Ms Felicity Creamer, Consultant

cc. Dr MJ McGovern
The Charleston Surgery
5 South Campbell Street
Paisley

PATIENT NAME: HENRY BURGESS
PATIENT ADDRESS: FLAT 0/1
128 NEILSTON ROAD
PAISLEY
PA2 6EP

DOB: 22-Aug-1979
Patient ID/CHI: 2208793218
CONTACT DATE: 30-Aug-2021

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL

Measure	Value	Date	Measure	Value	Date
HbA1c *	55 mmol/mol	04-Aug-2021	Diabetes Type *	Type 1 Diabetes Mellitus	23-Aug-2008
Weight *	71 kg	29-Jun-2021	Duration of Diabetes *	13 Years	
BMI *	22.7 kg/m2	29-Jun-2021	Problems with Hypoglycaemia Awareness		
BP *	126 / 68	01-Aug-2019	Gold Score *		
Erectile Dysfunction			Smoking Status *	Current smoker	29-Jun-2021

BIOCHEMISTRY

Measure	Value	Date	Measure	Value	Date
Creatinine *	55 µmol/L	04-Aug-2021	Cholesterol *	5 mmol/L	24-Sep-2020
Alb/Creat Ratio *			HDL Cholesterol *	1.7 mmol/L	24-Jan-2020
eGFR *	>60 ml/min	04-Aug-2021	Triglycerides *	1.2 mmol/L	24-Jan-2020
T4/Free T4 *	12.1 pmol/L	31-Jul-2020	TSH *	1.87 mU/L	31-Jul-2020
ALP(Alkaline Phosphatase) *	146	04-Aug-2021	AST *	26	04-Aug-2021
ALT *	18	04-Aug-2021	Bilirubin *	5	04-Aug-2021

Last Successful Eye Screening

Screening Date: 23-Mar-2018 Screening Outcome: Rescreening in 12 months (Fundus Photography)

DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET

Foot Risk Category *	Low Risk	01-Oct-2013

MEDICAL HISTORY (HEALTH ISSUES)

Alcohol abuse - episodic	2008
Hepatitis C	2008

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION

Medication	Dose/Frequency	Quantity/Preparation	Date

Novomix 30 Flexpen	TO BE USED AS DIRECTED	5 pre-filled disposable injecti Suspension For Injection 100 units/ml, 3 ml pre-filled pen	23-Jul-2021
Novorapid Flexpen	TO BE USED AS DIRECTED	5 PRE-FILLED DISPOSABLE INJECTI Solution for injection 100 units/ml, 3 ml pre-filled pen	28-Oct-2020

UNCHANGED CURRENT MEDICATION

Medication	Dose	Change Date
METHADONE 1mg/1mL mixture	Breakfast: Lunch: Evening Meal: Night:	
NOVOMIX 30 FLEXPEN pen 3mL	Breakfast: 8 Lunch: Evening Meal: 12 Night:	

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION

Please check free text letter content above.

ADVICE GIVEN

Please check free text letter content above.

Diabetes Education Record:	

SCI-Diabetes

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

Date of Clinic: 13-Jan-2023
Date Printed: 16-Jan-2023
Our Ref:
Enquiries to:
Ext.
E-mail:

THE CHARLESTON SURGERY
5 SOUTH CAMPBELL STREET
PAISLEY
PA026LR

Dear Doctor

Name/Address: HENRY BURGESS, FLAT 0-1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
Patient ID/CHI: 2208793218
DOB: 22-Aug-1979
Date of Royal Alexandra Hospital Appointment: 13-Jan-2023

Summary:

Arranged appointment at nurse led clinic
Partner in attendance
Has been referred by Kershaw unit
Henry discharged before Christmas and has been doing well
On previous consultation had discussed may be more beneficial with a basal bolus insulin regime in which Henry and partner agreed
Discussed with Dr.Smith who agreed
Was provided with a trial Libre
Education on all features provided
Alarm setting advised to capture low readings
All education provided on insulin profiles
Reviewed by dietitian
Will be followed up on 16th January

Could you please discontinue Novomix 30 insulin

Could you please prescribe:

Toujeo insulin in pre-filled solo star pen device

Novorapid insulin in pre-filled flex pen device

Size 4 mm needles for insulin injection

Lift glucose shots (12 x bottles)

Libre 2 sensors

Next review:

Elaine Harkins
Diabetes Specialist Nurse

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley
PA2 6LR

Main Switchboard: 0141-887-9111
Department:
Contact Tel: 0141 314 7472
Enquiries to: hazel.giulianotti@ggc.scot.nhs.uk
Letter Date: 07/05/2024
Reference: LM/HG
Dictated Date: 07/05/2024
Transcribed Date: 15/05/2024

Dear Dr. MJ McGovern,

Henry Burgess; D.O.B: 22 Aug 1979; CHI: 2208793218
0/1 128 Neilston Road, Paisley, Renfrewshire, PA2 6EP

Attendance: Specialty - Respiratory Medicine; Clinic - RALMRE3-DR MCLURE RESP TUESDAY AM
Date and Time of Appointment - 07/05/2024 10:00

Clinical Comments:
This 44 year old gentleman was due at my respiratory clinic on 07/05/24. He did not attend. CT imaging was performed on 12/04/24. He was noted to have some scarring within the right upper lobe with some volume loss which was static when compared to a study of 2021. I note his history of alcohol and drug misuse.

I have not arranged a further appointment at present. I have written to the patient.

Yours sincerely

Dr L McLure

Consultant Physician

Respiratory & General Medicine

Electronically Signed: Dr Lindsey McLure, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley
PA2 6LR

Main Switchboard: 0141-887-9111
Department:
Contact Tel: 0141 314 6823
Enquiries to: Fiona.mccormick@ggc.scot.nhs.uk
Letter Date: 15/05/2024
Reference: CR/GH
Dictated Date: 15/05/2024
Transcribed Date: 28/05/2024

Dear Dr. MJ McGovern,

Henry Burgess; D.O.B: 22 Aug 1979; CHI: 2208793218
0/1 128 Neilston Road, Paisley, Renfrewshire, PA2 6EP

Attendance: Specialty - Respiratory Medicine; Clinic - RACRRE6-DR RICKETTS RESP WED PM CLINIC
Date and Time of Appointment - 15/05/2024 15:15

Clinical Comments:
DIAGNOSES

1. Haemoptysis

2. Previous DVT and PTE on Rivaroxaban

3. Previous splenectomy - multi organ failure secondary to splenic infarct, previous intravenous drug user, previous hepatitis C treated

4. Type 1 diabetes

5. Alcohol excess

Recommendations: for bronchoscopy 4th June 2024

I met this 44 year old in the Respiratory Clinic today. He had been referred up on the basis of having haemoptysis over the last few months. He is quite difficult to assess. He does not answer questions particularly well and he was very mumbly. He had quite a few drinks prior to attending today. He describes having haemoptysis over about a 5 month period, initially he was coughing up fresh blood and then he said it was mucus mixed in with streaks of blood. It was really difficult to pin him down on

exactly what he was coughing up. He says that it has eased off a little bit more recently. He does not have many other chest symptoms. He is on Methadone. He says he is an alcoholic and is awaiting rehab. He is an ongoing smoker of at least 60 pack year history. He has had decreased exercise tolerance recently. He says he is having seizures at home and episodes of hypoxia but his sats were 92% on air today.

He lives alone. He is not currently working. He is a smoker and ex drug user. On examination he had a trace of ankle oedema only.

His CT scan was fairly reassuring. I suspect his haemoptysis is related to the DOAC. I found it difficult to be sure if he should still be continuing the Rivaroxaban, I can see there is a note from 2020 saying that he should have a 3 month duration of Apixaban following his hospital admission and laparotomy and the VTE MDT from 10th May suggests 3 months of Rivaroxaban but he is still on it now. He has clearly been on it for 2 years and I can not see that he has had a further event since then. I wonder if it is possible to clarify this from his notes as it might be that he could stop taking it altogether.

I have explained the CT scan was reassuring but they would usually do a bronchoscopy to ensure. He has agreed to attend on 4th June, he could not attend on the first date I offered him as it was the 'old firm derby'. He knows to fast and he knows someone should bring him up for the test and take him home. He has got an information leaflet away and he has signed a consent form. I have discharged him from the clinic at the moment.

Yours sincerely

CLARE RICKETTS

CONSULTANT PHYSICIAN IN RESPIRATORY MEDICINE

Electronically Signed: Dr Helen Ricketts, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Main Switchboard:	
Department:	GENERAL SURGERY
Contact Tel:	0141-314-6857
Enquiries to:	JOANNE FORBES
Letter Date:	12/01/2021
Reference:	PM/JF
Dictated Date:	04/01/2021
Transcribed Date:	05/01/2021

Dear Dr. JR Calvo Rodriguez,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Admission: Specialty - General Surgery; Ward - RAH Ward 24 General Surgery
Consultant - Mr Patrick MacGoey; Date of Admission - 24/11/2020
Date of Discharge - 23/12/2020; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Diagnosis:
1. Cavitating right upper lobe pneumonia
2. Adjacent pulmonary vein thrombus (extending into left atrium)
3. Multiviseral arterial emboli
4. Multi-organ failure and peritonitis secondary to infected infarcted spleen
5. Damage control laparotomy wash out, drainage and subsequent splenectomy
6. Intravenous drug use
7. Hepatitis C (treated)
8. Type 1 diabetes
9. History of alcohol excess

Plan:
1. Apixaban (duration 3 months)
2. Continue Clindamycin until 04.01.21 and then long term Amoxicillin 500mgs once a day (asplenia)
3. Complete immunisation schedule as per IDL (further meningitis vaccines 3rd week of January)

Henry was admitted profoundly unwell with septic shock and peritonitis as well as diabetic ketoacidosis. He was resuscitated with fluids, antibiotics and insulin and taken for a CT scan. This showed evidence of free gas and fluid in his abdomen with an infarcted spleen as well as other infarcts in his kidney and liver.

Our initial thoughts were that his cavitating lung lesions may have been due to right heart endocarditis though there was no convincing evidence of this on his echocardiograms. Whether

primary or secondary the lung changes were quite marked and it seems that the adjacent pulmonary vein thrombus propagated into the left atrium resulting in septic emboli in the systemic circulation.

At laparotomy there was no evidence of hollow viscus perforation and it seemed all of the gas was due to gas forming organisms. Given the severity of his physiological derangement (profound shock, acidemia and coagulopathy) no attempt was made to remove his spleen at the first sitting and he was washed out drained and returned to ICU with a laparostomy in situ. The next morning he returned to theatre for splenectomy and a re-look and washout. He made good progress following this with resolution of organ failure and no further operative or radiological intervention was required.

I reviewed him in the returns clinic 1 week following discharge and was pleased to see him looking well. He and his partner were happy that he was making progress with no fever or other symptoms and his repeat blood test showed a falling CRP and a rising Albumin which are reassuring. There is some superficial dehiscence of his midline wound but this was healing. I will arrange a further clinic follow up and a CXR and he will also require respiratory follow up.

Thanks for your help in managing him.

Kind regards

Yours sincerely

Mr Patrick MacGoey

Consultant Upper GI Surgeon

Electronically Signed: Mr Patrick MacGoey, Consultant

cc. DR JANE GRAVIL
CONSULTANT RESPIRATORY PHYSICIAN
RAH

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
PA2 6LW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 18/05/2022
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. LE Cormack,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96a Alice Street, Paisley, Renfrewshire, PA2 6EA

Admission: Specialty - General Medicine; Ward - RAH AMU Ward 2 General Medicine
Consultant - Dr Majid Kiyani; Date of Admission - 26/04/2022
Date of Discharge - 27/04/2022; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Please accept this letter and related IDLs from the discharge dates of 27 April & 3 May as final correspondence of the hospital admission.

In Summary,

Mr Burgess admitted initially with symptoms of confusion, fever, agitation and seizures.

Self-discharged; Re-admitted, absconded and than detained under EDC.

Has had extensive investigations including Lumbar puncture that ruled out a infection source.

settled over time and did not require any further medical input.

Diagnosis:

ETOH, Opiates Dependence & Withdrawal related seizures and other symptoms

Follow up:

Community Addiction services.

Please do contact us if any further concerns or questions.

Yours sincerely

Dr Majid Kiyani

Consultant in Acute & General Medicine

Visiting Physician

Electronically Signed: Dr Majid Kiyani, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley,
PA2 6LW

Main Switchboard:	
Department:	General Medicine
Contact Tel:	0141 314 6134
Enquiries to:	margaret.robinson@ggc.scot.nhs.uk
Letter Date:	20/05/2022
Reference:	DB/MR
Dictated Date:	17/05/2022
Transcribed Date:	18/05/2022

Dear Dr. LE Cormack,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96a Alice Street, Paisley, Renfrewshire, PA2 6EA

Admission: Specialty - General Medicine; Ward - RAH 27 General Medicine
Consultant - Dr Derek Baxter; Date of Admission - 28/04/2022
Date of Discharge - 04/05/2022; Discharged to - Private Residence - no additional detail added

Diagnosis:
Grand Mal Seizures, Unspecified (With Or Without Petit Mal) (ICD10: G40.6)

Clinical Comments:
This patient's casenotes have been left for an FDL. I am not even sure if he came to my ward but it looks as if he was under one of the locum consultant's Dr Kiyani.

I certainly have written in his notes although there are extensive entries from Dr Otto, Liaison Psychiatry.

I have therefore nothing to add beyond the immediate discharge leter.

Yours sincerely

Dr Derek Baxter

Consultant Physician/Rheumatologist

Electronically Signed: Dr Derek Baxter, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley
PA2 6LR

Main Switchboard:	
Department:	Acute Medicine
Contact Tel:	0141 314 6980
Enquiries to:	Secretary: Joan McCredie
Letter Date:	04/07/2023
Reference:	IK/AW
Dictated Date:	27/06/2023
Transcribed Date:	28/06/2023

Dear Dr. MJ McGovern,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96a Alice Street, Paisley, Renfrewshire, PA2 6EA

Admission: Specialty - General Medicine; Ward - RAH AMU Ward 2 General Medicine
Consultant - Dr Iain Keith; Date of Admission - 14/06/2023
Date of Discharge - 15/06/2023; Discharged to - Private Residence - living alone

Clinical Comments:

Date of admission: 14/06/23

Date of irregular discharge: 15/06/23

Diagnosis(es): Alcohol withdrawal seizures; Infective gastroenteritis

The abovenamed patient presented after a seizure on a background of alcohol excess, PEs, hepatitis C and insulin treated diabetes. He had a seizure witnessed by his partner. He had stopped drinking a few days previously.

We wanted to admit him for alcohol detoxification. He decided to take his own discharge against medical advice.

Yours sincerely

DR IAIN KEITH

Consultant Physician in Acute Medicine

Electronically Signed: Dr Iain Keith, Consultant

cc.

Generic general letter:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Main Switchboard: 0141-887-9111
Department: Gastroenterology
Contact Tel: 0141 314 6861
Enquiries to: lynne.mellstrom@ggc.scot.nhs.uk
Letter Date: 29/03/2019
Reference: ACB/MMcL
Dictated Date: 25/03/2019
Transcribed Date: 25/03/2019

Michael Nellis
Addiction Nurse
Renfrewshire Drug Service
Back Sneddon Street
PAISLEY

Dear Michael ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
76 STOCK STREET, Paisley, Renfrewshire, PA2 6NH

Your patient as referred to the RAH for assessment of his chronic hepatitis C infection. The initial appointment was with the clinical nurse specialist on 25th March 2019. Unfortunately Henry has failed to attend this appointment.

As you are aware, we are starting a new treatment initiative at RDS and in order to meet the criteria for this initiative Henry requires to have up to date blood borne virus testing. Unfortunately he has not had any blood borne virus testing since February 2017. I would be grateful if you could appoint Henry to your clinic and update his HIV/HCV PCR/HBV core and HCV viral load. If you inform me when these bloods have been obtained we can then add him to the MDT for discussion towards treatment under the tested treat criteria.

Thank you for your assistance in this matter.

Yours sincerely

Anne Cameron-Burns

Clinical Nurse Specialist Hepatitis C

Electronically Signed: Nurse Anne Cameron-Burns, Nurse Practitioner

cc. Dr McCallum/McIvor Addiction Psychiatrist Renfrewshire Drug Service Back Sneddon Street PA ISLEY . . Dr Goyal King Street Medical Practice 15 King Street PAISLEY

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

JUAN CALVO RODRIGUEZAbbey Medical Centre,Lonend,Paisley, PA1 1SU

Royal Alexandra Hospital,Corsebar Road,Paisley,PA2 9PN
Main Switchboard: 0141 8879111
Date of Completion: 23-Dec-2020

Dear JUAN CALVO RODRIGUEZ,

Name	CHI	DoB	Address
Henry Burgess	2208793218	22-Aug-1979	96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Admitted	Type	Discharged	Destination
24-Nov-2020 19:53	IP	23-Dec-2020	

Specialty	Consultant	Ward	Telephone
General Surgery	MacGoey	RAH Ward 24 General Surgery	0141 8879111

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
Emergency exploratory Laparotomy and washout 24/11/20
Re-look laparotomy and splenectomy 25/11/20

Last Discharge Review: Lauren Sawdon (Lauren Sawdon - FY1) on 23 Dec 2020 10:35

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Amoxicillin 500mg capsules	oral	To take 1 tablet once in a morning after clindamycin antibiotic course has completed. This is to be lifelong	Yes		**Drug Details:** splenectomy		Added Amended
Apixaban 5mg tablets	oral	2 tablets twice a day for 7 days (started on19/12) then to have 1 tablet twice a day thereafter for a total duration of 3 month for provoked PE	Yes		**Drug Details:** date started amended as per kardex + d/w Dr Sawdon		Added Amended
Clindamycin 150mg capsules	oral	4 capsules three times daily , Fixed Period 2 Week(s) from 21 Dec 2020	Yes				Added
Codeine 15mg tablets	oral	to take 1 tablet when required. maximum qds	Yes		**Drug Details:** week supply on discharge please		Added Amended
Insulin aspart biphasic 30/70 100units/ml suspension for injection 3ml pre-filled disposable devices (NovoMix 30 FlexPen)	subcutaneous	TO BE USED AS DIRECTED,	Yes			Y	Amended
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily	Yes				Added
Loperamide 2mg capsules	oral	1 capsule every six hours	Yes				Added
Macrogol compound oral powder sachets NPF sugar free	oral	to take 1 sachet BD whilst on regular codeine	Yes				Added
Methadone 1mg/ml oral solution sugar free	oral	70 mg once daily , Abbey Chemist Lonend 0141 889 9883 confirmed with RDS (Kate Somerville)	No	Community Pharmacist to Supply			Added Amended
Pregabalin 75mg capsules	oral	1 capsule twice daily , please supply 14 (fourteen) caps	Yes		**Dispensing Details:** CD Rx		Added Amended

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
FC

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, This 41yo M was admitted on the 24/11/20 with generally feeling unwell. PMH: T1DM- on insulin, previous IVDU- on methadone. Issues during admission: 1. Multi-organ infarcts- CT CAP on 24/11/12 showed free gas and simple fluid within the peritoneal cavity - demonstrated around the liver and tracking along the para-colic gutters. A wedge of hypodense liver in segment 7/8 is in keeping with a possible infarct. The spleen is markedly abnormal with a collection of subcapsular and intraparenchymal gas. Most of the splenic tissue is thought to have infarcted, with subsequent gas formation and possible perforation into the intraperitoneal cavity. Patient was taken to theatre on the 24/11/20 for an emergency exploratory laparotomy and washout. Patient was taken to ICU post op. Patient was then taken back to theatre the following day for a re-look laparotomy and splenectomy. Patient was taken back to ICU ventilated post op. By the 27/11/20, the patient was requiring minimal respiratory support and was off inotropes therefore was successfully extubated on the 27/11/20. TTE report suggested no evidence of infective endocarditis.

PATIENT NAME: HENRY BURGESS
PATIENT ADDRESS: FLAT 0/1
128 NEILSTON ROAD
PAISLEY
PA2 6EP

DOB: 22-Aug-1979
Patient ID/CHI: 2208793218
CONTACT DATE: 30-Jun-2021

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL

Measure	Value	Date	Measure	Value	Date
HbA1c *	76 mmol/mol	31-Jul-2020	Diabetes Type *	Type 1 Diabetes Mellitus	23-Aug-2008
Weight *	95.2 kg	22-Sep-2020	Duration of Diabetes *	12 Years 10 Months	
BMI *	30.4 kg/m2	22-Sep-2020	Problems with Hypoglycaemia Awareness		
BP *	126 / 68	01-Aug-2019	Gold Score *		
Erectile Dysfunction			Smoking Status *	Current smoker	22-Sep-2020

BIOCHEMISTRY

Measure	Value	Date	Measure	Value	Date
Creatinine *	52 µmol/L	01-Jun-2021	Cholesterol *	5 mmol/L	24-Jan-2020
Alb/Creat Ratio *			HDL Cholesterol *	1.7 mmol/L	24-Jan-2020
eGFR *	>60 ml/min	01-Jun-2021	Triglycerides *	1.2 mmol/L	24-Jan-2020
T4/Free T4 *	12.1 pmol/L	31-Jul-2020	TSH *	1.87 mU/L	31-Jul-2020
ALP(Alkaline Phosphatase) *	272	01-Jun-2021	AST *	16	01-Jun-2021
ALT *	9	01-Jun-2021	Bilirubin *	6	01-Jun-2021

Last Successful Eye Screening

Screening Date: 23-Mar-2018 Screening Outcome: Rescreening in 12 months (Fundus Photography)

DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET

Foot Risk Category *	Low Risk	01-Oct-2013

MEDICAL HISTORY (HEALTH ISSUES)

Alcohol abuse - episodic	2008
Hepatitis C	2008

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION

Medication	Dose/Frequency	Quantity/Preparation	Date
Novomix 30 Flexpen	TO BE USED AS DIRECTED	5 PRE-FILLED DISPOSABLE INJECTI Suspension For Injection 100 units/ml, 3 ml pre-filled pen	28-Jun-2021
Novorapid Flexpen	TO BE USED AS DIRECTED	5 PRE-FILLED DISPOSABLE INJECTI Solution for injection 100 units/ml, 3 ml pre-filled pen	28-Oct-2020

UNCHANGED CURRENT MEDICATION

Medication	Dose	Change Date
METHADONE 1mg/1mL mixture	Breakfast: Lunch: Evening Meal: Night:	
NOVOMIX 30 FLEXPEN pen 3mL	Breakfast: 8 Lunch: Evening Meal: 12 Night:	

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION

Please check free text letter content above.

ADVICE GIVEN

Please check free text letter content above.

Diabetes Education Record:	

Headquarters:
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: John Brown CBE

SCI-Diabetes

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

Dr Christopher Smith

Date of Clinic: 30-Aug-2021
Date Printed: 02-Sep-2021
Our Ref: CS-DC
Enquiries to: 01413146882
Ext.
E-mail:

THE CONSULTING ROOMS
21 NEILSTON RD
PAISLEY
PA026LW

Dear Doctor

Name/Address: HENRY BURGESS, FLAT 0/1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
Patient ID/CHI: 2208793218
DOB: 22-Aug-1979
Date of Royal Alexandra Hospital Appointment:30-Aug-2021

Please find a clinic summary sheet attached.

Summary:

I had a phone conversation with Henry on the 30th August.

I note recent Hba1c was excellent at 55. He reports no problems with low blood sugars and has been doing some capillary tests and a recent sugar was 8. He is quite happy with his diabetic control which seems reasonable on 14 units twice a day of NovoMix30.

He is keen to pursue a prescription for FreeStyle Libre, but I did explain to him today he would need to meet Health Board criteria ie Type 1 diabetes and using basal bolus to be put on the waiting list. We would be happy to try and facilitate a trial of switching to basal bolus as this may offer him greater flexibility in terms of meals timings and better control in the future and he is happy to consider this. Therefore I will ask the DSN's to give him an appointment to talk through switching to basal bolus, and if he is happy to switch we could try 14 units of Toujeo as a background insulin and 4 units of Fiasp insulin with meals as a starting point.

I have booked him back for review in a year (01/08/22).

Cc

Diabetes Nurses

DDIC

RAH

Next review:

Yours sincerely

Dr C Smith
Consultant Physician
This letter has been electronically verified and signed by the above

CC: Patient

PATIENT NAME: HENRY BURGESS
PATIENT ADDRESS: FLAT 0/1
128 NEILSTON ROAD
PAISLEY
PA2 6EP

DOB: 22-Aug-1979
Patient ID/CHI: 2208793218
CONTACT DATE: 30-Aug-2021

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

GENERAL

Measure	Value	Date	Measure	Value	Date
HbA1c *	55 mmol/mol	04-Aug-2021	Diabetes Type *	Type 1 Diabetes Mellitus	23-Aug-2008
Weight *	71 kg	29-Jun-2021	Duration of Diabetes *	13 Years	
BMI *	22.7 kg/m2	29-Jun-2021	Problems with Hypoglycaemia Awareness		
BP *	126 / 68	01-Aug-2019	Gold Score *		
Erectile Dysfunction			Smoking Status *	Current smoker	29-Jun-2021

BIOCHEMISTRY

Measure	Value	Date	Measure	Value	Date
Creatinine *	55 µmol/L	04-Aug-2021	Cholesterol *	5 mmol/L	24-Sep-2020
Alb/Creat Ratio *			HDL Cholesterol *	1.7 mmol/L	24-Jan-2020
eGFR *	>60 ml/min	04-Aug-2021	Triglycerides *	1.2 mmol/L	24-Jan-2020
T4/Free T4 *	12.1 pmol/L	31-Jul-2020	TSH *	1.87 mU/L	31-Jul-2020
ALP(Alkaline Phosphatase) *	146	04-Aug-2021	AST *	26	04-Aug-2021
ALT *	18	04-Aug-2021	Bilirubin *	5	04-Aug-2021

Last Successful Eye Screening

Screening Date: 23-Mar-2018 Screening Outcome: Rescreening in 12 months (Fundus Photography)

DRS Results	Right	Left
Retinopathy:	No Retinopathy	No Retinopathy

FEET

Foot Risk Category *	Low Risk	01-Oct-2013

MEDICAL HISTORY (HEALTH ISSUES)

Alcohol abuse - episodic	2008
Hepatitis C	2008

PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION

Medication	Dose/Frequency	Quantity/Preparation	Date
Novomix 30 Flexpen	TO BE USED AS DIRECTED	5 pre-filled disposable injecti Suspension For Injection 100 units/ml, 3 ml pre-filled pen	23-Jul-2021
Novorapid Flexpen	TO BE USED AS DIRECTED	5 PRE-FILLED DISPOSABLE INJECTI Solution for injection 100 units/ml, 3 ml pre-filled pen	28-Oct-2020

UNCHANGED CURRENT MEDICATION

Medication	Dose	Change Date
METHADONE 1mg/1mL mixture	Breakfast: Lunch: Evening Meal: Night:	
NOVOMIX 30 FLEXPEN pen 3mL	Breakfast: 8 Lunch: Evening Meal: 12 Night:	

RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION

Please check free text letter content above.

ADVICE GIVEN

Please check free text letter content above.

Diabetes Education Record:	

SCI-Diabetes

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN
http://www.nhsggc.org.uk/

NHS
NHS Greater Glasgow and Clyde

Dr Christopher Smith
Date of Clinic: 30-Aug-2021
Date Printed: 02-Sep-2021
Our Ref: CS-DC
Enquiries to: 01413146882
Ext.
E-mail:

HENRY BURGESS
FLAT 0/1
128 NEILSTON ROAD
PAISLEY
PA2 6EP

Dear Sir/Madam

Please find attached a Copy of a letter sent to your GP following your recent clinic appointment.

Yours sincerely

Dr C Smith
Consultant Physician
This letter has been electronically verified and signed by the above

SCI-Diabetes

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

Dr Christopher Smith

Date of Clinic: 30-Aug-2021
Date Printed: 02-Sep-2021
Our Ref: CS-DC
Enquiries to: 01413146882
Ext.
E-mail:

THE CONSULTING ROOMS
21 NEILSTON RD
PAISLEY
PA026LW

Dear Doctor

Name/Address: HENRY BURGESS, FLAT 0/1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
Patient ID/CHI: 2208793218
DOB: 22-Aug-1979
Date of Royal Alexandra Hospital Appointment:30-Aug-2021

Please find a clinic summary sheet attached.

Summary:

I had a phone conversation with Henry on the 30th August.

I note recent Hba1c was excellent at 55. He reports no problems with low blood sugars and has been doing some capillary tests and a recent sugar was 8. He is quite happy with his diabetic control which seems reasonable on 14 units twice a day of NovoMix30.

He is keen to pursue a prescription for FreeStyle Libre, but I did explain to him today he would need to meet Health Board criteria ie Type 1 diabetes and using basal bolus to be put on the waiting list. We would be happy to try and facilitate a trial of switching to basal bolus as this may offer him greater flexibility in terms of meals timings and better control in the future and he is happy to consider this. Therefore I will ask the DSN's to give him an appointment to talk through switching to basal bolus, and if he is happy to switch we could try 14 units of Toujeo as a background insulin and 4 units of Fiasp insulin with meals as a starting point.

I have booked him back for review in a year (01/08/22).

Cc

Diabetes Nurses

DDIC

RAH

Next review:

Yours sincerely

Dr C Smith
Consultant Physician
This letter has been electronically verified and signed by the above

CC: Patient

Diagnosis:

Diagnosis	Side	Site
General Medical Examination		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Doctor, Henry was referred to RAH MAU due to potential right leg DVT. However, Henry unfortunately self-discharged prior to medical assessment. Kind regards, MAU, RAH

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Emma Kennedy
Doctor

Copies to:

1. GC Perrett (GP)

School Address:

Clinical letter - GP: W1437566

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. Wl Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard: 0141-887-9111
Department: Gastroenterology
Contact Tel: 0141 314 6861
Enquiries to: lynne.mellstrom@ggc.scot.nhs.uk
Letter Date: 23/08/2016
Reference: EM/LRM
Dictated Date: 17/08/2016
Transcribed Date: 18/08/2016

Dear Dr Weir,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
15/1 15 Scaraway Drive, Glasgow, G22 7EX

DIAGNOSIS:

1. chronic hepatitis

Your patient has been referred to RDS Outreach clinic by HCV Pharmacy Testing Service for assessment of their chronic hepatitis infection. The initial appointment is with the clinical nurse specialist on 16.08.16.

Unfortunately this patient failed to attend. No further appointments will be sent unless you wish to re-refer in which case we would be happy to see them.

Yours sincerely,

Elaine McLellan

Senior Harm Reduction/BBV nurse

Sofosbuvir plasma concentrations may be affected by some drugs. Please refer to the following website PRIOR to prescribing any additional medication for this patient : http:// hep-druginteractions.org.

If in doubt or if you have any further questions please contact the Hepatitis C Team :

CONSULTANTS :

Dr James R McPeake : Tel 0141-314-6850 {secretary} OR 0141-314-6857 {office};

Dr Mathis Heydtmann : Tel 0141-314-6861 {secretary} OR 0141-314-6028 {office};

HCV NURSES :

Anne Cameron-Burns & Audrey Anderson : Tel 01475-505180;

BBV PHARAMACIST :

Fiona Marra : Tel 0141 211 3383 (or page 5396 via switchboard 0141 211 3000

Electronically Signed: Nurse Elaine McLellan, Nurse Practitioner

cc. Peter Finlayson
Pharmacist
Abbey Chemist Ltd,
144 Trongate,
Glasgow
G15EN

Clinical letter - GP: RDS OUTREACH CLINIC

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard: 0141-887-9111
Department: Gastroenterology
Contact Tel: 0141 314 6861
Enquiries to: lynne.mellstrom@ggc.scot.nhs.uk
Letter Date: 20/10/2016
Reference: EM/LRM/W1518784
Dictated Date: 11/10/2016
Transcribed Date: 12/10/2016

Dear Dr Weir,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
15/1 15 Scaraway Drive, Glasgow, G22 7EX

Your patient was referred to RDS Outreach clinic by his pharmacist Peter Findlayston from Abbey Chemist for assessment of his chronic hepatitis C infection. The initial appointment was with the clinical nurse specialist on 11.10.16.

Unfortunately the patient failed to attend this appointment. No further appointments will be sent. However, if you wish to re-refer the patient we would be happy to send a further appointment.

Yours sincerely,

Elaine McLellan

Senior Harm Reduction/BBV nurse

Sofosbuvir plasma concentrations may be affected by some drugs. Please refer to the following website PRIOR to prescribing any additional medication for this patient : http:// hep-druginteractions.org.

If in doubt or if you have any further questions please contact the Hepatitis C Team :

CONSULTANTS :

Dr James R McPeake : Tel 0141-314-6850 {secretary} OR 0141-314-6857 {office};

Dr Mathis Heydtmann : Tel 0141-314-6861 {secretary} OR 0141-314-6028 {office};

HCV NURSES :

Anne Cameron-Burns & Audrey Anderson : Tel 01475-505180;

BBV PHARAMACIST :

Fiona Marra : Tel 0141 211 3383 (or page 5396 via switchboard 0141 211 3000);

Electronically Signed: Nurse Elaine McLellan, Nurse Practitioner

cc. Dr. McMahon
Renfrewshire Drugs Service
20 Back Sneddon St,
Paisley
PA3 2DJ

Peter Findlayston
Pharmacist
Abbey Chemist Ltd
144 Trongate
GLASGOW
G15 5EN

Clinical letter - Others: CLINIC 26.11.18

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Michael Nelis
Addiction Nurse DTTO
Renfrewshire Drug Service
Backsneddon Street
PAISLEY

Main Switchboard:	
Department:	Gastroenterology
Contact Tel:	01475 504847
Enquiries to:	Anne Cameron-Burns
Letter Date:	03/12/2018
Reference:	ACB/LRM/W2625414
Dictated Date:	26/11/2018
Transcribed Date:	26/11/2018

Dear Mr Nelis,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
76 STOCK STREET, Paisley, Renfrewshire, PA2 6NH

Your patient had an appointment at the assessment clinic in Renfrewshire Drug Service on 20.11.18 for assessment of his chronic hepatitis C infection. He attended this appointment and was appointed to the clinic in the RAH today, 26.1.18, for a fibroscan and assessment bloods. Despite assurances that he would attend today unfortunately has failed to attend.

I have not appointed any further appointments. However, should he wish to be re-referred I would be happy to see him in the future.

Yours sincerely,

Anne Cameron-Burns

Clinical Nurse Specialist, Hepatitis C

Electronically Signed: Nurse Anne Cameron-Burns, Nurse Practitioner

cc. Dr. McCallum
Addiction Psychiatrist
RDS

Abbey Medical Centre,

Lonend,
Paisley,
PA1 1SU

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Main Switchboard: 0141-887-9111
Department: General Surgery
Contact Tel: 0141 314 6857
Enquiries to: Joanne.Forbes@ggc.scot.nhs.uk
Letter Date: 15/01/2021
Reference: PM/AMcN
Dictated Date: 11/01/2021
Transcribed Date: 14/01/2021

Dr. JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Dear Dr Calvo Rodriguez,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Further to my recent final discharge letter, I saw Henry again on 07.01.21 in the Surgical Returns Clinic. This was a little earlier than I had planned (due to an administrative error on my part) but I was delighted to see him looking so well.

He is eating well, putting on weight and his last blood tests were improving. He has some superficial dehiscence of the midline wound but it is nice and clean and healing well. I have no ongoing Surgical concerns and therefore I do not think I need to see him back again in the clinic routinely.

His extended TB culture was negative, confirming that TB is not responsible for his cavitating pneumonia.

I have arranged a further chest x-ray for early February and I will ask Dr Gravil to follow him up.

If there are any issues please get in touch with me.

Yours sincerely,

Mr Patrick MacGoey

Consultant General Surgery

Electronically Signed: Mr Patrick MacGoey, Consultant

cc. Dr Jane Gravil
Consultant Respiratory Physician
RAH

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Mr P. MacGoey
Consultant Upper GI Surgeon
RAH

Main Switchboard: 0141-887-9111
Department: Respiratory
Contact Tel: 0141 314 7272
Enquiries to: Hazel.Giulianotti@ggc.scot.nhs.uk
Letter Date: 25/01/2021
Reference: GM/LRM/W3589103
Dictated Date: 15/01/2021
Transcribed Date: 22/01/2021

Dear Mr MacGoey,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96A ALICE STREET, Paisley, Renfrewshire, PA2 6EA

Many thanks for referring this complicated case on to ourselves. Dr Gravil has had a full review of his investigations and imaging. We have arranged for this gentleman's chest x-ray to be reviewed in our Virtual Clinic and decisions on further investigations can be made at this point.

Pleas do not hesitate to contact me if you have any further questions about this case.

Yours Sincerely,

Dr Grace McDowell

ST7 Respiratory Medicine

Electronically Signed: Dr Grace McDowell, Doctor

cc. Abbey Medical Centre,
Lonend,
Paisley,
PA1 1SU

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Main Switchboard: 0141-887-9111
Department: Inspire Clinic
Contact Tel: 0141 314 7069
Enquiries to: michelle.murphy@ggc.scot.nhs.uk
Letter Date: 14/05/2021
Reference: LG/MM
Dictated Date: 01/05/2021
Transcribed Date: 13/05/2021

Dear Doctor,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
0-1, 128 NEILSTON ROAD, Paisley, Renfrewshire, PA2 6EP

Henry was invited to attend the InS:PIRE ICU Rehabilitation Programme. It runs for 5 weeks by virtual clinic from the RAH. It is a Multi-Disciplinary clinic including Medical, Nursing, Physiotherapy, Pharmacy and Clinical Psychology. The purpose of the programme is to address the physical, psychological and social consequences of being an intensive care survivor/ caregiver commonly referred to as post intensive care syndrome.

Unfortunately despite initially showing interest in attending, Henry failed to attend when contacted by telephone. We do hope that he is doing well.

If you require further information or clarification, please do not hesitate to contact me at the phone number, address or email above.

Kind regards

Dr Lisa Gemmell

LisaGemmell

Consultant in Anaesthesia and Intensive Care,

Royal Alexandra hospital,

Paisley

Electronically Signed: Dr Lisa Gemmell, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Respiratory Medicine
Contact Tel: 0141 314 6823
Enquiries to: Angela.Neil@ggc.scot.nhs.uk
Letter Date: 13/05/2021
Reference: CW/AN
Dictated Date: 13/05/2021
Transcribed Date: 13/05/2021

Dr. JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Dear Dr Calvo Rodriguez,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
0-1, 128 NEILSTON ROAD, Paisley, Renfrewshire, PA2 6EP

This is just to let you know that Mr Burgess has not attended for the CT of his chest on a few different occasions. We were doing this to follow up his cavitating right upper lobe pneumonia. His chest radiograph in March was improving, although had not entirely returned to normal. Hopefully this means that things have got better.

Many thanks.

Yours sincerely

Dr C. Williams

Consultant Respiratory Physician

Electronically Signed: Dr Catherine Williams, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Respiratory Unit
Contact Tel: 0141 314 6859 - Fiona
Enquiries to: fiona.mccormick@ggc.scot.nhs.uk

Letter Date: 23/08/2021
Reference: DAG/FMcC
Dictated Date: 19/08/2021
Transcribed Date: 19/08/2021

Dr. LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
PA2 6LW

Dear Dr Cormack,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
FLAT 0/1, 128 NEILSTON ROAD, Paisley, Renfrewshire, PA2 6EP

My colleague organised a CT scan of this man's chest to make sure things had improved following his recent pneumonia. The appearances look much better and further follow up is not required.

Yours sincerely

DOUGLAS A GRIEVE

CONSULTANT IN GENERAL & RESPIRATORY MEDICINE

PS : I note from Trakcare that Mr Burgess passed away on 16/8/21.

Electronically Signed: Dr Douglas Andrew Grieve, Consultant

cc.

Clinical letter - GP: Final Discharge

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Acute Medicine
Contact Tel: 0141 314 9777
Enquiries to: Secretary: Theresa Porter

Dr. LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
PA2 6LW

Letter Date: 27/05/2022
Reference: DM/AW
Dictated Date: 17/05/2022
Transcribed Date: 19/05/2022

Dear Dr Cormack,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
96a Alice Street, Paisley, Renfrewshire, PA2 6EA

Final Discharge Letter following on from the Emergency Attendance Letter

Admitted: 10 May 2022 **Discharged:** 11 May 2022

Diagnosis(es): Venous thrombosis right leg

This 42 year old chap, with previous pulmonary embolism related to intravenous drug use, who is also Hep C positive and continues to take alcohol, cigarettes and street valium, was admitted with right leg swelling. Doppler confirmed a deep venous thrombosis and he was treated with low molecular weight heparin initially, converting to rivaroxaban 20mg once daily.

He will be discussed at the appropriate clinic.

Yours sincerely

Professor David Marshall

Consultant Physician and Rheumatologist

Electronically Signed: Prof David Marshall, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294

Dr. GC Perrett
The Consulting Rooms
21 Neilston Rd
Paisley
PA2 6LW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 27/08/2025
Reference:
Dictated Date:
Transcribed Date:

Dear DR ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
0/1, 128 NEILSTON ROAD, Paisley, Renfrewshire, PA2 6EP

Patient was seen in the AEC to rule out a DVT today, his leg is swollen red and painful .

2 x DVT and 1 x PE

Investigations :

D-dimer 385

WCC 13

Neutrophils 8.0

Doppler negative for DVT

Diagnosis - Cellulitis

Will treat with flucloxacillin and assess next week , we may consider a repeat scan if things do not improve .

Thank you

Mairi Maciver

ANP AEC

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. S Goyal
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard:	0141-887-9111
Department:	Gastroenterology
Contact Tel:	0141 314 661
Enquiries to:	lynne.mellstrom@ggc.scot.nhs.uk
Letter Date:	28/08/2017
Reference:	AA/MMcL
Dictated Date:	28/08/2017
Transcribed Date:	08/09/2017

Dear Dr. S Goyal,

Henry Burgess; D.O.B: 22 Aug 1979; CHI: 2208793218
14 Thompson Brae, Paisley, Renfrewshire, PA1 1TP

Attendance: Specialty - Gastroenterology; Clinic - RAACBGA1-SR CAMERON BURNS HEP C ASSESSMENT MON AM
Date and Time of Appointment - 28/08/2017 10:30

Clinical Comments:

Diagnosis: Chronic Hepatitis C

Your patient Mr Burgess has been referred to Dr Mathis Heydtmann for assessment of his chronic hepatitis C infection. The initial appointment was with a clinical nurse specialist on 28th August 2017.
Unfortunately, this patient has failed to attend and no further appointments will be sent unless you wish to re-refer, in which case we would be happy to see him.

Yours sincerely

Audrey Anderson
CNS Hepatitis C

Electronically Signed: Nurse Audrey Anderson (Gastro), Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. J Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
PA1 1SU

Main Switchboard:	
Department:	Ear, Nose & Throat
Contact Tel:	0141 314 6909
Enquiries to:	Kerry.Gillies@ggc.scot.nhs.uk
Letter Date:	08/03/2018
Reference:	PS/FL
Dictated Date:	08/03/2018
Transcribed Date:	15/03/2018

Dear Dr. J Calvo Rodriguez,

Henry Burgess; D.O.B: 22 Aug 1979; CHI: 2208793218
76 STOCK STREET, Paisley, Renfrewshire, PA2 6NH

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - RAPSEN7-MR SARODE ENT EMERGENCY TREATMENT ROOM THURS AM
Date and Time of Appointment - 08/03/2018 09:20

Clinical Comments:
This patient was referred by A & E with a facial injury. He has failed to arrive at the emergency clinic today. I presume this is because he has had no further problems. I have not sent a further appointment.

Yours sincerely

P Sarode

Associate Specialist ENT Surgeon

Electronically Signed: Mr Pramod Sarode, Consultant

cc.

SCI-Diabetes

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

Date of Clinic: 30-Jun-2021
Date Printed: 30-Jun-2021
Our Ref:
Enquiries to:
Ext.
E-mail:

THE CONSULTING ROOMS
21 NEILSTON RD
PAISLEY
PA026LW

Dear Doctor

Name/Address: HENRY BURGESS, FLAT 0/1, 128 NEILSTON ROAD, PAISLEY, PA2 6EP
Patient ID/CHI: 2208793218
DOB: 22-Aug-1979
Date of Royal Alexandra Hospital Appointment:30-Jun-2021

Please find a clinic summary sheet attached.

Summary:

Telephone call received from Henrys drug and alcohol support worker Kate Somerville in relation to Henry's insulin prescription Novomix 30 for his type 1 diabetes, Henry was under care of Abbey Medical centre prior to him being discharged and is now under care of the consulting rooms. Henry was concerned as he only had a couple of days left of his Novomix 30 and he is having to reuse his insulin needles I contacted Abbey medical centre who informed me that a prescription for Novomix 30 was issued to pharmacy 28th June however needles last prescribed in March. An appointment will be arranged for Henry when referral received in meantime will keep in touch via phone if he has any concerns.

Note to GP:- could you please prescribe urgent prescription for Gluco Rx insulin needles size 4mm or e.quivalent. Thank you

Next review:

Cindy Stewart
Diabetes Specialist Nurse

Diagnosis:

Diagnosis	Side	Site
Grand Mal Seizures, Unspecified (With Or Without Petit Mal)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Presented with seizures and confusion. WCC 21. CT head nil acute. Admitted under care of medics for further management.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Caroline McGee2
Doctor

Copies to:

1. LE Cormack (GP)
2. UNK-Foreign Visitors No GP (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel:
Fax: Patient attended the
Email: Medical Assessment Unit

Date Completed: 11/05/2022

Consultant:

LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear LE Cormack

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
96a Alice Street
Paisley PA2 6EA

Attended on: **10/05/2022 at 16:12 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
?DVT Worsening swelling R leg

Nursing Assessment:

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. D - Dimer**
4. Urea and Electrolytes	**5. Glucose**	**6. LFT**
7. CRP	**8. Blood Film**	**9. Fibrinogen Clauss Level**
10. US Doppler lower limb veins Rt	**11. Urine culture**	**12. Urine culture**

Diagnosis:

Diagnosis	Side	Site
Other Specified Injuries of Lower Leg	**Right**	**Leg: Lower**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Doctor, This gentleman was admitted to MAU on 11/5/22 with (R) leg pain and swelling. Pmh - previous DVT/PE, hepatitis C, pneumonia, T1DM, alcohol XS and previous IVDU D-dimer - 1896 US Doppler lower limb veins Rt : This is a positive examination. Extensive occlusive thrombus is seen within the femoral popliteal segment. Following discussion with Dr Yasmin (haematology Cons) it was decided to discharge this patient home on 20mg Rivaroxaban once daily and to return to ambulatory care unit for review in one week. He will be discussed at the MDT meeting on Friday. He has been discharged home with 7 days supply only and is aware he must return to the clinic for review in one weeks time. He is happy with this. Many thanks for your ongoing care Julie Ingram ANP/MAU

Followup : **Return to amb care unit on 18/5/22 for review by Haematologist**

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Julie Ingram
Nurse

Copies to:

1. LE Cormack (GP)
2. UNK-Foreign Visitors No GP (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 17/06/2023

Consultant: Dr Eilidh France

MJ McGovern
The Charleston Surgery
5 South Campbell St
Paisley
Paisley
PA2 6LR

Dear MJ McGovern

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
96a Alice Street
Paisley PA2 6EA

Attended on: **14/06/2023 at 14:01 hrs.** Departed on: **14/06/2023 at 21:35 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
BIBA - ?siezure

Nursing Assessment:
1 x self terminating seizure lasting 45 mins pain and swelling L calf prev DVT

Investigations in ED:

1. Coagulation screen	**2. D - Dimer**	**3. Full Blood Count**
4. CRP	**5. Urea and Electrolytes**	**6. Bicarbonate**
7. LFT	**8. Glucose**	**9. D - Dimer**
10. Coagulation screen	**11. XR Chest**	**12. Bone Profile**
13. Magnesium		

Diagnosis:

Diagnosis	Side	Site
Grand Mal Seizures, Unspecified (With Or Without Petit Mal)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Presented to ED with seizures in context of alcohol use, bloody diarrhoea, and right calf pain and swelling. Further seizure in ED and admitted under medical team.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Theo Bayston
Doctor

Copies to:

1. MJ McGovern (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 06/12/2024

Consultant: Dr Raghavendra Nayak

GC Perrett
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear GC Perrett

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
0/1
Paisley PA2 6EP

Attended on: **05/12/2024 at 22:09 hrs.** Departed on: **at hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
seizures biba

Nursing Assessment:
3 witnessed seizures by partner today in the space of 20 minutes, partner states patient had a seizure yesterday didn't seek medical help. no seizures witnessed by sas denies any alcohol or drug use hx alcohol dependent

Investigations in ED:
1. Full Blood Count **2. Urea and Electrolytes** **3. LFT**
4. Glucose

Diagnosis:

Diagnosis	Side	Site
Grand Mal Seizures, Unspecified (With Or Without Petit Mal)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Attended ED with 3x witnessed seizures on evening of 05/12/24. Admitted to medicine for observation.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Heather Craig
Doctor

Copies to:
1. GC Perrett (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 19/01/2025

Consultant: Dr Santosh Bongale

GC Perrett
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear GC Perrett

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
0/1
Paisley PA2 6EP

Attended on: **17/01/2025 at 20:01 hrs.** Departed on: **17/01/2025 at 23:07 hrs.**
Discharge Type: **04C Incomplete: Patient refused treatment** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
intoxicated/biba

Nursing Assessment:
found intoxicated at bus stop - unable to mobilise safely. hx T1DM, known to take street Valium GCS 11

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Mental and Behavioural Disorders due to Acute Intoxication With Alcohol		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Found in street with reduced GCS. Alert and orientated in ED. Left prior to full assessment - had capacity.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jennifer Ross
Doctor

Copies to:
1. GC Perrett (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 07/03/2025

Consultant: Dr Kirsty Ray

GC Perrett
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear GC Perrett

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
0/1
Paisley PA2 6EP

Attended on: **06/03/2025 at 16:26 hrs.** Departed on: **06/03/2025 at 20:25 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
BIBA - collapse

Nursing Assessment:
reduced GCS - found stumbling about banging into things. GCS 11 with crew. drowsy, denies drug use admits alcohol. GCS 12 in triage

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Mental and Behavioural Disorders due to Acute Intoxication With Alcohol		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
BIBA. Reduced GCS secondary to alcohol intoxication. Sobered up and self discharged. No acute concerns.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Lailah Peel
Doctor

Copies to:
1. GC Perrett (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel:
Fax: Patient attended the
Email: Medical Assessment Unit

Date Completed: 04/10/2025

Consultant: Dr Frances Cameron

GC Perrett
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear GC Perrett

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
0/1
Paisley PA2 6EP

Attended on: **02/10/2025 at 19:27 hrs.** Departed on: **03/10/2025 at 05:23 hrs.**
Discharge Type: **04a - Incomplete: left before assessment completed** Destination: **Private residence**
Previous ED Attendance in last 12 months: **6**

Presenting complaint
GP REF - AEC ?DVT

Nursing Assessment:
?R leg DVT. PMH IDDM

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. D - Dimer**
4. Urea and Electrolytes	**5. Glucose**	**6. LFT**
7. CRP		

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 01/05/2018

Consultant: Dr Chris MacDonald1

J Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
Paisley
PA1 1SU

Dear J Calvo Rodriguez

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
76 STOCK STREET
Paisley PA2 6NH

Attended on: **01/05/2018 at 01:55 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
chest pain

Nursing Assessment:
self presentation chest pain t1dm alcohol excess

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Musculoskeletal chest pain (non - traumatic)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

attended with left sided chest pain news 0, examination showed tender left sternal edge had not tried analgesia Advised to take paracetamol, we have given him peptac incase of any element of gastritis due to alcohol excess

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Dominique McGinlay
Doctor

Copies to:

1. J Calvo Rodriguez (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 29/11/2020

Consultant: Dr Stephen Hearns

JR Calvo Rodriguez
Abbey Medical Centre
Lonend
Paisley
Paisley
PA1 1SU

Dear JR Calvo Rodriguez

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
96A ALICE STREET
Paisley PA2 6EA

Attended on: **24/11/2020 at 16:13 hrs.** Departed on: **24/11/2020 at 19:53 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
?dka - biba (no NOK details)

Nursing Assessment:
dka

Investigations in ED:

1. XR Chest	**2. Amylase**	**3. Bone Profile**
4. CK	**5. CRP**	**6. Glucose**
7. LFT	**8. Urea and Electrolytes**	**9. Coagulation screen**
10. Full Blood Count	**11. Group and Save**	**12. Paracetamol**
13. Salicylate	**14. Magnesium**	**15. Lactate (Glasgow only)**
16. CT Thorax abdomen pelvis with contrast	**17. Cross Matching**	**18. SARS-CoV-2 (ED/IP use) (COVID-19)**

Diagnosis:

Diagnosis	Side	Site
Embolism and Thrombosis of Other Specified Veins		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Patient presented to A&E resus following several days of feeling unwell. He was grey and shutdown on arrival. Lactate was raised at 15, and inflammatory markers were raised. Initial CXR showed R upper zone consolidation and pneumoperitoneum. Subsequent CT scan showed cavitating pneumonia, R pulmonary embolus and extensive infarction with gas formation in the spleen. Multifocal infarcts are also noted within the kidneys, most marked on the left side. He underwent emergency laparotomy that evening, and care was transferred to the ITU team.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Vivian Pringle
Doctor

Copies to:

1. JR Calvo Rodriguez (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 26/04/2022

Consultant: Dr Frank Westerduin

LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear LE Cormack

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
FLAT 0/1
Paisley PA2 6EP

Attended on: **26/04/2022 at 05:28 hrs.** Departed on: **26/04/2022 at 08:49 hrs.**
Discharge Type: **04C Incomplete: Patient refused treatment** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
BIBA - Seizures

Nursing Assessment:
Seizure

Investigations in ED:
1. Urea and Electrolytes **2. LFT** **3. Full Blood Count**
4. CRP **5. CK** **6. Amylase**

Diagnosis:

Diagnosis	Side	Site
Grand Mal Seizures, Unspecified (With Or Without Petit Mal)		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Gary Manson
Doctor Staff Grade

Copies to:

1. LE Cormack (GP)
2. UNK-Foreign Visitors No GP (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 16/05/2022

Consultant: Dr Iain Young

LE Cormack
The Consulting Rooms
21 Neilston Rd
Paisley
Paisley
PA2 6LW

Dear LE Cormack

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
96a Alice Street
Paisley PA2 6EA

Attended on: **26/04/2022 at 16:33 hrs.** Departed on: **26/04/2022 at 22:20 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
seizures, discharged himself this am

Nursing Assessment:
Admitted last night with a seizure. Irregular d/c from ward this am. Further seizure at home, very confused since. Snorted heroin at 11:00. IDDM. On methadone. Temp 38.7

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Sample in Blood Culture Bottles	**8. Coagulation screen**	**9. Sample in Blood Culture Bottles**
10. CT Head	**11. XR Chest**	**12. Ethanol**

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

If you have any questions about any of the information in this form, please contact RAH ICU:

0141 314 (0)7069 or (0)6125

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

NHS
Greater Glasgow and Clyde

Visiting Specialist Review

RAH ICU Visiting Specialist Review (03-12-2020 15:35)

Visiting Specialist Review

Visiting Specialist 1	Date: 26/11/2020 Speciality: General Surgery Reviewed By: P MacGoey Clinical Grade: Cons
Specialist Note 1	Marked improvement in organ function. No evident bleeding, including serous drain fluid, stable Hb and normal lactate. Given the precariousness of the LA thrombus/ evidence of multi-site arterial embolism in last weeks I think we should now anticoagulate him. I do not think the PT of 20 precludes this and expect he remains pro-thrombotic with this. I would suggest 80u / Kg heparin loading and run iv heparin to APTT ratio 2-3 but happy for haematology input. If no bleeding issue could change to Dalteparin over weekend. I'm relunctant to start feed (partial devascularisation of stomach and expected ileus and I do not want acute gastric dilatation). Please leave NG on free drainage today. Thanks. PMG
Visiting Specialist 2	Date: 27/11/2020 Speciality: General Surgery Reviewed By: P MacGoey Clinical Grade: Consultant
Specialist Note 2	No evidence of bleeding on current unfractionated regime and I think we could now change to Rx dose LMWH. Shock resolved and minimal respiratory support. Can start feeding at 10ml/hr and progress as per standard protocol. Will need to replace current NG with feeding tube. Suggest stop iv heparin

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

	now. Re-site NG 2 hours time. Start LMWH thereafter. PMG
Visiting Specialist 3	Date: 28/11/2020 Speciality: General Surgery Clinical Grade: Consultant
Specialist Note 3	Advice on telephone. Expects significant ileus. For amylase to be sent from both drains. No rush to remove. LG
Visiting Specialist 4	Date: 30/11/2020 Speciality: Respiratory Medicine Reviewed By: Jamie Hornsby Clinical Grade: Consultant
Specialist Note 4	41 year old with a history of alcohol excess and previous drug misuse admitted in extremis secondary to a disseminated Streptococcus anginosus infection. CT Thorax shows right upper lobe consolidation with cavity formation and patchy consolidation. There is evidence on CT scan of embolus in right pulmonary vein extending into left atrium but not seen on echo subsequently. Necrotic spleen on laparotomy and pus in abdominal cavity. TB Cultures and Stains currently negative Inflamatory markers appear to be improving with treatment. Strep Anginosis is a oral commensal, it can cause lung abscesses and cavitating pneumonia particularly in patients who have a chronic alcohol history to those who have aspriated. I think TB and malignancy is much less likley. I would reccomend: Updating Chest x-ray to assess upper lobe Coniutne antibiotics for time being If ongoing concern reqgarding lung abscess formation, inflamatory markers not settling etc repeat cross sectional imaging would be useful Check for dental abscess if appropriate Will need anticoagulated for at least 3 months

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

If you have any questions about any of the information in this form, please contact RAH ICU:

0141 314 (0)7069 or (0)6125

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	2208793218
Patient Name	Henry Burgess
Age (Admission)	41 years

NHS
Greater Glasgow and Clyde

Nursing Discharge Summary

RAH ICU Nursing Summary (03-12-2020 15:26)

Allergies & Sensitivities

No known allergies

Situation	
Hospital Admit Date & Time	**24/11/2020 16:13**
Critical Care Admit Date & Time	**24/11/2020 21:07**
Discharge Date	**02/12/2020**
Discharged To	
Discharging ICU Consultant	**Gemmell, L**
Discharging Nurse	**Sarah McLaughlin**
Ward Consultant	**Under surgeons**
Admission Comments	**41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre**

Background	
Past Medical History	**Type 1DM** **Previous ivdu on methadone** **treated HCV** **HIV and HBV negative**
Relevant Social Circumstances/Relative Information	**Lives at home with partner - no social input**

Assessment: Airway / Breathing

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Airway	**Natural**
Respiratory Rate	**16**
Oxygen Sats	**97 %**
Oxygen Delivery	Oxygen Delivery: **Yes** Oxygen Delivery Method: **Nasal cannula** Oxygen %: **35 %** Oxygen L/min: **2 L/min**
Humidification	Type: **None** Temperature:
Coughing/Expectorating	**Coughs & clears**
Suction	**Not required**
Breathing Comments	**Air entry can be heard throughout.**
SALT Referral	Date Referred: Swallow Assessment:
SALT Comments	**STOPPS passed**

Assessment : Circulation	
Temperature	**37.1 ° C**
Blood Pressure	Systolic: **118 mmHg** Diastolic: **69 mmHg** Mean: **83 mmHg**
Pulse	**91 bpm**
Central Line Access	Central Line Access: **Yes** Location: **LIJ** Insertion Date: **28/11/2020**
Peripheral Line Access	PVC Present: **No** How Many PVC's Insitu: Location & No. Of Days:
Circulation Comments	**TED Stockings worn and Enoxaparin given as prescribed.**

Assessment: Neurological	
Conscious Level	**Awake/Alert**
Neuro Comments	**CAMICU+ patient obeying commands but intermittently confused.**
Pain Score	Pain Location: **0** Pain Score: **0 = No pain** Function Score: **B - Mild Limitation**

Assessment: Examination	
Examination Comments	
NEWS Score	

Assessment: Elimination

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Bowels	Bowels Active: **Yes** Last Moved: **01/12/2020**
Urinary Device:	**Urethral catheter**
Elimination Comments	**Loose stools- collection device in place.**

Assessment: Wounds	
Wound & Drain Details	**Wound dressing dry and intact**

Assessment: Nutrition/Hydration	
MUST Score	**4**
Nutrition Type	Route of Feed: **Nasogastric tube** Type of Feed: **Nutrison** Hourly Rate: **55 ml/hr** 24hr Volume:
Diet/Feed Details	**NBM STOPPS failed 02/12/20**
Requires Help With Feeding	**No**
IV Fluids	**No**
Intake (from midnight)	
Output (from midnight)	
Previous 24hr Balance	**-1000 ml**

Assessment: Tissue Viability	
Pressure Ulcer Daily Risk Assessment (PUDRA)	Pressure Damage: **No redness +/or existing pressure damage** Mobility: **Requires assistance to mobilise** Continence: **No continence issues (urinary catheter/faecal collection device)** Nutrition: **Malnourished +/or unable to eat or drink** Skin: **Skin compromised** Judgement: **Risk of developing pressure damage**
Pressure Ulcer	Grade: **Healthy and intact** Site:
Tissue Viability Comments	**4hrly positional changes.**

Assessment: Mobility	
Falls Risk Assessment	Falls History: **No Hx of falls last 6 mths** Cognitive Impairment: **Pt has cognitive impairment** Mobility: **Requires assistance to mobilise** Fear of Falls: **Pt/Relative no fear Pt falling**

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

	Clinical Opinion: **On clinical opinion no fall risk** If Falls Risk Consider: Falls Comments:
Bedrail Assessment	**Level 2 Pt complete bed rail assessment**
Mobility Comments	**Requires assistance with positional changes and mobilising - ongoing physio input.**

Recommendations	
Next Of Kin	Informed Of Transfer: Reason If Not Informed:
DNA CPR Form	Valid: **Not applicable** Form Date & Time:
Adults With Incapacity Form	Valid: **Not applicable** Form Date & Time:
Infection Control Details	**NIL**
Recent Sample Sent	**NIL**
Safety Issues	**NIL**
Recommendations	
Other Comments	**normally on methadone** **Dalataparin for PE's**

Discharge Tasks	
Discharge Documents Commenced	
Discharge Tasks	

If you have any questions about any of the information in this form, please contact RAH ICU:
0141 314 (0)7069 or (0)6125

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

Acute Services Division

All Directorates

Department of

Specialty:Gastroenterology

OutPatient Continuation Sheet eForm - Version 0.23

Hospital: Royal Alexandra Hospital

Patient Details		GP Details	
Name:	Burgess, Henry	**Name:**	WEIR, WINIFRED
Address:	THE HEALTH CENTRE P.O. BOX 2893 GLASGOW	**Address:**	The Surgery 15 King Street Paisley
Postcode:	G64 9BU	**Telephone:**	
Correspondence Address 1:			
Correspondence Address 2:			
Correspondence Postcode:			
Telephone:			
Patient Contact Number:		**Consent:**	Yes
CHI Number:	2208793218	**Sensitivity:**	Sensitive
CRN:	DYK2208793218, 23096267R, ZNC09292533, Z02378970,		
D.O.B:	22/08/1979		
Sex	Male		

Patient Histories

Patient History

Presenting complaint/Diagnosis;	Dyspepsia Previously pos for H-Pylori			
ledical History:				
Current medication	omeprazole			
Family history				
Social / Domestic history	Smoker:			
	Cigarettes per day:			
	Years of smoking:		Pack Years:	0.00
	Alcohol history:		units per week	
Examination:				
Clinical impression / management plan	EPIGASTRIC PAIN persists			
Investigations:	Urea Breath test not performed still on meds - rebook			

Procedures:					
ERAS:		Stoma:			
Further information		Result to Dr Smith			
Specialty specific information:		Select			
Date:	21/10/2014	Seen by:	Catherine Buchanan	Designation:	Specialist Nurse/Practitioner

Vital Signs

Date	Height (M)	Weight (KG)	BMI	Pulse	BP	Temp (°C)	SaO2 %	Resps
28/08/2014		74.40						

Typed Notes

DNA assessment clinic for bloods & Fibroscan. No further appointment requested.
have written to patients addiction nurse requesting updated BBV tests. He may meet test & treat criteria following BBV update.

Date: 25/03/2019 Seen By: Anne Cameron-Burns Designation: Specialist Nurse/Practitioner

DNA assessment clinic for bloods & Fibroscan. No further appointment requested.

Date: 26/11/2018 Seen By: Anne Cameron-Burns Designation: Specialist Nurse/Practitioner

Attended RDS outreach clinic.
Appointed to RAH clinic 26/11/18 @ 10.55 for Fibroscan and assessment bloods.

Date: 20/11/2018 Seen By: Anne Cameron-Burns Designation: Specialist Nurse/Practitioner

DNA RDS outreach clinic despite reminders from drug workers. 1 further appointment requested.

Date: 02/10/2018 Seen By: Anne Cameron-Burns Designation: Specialist Nurse/Practitioner

DNA HCV Assessment at RDS Outreach Clinic. Re appointed 21/8/18.

Date: 19/06/2018 Seen By: Anne Cameron-Burns Designation: Specialist Nurse/Practitioner

DNA HCV assessment discharged from clinic. No further appointment offered

Date: 28/08/2017 Seen By: Audrey Anderson1 Designation: Specialist Nurse/Practitioner

DNA HCV Assessment Outreach Clinic at RDS. No further appointment offered.

Date: 11/10/2016 Seen By: Elaine McLellan Designation: Specialist Nurse/Practitioner

DNA HCV Assessment Outreach Clinic at RDS. No further appointment offered.

Date: 16/08/2016 Seen By: Elaine McLellan Designation: Specialist Nurse/Practitioner

- End of Report -

Cycle 20

NHS
Greater Glasgow and Clyde

Acute Medical Unit Admission Proforma

MAU/A&E/AMU

Royal Alexandra Hospital, Paisley/Vale of Leven Hospital/IRH

Patient Details		
Name: **Address:**	2208793218 BURGESS M Henry, 22/08/1979 0/1 128 NEILSTON ROAD Paisley, Renfrewshire PA2 6EP	**Sex:** F ☐ M ☒ **DoB** / / **Age:** 46.
Telephone:		
GP:	Mobile 07956 [illegible] 083	111
Next of Kin:		
Telephone:		

Episode Details			
Date patient seen:	27:8:25	**Time seen:** 1400	
Source of referral:	GP ☒ A&E ☐ OPD ☐ Self ☐ Other =		
Admitting Dr:	MACIVER	**Grade** ANP	**Bleep**
Consultant:	Dr Keith.		

Resuscitation Decision

Resuscitation status: (please circle) **FOR RESUSCITATION** / **DNA CPR**

Signature: [signature] **Name:** MAIRI MACIVER **Grade:** ANP.

If DNA CPR → Complete appropriate form

Cycle 20

Presenting Complaint(s)	
Presenting complaint	? DVT. ↝
History of presenting complaint	Previous DVT's + PE. ↝ 10 day's very painful Swollen (R) Leg, O/E very Swollen, Tight, very tender along deep vein System. Red, Skin very dry. Red + Hot He is Smelling Strongly of alcohol + keeps falling asleep in department denies drug use - except what he takes ??

Past Medical History / Review of Old Notes. Review eKIS if available
Alcohol dependant. Hep C. - tx. 2013. PE 2020., DVT 2003 (R) + 2016. (R) * * * Chronic Active Hepatitis. (2017.) Type I DM Opiod drug dependancy 2013. * * * Depression. Seizures., Previous UTI

Systemic Enquiry
RESP:- Nil CNS:- Nil CVS:- Nil MSK:- Nil.

Cycle 20

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐

(>1 source preferred) Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐ Repeat Script ☐

Other (please specify) .....

Admission Medicines – Dose – Frequency	Plan for medicines (Dr complete) Continue / Amend / Withhold / Stop	Comments Reason for alteration
Pregabalin ·		
Mirtazapine ·		
Tou Leo ·		
Thiamin ·		
Acamprosate ·		

Staple emed-rec to this page

Allergies	List any over-the-counter or alternative medicines
None known ☐	
	Do medicines need further clarification ? Yes ☐ No ☐
List collected by : MACIVER.	Plan approved by :
Designation : ANP Date : 27:8:25	Designation : Date :

Pharmacy review	Comments
Compliance aid : Yes ☐ No ☐	Community pharmacist Phone
Reviewed by :	Designation : Date :

Cycle 20

Social History

Smoking History

Ex-smoker/Smoker ____cpd ___yrs Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

Recreational Drugs Driving Status

Previous IVDU. ~~No.~~

Social Circumstances (home, supports, functional status, occupation, travel)

Family History

Observations

RR: bpm **Sats:** % **FiO2:** **Temp:** °C **BP:** / **HR:** bpm **BM:**

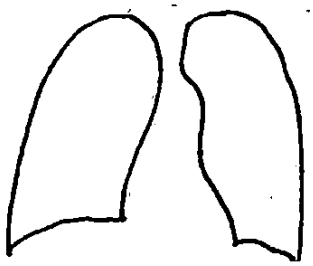
General Examination

General Appearance: Smelling of alcohol →

Cyanosis / pallor / jaundice / clubbing / lymphadenopathy

Respiratory

PEFR =



Cycle 20

Cardiovascular

Pulse **Heart Sounds** I + II t.

JVP

Oedema

Peripheral Pulses **cap refill** 2-3

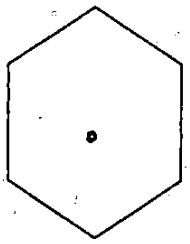
Gastrointestinal system

Masses:

Organomegaly:

Bowel sounds:

PR:



Neurological system

GCS: 15 / **E:** 4/4 **M:** 6/6 **V:** 5/5 **AMT:** 4/4 (AMT 4 = age, time, place, year)

Drowsy. Sleeping in unit.

Pupils/fundoscopy: PEARL **Cerebellar and extrapyramidal:** - NU

Cranial Nerves: I - XII **Neck:**

	RUL	LUL	RLL	LLL
Tone				
Power			1	
Co-ordination				
Reflexes				
Sensation				

Gait:

Locomotor

	Tender	Swollen	Deformity	Which joint?
Arms				
Legs				
Spine				

Cycle 20

Investigations

ECG: → V.

Bloods → D-Dimer 385

(Differential) diagnosis

Rule out DVT. ? infection Bm 24. — Neutropenia.
Deranged LFT's. — mild. ↑ PTS. — unsure if insulin being admin properly.
alcohol xs + P/epc _ Previously tx.

Management Plan

Liver Screen →.
abdo Ultrasound —

3 Chaotic Lifestyle!!

Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

Signature NMacIver **PRINT NAME** NAIRI MACIVER **PRINT GRADE** ANP / AEC. Page:

Senior/Medical review

V. Not as deranged → Not required.
Discussed with Dr Kelly →
Doppler negative
C/o Fluorouracil - 1g 5 day
Will call him next week
if better, good.
if not. RPV Scan.

DMcQ

Admission checklist

Investigations reviewed ☐ **Kardex** ☐ **eKIS reviewed** ☐
Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick ✓ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☐
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Risk assessment now complete
- Complete Risk Assessment Result Box

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick ✓ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR>2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Thyroid surgery	☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☐*
*prior to application of AES, please check contraindications to AES
Medical patients – Enoxaparin 40mg ☐
Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐
Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral vascular disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick ✓ all that apply

VTE risk factors: YES ☐ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

RAT Medicine & Surgery 16/01/2014 – TEST OF CHANGE 03 MIS 250744-2

DD6 **All patients over 64**

4AT	Y/N/Na
Carers involved	Y/N/Na
Med rec	Y/N/Na
Sepsis Screen	Y/N/Na
Resuscitation status considered	Y/N
Discharge planning	Y/N/Na

Sepsis Six

Antibiotics within 1 hour	☐
Appropriate Cultures	☐
Fluids	☐
Oxygen	☐
Lactate	☐
Fluid balance, consider catheter	☐

Cycle 20

Results

Baseline										
	Date		27/8.							
	Time									
	Parameter	Ref Range								
	Hb	130-180	103.							
	WCC	4.0-11.0	13.8							
	Plts	150-400	141.							
	MCV	78 - 99	96.5							
	Neut	2.0 - 7.5	6.9							
	PT	9.0 - 13.0	18							
	APTT	27.0 - 38.0								
	Fibrinogen	1.5-4gm/L								
	INR	( )								
	Thromb T	11-15 secs								
	D-Dimer	<230	376.							
	ABG/VBG									
	Na^+	135 - 145	132							
	K^+	3.5 - 5.0	4.5							
	Cl^-	97 - 107	99.							
	HCO_3^-	23 - 30								
	Urea	2.5 - 7.5	3.6.							
	Creat	62 - 124	69.							
	eGFR		760.							
	Glucose	3.5 - 5.9								
	Protein	32 - 82								
	Albumin	37 - 50	20							
	AlkP	33 - 117								
	Bil	0.5 - 19								
	ALT	11 - 55	225							
	AST	13 - 42	49							
	GGT	8-60								
	ESR									
	CRP	<3	1							
	Troponin I hs	Men 0 - 34 Women 0 - 16								
	CK	23 - 190								
	Corr Ca^{++}	2.25 - 2.60								
	PO_4^-	0.8 - 1.4								
	Mg^{++}	0.7 - 1.1								
	Digoxin	0.5 – 2.0								
	Alcohol									
	Paracetamol	<100 @4 hr								
	Salicylate									
	Amylase	<100								
	LDH	240 - 480								
	Folate	3.1 - 20								
	B12	200 - 900								
	Ferritin	15 - 200								
	TSH	0.35 – 5.00								
	T4	9 - 21								
	Urinalysis									

DON'T MISS AKI Checklist within 24 hrs of admission

D Dipstick Urine: _____

O Obtain Ultrasound: Yes ☐ N/A ☐

(Stage 2/3: within 24 hours of Admission)

N Need for Catheter: Long-term ☐ Yes ☐ No ☐ Refused ☐

T Team Renal to contact: Considered ☐ Done ☐ N/A ☐

M Medicine Reconciliation: ☐

I Intravenous Fluids: Yes ☐ Contraindicated ☐

S Suspected Cause: _____

S Staging of AKI: (Tick Box Below)

☐ 1 (RISK if: Creatinine X 1.5)
☐ 2 (INJURY if: Creatinine X 2)
☐ 3 (FAILURE if: Creatinine X 3)
(compared to baseline)

Signature/Name/Grade_____

Cycle 20

Post Take Ward Round AMU/MAU/OAAU

Consultant: ..... **Date:** ..... **Time:** .....

Summary

Temp:

Pulse:

BP:

Sat O2:

FiO2:

RR:

ECG:

Bloods:

CXR:

Other investigations:

Imp:

Plan:

AWI considered ☐ Thromboprophylaxis need reviewed ☐ Medicine reconciliation complete ☐

If cardiac or respiratory arrest is considered a possibility for the patient has CPR status been reviewed and documented Yes ☐ No ☐

CPR decision discussed with patient Yes ☐ No (document why) ☐ Advanced directive in situ ☐ Treatment escalation plan (circle) Ward/HDU/ITU

Family informed of CPR/escalation status? – Needs discussed at first opportunity ☐ Has been discussed ☐ Patient does not want family informed ☐

Recommended Destination:_____

Suitable to board <u>if required</u> Yes ☐ No ☐

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Cycle 20

Junior/Senior additional notes, communications with relatives

NOTES

NOTES

RETURNS

SAU ATTENDENCE DOCUMENT DATE: 29/12/20

PATIENT DETAILS:

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

TIME OF ARRIVAL:

NAMED NURSE

OBSERVATIONS:	BP	PULSE	TEMP	RR	02SATS
	115/77	93	37.1	17	93%

REFERRAL PATHWAY:

REASON FOR ATTENDENCE:

BLOODS/REVIEW

OUTCOME:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Inverclyde Royal Hospital
Larkfield Rd
Greenock
Renfrewshire
PA16 0XN

Dept. Contact Details:
Tel: 01475 504351
Fax: 01475 504434
Email: inverclyde@nhs.net

Date Completed: 24/03/2017

Consultant: Dr Monica Wallace

WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
Paisley
PA1 2PS

Dear WI Weir

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
14 Thompson Brae
Paisley PA1 1TP

Attended on: **23/03/2017 at 23:02 hrs.** Departed on: **23/03/2017 at 23:30 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
diabetic, pt is under arrest and states not had insulin all day

Nursing Assessment:
patient under arrest states unsure why been brought to depart, police concerned as patient diabetic and mentioned he had hypo last week, bm 14.3 no complaints

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
No Injury or Abnormality Detected		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Brought in by police as he told them not had insulin all day. Patient asymptomatic and observationally normal at presentation. Discharged back to police custody.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Sam Dance
Doctor

Copies to:
1. WI Weir (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 14/09/2017

Consultant: Dr Kirsty Ray

S Goyal
King Street Surgery
The Surgery
15 King Street
Paisley
Paisley
PA1 2PS

Dear S Goyal

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
14 Thompson Brae
Paisley PA1 1TP

Attended on: **13/09/2017 at 20:07 hrs.** Departed on: **13/09/2017 at 21:37 hrs.**
Discharge Type: **04C Incomplete: Patient refused treatment** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
diabetic incident

Nursing Assessment:
ALTERED GCS

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Accidental poisoning by opiates and hallucinogens		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Henry was found in the premises of Barrhead Leisure Centre in a reduced conscious state. He was brought to the ED by the police. He was given naloxone because his respiratory rate reduced and he subsequently regained full consciousness after a short period. He declared that he did not want to be admitted for observation and took his own discharge despite my advice.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Fiona Brennan
Doctor

Copies to:

1. S Goyal (GP)

School Address:

Date	CLINICAL NOTES
14/6/23	Seen by (Dr) T. BAYSTON - COF Time seen 1600

43M PC: ?seizure

Seen w/ Partner & Pt's permission.

HPC:
SAS PRF → Partner describes pt having a seizure at 1300 with acute confusion and agitation on regaining consciousness. Pt fell from sofa with partner describing pt shaking and going rigid. Seizure lasted approx 5 minutes

See AMU Proforma.

T. BAYSTON - COF

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)		Discharge time	
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.		

Ward number (if admitted):	Transfer to hospital:	Consultant if admitted):

Follow up	Arranged		Not arranged		To be arranged			
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Cycle 20

NHS Greater Glasgow and Clyde

Acute Medical Unit Admission Proforma

MAU/A&E/AMU

Royal Alexandra Hospital, Paisley/Vale of Leven Hospital/IRH

Patient Details		
Name: **Address:**	2208793218 BURGESS M Henry 22/08/1979 98a Alice Street Paisley, Renfrewshire PA2 6EA	**Sex:** F ☐ M ☑ **DoB** / / **Age:** 43
Telephone:		
GP:		
Next of Kin:		
Telephone:		

Episode Details			
Date patient seen:	14/6/23	**Time seen:**	1600
Source of referral:	GP ☐ A&E ☑ OPD ☐ Self ☐ Other =		
Admitting Dr:	T.BAYSTON	**Grade** CO6	**Bleep**
Consultant:			

Resuscitation Decision

Resuscitation status: (please circle) **FOR RESUSCITATION** / **DNA CPR**

Signature: D **Name:** T.BAYSTON **Grade:** COF

If DNA CPR → Complete appropriate form

Cycle 20

Presenting Complaint(s)	
Presenting complaint	Seizure, c/o pain, diarrhoea, right calf swelling/pain.
History of presenting complaint	Seen w/ Partner. Pt has no recollection of seizure activity today. Partner reports CAC at 1300 associated w/ pallor, stiffening of all 4 limbs, slid off chair, and then moving all 4 limbs rhythmically. Looked pale, hyper-salivating, snorty. Lasted 5-7 minutes and self terminated. Pt stated he felt "jerky" beforehand. No prodrome visual aura or headache. Confused + agitated afterwards Pt reports 6 days of being unwell w/ lower c/o pain, fever, intermittent, sharp, associated w/ bloody diarrhoea mixed into stools w/ mucus. Feeling feverish, also vomiting. Also describes right calf pain + swelling for several days of gradual onset, feels hot and "throbbing". PV normally. Global headache now. no visual disturbance, no ~~slurred~~ facial/arm/leg weakness/change in sensation. Looks dark decked - left right.

Past Medical History / Review of Old Notes. Review eKIS if available	
Bloody diarrhoea	Hepatitis C
Alcohol excess	TIOM
OVT (right)	Splenectomy
PE	IVOV
Pneumonia	

Systemic Enquiry
No chest pain no SOB, no cough.

Cycle 20

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐

(>1 source preferred) Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐ Repeat Script ☐

Other (please specify) .....

Admission Medicines	Dose	Frequency	Plan for medicines (Dr complete) Continue	Amend	Withold	Stop	Comments Reason for alteration

Staple emed-rec to this page

Allergies	List any over-the-counter or alternative medicines
None known ☑	
	Do medicines need further clarification ? Yes ☐ No ☐
List collected by :	Plan approved by :
Designation : Date :	Designation : Date :

Pharmacy review	Comments	
Compliance aid : Yes ☐ No ☐	Community pharmacist	Phone
Reviewed by :	Designation :	Date :

Cycle 20

Social History

Smoking History

Ex-smoker/Smoker 30 cpd ___yrs Never smoked

Alcohol History

252 Units/week FAST score if excess _____

Recreational Drugs Driving Status

Nil currently.

Social Circumstances (home, supports, functional status, occupation, travel)

Lives of partner. Cooks + shops, does not leave house very much.

Family History

Observations

RR: bpm **Sats:** % **FiO2:** **Temp:** °C **BP:** / **HR:** bpm **BM:**

General Examination

General Appearance:

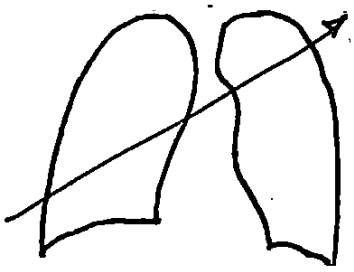
Sweaty, tar staining

Pitting oedema both calves.
(R) 39.5cm (L) 37.5cm
Tender, erythema, warm right calf. Not shiny or cellulitic

Cyanosis / pallor / jaundice / clubbing / lymphadenopathy

Respiratory

PEFR =



Clear.

Cycle 20

Cardiovascular

Pulse 1+1+0, reg, CRT<2s. **Heart Sounds**

JVP WNP.

Oedema bilateral oedema

Peripheral Pulses **cap refill**

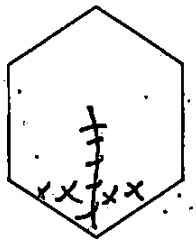
Gastrointestinal system

Masses:

Organomegaly:

Bowel sounds: +ve.

PR:



Lower abdominal tenderness
+ occasional guarding

Neurological system

GCS:15/15 **E:** /4 **M:** /6 **V:** /5 **AMT:** /4 (AMT 4 = age, time, place, year)

Pupils/fundoscopy: PEARL.

Cerebellar and extrapyramidal:

Cranial Nerves: NAD.

Neck:

	RUL	LUL	RLL	LLL
Tone	-	-	-	-
Power	5/5	5/5	5/5	5/5
Co-ordination				
Reflexes	+	+	+	-
Sensation	(N)	(N)	(N)	(N)

Gait: Mild graze to forehead on right WI no other injuries noted by pt. No other evidence of head injs; no neck pain/stiffness.

Locomotor

	Tender	Swollen	Deformity	Which joint?
Arms				
Legs				
Spine				

Cycle 20

Investigations

- Bloods -D-dimer
- CXR

(Differential) diagnosis

- ~~Shigella~~ ? Infective gastroenteritis
- ?DVT Wells score: (1)
- Alcohol related seizure

Management Plan

- CXR - Stool culture - Pasmex
- D-dimer - E+O & renal - GMAWS
- USS (R) Common Leg - normal insulin.
- Side-room. - Monitor BMs closely.

Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

Signature TJ **PRINT NAME** T.JOYSTON **Page:** "
PRINT GRADE <06

Senior/Medical review

1945

CXR →

D-dimer → <230

Now sweaty, acting oddly, hallucinating.

D/W Dr Mukherjee (ED reg).

Imp: - DVT less likely
- Alcohol withdrawal
- Alcohol withdrawal seizure
- ? Infective gastroenteritis.

Admit due to alcohol withdrawal and seizure.

Pt subsequently had another ~2min witnessed tonic clonic seizure. Some post-ictal confusion.

Plan: - IV access - ☐ done. TJ
- GMAWS - stool culture. T.JOYSTON 06

Admission checklist

Investigations reviewed ☐ **Kardex** ☐ **eKIS reviewed** ☐
Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☐
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Risk assessment now complete
- Complete Risk Assessment Result Box

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick √ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR>2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Thyroid surgery	☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Medical patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <50kg or eGFR <30ml/minute/1.73m² ☐
Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral vascular disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

DD6 All patients over 64

4AT	Y/N/Na
Carers involved	Y/N/Na
Med rec	Y/N/Na
Sepsis Screen	Y/N/Na
Resuscitation status considered	Y/N
Discharge planning	Y/N/Na

Sepsis Six

Antibiotics within 1 hour	☐
Appropriate Cultures	☐
Fluids	☐
Oxygen	☐
Lactate	☐
Fluid balance, consider catheter	☐

Cycle 20

Results

Baseline										
	Date									
	Time									
	Parameter	Ref Range								
	Hb	130-180								
	WCC	4.0-11.0								
	Plts	150-400								
	MCV	78 - 99								
	Neut	2.0 - 7.5								
	PT	9.0 - 13.0								
	APTT	27.0 - 38.0								
	Fibrinogen	1.5-4gm/L								
	INR	( )								
	Thromb T	11-15 secs								
	D-Dimer	<230								
	ABG/VBG									
	Na^+	135 - 145								
	K^+	3.5 - 5.0								
	Cl^-	97 - 107								
	HCO_3^-	23 - 30								
	Urea	2.5 - 7.5								
	Creat	62 - 124								
	eGFR									
	Glucose	3.5 - 5.9								
	Protein	32 - 82								
	Albumin	37 - 50								
	AlkP	33 - 117								
	Bil	0.5 - 19								
	ALT	11 - 55								
	AST	13 - 42								
	GGT	8-60								
	ESR									
	CRP	<3								
	Troponin I hs	Men 0 - 34 Women 0 - 16								
	CK	23 - 190								
	Corr Ca^{++}	2.25 - 2.60								
	PO_4^-	0.8 - 1.4								
	Mg^{++}	0.7 - 1.1								
	Digoxin	0.5 – 2.0								
	Alcohol									
	Paracetamol	<100 @4 hr								
	Salicylate									
	Amylase	<100								
	LDH	240 - 480								
	Folate	3.1 - 20								
	B12	200 - 900								
	Ferritin	15 - 200								
	TSH	0.35 – 5.00								
	T4	9 - 21								
	Urinalysis									

DON'T MISS AKI Checklist within 24 hrs of admission

D Dipstick Urine: _____

O Obtain Ultrasound: Yes ☐ N/A ☐

(Stage 2/3: within 24 hours of Admission)

N Need for Catheter: Long-term ☐ Yes ☐ No ☐ Refused ☐

T Team Renal to contact: Considered ☐ Done ☐ N/A ☐

M Medicine Reconciliation: ☐

I Intravenous Fluids: Yes ☐ Contraindicated ☐

S Suspected Cause: _____

S Staging of AKI: (Tick Box Below)

☐ 1 (RISK if: Creatinine X 1.5)
☐ 2 (INJURY if: Creatinine X 2)
☐ 3 (FAILURE if: Creatinine X 3)
(compared to baseline)

Signature/Name/Grade_____

Cycle 20

Post Take Ward Round AMU/MAU/OAAU

Consultant: ..... **Date:** ..... **Time:** .....

Summary

Temp:

Pulse:

BP:

Sat O2:

FiO2:

RR:

ECG: **Bloods:**

CXR: **Other investigations:**

Imp:

Plan:

AWI considered ☐ Thromboprophylaxis need reviewed ☐ Medicine reconciliation complete ☐

If cardiac or respiratory arrest is considered a possibility for the patient has CPR status been reviewed and documented Yes ☐ No ☐

CPR decision discussed with patient Yes ☐ No (document why) ☐ Advanced directive in situ ☐ Treatment escalation plan (circle) Ward/HDU/ITU

Family informed of CPR/escalation status? – Needs discussed at first opportunity ☐ Has been discussed ☐ Patient does not want family informed ☐

Recommended Destination: _____

Suitable to board if required Yes ☐ No ☐

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Cycle 20

Junior/Senior additional notes, communications with relatives

14/6/23 2325 L Thompson FY1

Pt reports he takes 110ml methadone mon/wed/fri
From ? Long end chemist - please clarify in morning.
Also unsure how much Taycs he takes
↳ unclear from last clinic letter
↳ rpts he takes 22 units ~~with~~ OD with ~6 units now rapid with meals.

15/6/23 0245 SDoreum FY2

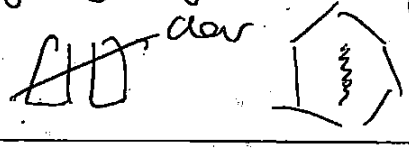
43 presented after seizure → undetectable Dec '22

PC: alcohol xs, prev DVT + PE, hep C, T1DM, splenectomy, IVPU 2° splenic infarct
prev withdrawal seizures

HPC: ?1 seizure witnessed by partner yesterday afternoon
partner reports LOC assoc w/ 4 limb tonic clonic jerking, lasting ~5min
pt has no recollection of events
reports stopped drinking alcohol + stopped street valium on Tuesday
usually drinks 10-15 cans beer a day + takes whatever street valium he can get
no c/o complaints of abdo pain / loose stools / PR bleeding and leg pain in ED but pt denies all of these symptoms now
quite paranoid - thinks partner wants to keep him in hospital
↳ denies hearing voices / no hallucinations

SocHx - lives w/ partner
smokes 10 cigarettes per day
smokes marijuana most day
denies injecting any drugs

O/E GCS 15 remains alert



caves soft

NOTES

	bloods - K' 5-9 nil else of note
	plan - CIWA Hs + pabrinex · clarify methadone dose w/ pharmacy rpt K+ mane.
5/6/25	Discharge against medical advice Explained risks of further seizures
	~~X~~ Hkp

NOTES

Harry's

Incident Number: CR009912130

Patient Information

HENRY BURGESS

Age/Gender: 43 years 9 months 23 days Old Male

Address: 96A ALICE STREET PAISLEY,PA2 6EA

DOB: 22/08/1979

CHI:

Ethnicity:

Date: 14/06/2023

Incident Number: CR009912130

Incident Type: EMG

Incident Location: 96A ALICE STREET PAISLEY, PA2 6EA

Scottish Ambulance Service

Presenting Complaint

? SEIZURE

Additional Comments

999 call to 43 y/o m. Partner describes pt having seizure at 1300 with acute confusion & agitation on regaining consciousness. Pt fell from sofa with partner describing pt shaking & going rigid. Partner states seizure lasted approx 5 mins. Pt has no recollection of events prior. Unsure of timing of last seizure - believes to be a few weeks ago. Pt admits to recent alcohol xs. Swelling & redness noted to lower R calf - hx DVT. PMH T1DM & seizures. Obs as recorded. Pt is a functioning alcoholic and ex IVDA hasn't had any alcohol this morning with exception of couple of mouthfuls of Buckfast

PATIENT ASSESSMENT

ACVPU Acute Confusion

<C> No

A Clear

B Breathing Adequately: Yes

Respiratory Rate 17

SPO2 94

Oxygen Given No

C

Pulse Rate: 118

BP: 141/88

Cap Refill: <=2 Secs

ECG Rhythm

Rhythm: Reg

Arm: Right

Central/Peripheral: Peripheral

ECG

D

GCS: 14

Eyes: Spontaneously (4)

Voice: Confused (4)

Motor: Obeys Commands (6)

PEARL: Yes

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
13:42	108	18		94	<=2s	14	Acute Confusion		37.2	10.8		6	6		P122064S
13:37	118	17	141/88	94	<=2 Secs	14	Acute Confusion		37.2	10.8		6	6		P122064S

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
13:37	17 (0)	94 (1)		0	141 (0)	118 (2)	Acute Confusion (3)	37.2 (0)	6

HISTORY

AMPLE

Allergies	Unknown
Medication	METHADONE, PREGABALIN, ABX
Past Medical History	Diabetes (Type 1), DVT
Last Eaten	3 Hours Ago
Events Prior	PARTNER DESCRIBES SEIZURE & COLLAPSE

Social History

Lives alone: No

Living With: PARTNER

Patients General Appearance	Normal
Patient Mobility	Fully Mobile
Patient Communication	No Help Required
Patient Clinical Risk Factors	Alcohol
Patient Enviromental Risk Factors	None Identified

Substances Affecting Condition

Substances	Alcohol

CLOSE RECORD

Treatment On Scene	Non-Emergency

Conveyance

Transport To Hospital	Normal driving	Pre-Alert	No	Patient Accompanied By	PARTNER

INCIDENT LOG

Time Call Received	13:12	Allocated	13:13	Mobile	13:13
First Resource On Scene		Crew On Scene	13:20	Crew Left Scene	13:37
Crew At Hosp	13:42	Receiving Hospital	ROYAL ALEXANDRA - PAISLEY	Clear Time	

Crew ID	Crew Grade	Driver
E9887109	Paramedic	YES
E0028258	Paramedic	NO
P122064S	Student Paramedic (BSc Placement)	NO

CHI	2208793218
Patient Name	Henry Burgess
Age (Admission)	41 years

Medical Discharge Summary

NHS Greater Glasgow and Clyde

RAH ICU Medical Discharge Summary (03-12-2020 15:25)

PATIENT PROFILE

CHI	2208793218
Patient Name	Henry Burgess
Patient Address	96A ALICE STREET Paisley Renfrewshire PA2 6EA
DOB	22/08/1979
Hospital Admit Date & Time	24/11/2020 16:13
Critical Care Admit Date & Time	24/11/2020 21:07
Days in Unit	
Under Care of (ICU Cons.)	MacGoey, P
Also Under (Hosp Cons)	MacGoey
Admitting Speciality	General Surgery
Name of Ward Doctor Contacted	
Date & Time Contacted	
Discharging ICU Consultant	Gemmell, L
Page/Contact Details	
Discharge Specialty Consultant	
Discharging Doctor	

DISCHARGED ALIVE FROM THIS UNIT

Nature of Outcome	1. Improved
Ready For Discharge	Yes
If Ready - Date & Time Ready For Discharge	03/12/2020 07:34
If Ready- Gap Considered	
ACTUAL ICU Discharge Date & Time	
Discharge To (Name)	Royal Alexandra Hosp (Paisley, GGC)
Discharge To (Type)	Ward

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Discharge Housed Within	**This Hospital Site**
Discharge Reason	**Fully ready - non Unit care**
Expected Hospital Outcome	**Survivor**
Incase of Deterioration	**Would re-admit**

DIED ON THIS UNIT (this section is only to be completed if the patient died)

Date & Time of Death	
Brain Stem Tests Performed	
Brain Stem Tests Confirmed	
Organ Donation Requested	
Organs Donated	

BACKGROUND

Admission Comments	**41 year old gentleman presented to ED with general decline, recent 3stone weight loss and signs of severe sepsis and hypotension ; resuscitated with fluids and noradrenaline; CT scan revealed pneumoperitoneum ; taken to theatre**
Past Medical History	**Type 1DM** **Previous ivdu on methadone** **treated HCV** **HIV and HBV negative**

PROBLEMS/DIAGNOSES

Problems/Diagnosis 1	Problem/Diagnosis: **IDDM** Status: **Chronic**
Problems/Diagnosis 2	Problem/Diagnosis: **sepsis** Status: **Active**
Problems/Diagnosis 3	Problem/Diagnosis: **Cardiac instability on 16/50 Noradrenaline** Status: **Resolved**
Problems/Diagnosis 4	Problem/Diagnosis: **Acute abdomen - spleenectomy** Status: **Active**
Problems/Diagnosis 5	Problem/Diagnosis: Status:
Problems/Diagnosis 6	Problem/Diagnosis: Status:
Problems/Diagnosis 7	Problem/Diagnosis: Status:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

Problems/Diagnosis 8	Problem/Diagnosis: Status:
Problems/Diagnosis 9	Problem/Diagnosis: Status:
Problems/Diagnosis 10	Problem/Diagnosis: Status:
Problems/Diagnosis 11	Problem/Diagnosis: Status:
Problems/Diagnosis 12	Problem/Diagnosis: Status:
Problems/Diagnosis 13	Problem/Diagnosis: Status:
Problems/Diagnosis 14	Problem/Diagnosis: Status:
Problems/Diagnosis 15	Problem/Diagnosis: Status:

Outstanding Issues

Cardiovascular	**Cardiovascularly unsupported: BP 118/69, MAP 83, HR 96** **Peipherally warm, cap refill < 2 seconds peripherally.** **HS = I + II + 0, pulse regular.** **Pitting odema improved since beginning of week, now pitting to level of ankles bilaterally.**
Respiratory	**Breathing comfortably** **Maintaining SpO2 96% on 2L NC** **Managing to expectorate, sputum burden improving.** **Good cough.** **Good air entry throughout.**
Gastrointestinal	**NG feed continues.** **Abdomen soft, non distended.** **Mild tenderness around wound site.** **Bowel sounds +ve**
Renal	**Passing good urine volumes** **Maintaining own fluid balance slightly negative.**
General	

OPERATIONS/PROCEDURES

Operations/Procedures	**24/11/20 Emergency exploratory laparotomy and washout** **25/11/20 Relook laparotomy and splenectomy**

SIGNIFICANT PROGNOSTIC INFORMATION

Significant Prognostic Information	

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

SIGNIFICANT INVESTIGATION RESULTS

Significant Investigation Results	

MICROBIOLOGY INFORMATION

Microbiology Results, Advice & Action	**25/11/2020 - rationalise antibiotics to high dose Tazocin (4 times/day), high dose clindamycin (1.2g 4 times/day), continue Gentamicin and fluconazole for at least 48hrs post theatre. Stop Amoxicillin and Metronidazole** **Ensure BBV screen done and AFB from ETA - M Brett** **26.11.2020 - Strep milleri on microscopy from spleen. Sputum/blood culture - taxi over for AFB. Level 4 GRI.** **27/11 - Mixed orgainisms from intrabdominal swabs. Penis swab has been taken. One more gentamicin dose and then reivew with culture results. Suggest TOE may be helpful when more well. Advice Resp opinion re Tb. AFB x1 is -ve. Ceftrioxone might provide better cover if deteriotes.** **28.11 - Change to Tazocin to Ceftriaxone 2g bd. Keep clindamycin. Keep fluconazole. Add vancomycin. Stop gentamicin. Send respiratory samples to micro. Serum galactomannan. Further discussion - for meropenem instead of ceftriaxone. LG** **29/11- Continue current ABx therapy. Raised the concern of Lemierre's syndrome - I think unlikelyu - no mention of IJV involvement on CT, but I will have a look with USS today (left side was clear with siting of CVC yesterday. If TB remains a concern, bronchoscopy and sampling should be considered. However, in the context of improving inflam response and main issue holding him back being weakness/secretion clearance - I would not rush to perform bronchoscopy at moment. C McGovern** **30/11 await results of TOE prior to rationalising abx. Only just escalated to meropenem so review tomorrow** **01/12 Discontinue vancomycin and fluconazole. meropenem reduced to 1g TDS as IE felt unlikely in the presence of no vegetations on TTE. Likely needs 2 weeks total of antibiotic therapy. Recent E.Coli in ETT**

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	2208793218
Patient Name	Henry Burgess
Age (Admission)	41 years

	asp. 02/12 EColi (28/12)resistant to coamxiclav and taz ; S to mero and temo - continue mero and clindamycin 03/12 stop Clindamycin, continue Meropenem.

SUMMARY OF CRITICAL CARE PROGRESS

Progress	
Progress (2 Continued)	
Progress (3 Continued)	

DISCHARGE SUMMARY

Discharge Summary	Dear Dr, Henry was admitted to ICU on 24/11/20 from theatre following an emergency laparotomy, after presenting to A&E with severe sepsis with pneumoperitoneum noted on CXR/CT. Initial laparotomy identified 2L pus in peritoneal cavity, infarcted spleen and cirrhotic liver- this was washed out and packed, and he returned to theatre the following day for splenectomy (no bowel resection carried out). He returned to ICU intubated on 25/11/20, and by 27/11/20 was requiring minimal respiratory support and was off inotropes, so was extubated successfully. On admission CT a large cavitating pneumonia was noted on the right upper lobe, with a large PE in R upper lobe pulmonary vein- this was initially treated with heparin which was changed to dalteparin. Transthoracic echo on 25/11/20 showed no evidence of infective endocarditis. He is now no longer requiring level 3 care and is ready to be stepped down to the ward under the care of the surgical team. Kind regards

MEDICATION INFORMATION - also see Medicines Reconciliation Form

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**2208793218**
Patient Name	**Henry Burgess**
Age (Admission)	**41 years**

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:	
1. Routine drugs that were STOPPED but should be considered for RE-STARTING at a clinically appropriate time and dose.	
1. Drugs to Restart	**Drugs listed below**
Drugs to Restart	**Mirtazapine**
2. Drugs that were STARTED and should be considered for STOPPING at a clinically appopriate time.	
2. Drugs to Stop	**Drugs listed below**
Drugs to Stop	**Meropenem** **Clindamycin**
3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated.	
3.New Drugs to Continue	
New Drugs to Continue	
4. Drugs that have been STOPPED and should NOT be re-started.	
4. Drugs to Remain Stopped	
Drugs to Remain Stopped	

If you have any questions about any of the information in this form, please contact RAH ICU

0141 314 (0)7069 or (0)6125

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	2208793218
Patient Name	Henry Burgess
Age (Admission)	41 years

Relatives Communication Record

NHS Greater Glasgow and Clyde

RAH ICU Relatives Communication Record (03-12-2020 15:35)

Relatives Communication Record

Communication 1	**Date: 25/11/2020** **Persons Present: E.Kerr** **Spoken to by: E.Kerr (phonecall)**
Communication 1 Note	**Phone conversation with patient's partner and NoK Fiona.** **Note surgical team had spoken with Fiona post-op via phonecall.** **Assessed what had been told to Fiona so far and her understanding of the current situation.** **She stated Henry had been to theatre to sort out the infection in his chest and head.** **I corrected and clarified that there was no evidence of any intracerebral infection/pathology.** **Explained surgery had been abdominal which showed severe infection and organ damage and that he was now in ICU to be looked after overnight before returning to theatre tomorrow.** **Explained that he was extremely unwell due to infection within his abdomen and chest and that he is likely to require a spleenectomy tomorrow. Discussed his current multiorgan support and that despite this there is still a high chance that Henry may die.** **Fiona seemed to understand this discussion and is aware that she can contact us any time of day.**
Communication 2	**Date: 26/11/2020** **Persons Present: Lorna (sister)** **Spoken to by: L Gemmell**
Communication 2 Note	**Although Fiona (partner) named as NOK, Lorna phones regularly for updates on her brother. She is aware he has had an operation and sounds as though she is deeply involved in his care out of hospital.** **She has clarified that Henry takes heroin, cocaine and street**

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	2208793218
Patient Name	Henry Burgess
Age (Admission)	41 years

	diazepam and the relationship with his partner is volatile. I have explained that I have no problem in calling them to update them as well as the NOK Fiona. A stable day. Remains very sick, but made some progress. Overall cause of why he was so unwell is not clear but I imagine is related to his chaotic lifestyle.
Communication 3	Date: 26/11/2020 Persons Present: Fiona (partner) Spoken to by: L Gemmell
Communication 3 Note	Similar update given to Fiona by telephone. Given direct number to ICU to call anytime. Offered v-create - declined.
Communication 4	Date: 28/11/2020 Persons Present: Lorna (sister) and Fiona (partner) Spoken to by: L Gemmell
Communication 4 Note	Explained Harry had ventilator removed last night, but had vomit this morning with increased WOB. Decision made to re-intubate. Fiona managed to speak with Harry prior to re-intubation. Has a long recovery journey ahead of him if survives.
Communication 5	Date: 28/11/2020 Persons Present: Fiona (partner) Spoken to by: C McGovern
Communication 5 Note	Discussed on phone. Reintubated today due to work of breathing, weakness, poor cough and vomit - likely aspirated. Significant step back, but not entirely surprising given how unwell he is and the extenet of surgery etc he has underwent.
Communication 6	Date: 29/11/2020 Persons Present: Partner and sister Spoken to by: L Gemmell
Communication 6 Note	Stable day. Not much change. Has a long way to go and if survives will be in hospital for a long time.
Communication 7	Date: 01/12/2020 Persons Present: Lorna (sister) by phone Spoken to by: P O'Neil
Communication 7 Note	Henry is managing on less oxygen, coughing and doing well. She wants to speak with Henry- advised to call tomorrow lunchtime and we could try to do facetime tomorrow afternoon. She wants to clarify who his NoK is as she doesn't speak to his partner Fiona. Fiona thinks that Lorna has told us not to tell her anything. Advised that we will give information to both of them. We will clarify things with Henry when he wakes up.

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
FLAT 0/1
128 NEILSTON ROAD
Paisley, Renfrewshire
PA2 6EP

Date & Time		Signature, Print Name & Designation
29/4/22	Review: Dr OTO.	
26th	Admitted on 26th.	
	LD Seizures. (x2 seizures the night before → fell down stairs. following 2nd seizure)	
	Further seizure on 26th → very confused. → Admitted → had brain CT normal - started IV Keppra	
27th	- 5am self discharge. Thought to have capacity.	
28/4	Admitted again following x2 further seizures (had a further seizure in A+E) MCC LG:7. CRP 23	

Date & Time		Signature, Print Name & Designation
	has attempted to abscond on several occasions → left hospital at 4am today + brought back by the police to Hos been. So agitated + uncooperative that the police have recommended with him. Temp. - likely remnant presentation related to drugs. However considering the amounts of seizures over last 3/7 and the fact that had a temp on admission - a organic cause needs to be excluded Plan ① Retrieval STDC ② ↑ Sedations.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS
Henry M
FLAT 0/1 22/08/1979
128 NEILSTON ROAD
Paisley, Renfrewshire
PA2 6EP

Date & Time		Print Name & Designation
29/4/22	Review : PRN OTO (Cont)	
	- If he refuses to take anything oral → Haloperidol IM 2mg (up to 8mg/24h) → tds + PRN	
	→ Lorazepam 1mg IM PRN	
	- If he accepts oral medication change to Olanzapine 2.5mg to 5mg Lunax .15/24h + lorazepam	

83949 GGC0072

30/04/22 Confirmed RV

2208793218
BURGESS M
Henry 22/08/1979
96a Alice Street
Paisley, Renfrewshire
PA2 6EA

Date & Time	
9:14:25 am	Figoni under DET 2 29/04/22 B/G Drugs & ETOH dependence - type I diabetic 2 x seizures (26/04) → Confirm ↑ temp. Initially treated for CNS infection LP -ve Now stopped on Methadone (P) (1) Give PR usual dose Methadone (2) Rpt bld mcs if fever FBC/U+E CRP/LFTs Medically Not fit for Uni/college Figoni

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
96a Alice Street
Paisley, Renfrewshire
PA2 6EA

Date & Time	Signature, Print Name & Designation

Royal Alexandra Hospital
(1st) Oncall Medical Consultant (24h shift)
Dr Majid Kiyani
+ Dr. Henderson (FY2)

NHS Greater Glasgow and Clyde

AMU

1 May 2022 (Sunday)

Time 10:30

Current Issues → Under DET 2.

Abnormal Results → last 28/04
Cbds
No LP

NEWS 0

R/V & O/E → Looks well
Feels ok
Alert

← Diagnosis

→ Denies any "Blood" "No Drugs" under to "Lorazepam" missing regular prescription Meds.

Probable infective induced symptoms

On EtOH withdrawal protocol + Methadone

unlikely to be CNS infection

(1) Collateral Hx from girlfriend used Interpreter

(2) Add Ethanol levels to bypt Cbds if 18th Cbds

(3) Bypt Cbds Portex + full Investigations screen

83949 C4C0622

Date & Time	M HENDERSON FYI	Signature, Print Name & Designation
01/05		
18.45	Unable to get IV access after multiple attempts	
AMU	D/w Dr Kilfoil ORL happy to hold off IV abx for now	
	He will decide on further Mx once blood tests back	
	FYI	
1/5/22	Dr S. Henderson 8th AMU	
1050		
	Agitation + Confusion now settled.	
	Alert + oriented to time place + person. He says he remembers me from last week but can't say what happened	
	Has not actually been receiving any Abx or anti-Psychotic.	
D/w	Dr C. Smith.	
	Advised will need LP to r/o CNS Infx.	
	Happy agreeable to this now...	
	If clear + stable after 24° can d/c.	
	Can leave off Box for now.	
2/5/22	M. WEBB FYI	
20.30	Asked by day team to chase LP results	
	CSF glucose 6.3 - ?diabetic	
	CSF protein 0.54 - mildly high	
	Bacterial/viral results awaited! Virology lab at GRI →	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☒
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
98a Alice Street
Paisley, Renfrewshire
PA2 8EA

Date & Time		Signature, Print Name & Designation
	phoned to say sample had not been received ?? Unclear why. Bed manager investigating. Nursing team reported one of FY1's during daytime had arranged bloods? Unclear what has happened.	
	1) Bed managers to investigate 2) Repeat U&E.	
		H. Webb FY1
3/5/22	- Review: Bk OTD. (Lorazepam 4)	
	- Back to his normal baseline	
	- Reports that had been taking Buprenorphine (bought on street) → 8/10 tabs daily for 8 days then stopped suddenly → Next day started to have signs	
	Doc mentioned that had been	

83949 CGC0072

Date & Time		Signature, Print Name & Designation
	discharge ss.	
	Under care of RYS / Addictions, assessed	
	last appointment.	
	Imp - Benz withdrawal - seizure	
	+ confusion → Now resolved	
	Plan ① Revocation of SDC	
	② D/C home - follow up by addictions	
	Cont.	(1)
03/5/19	U Lorne MTI	
12[00]	(42)[M] history as noted present with seizures following ingestion of large quantity of buprenorphine, [illegible] then suddenly stopped - organic cause investigated given speech and frequency of seizures but U yesterday Hb 135 WBC 5 and no bacteria - has been asymptomatic for days	
		Nad ✓
	Meds - on methadone	BP's Pending
	- on regular haloperidol but refusing tablets	Bloods 3/5 ✓
	- not used PRN diazepam since 29/4	
	Ot - Bright, alert, orientated. Much improved. Keen for ④	
	Plan ① ④ with follow-up by addictions	
		Ulare MTI

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
98a Alice Street
Paisley, Renfrewshire
PA2 6EA

Date & Time	Ll cqueiont:	Signature, Print Name & Designation
4/5/22		
0900	· Not sure why didn't get home yesterday, he isn't sure either.	Nurs. ✓
	· Remains well, not confused, slept well.	
	· Appears to have been settled without delirium / haloperidol in > 24h	
	Plan (W) with follow-up by addiction team	
	Ullase	
	Int.	

83949 GGC0072

Date & Time		Signature, Print Name & Designation

The Mental Health (Care and Treatment) (Scotland) Act 2003

Short Term Detention Certificate

DET2

Instructions

The following form is to be used: v7.0

Where the conditions for the granting of a short-term detention certificate are met.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

If you are not completing this form electronically, please observe the following conventions, to ensure accuracy of information:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

Shade circles like this -> ● *Not like this ->* ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number: 2208793218

Surname: BURGESS

First Name(s): HENRY

Other / Known as:

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MR

Gender: ● Male O Female

DoB (dd / mm / yyyy): 22 / 08 / 1979

Patient's home address: 96a ALICE STREET
PAISLEY

Postcode: PA2 6EA

Approved Medical Practitioner Details

Surname: OTO

First Name: MARIA

Approved under section 22 of the Act by:

Health Board: NHS GREATER GLASGOW + CLYDE

Work Address: ROYAL ALEXANDRA HOSPITAL
CORSEBAR RD
PAISLEY

Postcode: PA2

Telephone No.: 0141 314 6836

Email:

GMC Number: 3620012

Please Note
This form must be sent to medical records, not just filed in case notes

PART 1 : CERTIFICATE — **To be completed by the Approved Medical Practitioner**

Detention Criteria

As the AMP named on page 1, I declare that I have examined the patient. I am granting this short-term detention certificate because I believe the patient meets the criteria set out in section 44(4):

(a) I consider that it is likely, for the reasons stated below, that the patient has the following type(s) of mental disorder

		Primary ICD 10 Code
Mental illness	● Yes ○ No	F [ ][ ] . [ ][ ]
Personality disorder	○ Yes ● No	F [ ][ ] . [ ][ ]
Learning disability	○ Yes ● No	F [ ][ ] . [ ][ ]

Please enter primary ICD 10 diagnosis code for each disorder present.

1. BACKGROUND OF DRUG ADDICTION AND ALCOHOL DEPENDENCE AS WELL AS SIGNIFICANT PHYSICAL COMORBIDITIES
- HE PRESENTED IN HOSPITAL ON THE 26TH OF APRIL FOLLOWING 3 SEIZURES. HE WAS CONFUSED AND HAD A TEMPERATURE
- HE DISCHARGED HIMSELF ON THE 27TH TO BE READMITTED THE NEXT DAY FOLLOWING MORE SEIZURES.
- SINCE ADMISSION HAS PRESENTED AS VERY CONFUSED, AGITATED AND AGGRESSIVE.
HE IS DISORIENTED AND UNABLE TO HAVE A MEANINGFUL CONVERSATION

(b) I consider that it is likely, for the reasons stated below, that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for that mental disorder is significantly impaired.

2. MR BURGESS IS CONFUSED AND DELIRIOUS AND DUE TO THIS HE HAS NO CAPACITY TO MAKE DECISIONS REGARDING HIS TREATMENT
- IT IS NOT POSSIBLE TO HAVE A MEANINGFUL DISCUSSION AT ANY LEVEL

PART 1 : CERTIFICATE — **To be completed by the Approved Medical Practitioner**

Detention Criteria (cont)

(c) I consider that it is likely, for the reasons stated below, that it is necessary to detain the patient in hospital for the purpose of:

- ● determining what medical treatment for mental disorder should be given to the patient
- ○ giving medical treatment to the patient.

3 MR BURGESS MENTAL DISORDER IS SUCH THAT REQUIRES THE TYPE OF TREATMENT AND LEVEL OF SUPERVISION AND CARE THAT CAN ONLY BE GIVEN IN HOSPITAL BY EXPERT STAFF

(d) I consider that it is likely, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk-

- ● to the health, safety or welfare of the patient
- ○ to the safety of any other person.

4 MR BURGESS IS VERY CONFUSED AND HAVING SEIZURES HE LEFT HOSPITAL AND HAD TO BE RE-ADMITTED WITHIN A FEW HOURS. DUE TO FURTHER SEIZURES AND INCREASE CONFUSION
IF HE WAS TO LEAVE HOSPITAL HIS MENTAL STATE WOULD DETERIORATE RAPIDLY AND BE AT GREAT RISK.

(e) I consider that it is likely, for the reasons stated below, that the granting of this short-term detention certificate is necessary e.g. explain why the patient cannot be treated on a voluntary basis.

5 MR BURGESS HAS ABSCONDED ON SEVERAL OCCASIONS HAS BEEN DETAINED ON AND EMERGENCY DETENTION AND IS CURRENTLY ESCORTED BY POLICE.
AT PRESENT THERE IS NOT A SAFE ALTERNATIVE TO HOSPITAL

PART 1 : CERTIFICATE (cont)

Consultation - MHO (to be completed by the MHO (see notes))

MHO details - Surname: MCOLSON

First Name: LAURENCE

Title: MR

Address: [redacted]

Postcode: [redacted]

Telephone No.: [redacted]

mail: laurence.nicolson@[redacted].gov.uk

Local Authority: [redacted]

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

I, the MHO named above, was consulted on the date opposite, and consent to the granting of this short-term detention certificate. Date: 29/04/2022

- ● 1) I interviewed the patient before consenting to the granting of this certificate.
- ○ 2) I confirmed to the AMP the name and address of the patient's named person (if any). *Note: if you have confirmed the named person's name but cannot confirm their address, leave the circle unshaded and write this in box 6 below.*
- ○ 3) I informed the patient of the availability of independent advocacy services and have taken appropriate steps to ensure that the patient has the opportunity of making use of these services.

Where any of the above has not been shaded, please state below the reasons why it was not practicable to carry out that action

6	Unable to discuss named person and advocacy due to medical condition.

MHO Signature

Signed by the MHO: [redacted]

Date: 29/04/2022

Notes

Wherever practicable, the MHO should complete this sectionof the form. Where not practicable, the RMO should complete on behalf of the MHO, and include reasons why it was not practicable in box 6.

PART 1 : CERTIFICATE (cont) — **To be completed by the Approved Medical Practitioner**

Consultation - Named Person

O The patient does not have a named person

O The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone

Complete A or B as appropriate

A I consulted the named person prior to the granting of this certificate on: Date ☐☐ / ☐☐ / ☐☐☐☐

Summarise the views of the patient's named person about the proposed detention and the ways in which you have had regard to those views.

7

B I did not consult the patient's named person prior to the granting of this certificate, as it was impracticable to do so, as detailed below. (Note: to include what efforts were made to consult the named person).

8

PART 1 : CERTIFICATE (cont) — **To be completed by the Approved Medical Practitioner**

Patient Pre- Detention Status, Transfer / Admission to Hospital

Complete A or B as appropriate

A At the time of this certificate being granted this person was a patient in the following hospital.

Hospital ROYAL ALEXANDRA HOSP.

OR

B At the time of this certificate being signed this patient was not in hospital.

Please state where the patient was when the certificate was granted (location/address) and provide details of transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.

9	*If applicable, you MUST provide these details. Usually escort is provided by the receiving hospital.*

CERTIFICATION

Immediately before my examination of the patient, he / she was not detained in hospital under the authority of:

(a) a short-term detention certificate;
(b) an extension certificate;
(c) section 68 of this Act (extension of short-term detention pending determination of application for compulsory treatment order);
(d) a certificate granted under section 114(2) or 115(2) of this Act. (Compulsory treatment order: detention pending review or application for variation, or interim compulsory treatment order: detention pending further procedure).
(e) a certificate granted under section 113(5) of the Act (non-compliance with order).

By signing this certificate, I confirm that:

have no conflict of interest as defined by the regulations.

I have completed the section at the end of this form relating to the patient's ethnicity.

Note: The certificate needs to be granted within three days of the completion of the medical examination

Date of examination 29 / 04 / 2022 AT 16:45 time (24 hr clock)

Date the certificate was granted 29 / 04 / 2022 AT 17:05 time (24 hr clock)

Signed by the AMP

PART 2 : NOTIFICATION BY HOSPITAL MANAGERS

Admission Details

The patient was admitted to / was already a patient in:

Hospital

Ward / Clinic

Shade as appropriate

O The patient was not in hospital immediately before this short-term detention certificate was granted. As a result, their detention in hospital was authorised from when: the certificate was given to the hospital managers and the patient was admitted to the hospital under the authority of the certificate.

OR

O The patient was already in the hospital when this short-term detention certificate was granted. As a result, their detention in hospital became authorised when the certificate was granted.

The patient's 28-day detention in hospital began at the beginning of: / /

Unless revoked or extended, this authorisation will cease at midnight the end of the 28th day: / /

Record of Notice Given

As soon as was practicable after the hospital received the short term detention certificate:

(a) notification in writing of the granting of the certificate was given and
(b) a copy of the certificate was sent to:

O The patient

O The patient's named person (if any)

O Any welfare guardian of the patient

Name and address - if applicable

O Any welfare attorney of the patient

Name and address - if applicable

Notification with a copy of the certificate was given within 7 days of it being granted to:

O The Mental Health Tribunal for Scotland

O The Mental Welfare Commission

Notification completed by date: / /

Completion Details

O The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by:

Job Title

Telephone No.

Signature

Date
dd / mm / yyyy / /

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CWA - Bloods ECG

Affix Label

CHI: 2208793218

Royal Alexandra Hospital

Total Att: 26

12 Mth Att: 2

Title: MR

BURGESS

Henry

DOB 22/08/1979

Age: 43y

Sex: Male

96a Alice Street

Paisley
Renfrewshire
PA2 6EA
07960524514

Next of kin: GARRETT, Fiona
Relationship: Partner
07477774484

GP: MJ McGovern
0141 889 4373

Attendance Date: 14/06/2023 Arrival Time: 14:01

Registration Time: 14:01 Date of Incident: 14/06/2023

Major Incident Desc:

Reason for Attendance: BIBA - ?siezure

Affix Label

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Tetanus up to date/fully immunised:

Triage Category: 3

Presenting Complaint:

Observation Date: 14/06/2023 14:36

Nurse name: Nurse Michelle Mccord

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity:		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: 1 x self terminating seizure lasting 45 mins pain and swelling L calf prev DVT

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
14/6/23	PARACETAMOL 1+11	2 TABS	IV	1805	D	[illegible]

Cycle 20

Investigations

Bloods inc. cultures ✓ WCC 21
CT head ✓
CXR ✓ Urine culture + urinalysis ✓

(Differential) diagnosis

Seizures
Infection ? CNS ? other source
? Intracranial bleed

Management Plan

CT head
Abx
Discussed with & reviewed by Dr Nayak

Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

Signature [redacted] **PRINT NAME** C. McGEE **Page:**
PRINT GRADE F42

Senior/Medical review

CT Brain – NAD. Delirium / febrile
? ? encephalitis
Rx. IVABx + IV Aciclovir
Admit for LP/MRI.

[redacted]
MANAGING CONS.

Admission checklist

Investigations reviewed ☐ **Kardex** ☐ **eKIS reviewed** ☐
Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

NHS

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 3 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☐
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Risk assessment now complete
- Complete Risk Assessment Result Box

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick √ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrand)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR>2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Thyroid surgery	☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Medical patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50kg or eGFR <30ml/minute/1.73m² ☐

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral vascular disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

DD6 All patients over 64

4AT	Y/N/Na
Carers involved	Y/N/Na
Med rec	Y/N/Na
Sepsis Screen	Y/N/Na
Resuscitation status considered	Y/N
Discharge planning	Y/N/Na

Sepsis Six

Antibiotics within 1 hour	☐
Appropriate Cultures	☐
Fluids	☐
Oxygen	☐
Lactate	☐
Fluid balance, consider catheter	☐

Cycle 20

Results

Baseline										
	Date		26/4							
	Time		1830							
	Parameter	Ref Range								
	Hb	130-180	150							
	WCC	4.0-11.0	21·0							
	Plts	150-400	282							
	MCV	78 - 99	83·9							
	Neut	2.0 - 7.5	17·1							
	PT	9.0 - 13.0								
	APTT	27.0 - 38.0								
	Fibrinogen	1.5-4gm/L								
	INR	( )								
	Thromb T	11-15 secs								
	D-Dimer	<230								
	ABG/VBG									
	Na^+	135 - 145	135							
	K^+	3.5 - 5.0	4·3							
	Cl^-	97 - 107	94							
	HCO_3^-	23 - 30	21							
	Urea	2.5 - 7.5	2·7							
	Creat	62 - 124	61							
	eGFR		>60							
	Glucose	3.5 - 5.9								
	Protein	32 - 82								
	Albumin	37 - 50	46							
	AlkP	33 - 117	199							
	Bil	0.5 - 19	13							
	ALT	11 - 55	78							
	AST	13 - 42	160							
	GGT	8-60								
	ESR									
	CRP	<3	14							
	Troponin I hs	Men 0 - 34 Women 0 - 16								
	CK	23 - 190								
	Corr Ca^{++}	2.25 - 2.60								
	PO_4^-	0.8 - 1.4								
	Mg^{++}	0.7 - 1.1								
	Digoxin	0.5 – 2.0								
	Alcohol									
	Paracetamol	<100 @4 hr								
	Salicylate									
	Amylase	<100								
	LDH	240 - 480								
	Folate	3.1 - 20								
	B12	200 - 900								
	Ferritin	15 - 200								
	TSH	0.35 – 5.00								
	T4	9 - 21								
	Urinalysis									

DON'T MISS AKI Checklist (within 24 hrs of admission)

D Dipstick Urine: _____

O Obtain Ultrasound: Yes ☐ N/A ☐

(Stage 2/3: within 24 hours of Admission)

N Need for Catheter: Long-term ☐ Yes ☐ No ☐ Refused ☐

T Team Renal to contact: Considered ☐ Done ☐ N/A ☐

M Medicine Reconciliation: ☐

I Intravenous Fluids: Yes ☐ Contraindicated ☐

S Suspected Cause: _____

S Staging of AKI: (Tick Box Below)

☐ 1 (RISK if: Creatinine X 1.5)
☐ 2 (INJURY if: Creatinine X 2)
☐ 3 (FAILURE if: Creatinine X 3)
(compared to baseline)

Signature/Name/Grade _____

Cycle 20

Post Take Ward Round AMU/MAU/OAAU

Consultant: ..... **Date:** ..... **Time:** .....

Summary

Temp:

Pulse:

BP:

Sat O2:

FiO2:

RR:

ECG: **Bloods:**

CXR: **Other investigations:**

Imp:

Plan:

AWI considered ☐ Thromboprophylaxis need reviewed ☐ Medicine reconciliation complete ☐

If cardiac or respiratory arrest is considered a possibility for the patient has CPR status been reviewed and documented Yes ☐ No ☐

CPR decision discussed with patient Yes ☐ No (document why) ☐ Advanced directive in situ ☐ Treatment escalation plan (circle) Ward/HDU/ITU

Family informed of CPR/escalation status? – Needs discussed at first opportunity ☐ Has been discussed ☐ Patient does not want family informed ☐

Recommended Destination: _____

Suitable to board if required Yes ☐ No ☐

Expected Date of Discharge: _____

Signature: _____

Designation: _____

Bleep Number: _____

Cycle 20

Junior/Senior additional notes, communications with relatives

2208793218
BURGESS
Henry
M
22/08/1979

M. SECTION INT3

27/4
0455

ATTP → WANTS TO LEAVE

NOTE ADMISSION

FEVER / CONFUSION NOT UNSURPRISING POST SEIZURE

CURRENTLY FULLY ORIENTATED + HAS INSIGHT INTO ADMISSION.

EXPLAINED CONCERN RE ENCEPHALITIS + ADVISED TO STAY UNTIL AM.

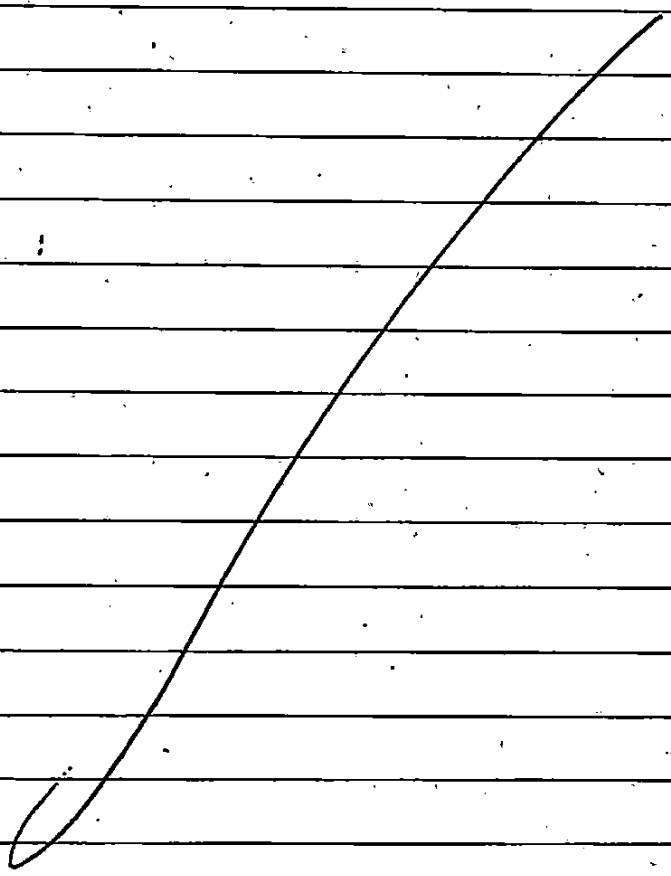
IF REMAINS WELL IN AM MAY BE ABLE TO FORGO LP.

HAPPY TO STAY AT PRESENT

HAS CAPACITY TO DISCHARGE AGAINST ADVICE

NOTES

29/4/22 11:55	Pharmacy • Methadone dose confirmed 110ml sugar free. Please prescribe 110ml as kardex - ex 80ml. last collected tuesday (24/4/22). • Please note BMIs high and BP high. @ 8am Aubeats (Pharmacist).



NOTES

5 CWK

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 2208793218

Royal Alexandra Hospital

Total Att: 22

12 Mth Att: 4

Title: MR

BURGESS

Henry

DOB 22/08/1979

Age: 42y

Sex: Male

96a Alice Street

Paisley
Renfrewshire
PA2 6EA

Next of kin: GARRETT, Fiona
Relationship: Partner

GP: LE Cormack
0141 889 5277

Attendance Date: 28/04/2022 Arrival Time: 06:43

Registration Time: 06:43 Date of Incident: 28/04/2022

Major Incident Desc:

Reason for Attendance: biba seizure

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded Pain Score:

Tetanus up to date/fully immunised:

Triage Category: 2

Presenting Complaint:

Observation Date: 28/04/2022 06:56

Nurse name: Nurse Michelle Miccord

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: "witnesses seizure lasting 2 mins - awaiting investigation. seizures for last 3 days pyrexia and confused "

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

28/4

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
28/4	LORAZEPAM	3mg	IV	10[15]		
28/4	CEFTRIAXONE	2g	IV	10[45]		
28/4	ACYCLOVIR	750mg	IV	11[00]		
28/4	PARACETAMOL	250MG	IV	1334		
28/4	NALOXONE 30	1 UNITS	SC	1325		

Date	CLINICAL NOTES
	Seen by (Dr) Time seen

See patient.

Printed: 28/04/2022 09:22:16

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 28/04/2022 09:22:02
Sample Type: Venous
Operator ID: CALUM BLACK0

Patient

ID:	2208793218
Last Name:	BURGESS
First Name:	HENRY
Gender/Age:	Male, 42 years
Birth Date:	22/08/1979

Cartridge

Lot No.:	220224C
S/N:	00000000500293872
Exp. Date:	10/05/2022

Analyzer

Model:	GEM® *Premier 5000*
Area:	RAHA&E
Name:	RAE
S/N:	16090432

Results				Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)							
cH	36.6	nmol/L	[	--	--	--	--]
pCO_2	6.0	kPa	[	--	--	--	--]
pO_2	6.3	kPa	[	--	--	--	--]
Na^+	↓ 130	mmol/L	[	--	133	146	--]
K^+	4.7	mmol/L	[	--	3.5	5.3	--]
Cl^-	↓ 94	mmol/L	[	--	95	108	--]
Ca^{++}	↓ 1.11	mmol/L	[	--	1.15	1.27	--]
Glu	↑ 18.8	mmol/L	[	--	3.5	6.0	--]
Lac	1.5	mmol/L	[	--	0.6	2.2	--]
CO-Oximetry							
tHb	155	g/L	[	--	--	--	--]
O_2Hb	↓ 80.3	%	[	--	95.0	98.0	--]
COHb	↑ 2.2	%	[	--	0.5	1.5	--]
MetHb	0.7	%	[	--	0.5	1.5	--]
HHb	↑ 16.8	%	[	--	0.0	5.0	--]
sO_2	↓ 82.6	%	[	--	95.0	98.0	--]
Derived							
BE(B)	5.6	mmol/L	[	--	--	--	--]
HCO_3^-(c)	30.6	mmol/L	[	--	--	--	--]
Hct(c)	47	%	[	--	--	--	--]

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged		Not arranged		To be arranged			
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Patient Information		Date:	28/04/2022
HENRY BURGESS		Incident Number:	CR008614350
Age/Gender:	42y Old Male	Incident Type:	EMG
Address:	96A ALICE STREET PAISLEY,PA2 6EA	Incident Location:	96A ALICE STREET PAISLEY, PA2 6EA
DOB:	27/08/1979		
CHI:			
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

WITNESSED SEIZURE

Additional Comments

Pt has had a witnessed seizure this morning lasting 2mins and been incontinent of urine, when pru arrived pt post ictal, pt had a seizure last night 22.00hrs seen by ambulance crew but refused transportation, partner states has had a seizure for the last 3/7.

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No			
A	Clear						
B	Breathing Adequately	Yes	Respiratory Rate 20		SPO2	97	
	Oxygen Given	No					
C	Pulse Rate		BP		Cap Refill		ECG Rhythm
	79		142/97		<=2 Secs		Sinus Rhythm
	Rhythm		Arm		Central/Peripheral		ECG
	Reg		Right				3 Lead
D	GCS	Eyes	Voice		Motor		PEARL
	14	Spontaneously (4)	Confused (4)		Obeys Commands (6)		Yes

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
06:25	90	18	137/81	100	<=2s	14			38.3	17.8	Sinus Rhythm				E0023116
08:16	79	20	142/97	97	<=2 Secs	14	Alert		38.3	17.8	Sinus Rhythm				E0023116

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
08:16	20 (0)	97 (0)		0	142 (0)	79 (0)	Alert (0)	38.3 (1)	1

HISTORY

AMPLE

Allergies	None
Medication	METHADONE 110ML / AMOXICILLIN / LANSOPRAZOLE
Past Medical History	SEIZURES / DRUG MISUSE / ALCOHOL DEPENDANT
Last Eaten	>4 Hours Ago
Events Prior	WITNESSED SEIZURE

OTHER

Additional Resources (On Scene)

Resources	Paramedic Response Unit

CLOSE RECORD

4/28/2022 Incident Number: CR00614350

Treatment On Scene	Non Emergency		

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	05:56	Allocated	05:57	Mobile	05:57
First Resource On Scene		Crew On Scene	06:16 *	Crew Left Scene	06:32
Crew At Hosp		Receiving Hospital	ROYAL ALEXANDRA PAISLEY	Clear Time	

Crew ID	Crew Grade	Driver
E001673X	Ambulance Technician	YES
E0023116	Paramedic	NO

Cycle 20

NHS Greater Glasgow and Clyde

Acute Medical Unit Admission Proforma

MAU/A&E/AMU

Royal Alexandra Hospital, Paisley/Vale of Leven Hospital/IRH

Patient Details		
Name: **Address:**	2208793218 BURGESS M Henry 22/08/1979 98a Alice Street Paisley, Renfrewshire PA2 6EA	**Sex:** F ☐ M ☒ **DoB** / / **Age:** 042
Telephone:		
GP:		
Next of Kin:		
Telephone:		

Episode Details			
Date patient seen:	28/4/22	**Time seen:**	0940
Source of referral:	**GP ☐ A&E ☐ OPD ☐ Self ☐ Other =**		
Admitting Dr:	BLACK	**Grade** GPST2	**Bleep**
Consultant:			

Resuscitation Decision

Resuscitation status: (please circle) **FOR RESUSCITATION / DNA CPR**

Signature: _____ **Name:** _____ **Grade:** _____

If DNA CPR → Complete appropriate form

Cycle 20

Presenting Complaint(s)	
Presenting complaint	SEIZURE
History of presenting complaint	Patient reports 3 days of intermittent seizures. Has taken 110 subutex (buprenorphine) that he bought on the street, just prior to seizures. Drinks about 12 bottles of beer a day average. Reports tongue biting but no obvious incontinence. Last CT about 6am Today Recent admission - self d/c. ?CNS infection

Past Medical History / Review of Old Notes. Review eKIS if available

Hepatitis C.
Type 1 DM
DVT
PE
Pneumococcal pneumonia

Systemic Enquiry

Cycle 20

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐

(>1 source preferred) Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐ Repeat Script ☐

Other (please specify) .....

Admission Medicines	Dose	Frequency	Plan for medicines (Dr complete) Continue	Amend	Withold	Stop	Comments Reason for alteration

Staple emed-rec to this page

Allergies	List any over-the-counter or alternative medicines
None known ☐	
	Do medicines need further clarification ? Yes ☐ No ☐
List collected by :	Plan approved by :
Designation : Date :	Designation : Date :

Pharmacy review	Comments	
Compliance aid : Yes ☐ No ☐	Community pharmacist	Phone
Reviewed by :	Designation :	Date :

Cycle 20

Social History

Smoking History

Ex-smoker/Smoker ____cpd ___yrs Never smoked

Alcohol History

140 Units/week FAST score if excess_____

Recreational Drugs Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

Alcohol excess
Drug abuse

Family History

Observations

RR: 16 bpm Sats: 96 % FiO2: Temp: °C BP: 160/70 HR: 65 bpm BM: 17.8

General Examination

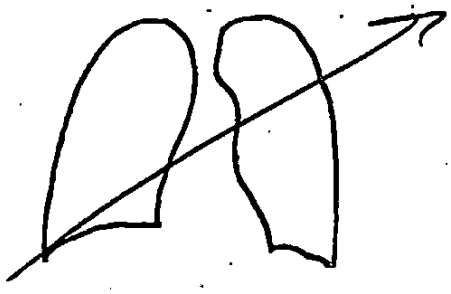
General Appearance:

evidence of large build seen.

Cyanosis / pallor / jaundice / clubbing / lymphadenopathy

Respiratory

PEFR =



Cycle 20

Cardiovascular

Pulse regular **Heart Sounds** 1+1+0

JVP

Oedema

Peripheral Pulses **cap refill** <2s

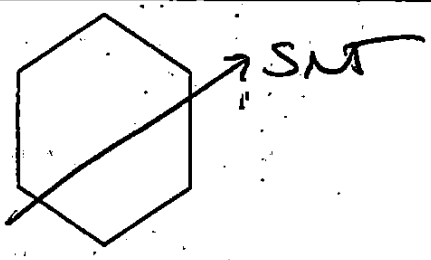
Gastrointestinal system

Masses:

Organomegaly:

Bowel sounds:

PR:



Neurological system

GCS 15 **E:** 4/4 **M:** 6/6 **V:** 5/5 **AMT:** /4 (AMT 4 = age, time, place, year)

Pupils/fundoscopy: PERL → MYOSIS +/+ **Cerebellar and extrapyramidal:**

Cranial Nerves: No focal deficit **Neck:**

	RUL	LUL	RLL	LLL
Tone	N	N	N	N
Power	5	5	5	5
Co-ordination				
Reflexes				
Sensation	N	N	N	N

Gait: slightly slow to respond to questions but lucid when does

Locomotor

	Tender	Swollen	Deformity	Which joint?
Arms				
Legs				
Spine				

Cycle 20

Investigations

Bloods -

ECG - SR.

(Differential) diagnosis

Seizures - ? alcohol/drug related ? CNS, metabolic

Management Plan

IV abx

GMANS / HABRUEX.

Not for rpt CT head just now → MRI/LP.

Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

Signature **PRINT NAME** BACH **Page:**

PRINT GRADE CPST 2

Senior/Medical review

10$^{00}_{AM}$ CPST2 BACH

- toxic type seizure in dept lastly < 1 min but very agitated and combative post-ictal → moved to resus... ↑ed: given lorazepam + IV abx + antivirals

Admission checklist

Investigations reviewed ☐ **Kardex** ☐ **eKIS reviewed** ☐

Thromboprophylaxis assessed ☐ **Medicine Reconciliation** ☐ **DD6 if required** ☐

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

- Risk Assessment r … pleted for all patients within 24 hours …
- Patients must b … sooner if condi…
- Reassessment …
- Please compl… Risk Assessment Result …

2208793218
BURGESS
Henry
96a Alice Street
Paisley, Renfrewshire
PA2 6EA
M
22/08/1979
…d date

Pt Addressograph

Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☐
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Risk assessment now complete
- Complete Risk Assessment Result Box

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick √ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR>2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia (<75 x 10⁹/l)	☐	Thyroid surgery	☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☐*
*prior to application of AES, please check contraindications to AES
Medical patients – Enoxaparin 40mg ☐
Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <50kg or eGFR <30ml/minute/1.73m² ☐
Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral vascular disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

DD6 **All patients over 64**

4AT	Y/N/Na
Carers involved	Y/N/Na
Med rec	Y/N/Na
Sepsis Screen	Y/N/Na
Resuscitation status considered	Y/N
Discharge planning	Y/N/Na

Sepsis Six

Antibiotics within 1 hour	☐
Appropriate Cultures	☐
Fluids	☐
Oxygen	☐
Lactate	☐
Fluid balance, consider catheter	☐

Cycle 20

Results

Baseline										
	Date		28/4/22							
	Time									
	Parameter	Ref Range								
	Hb	130-180	148							
	WCC	4.0-11.0	16.7							
	Plts	150-400	308							
	MCV	78 - 99	84.9							
	Neut	2.0 - 7.5	12.3							
	PT	9.0 - 13.0	12							
	APTT	27.0 - 38.0	28							
	Fibrinogen	1.5-4gm/L								
	INR	( )								
	Thromb T	11-15 secs	15							
	D-Dimer	<230								
	ABG/VBG									
	Na^+	135 - 145	133							
	K^+	3.5 - 5.0	5.0							
	Cl^-	97 - 107	93							
	HCO_3^-	23 - 30								
	Urea	2.5 - 7.5	3.6							
	Creat	62 - 124	55							
	eGFR		>60							
	Glucose	3.5 - 5.9	18.1							
	Protein	32 - 82								
	Albumin	37 - 50	39							
	AlkP	33 - 117	163							
	Bil	0.5 - 19	11							
	ALT	11 - 55	41							
	AST	13 - 42	172							
	GGT	8-60								
	ESR									
	CRP	<3	23							
	Troponin I hs	Men 0 - 34 Women 0 - 16								
	CK	23 - 190								
	Corr Ca^{++}	2.25 - 2.60	2.37							
	PO_4^-	0.8 - 1.4	1.04							
	Mg^{++}	0.7 - 1.1	0.75							
	Digoxin	0.5 – 2.0								
	Alcohol									
	Paracetamol	<100 @4 hr								
	Salicylate									
	Amylase	<100								
	LDH	240 - 480								
	Folate	3.1 - 20								
	B12	200 - 900								
	Ferritin	15 - 200								
	TSH	0.35 – 5.00								
	T4	9 - 21								
	Urinalysis									

DON'T MISS AKI Checklist within 24 hrs of admission

D Dipstick Urine: _____

O Obtain Ultrasound: Yes ☐ N/A ☐

(Stage 2/3: within 24 hours of Admission)

N Need for Catheter: Long-term ☐ Yes ☐ No ☐ Refused ☐

T Team Renal to contact: Considered ☐ Done ☐ N/A ☐

M Medicine Reconciliation: ☐

I Intravenous Fluids: Yes ☐ Contraindicated ☐

S Suspected Cause: _____

S Staging of AKI: (Tick Box Below)

☐ 1 (RISK if: Creatinine X 1.5)
☐ 2 (INJURY if: Creatinine X 2)
☐ 3 (FAILURE if: Creatinine X 3)
(compared to baseline)

Signature/Name/Grade _____

Cycle 20

Post Take Ward Round AMU/MAU/OAAU

Consultant: Perkins **Date:** 29/2/12 **Time:** 11.10

Summary Odd story
Background of IVDU hep C carrier
Recent admission ? drug seeker - denied
suicide drug ODs + ? overdose hx.
Pt now had taken a large dose of buprenorphine
he bought on the street.
Self discharged + brought back ? 2° concern
Also hx of depression + alcohol use.
Type I DM → insulin.
Splenectomy noted.

Comments — Under section.
Very large psych. history
Overdose ~~→ plan~~. Able to describe methadone
~~does~~ → dose & detail but not much else
M neck pain etc.
? doesn't fully understand capacity to make decision regarding treatment

Temp:
Pulse:
BP:
Sat O2:
FiO2:
RR:

ECG: CSR 23 **Bloods:**

CXR: **Other investigations:** → agree c Psych

Imp: ? Impulsive not OD/ infection + hence ds drug related.

Plan: Give 1/7 dose oral methadone
Psychiatry
Pt to need to see
Admission team
Stop ceftriaxone if LP / cell count ✓
Stop acyclovir if viral PCR -ve
Remains under detention

AWI considered ☐ Thromboprophylaxis need reviewed ☐ • Medicine reconciliation complete ☐
If cardiac or respiratory arrest is considered a possibility for the patient has CPR status been reviewed and documented Yes ☐ No ☐
CPR decision discussed with patient Yes ☐ No (document why) ☐ Advanced directive in situ ☐ Treatment escalation plan (circle) Ward/HDU/ITU
Family informed of CPR/escalation status? – Needs discussed at first opportunity ☐ Has been discussed ☐ Patient does not want family informed ☐

Recommended Destination: _____
Suitable to board if required Yes ☐ No ☐
Expected Date of Discharge: _____

Signature: _____
Designation: _____
Bleep Number: _____

Cycle 20

Junior/Senior additional notes, communications with relatives

28/4/22 Dr G. Proctor IMT2
ED Resus
1225 42♂ Pc – New Seizures:
PMH x] HCV – cleared/treated 20??.
T2DM – Novomix30 14u/15/BD
PTE/DVT Prev IVDU.
Rheumatoid pneumonia

Recent Admission RAH Medicine (notes not on ChartBuilder)
Confusion, fever + Seizures in context of Alcohol
CNS infection considered – left/self-discharged prior to LP
CTB 26/4/22 – NIL Acute – LP/MRI to rule out encephalitis
Discharged 27/4/22 –
Represents – further seizures, confusion to drunk alcohol witnessed

2 x Blood Cultures from 26/4/22 in progress on labs

Bloods – See previous page

O/E Alert/PATENT

BS – Sp 97%
RR 16

C – 75 SR (ECG SR@60 Sinus rhythm)

NOTES

D- Alert — location ✗
E - 4 — Year ✗
V - 4 — Age ✗
M - 6 — DOB ✓

Tone (N) All limb
Power 5/5 All limb
Sensation + Coordination - All OK

Erythema Ophthalmoplegia.
pupils - Equal Bilateral - reactive

C- Abdo S.N.T BS ✓
Cchs. S.N.T.
Vaginal - Rt. Fornix

Imp. Alc withdrawal /
drug OD/D -
CNS infection / encephalitis

Plan Admission / Hydration / Medication
IV Abx Antiviral
LP - where to - whether or not
MRI Brain
CT/MRI/US / TIMI Bundle
Refer for ICU escalation

INTZ
PROCTOR

NOTES

28/4/22	D/W Dr Ray - As Mobile excess ÷ Risk Lokia — ; Adj. IV Amox 4° ~ to Medmenham. RROGER IMTR
28/4/22	Lumbar puncture Attempt Dr G. Rooker 1% Lidocaine used - 3ml unfortunately unable to obtain sample from space = L4/5 space identified patient not still throughout - will have another to every time to attempt — may need some sedation ÷ Lorazepam Laboratory to keep patient still. Remains on treatment Sample could left in medical notes RROGER IMTR

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

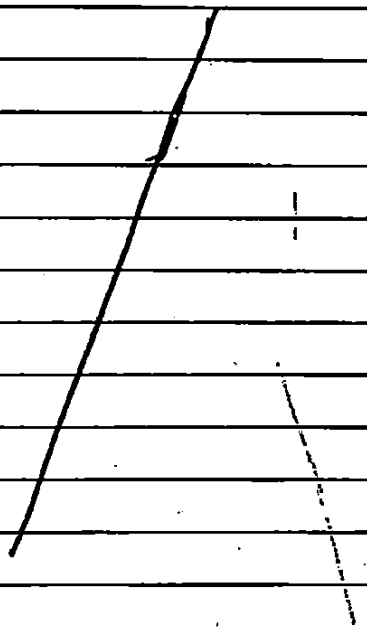
Please tick ✔ appropriate directorate

2208793218
BURGESS
Henry
M
22/08/1979

Date & Time		Signature, Print Name & Designation
	M. SECTION INT3	
2914	←	
0345	ATSP → ABSCONDED FROM WARD	
	BROUGHT BACK BY POLICE	
	O/E: MARKEDLY CONFUSED	
	DISORIENTATED	
	NO INSIGHT INTO ADMISSION	
	DOETNCT RETAIL MENTAL HEALTH ACT 2/7 ALW.	
	IMPRESSION: LACKS CAPACITY TO MAKE DECISIONS	
	FOR WELFARE	
	RISK TO SELF - SEIZURE / DEATH	
	- POTENTIALLY VULNERABLE TO EXPLOITATION	
	(P) RETAIN / EOL	
	DIW NURSE: NOT AVAILABLE	
	DETAILS TAKEN BY COLLEAGUE	
	WILL F/U TOMORROW	

83949 CGC0072

Date & Time	Dr S. Kristinsson SHO AMU	Signature, Print Name & Designation
29/4/22		
1400	Henry absconded from ward followed him out through main doors + around hospital grounds. Police eventually apprehended on Coretar Road.	
	He is agitated + was trying to enter hospital at various points. Didn't know where he was.	
	Eventually escorted by police to Rm 7 AMU. Has been sedated but still not taking tablets or medication.	
	Dr Oto Cons 4 is en route for psych review.	ETA ~ 1420



Date & Time		Signature, Print Name & Designation
21/12 9:15	WR Gray	
	Pt doing well - abx rationalised to meropenem.	
	Dietician review - NGT feed stopped, now on ensures.	
	Plan	
	(1) Clarify length of meropenem to guide on discharge plan.	
	(2) Take out tube.	
	(3) Wean O_2.	AJ
21/12/20	WR INFECTION DISEASES:	
	Ex IVDU (>16,10), DRT, ETOH x1	
	Presented c ? Severe sepsis / Pneumoperitoneum 24/11	
	→ laparotomy - extensive peritoneal pus : strep anginosus isolated. MI etc.	
	→ Cavitatory pneumonia + ~~Pe~~ and thromboembolic disease.	
	Now ~ 4+ weeks IV Rx	
	Clinically steadily improving	
	Surgical wound open - ml fluctuant	
	Cough c brown sputum. No other symptoms/signs	
	No dental issues.	
	TTE x 2 no evidence IE.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

2208793218 M
BURGESS 22/08/1979
Henry
96A ALICE STREET
Paisley, Renfrewshire PA2 6EA

Date & Time		Signature, Print Name & Designation
	CRP slowly rising last week at Sc.	
	Inf: Resolving Epis. ? Primary treatable → spread Ix also possible	
	Suggest: IVOST Cindamycin 600mg tds. Ask Cardio if they would consider TOE. Close monitoring after IVOST → ? consider Rpt CT to ensure no collection given slowly rising CRP	
	Duration of Abx - already had 4/52, needs another 2/52 minimum, it would be worth clinical r/w at that point to assess whether further 2/52 Rx is required.	
	Is he getting surgical f/u? Happy to Supp-A f/u if not.	[signature] Consultant
21/12/20 13:17	Discussion w Dr Halliday (Cons. cardiology) He's happy for a TOE but wants a updated TTE done first. This has been requested and vetted.	[signature] FY1

83949 CGC0072

Date & Time		Signature, Print Name & Designation
22/12	WR Gonduator	
	news 4 - HR 75↑, Sats 88%	
	pt alert and feeling ok	
	NFT out yesterday, managing to E+D	
	Dietician to revisit today	
	Diabetic review due to overnight hypos	
	Nbod input from ID and cardio	
	with thanks	
	Bloods yesterday - WCC + CRP static	
	Aim: Sats >92%	
Plan	if bloods deteriorate/pyrexia → CT	FHz
	Diabetic review	
22/12/20 13:10	Dietician	
	Pt r/v. Please see EPR for full entry.	
	Weight 76.2kg BMI 24.3 kg/m² ↓ 6.5kg over 18/7 likely 2° to fluid shifts, poor dietary intake, Catabolism and ↓ lean mass.	
	food charts not completed for assessment however N/S and patient both report oral intake improving.	
	Continues Ensure Compact qds to meet ~ 30-35 kcal/kg energy + protein requ. NGT feed stopped.	
	++ Encouragement given to continue to improve oral intake.	
	Plan ① Encourage high energy diet as able with regular Carbohydrates ② additional yoghurts as snacks ③ Ensure Compact qds ④ food chart + Weekly weight. r/v 9/1	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

Henry Bucas

Date & Time		Signature, Print Name & Designation
23.11	via Clerkwoolaton	
	NFCS -	
	for CT body ? resolution	
	? home lab body - th SAU fu in weeks.	Z CFY1

83949 GCC0072

Date & Time

96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

me

Printed: 24/11/2020 19:31:45

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 24/11/2020 19:31:32
Sample Type: **Arterial**
Operator ID: DEBBIE STEWART0

Patient	
ID:	2208793218
Last Name:	BURGESS
First Name:	HENRY
Gender/Age:	Male, 41 years
Birth Date:	22/08/1979
Cartridge	
Lot No.:	200826E
S/N:	00000000500096195
Exp. Date:	08/12/2020
Analyzer	
Model:	GEM® *Premier 5000*
Area:	RAH RESUS
Name:	RESUS
S/N:	17030590

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	↑ 55.0	nmol/L	--	36.0	44.0	--
pCO_2	↑ 6.4	kPa	--	4.6	6.0	--
pO_2	↓ 9.7	kPa	--	10.5	14.0	--
Na^+	↓ 126	mmol/L	--	133	146	--
K^+	3.9	mmol/L	--	3.5	5.3	--
Cl^-	↓ 90	mmol/L	--	95	108	--
Ca^{++}	↓ 1.03	mmol/L	--	1.15	1.27	--
Glu	↑ 25.3	mmol/L	--	3.5	6.0	--
Lac	↑ 7.4	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	116	g/L	--	--	--	--
O_2Hb	↓ 91.8	%	--	95.0	98.0	--
COHb	↑ 1.7	%	--	0.5	1.5	--
MetHb	0.8	%	--	0.0	5.0	--
HHb	↑ 5.6	%	--	95.0	98.0	--
sO_2	↓ 94.3					
Derived						
BE(B)	-5.7	mmol/L	--	--	--	--
$HCO_3^-(c)$	21.5	mmol/L	--	--	--	--
Hct(c)	35	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered		
Temp	37.0	°C
O2 and Vent Settings		
O_2	85.0	%

Printed: 25/11/2020 13:36:43

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 25/11/2020 13:36:31
Sample Type: **Arterial**
Operator ID: RACHEL BURNS0

Patient	
ID:	2208793218
Last Name:	BURGESS
First Name:	HENRY
Gender/Age:	Male, 41 years
Birth Date:	22/08/1979
Cartridge	
Lot No.:	201027H
S/N:	00000000500112018
Exp. Date:	20/12/2020
Analyzer	
Model:	GEM® *Premier 5000*
Area:	RAHITU
Name:	ITU2
S/N:	20085389

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Corrected (37.4°C)						
cH(T)	↓ 49.6	nmol/L	--	36.0	44.0	--
pCO_2(T)	↑ 7.1	kPa	--	4.6	6.0	--
pO_2(T)	12.4	kPa	--	10.5	14.0	--
Measured (37.0°C)						
cH	↑ 49.0	nmol/L	--	36.0	44.0	--
pCO_2	↑ 7.0	kPa	--	4.6	6.0	--
pO_2	12.2	kPa	--	10.5	14.0	--
Na^+	↓ 129	mmol/L	--	133	146	--
K^+	4.7	mmol/L	--	3.5	5.3	--
Cl^-	99	mmol/L	--	95	108	--
Ca^{++}	↓ 1.02	mmol/L	--	1.15	1.27	--
Glu	↑ 6.5	mmol/L	--	3.5	6.0	--
Lac	1.4	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	118	g/L	--	--	--	--
O_2Hb	95.4	%	--	95.0	98.0	--
COHb	↑ 2.0	%	--	0.5	1.5	--
MetHb	1.1	%	--	0.0	5.0	--
HHb	1.5	%	--	95.0	98.0	--
sO_2	↑ 98.5					
Derived						
BE(B)	-0.8	mmol/L	--	--	--	--
$HCO_3^-(c)$	26.2	mmol/L	--	--	--	--
Hct(c)	35	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered		
Temp	37.4	°C

Henry Burgess 2208793318

Clinical History :

Complex patient - Admitted 1 month ago with cavitating RUL pneumonia and multi-systemic infarcts. Had splenectomy and washout. CT 2 weeks showed intra-abdominal collections and ongoing cavitating pneumonia. CRP and WCC static. Changed from meropenum to clindamycin yesterday by ID. TTE yesterday ?TV lesion. No temp spikes. If CT shows new lung lesions or ongoing abdo collections would be for extended course antibiotics. Thanks

CT Thorax abdomen pelvis with contrast :

Axial CT through the chest abdomen and pelvis was performed following intravenous contrast and water as oral contrast. Comparison made with the prior CT dated 06/12/2020.

Below the diaphragm, normal liver, gallbladder containing gallstones. No biliary dilatation. Normal pancreas, adrenal glands, and right kidney. There are bilateral renal infarcts as before. Normal aorta.

The previously noted intra abdominal collections have resolved. Overall the abdominal appearances have improved when compared with the CT dated 06/12/2020.

Within the chest, there is ongoing right upper lobe cavitating consolidation. Appearances have improved slightly in comparison with the prior CT. The right basal consolidation has also improved. The left basal consolidation is similar but there is an increase in volume of the known left pleural effusion.

Examining the bones, no significant abnormality demonstrated.

Opinion: Marked improvement in intra abdominal appearances. Lung appearances have improved apart from an increase in volume of the known left pleural effusion.

1st Reporter: Dr Allison McCall

2nd Reporter: None

Last Verified By: Dr Allison McCall

Royal Alexandra Hospital, Paisley
Cardiology Department

Echocardiography Report

Patient Name: Burgess, Henry	**Date of Study:** 21/12/2020
Patient Id: 2208793218	**Referring Consultant:** DrC Halliday
Sex: Male	**Diagnosing Physician:**
Date of Birth: 22/08/1979	**Sonographer:** McEwan, Erica
Ward/Dept: WARD24	**Referral Reasons:** ?IE

2D		M-Mode		Outflow Doppler		Inflow Doppler	
IVSd	0.87 cm	TAPSE	2.89 cm	LVOT Vmax	1.13 m/s	MV E Vel	0.79 m/s
LVIDd	5.06 cm			LVOT maxPG	5.12 mmHg	MV DecT	202.73 ms
LVIDd Index	2.55 cm/m²			LVOT VTI	19.93 cm	MV A Vel	0.76 m/s
LVPWd	0.84 cm			AV Vmax	1.45 m/s	MV E/A Ratio	1.04
LA Area	23.54 cm²			AV maxPG	8.39 mmHg		
RA Area	12.16 cm²			AV Vmax	1.31 m/s	E' Sept	0.17 m/s
				AV maxPG	6.91 mmHg	E' Lat	0.21 m/s
				AV meanPG	3.69 mmHg	E/E' Lat	3.68
				AV VTI	23.75 cm	E' Avg	0.19 m/s
				RVOT Vmax	0.74 m/s	E/E' Avg	4.15
				RVOT maxPG	2.20 mmHg	TR Vmax	2.89 m/s
				PV Vmax	0.92 m/s	TR maxPG	33.48 mmHg
				PV maxPG	3.41 mmHg		

Echo Findings

Rhythm : Sinus rhythm
LV: Non dilated cavity, good systolic function, normal wall thickness
LA: Non dilated
MV: Thin pliable leaflets, opens well, normal MV inflow velocities, trace of mitral regurgitation
AoV: trileaflet, opens well, no stenosis, no evidence of aortic regurgitation
RV: Non dilated cavity, good systolic function
RA:Non dilated
TV:There is line that traverses the TV with a small mobile echo attached, thin pliable leaflets, opens well, trace tricuspid regurgitation
PV: Thin pliable leaflets, normal forward flow velocities
IVC: Not seen, surgical dressing in the region
DAO: Normal forward flow velocities

Clinical Diagnosis

Code 1
Sinus rhythm
Non dilated LV and RV with good systolic biventricular function
No significant valvular abnormality present
There is no suggestion of endocarditis on the valves, however there is a line which traverses the tricuspid valve with a small mobile echogenicity on the line, unable to exclude

Print Date: 21/12/2020

endocarditis.
Mildly dilated LA
PAsp estimated at 33mmHg + rap

Reviewed with Consultant Cardiologist Dr C Halliday

MWA

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

CHI: 2208793218

Royal Alexandra Hospital

Total Att: 21

12 Mth Att: 3

Title: MR

BURGESS Henry

DOB 22/08/1979 Age: 42y Sex: Male

FLAT 0/1
128 NEILSTON ROAD
Paisley
Renfrewshire
PA2 6EP

Next of kin: GARRETT, Fiona
Relationship: Partner
07568392152

GP: LE Cormack
0141 889 5277

Attendance Date: 26/04/2022 Arrival Time: 16:33

Registration Time: 16:33 Date of Incident: 26/04/2022

Major Incident Desc:

Reason for Attendance: **seizures, discharged himself this am**

Affix Label

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

Triage Category: 2 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 26/04/2022 17:15 Nurse name: Nurse Lucinda Walker

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **Admitted last night with a seizure. Irregular d/c from ward this am. Further seizure at home, very confused since. Snorted heroin at 11:00. IDDM. On methadone. Temp 38.7**

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		✓
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		✓

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
26/04/22	AMOXICILLIN	1g	IV	21.40		
26/04/22	GENTAMICIN	AS PER CHART	IV	21.40		
26/4/22	Aciclovir	700mg	IV			

Date	CLINICAL NOTES
26/04/22	Seen by (Dr) C. McGEE FY2 Time seen 18:45

42 ♂ Confusion, seizures.

Last night had 2 seizures, was confused after. Fell down stairs after 2nd seizure so came to A&E. Recent EtOH binge - stopped ~~over~~ weekend - nil alcohol. Usually drinks 4 cans Dragon soap a day.

Self discharged

SEE MEDICAL PROFORMA

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)				Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)		
5. Died	6. Refer to OP Clinic (see below)	7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant if admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LAURA CORMACKThe Consulting Rooms,21 Neilston Rd,Paisley, PA2 6LW

Main Switchboard:
Date of Completion: 27-Apr-2022

Dear LAURA CORMACK,

Name	CHI	DoB	Address
Henry Burgess	2208793218	22-Aug-1979	FLAT 0/1, 128 NEILSTON ROAD, Paisley, Renfrewshire, PA2 6EP

Admitted	Type	Discharged	Destination
26-Apr-2022 23:03	IP	27-Apr-2022	

Specialty	Consultant	Ward	Telephone
General Medicine	Kiyani	RAH AMU Ward 2 General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
\

Last Discharge Review: Sverrir Kristinsson (Sverrir Kristinsson - Doctor Senior Level) on 27 Apr 2022 15:30

Discharge Medication:

Printed: 26/04/2022 19:26:50

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 26/04/2022 19:26:37
Sample Type: **Venous**
Operator ID: MELISSA COYLE

Patient

ID:	2208793218
Last Name:	BURGESS
First Name:	HENRY
Gender/Age:	Male, 42 years
Birth Date:	22/08/1979

Cartridge

Lot No.:	220224C
S/N:	00000000500293872
Exp. Date:	10/05/2022

Analyzer

Model:	GEM® *Premier 5000*
Area:	RAHA&E
Name:	RAE
S/N:	16090432

Results

				Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)							
cH⁺	35.6	nmol/L	[--	--	--	--]
pCO_2	5.4	kPa	[--	--	--	--]
pO_2	7.4	kPa	[--	--	--	--]
Na^+	↓ 128	mmol/L	[--	133	146	--]
K^+	3.9	mmol/L	[--	3.5	5.3	--]
Cl^-	96	mmol/L	[--	95	108	--]
Ca^{++}	↓ 1.11	mmol/L	[--	1.15	1.27	--]
Glu	↑ 12.2	mmol/L	[--	3.5	6.0	--]
Lac	1.8	mmol/L	[--	0.6	2.2	--]
CO-Oximetry							
tHb	154	g/L	[--	--	--	--]
O_2Hb	↓ 88.2	%	[--	95.0	98.0	--]
COHb	↑ 2.3	%	[--	0.5	1.5	--]
MetHb	0.8	%	[--	0.5	1.5	--]
HHb	↑ 8.7	%	[--	0.0	5.0	--]
sO_2	↓ 91.0	%	[--	95.0	98.0	--]
Derived							
BE(B)	3.5	mmol/L	[--	--	--	--]
HCO_3^-(c)	27.8	mmol/L	[--	--	--	--]
Hct(c)	46	%	[--	--	--	--]

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Acamprosate 333mg gastro-resistant tablets	oral	2 tablets three times daily	No	Patient left before supplied			
Codeine 15mg tablets	oral	to take 1 tablet when required. maximum qds	No	Patient left before supplied	Drug Details: week supply on discharge please		
gluc	topical	1 strip four times daily , Glucomen Glucose + Ketone strips , On-going from 12 Aug 2021	No	Patient left before supplied			
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient left before supplied			
Loperamide 2mg capsules	oral	1 capsule every six hours	No	Patient left before supplied			
Methadone 1mg/ml oral solution sugar free	oral	80 mg once daily , Abbey Chemist Lonend 0141 889 9883 confirmed with RDS (Kate Somerville)	No	Patient left before supplied			
Mirtazapine 15mg tablets	oral	1 tablet once daily at night	No	Community Pharmacist to Supply			
Pregabalin 150mg capsules	oral	1 capsule twice daily	No	Patient left before supplied			
Thiamine 50mg tablets	oral	1 tablet four times daily	No	Patient left before supplied			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-04-27	Amoxicillin 500mg capsules	oral	To take 1 tablet once in a morning after clindamycin antibiotic course has completed. This is to be lifelong	splenectomy	Course completed Medication was removed from, made inactive or made unprescribable in the drug database.
2022-04-27	Insulin aspart biphasic 30/70 100units/ml suspension for injection 3ml pre-filled disposable devices (NovoMix 30 FlexPen)	subcutaneous	TO BE USED AS DIRECTED.		Superseded by HEPMA medications Medication was removed from, made inactive or made unprescribable in the drug database.

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Henry presented with confusion, fever and seizures. This occurred following an alcohol binge and we suspected alcohol withdrawal. We wanted to rule out CNS infection but Henry wanted to leave. He was found to have full capacity as his previous confusion had settled. The confusion was put down to a post ictal phase that had recovered. Henry discharged against medical advice in the knowledge of potential deterioration. Yours sincerely, Dr Svez Kristinsson SHO RAH AMU

Discharge Comments:	
Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Sverrir KRISTINSSON

Prescription Review
Checked by: Sverrir KRISTINSSON (Doctor Senior Level)
Discharged by: Sverrir KRISTINSSON (Doctor Senior Level)

Clinical Data

Last Emergency Care Summary received 22 April 2022

Allergy

Description	Date Recorded	Comments
Adverse reaction to opiates or related narcotics NOS	14-Sep-2017	Found unconscious. Responsed to Naloxone

Acute Medication (including those greater than 30 days) Medicines Reconciliation Report

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
In Practice	Loperamide Hydrochloride	2 mg Capsules	TWO TO BE TAKEN AT ONCE THEN ONE TO BE TAKEN AFTER EACH FURTHER LOOSE MOTION FOR UP TO 5 DAYS (MAX 8 CAPS PER 24 HOURS)		28-Mar-2022	28-Mar-2022
In Practice	Hydrocortisone And Miconazole	1 % + 2 % Cream	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY		14-Feb-2022	18-Mar-2022
In Practice	Sildenafil Citrate	100 mg Tablets	ONE TO BE TAKEN AS DIRECTED. SLS		04-Mar-2022	04-Mar-2022
In Practice	Dermol	Cream	USE IN SHOWER TO WASH		14-Feb-2022	14-Feb-2022
In Practice	Glucorx Nexus	Test strips	TO BE USED AS DIRECTED		14-Feb-2022	14-Feb-2022
In Practice	Tadalafil	10 mg Tablets	AS DIRECTED		17-Jan-2022	17-Jan-2022
In Practice	Ibuprofen	5 % Gel	APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY		20-Dec-2021	20-Dec-2021
In Practice	Tadalafil	10 mg Tablets	AS DIRECTED		25-Nov-2021	25-Nov-2021

Repeat Medication Medicines Reconciliation Report

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Cancel Date
In Practice	Pregabalin	150 mg Capsules	TAKE ONE TWICE DAILY		23-Jul-2021	22-Apr-2022		
In Practice	Amoxicillin	500 mg Capsules	TAKE ONE DAILY		23-Jul-2021	20-Apr-2022		
In Practice	Lansoprazole	30 mg Capsules			23-Jul-2021	20-Apr-2022		

		(Gastro-Resistant)	ONE TO BE TAKEN EACH DAY		
In Practice	Glucomen Areo Sensor	Test strips	TO BE USED AS DIRECTED	31-Dec-2021	18-Feb-2022
In Practice	Mirtazapine	15 mg Tablets	ONE TO BE TAKEN AT NIGHT	09-Sep-2021	14-Feb-2022
In Practice	Novomix 30 Flexpen	100 units/ml, 3 ml pre-filled pen Suspension For Injection	TO BE USED AS DIRECTED	23-Jul-2021	14-Feb-2022
In Practice	Glucorx Carepoint	4 mm/31 gauge Needles for insulin pens	TO BE USED AS DIRECTED	01-Jul-2021	01-Nov-2021
In Practice	Thiamine	50 mg Tablets	ONE TO BE TAKEN FOUR TIMES DAILY	17-Aug-2021	17-Aug-2021
In Practice	Acamprosate Calcium	333 mg E/c tablets	TAKE TWO TABLETS THREE TIMES DAILY	17-Aug-2021	17-Aug-2021
Outwith practice	Methadone 1 Mg/Ml	Oral solution	AS PER RDS - NOT TO BE PRESCRIBED BY GP	23-Jul-2021	23-Jul-2021

30/8/21
14 units BD Novomix 30

Cycle 20

NHS
Greater Glasgow and Clyde

Acute Medical Unit Admission Proforma

MAU/A&E/AMU

Royal Alexandra Hospital, Paisley/Vale of Leven Hospital/IRH

Patient Details			
Name: **Address:**	2208793218 BURGESS M Henry 22/08/1979 FLAT 0/1 128 NEILSTON ROAD Paisley, Renfrewshire PA2 6EP	**Sex:** F ☐ M ☐ **DoB** / / **Age:** 42
Telephone:		
GP:	Dr. LE Cormack The Consulting Rooms 21 Neilston Rd Paisley PA2 6LW	
Next of Kin:		
Telephone:		

Episode Details			
Date patient seen:	26/04/22	**Time seen:**	18:45
Source of referral:	**GP ☐ A&E ☐ OPD ☐ Self ☐ Other =**		
Admitting Dr:	C. McGEE	**Grade** FY2	**Bleep**
Consultant:			

Resuscitation Decision

Resuscitation status: **FOR RESUSCITATION / DNA CPR**
(please circle)

Signature: _____ **Name:** _____ **Grade:** _____

If DNA CPR → Complete appropriate form

Cycle 20

Presenting Complaint(s)	
Presenting complaint	42 07 confusion, seizures, febrile
History of presenting complaint	Last night had 2 seizures, confused after. Fell down 6 stairs after 2nd seizure. ~~sa came to E~~ Recent EtOH binge – stopped over weekend – nil alcohol. Usually drinks 4 cans of Dragon Soup per day. Self discharged ~~yest~~ early this morning. Went home, snorted heroin ~11am. Had further seizure ~12 noon, much more confused after this. Very confused speech, repeating words & blessing himself during assessment. Very vacant. History from partner Fiona – pt too confused to answer questions. Temp 38.7°C Has had ~3 seizures in the last year – Fiona unsure what cause of these was.

Past Medical History / Review of Old Notes. Review eKIS if available

TIOM
Ex IVDU
Hepatitis C carrier
Splenectomy
Suicide attempt Mar 22

Systemic Enquiry

~~CNS~~

Difficult to assess
- pt denies any symptoms

Cycle 20

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

Source of medication history Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐

(>1 source preferred) Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐ Repeat Script ☐

Other (please specify) .....

Admission Medicines	Dose	Frequency	Plan for medicines (Dr complete) Continue	Amend	Withold	Stop	Comments Reason for alteration

Staple emed-rec to this page

Allergies	List any over-the-counter or alternative medicines
None known ☐	
	Do medicines need further clarification ? Yes ☐ No ☐
List collected by :	Plan approved by :
Designation : Date :	Designation : Date :

Pharmacy review	Comments
Compliance aid : Yes ☐ No ☐	Community pharmacist Phone
Reviewed by :	Designation : Date :

Cycle 20

Social History

Smoking History

Ex-smoker/Smoker _____cpd ___yrs Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

Recreational Drugs Driving Status

Snorted heroin today but denies regular use

Social Circumstances (home, supports, functional status, occupation, travel)

Family History

Observations

RR: 20 bpm **Sats:** 95% **FiO2:** RA **Temp:** 37.1 °C **BP:** 120/70 **HR:** 80 bpm **BM:** 12.6

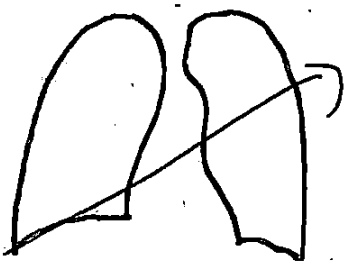
General Examination

General Appearance: Looks sweaty, confused, agitated

Cyanosis / pallor / jaundice / clubbing / lymphadenopathy

Respiratory

PEFR =



Chest clear

Cycle 20

Cardiovascular

Pulse **Heart Sounds** 1+1+0

JVP

Oedema

Peripheral Pulses **cap refill**

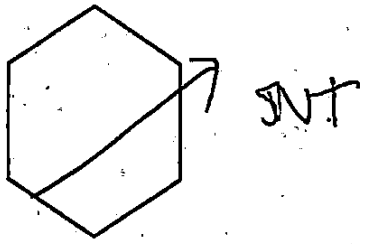
Gastrointestinal system

Masses:

Organomegaly:

Bowel sounds:

PR:



Neurological system

GCS:15/15 **E:** /4 **M:** /6 **V:** /5 **AMT:** /4 (AMT 4 = age, time, place, year)

Pupils/fundoscopy: PEARL **Cerebellar and extrapyramidal:**

Cranial Nerves: III-XII intact **Neck:**

	RUL	LUL	RLL	LLL
Tone	↑	↑	↑	↑
Power	5/5	5/5	5/5	5/5
Co-ordination	Unable to test - pt unco-operative			
Reflexes				
Sensation	unable to assess - pt unco-operative			

Gait:

Locomotor

	Tender	Swollen	Deformity	Which joint?
Arms				
Legs				
Spine				

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

Date & Time		Signature, Print Name & Designation
7/12/20	PHARMACY	
10:30	please note - patient on methotrexate & is currently prescribed fluconazole 6o per micro. Both have some risk of prolonging QT interval & fluconazole can slightly increase methotrexate concentrations. Limited other options available so would advise to monitor ECG + electrolytes (K^+, Mg^{2+}, Ca^{2+}) to ensure no QT interval prolongation & to minimise risk of. Have asked Dr Alexander for ECG today but would be appropriate to check regularly if he continues on these. Monitor for signs of toxicity (in case of methotrexate concentrations) Also please see correspondence patient have (9/12/20) re nitrofurantoin & pregabalin - can a plaster be put on plaster / dressing needs for them? Thanks Tolley #86446 PHARMACIST	
7/12/20	Dietitian	
13:15	Pt rev. Please see EPR for full entry. ° New dry weight available. Food chart suggests ongoing poor dietary intake. Pt reports scared to eat due to surgical wound - reassurance given. Tolerating NG feed and oral Nutrition	(BO)

83949 CGC0072

Date & Time	Dietitian Cont.	Signature, Print Name & Designation
7/12/20	Supplements with no issues.	
Cont.	Aiming to wean off NGT feed as oral intake improves.	
	Plan ① Encourage oral intake as able ② overnight NGT feed - nocomnis peptamen HN @ 88ml/hr x 12hrs ③ Ensure compact ④ food chart + weekly weight. RV 3/7	Rinaldo
8/12	WR Ms Long	
	Need to mobilise today	
	Wound specs well	
	Chase PICC line request (? Friday)	
		VK
9/12	WR Ms Gray	
09:00		
	PICC line in yesterday	NEWS 4 1411100
	Formal line out today on lel=	Hb 148
	Chasing exams, will try yoghurts	WCC 13.7
	Urine catheter out today	
	Continue IV abx.	
	Keep checking lung/sputum microbiology	
	Bowels moving but still quite watery	
		PJ

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✓ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Date & Time		Signature, Print Name & Designation
	WR Gray	
10/12		
8:20	41 0° MDU Stepdown.	NEWS 1
		2L O_2.
	Catheter out y'day. Fem line is out.	
	No longer need IVF.	
	Microbiology negative.	
	NGT in situ.	
	Managing to eat small amounts.	
	Plan	
	(1) Stop IVF.	AS
	(2) Bloods 3x/week.	
	(3) Complete abx.	
	(4) Switch to nasal cannula.	
10:40	A SLOAN F1	
	We saw Mr MacGoey who asked for respiratory referral to be done to enquire re further Ix/Mx and f/u.	
	This has been sent. AS	
	Also advised that he shouldn't get his flu vaccine until clinically better for surgical dept referral. DMcS75	

83949 GCC0072

Date & Time		Signature, Print Name & Designation
10/12	A SLOAN FI	
12:10	Made aware that pt hasn't had vanc this morning because level not done last night. Pt was due a pre-dose level Spoke to pharmacy re. safest thing to do now → they recommend doing an urgent vanc level and check renal function now. And hold off dose until level back. At risk of deranged UTI's due to increase of vanc dose. Pt clinically improving and will check with reg Team that we should/ just give the dose.	last night due to 7 dose on 7/12. improving and vanc is for MRSA cover. AS
10/12/20	Ward Resp Hlyr Ceftriaxone Admitted c severe uncontrolled T2DM & RCC containing pneumo Sepsis embolic	Amoun
	Seems to be improving - Creating - Confusion Sats 96% on 2l/a CRP ↓ 171	
	Imp: He has clearly had severe sepsis & several organic infections He is improving this RCC changes will take weeks to improve & they can take a long time to settle I don't see any intervention for him Ix c bronchoscopy	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
95A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Date & Time		Signature, Print Name & Designation
	He may benefit from trial of NIV on ward	
	review once confirming to ICU/ward	
	He initiated on Log consult AM	
	We would usually give at least IV 4/2	
	of AB for chest sepsis.	
	If his CRP embarks (was) and	
	↑ d sputum to lab	
10/12	A SLOAN F1	
13:30	(Written in retrospect)	
	Seen @ 12:50 - ATSP re T NEWS (9)	
	due to saturations 82% 2L.	
	RR 22 and HR 138.	
	When I arrived sats were up	
	to 95% 4L, RR 18 and HR ↔.	
	Pt settled in the bed and looks	
	comfortable.	
	As I was going in to see the	
	patient Dr Gravil (respiratory consultant)	
	arrived to review the patient.	
	Felt as NEWS had been improved, desaturation	
	likely caused by mucous plugging.	
	Has suggested chest physio.	

83949 CGC0072

Date & Time		Signature, Print Name & Designation
10/12/20 14:57	Pharmacy Asked by Dr Sloan re caline as dose delayed. Last dose 21:30 (9/12/20). 9:30 am (10/12/20) delayed dose to a/w levels & U+E's (as per prev note by Dr Sloan) – given as ~5hr after when was due. Cur. gets as bine originally scheduled for PM. @ 9:30pm as last dose 6hr delay (as pr guideline). Tomorrow AM get pre-dose level, please. Thanks #CRACC PHARMACIST	
10/12 16:10	A SLOAN F1 Contacted micro this afternoon to enquire about length of abx. ↳ no bleep back by new. Will contact again tomorrow morning. AS	
10/12/20 16:30	Dietitian Please see EPR for pmh entry. ° New weight and no food chart - limited info available for assessment: Continues on overnight NGT feeding to meet ~ 63% energy and 69% protein requirements. Also tolerating Ensn compact bri orally. Unable to justify changes to dietetic plan at this time. Plan ① Encourage oral diet little + often ② Ensn Compact bri ③ overnight NGT feed - peptamen HN @ 83ml/hr x 16hrs ④ 50ml H2O flush pr + post feed ⑤ food chart + weekly weight. TV 4/7	Rebecca Reg

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Date & Time		Signature, Print Name & Designation
11/12	ANR Ms Craig	
08:10	Note respiratory input	
	NEWS 5 HR 100, Sat 92% ~ 4L	WCC 12 ⇒
	Not up ad lib about to toilet yet	no CKD
	Mobility ⇒ a few steps around bed.	
	(P) Call micro = oral equivalent?	dilution?
	Stay upright in chair, chest physio	ongoing
11/12	A.SLOAN FY	
12:20	Vancomycin level this morning 22.9	
	so a little high. Dose withheld and	
	discussed with pharmacist.	
	→ Dose to be reduced to 1750mg	
	and given ASAP. 2nd dose can	
	be given at normal time tonight.	
	→ pre dose level tomorrow morning.	
	Have prescribed and informed nurses.	

83949 CGC0072

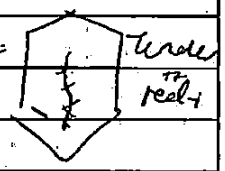
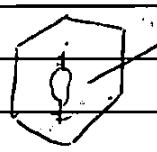
Date & Time		Signature, Print Name & Designation
11/12	M. McCann F->1	
13:15	Spoke w/ neuro consultant Dr Sander.	
	Advised it is too early yet to think about IVIST	
	We need to be sure we have ruled out other sources of inf - is the core currently just the choit?	
	=> at least 4-6 weeks abx - stay on current regime	
	=> IVIST not at ~~least~~ least for another week	
	=> need to rule out abdo/GU source	
	=> he may need repeat CTs to ensure certainly lesion is improving and there is no other source	
	=> Clinically he is improving	
	(P) Advised send MSSU Send sputum Send MRSA screen Send BC's as appropriate/clinically indicated	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☒
NURSING ☐

Please tick ✔ appropriate directorate

H. Burgess.
2208793218.

Date & Time		Signature, Print Name & Designation
	WR MS CHISHOLM.	
11/12/20.	NEWS 3 – apyrexial, on O_2	
	Notes revisited ; note : resp input for prolonged	
	ABX (at least 1/12).	
	↳ If CRP ↑ / WCC ↑ —→ sputum culture.	O/E =  Tender to touch
	plan : Cont' IV ABX, Antifungal, Oxycopan	
	: monitor bloods	
	- cont NG Feed	
	: mobilise as able.	FJ/S.Th
	-wean O_2.	Ch
13/12/20 0950	WR CHISHOLM	
	- wound de-hisced superficially yesterday	
	- wound ok today.	
	- Sone	KEM FY1
14/12/20	WR - McCLOSKEY	
	NEWS = 2 2L O_2 req, Sats 97%	
	BLOODS - CRP 98 (109) WCC 16 (14) Hb 97	
	Feels ok. Staples have burst	
	↓  Sheath intact.	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
14/12	WR medreg cont	
	catheter out → managing to urinate	
Plan:	Accept sats > 92% & wean O_2	
	cont current abx	
	monitor. ward	
14/12/20	Dietician	
15:55	Pt r/v. Please see EPR for full entry.	
	° New weight available for assessment.	
	° food chart available for assessment however N/S report pt reluctant to eat due to satiety.	
	Continues ↓ Ensure compact bd and overnight NGT feeding with no issues.	
	Discussion ↓ pt is returning to eating + drinking. Agreed to trial ↓ NGT feed to see if has positive impact on appetite.	
	Suggest ↓ feed by half = 665 kcal, 33g Protein, 78g Carbohydrates ↓ please r/v Insulin dose prior to commencing new feeding regimen.	
	Plan	
	① Encourage high energy diet little + often ② full Ensure as able ③ Ensure Compact bd ④ New feeding regimen to Commence following r/v of Insulin	
	⑤ food chart + biccery weight. ⑥ BM monitoring r/v 4-5/12 ⑦	Rmanko (RD)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL [X]
NURSING [ ]

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Date & Time		Signature, Print Name & Designation
15/12/20	MR GRAY	
1005	NEWS 5 - 927. on 2L. BP 116/74. HR 93. apyrexial	
	Bloods:- WCC 13.0 (16.8), CRP 116 (98), Hb 99	
	Meropenem + Vancomycin - continue	
	Oramorph 10mg ave yesterday - pain well controlled	
	E+D well - Nocalpart + Ensures	
	With ward Managing to mobilise	
	Slowly improving.	
	Plan - Continue Abx	J Bostock FY1
15/12/20	Full Bostock	
1140	HT SP ↓ to Hb 78 ↓ from Hb 99 (14/12)	
	NEWS [3] O2 Sats 92% on RA BP 120/60 HR 93	
	Apyrexial.	
	Patient stable. BP as above. No active bleeding - no haematuria or blood in stools noticed. Wound site dressed and clean - no obvious signs of bleeding from wound. Made SNT. Off O2.	
	Morning bloods taken from PICC line.	
	Plan - Repeat FBC (from vein, avoided PICC)	
	- Await Hb result and d/w Mr McGrory	Bostock FY1

83949 CCC0072

Date & Time		Signature, Print Name & Designation
15/12	Sw - Anuth	
1429	—	
	Note plan to ½ NG feed.	
	U+D during the day.	
	+ review 20 b.d	
	try 10 units am :. + 2U units at start of feed.	
	C. Jones Pillay	
15/12/20	WR Ng.	
	Note diabetic review of insulin regime above.	
	Novamix Novamix 30 BD - 10 units AM	NEWS 1 O2 Sats 96%
	20 units PM - Start of overnight feed.	BM 7.8
		15.8 WCC
	Plan - Speak to microbiology re. flucs (? Day 15)	
	- Eating snacks throughout day.	
	- PT/OT	
		Becca Ali

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☒
NURSING ☐

Please tick ✔ appropriate directorate

HENRY BURGESS
2208793218

Date & Time		Signature, Print Name & Designation
16/12/20	Dr. Poleska	
10:30am	Microbiology consultant discussion re. ABx rationalisation,	
	complicated admission history rectified	
	Transition from ICU → ward level care.	
	CT evidence of cavitating lung lesion ④ pneumonia.	
	↳ R/V by Respiratory consultant on 10/12.	
	↳ Recommend 1⅛2 ABx.	
	Antibiotic regime modified multiple occassion over	this admission.
	last discussed w. Micro on 6/12/20, 11/12/20	
	↳ IV Meropenam 1g. TDS	
	↳ IV Fluconazole 400mg, OD.	
	↳ IV vancomycin	
	Last ECHO (TTE). In ICU on 1/12/20 → no vegetation;	
	unlikely IE.	
	urine culture 12/12 - no growth.	
	Imp: Not fit for IVOST / reduced duration of	ABx.
	plan: ① Continue IV ABx for at least 4-6/52	
	② Seek respiratory R/V for advice	
	↳ follow-up Imaging / bronchoscopy as	
	cause of cavitating pneumonia unknown	
	③ I asked if OPAT an option?	
	↳ potentially could discuss if better	later on.
		Fyi Severe Leo
		Leo.

83949 CGC0072

Date & Time		Signature, Print Name & Designation
17/12/20	WR inreg.	
10:30am	NEWS	
	Bloods – WCC 15.8 (17.0). CRP 131 (118)	
	Note mich discussion.	
	Plan: Cont' #BX Pt/LSCTeo	
	= ongoing PT/OT. Teo	
17.12.20	MacGoey	
15[00]	Looks really well.	
	off oxygen.	
1)	Eating + drinking – does he need	
	eyeay NG feed??	
	– Managing ensures.	
	– Dlw Dietetics	
2)	Note heavy growth aspergillus	
	in Sputum	
	* – Is Voriconazole indicated??	
	will liaise ē Resp.	
	(Dr Gowil)	
3)	Continues LMWH	
	– would DOAC	
	be better?	
	– Dlw Haem.	
		(MacGoey)
17.12.20	(*) Dlw Dr Gowil + Micro	
17[00]	↳ Stop Vanc + Fluconazole	
	Continue Mero over w/e.	
	Repeat CxR.	
18/12	WR MACGOEY	
08[25]	Well: 1)? stop feed today – check ē dietetics.	
	2) order vaccines	
	3) ? DOAC + duration? – Dlw Haem	(MacGoey)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

Henry Burgess
220793218.

Date & Time		Signature, Print Name & Designation
18/12	FY2 ALEXANDER	
1030	Voicemail left with haem on call re ongoing anticoagulation.	RA Ole
18/12	FM BOSTOCK	
1140	Message left with ward clerkers to pass onto Dr Sweeney when hopefully bleep back.	Bostock FM.
1155	FM BOSTOCK.	
	Spoke to Dr Sweeney regarding DOAC Switch.	
	Thrombus within R upper lobe pulmonary vein, likely secondary to pneumonic process.	
	She advised DOAC Switch is reasonable and no further Ix at this point.	
	Plan - Stop dalteparin and commence Apixaban 22-24hours after last dalteparin dose	Bostock FM.
	- 10mg BD for 7 days.	
	then 5mg BD.	
1215	FM Bostock	
	Spoke to Pharmacy re post-splenectomy vaccines. Need to send indent down to pharmacy to get them ordered up.	Bostock FM
	L MenC/Hib, Pneumococcal, Influenza in fridge ordered needs up to ward.	

83949 CGC0072

Date & Time		Signature, Print Name & Designation
~~18/12/19~~		
19/12	WR Whalen	
	NEWS = 2 BP 110/70 Sats 96% 2L	
	Feels well	
	On NG feeds – stopped yesterday	
	clinically well today	
	plan) continue	
20/12	WR Whalen	
	Bloods improving	
	clinically well, no concerns	
	plan) continue	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
1 BURGESS ... N
9 Henry 22/08/197
96A ALICE STREET
Paisley, Renfrewshire
PA2 6EA

Date & Time		Signature, Print Name & Designation
18/2/10	Dietitian Pt rev. Please see EPR for full entry. New Weight suggests Weight ↓ 1.8kg over the past 10/7 Continues normal diet + fluids - food chart Suggests pt meeting ~ 30-35 l. energy + protein reqs however this is from milk + yoghurts only. tolerating ONS and overnight feed. Suggest trial without overnight NG feed and ↑ Ensure compact to aids to provide roughly similar Kcal, protein and carbohydrate. Encouraged to ↑ oral Intake - spoke c Catering re alternative menu options. Unable to speak c pt re plans for feed + ONS as using phone ++. Plan ① Encourage high energy diet as able ② full cream milk as able ③ Ensure compact qds ④ stop NGT feed - flush tube daily + leave in at present. ⑤ measures to speak c diabetes re BMs + Insulin. Ensure compact qds = 1200kcal, 48g Pro, 144g Carbohydrate r/v 4/52	R Knowles RD

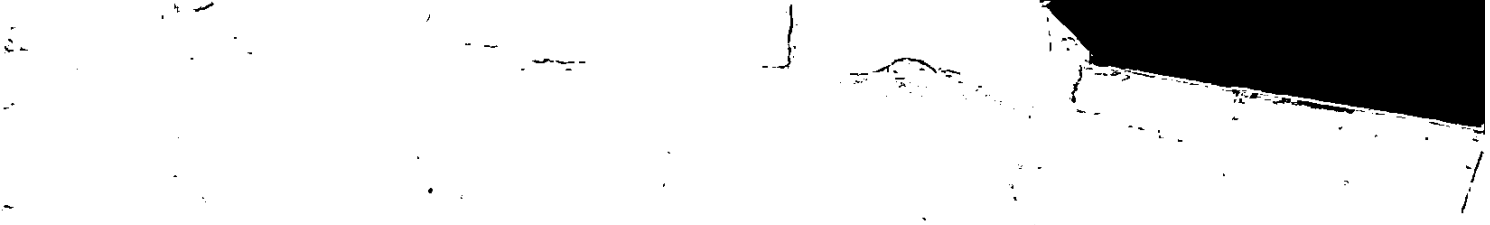
PART 2

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐



NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

Henry Burgess.

2208793218.

Date & Time		Signature, Print Name & Designation
04/12/20	1) Infected infarcted spleen / peritonitis.	
	- continue total 2/52 Ceftaz / Metro.	
	- CTCAP if septic this wk.	
	- vaccinate next week.	
	2) T1DM	
	- iv insulin currently	
	- DM team input please	
	3) Nutrition	
	- NG currently + eating	
	- If stopping feed resart S/C insulin regime	
	4) Diarrhoea	
	- send CDT samples	
	5) Multivisceral emboli	
	- Dalteparin to continue	
	6) Mottradone 70mg daily	[signature] (McGeary)

83949 GGC0072

Date & Time		Signature, Print Name & Designation
04/12/20	Dietitian.	
10:10	Revisited today. More awake + passed STOPSS but oral	
	intake remains poor. Wt = 76kg (estimated)	
	Requirements ~1900 - 2300kcal Protein 91g p	
	Continues to need NG for supplementary feeding but	
	would suggest switching to overnight only + allow	
	E+D during the days. Been commended on ensure	
	compact so can continue these.	
	See portal for full assessment.	
	Plan ① 1000ml peptamen HN 83ml/hr x 12 hours 6pm - 6am	
	(1300kcal, 66g protein, 160g CHO)	
	② Flush 50ml pre+ post feed	
	③ Ensure compact x3/day (each 300kcal 12g protein 36g CHO).	
	④ Continue food chart until next r/v	
	⑤ Please weigh.	Jenny Gregg RD J. GREGG #06381
	R/v 3/7 re feed tolerance + plans for insulin.	
4/12/20	Pharmacy	
12 LES		
	Note prior to admission was on pregabalin 300g BD	
	and mirtazapine 30g ON.	
	Please consider restarting when appropriate.	
ok	AT has been off these meds for a while	
	would suggest retitrating from starter	
	doses eg pregabalin 75g BD	
	mirtazapine 15g ON	Thanks JC Clinical 8384 Pharmacy

NHS GREATER GLASGOW & CLYDE

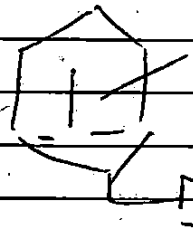
CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

Henry Burgess
2208793218

Date & Time		Signature, Print Name & Designation
4/12/20	Pharmacy	
13.15		
-	Also note anti Xa Level taken on 2/12 was 0.46 (0.5 - 1.2) Outwith desired range for therapeutic dosing of dalteparin.	
	* Level was taken 8 hours post dalt-parin dose instead of 4 hours post dose - this likely explains sub therapeutic level.	
	It is not normally routine to check anti Xa for routine CMWH treatment doses. However, anti Xa level can be taken 4 hours post dose if reassessment thought necessary	Thanks J. Colet Pharmacy 58364
04/12	F42 J. Peck	
1415		
	ATSP: desaturated to 85% on 4L 9 HR.	
	A - patient sats↑ 89% → now on 4L 40% from NC.	
		→

83949 CGC0072

Date & Time	F42 J. Peck	Signature, Print Name & Designation
04/12	B - RR 18 Sats 89% on 40% O_2	
14:15	 bilateral crepes ↓ air entry @ ~~base~~ crepes	upper lobe.
		Bloods today:
	ϕ cyanosis	CRP 131 (118)
		WCC 15.8 (17.0)
	C - HR 120 sinus	Hb 80 (85)
	BP 132/86.	
	Hs 1+1+0 CRT 2 seconds	
	D - GCS 15/15 BM 14 T 36.1°C.	
	E -  minimal ominkethrough soft, generalised tenderness	
	catheter - dark urine	
•	On IV meropenem for ⓡ upper lobe	lobe
	cavitating pneumonia	
•	Day 10 post laparotomy for. peritonitis 2°	
	perforation. splenic infarct - splenectomy.	
•	coughing up brown/green sputum.	
	pt coughed up large amount just now	
	sats now ↑ to 97%. on 40%. O_2.	
	Imp - ? worsening pneumonia	
	? mucus plug.	
	On Rx dose dalteparin for PTE.	
	plan 1) updated CXR	
	2) 250ml bolus NaCl 0.9%	
	3) re-review	
		J Peck FY2

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

Henry Burgess
220879 3218

Date & Time		Signature, Print Name & Designation
04/12	FY2 J. Peck	
1500	re-review	
	Observations: Sats 96% on 35% via venturi	
	RR 20	
	HR 99	
	BP 132/86	
	Afebrile	
	Feels well, doesn't feel SOB/CP	
	CXR → unreported but looks to be improved (RUL consolidation) from previous CXR on 28/11.	
	→ cannot identify pneumothorax.	
	Imp - ?mucus plugging - bringing up ++ mucus today.	
	plan 1) 6° then 8° background IVF as ↓ PO intake	
	2) monitor sats & will re-review if any further concerns.	
	3) wean O2 as able.	
		J Peck.
04/12	~~FY2 J Peck~~	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
	Smm - Nurses.	
9/12/20	~~~~~	
mm	Tim.	
15.30	pain without CVW. Low 116ml 76.	
	Normal 20 12/12.	
	Kube 0-2 cog 19. Can visit ward 3-5/week hr.	
	No events since 10.00.	
	Fluid plan 6pm → 6am.	
	Given 4 units accepted now (as has no units in bank)	
	Hg normal 20 30ms at start of feed.	
	Hg normal 20ms at end of feed.	
	When U10 (W) - bank to recall 20 12 + 12 as already round.	
	Cisom/Bunny	
04/12	F42 J. Peck	
1540	Discussed w/ surgical reg re desaturation	
	Agrees likely sputum plug.	
	Sats now 97% on 6L O2. RR 17. ~~HR~~ HR 95.	
	Advised - saline nebs PRN	
	- salbutamol nebs PRN	
	- Chest physio	
	- Continue to monitor.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

Henry Burgess
2208793218

Date & Time		Signature, Print Name & Designation
6/2/20	Asked re: stepdown.	
	- needs side room (?CDT) - 2 x negatives	
	- new insulin regime - needs monitory	would require Progress monitory on ward
	- CVC in-situ	
	- 1 x desaturation episode.	
	Step down permissable if ward stable levels permit	
5/2	w/e Cely	
11"		
	T: 36.8	BM 10.1 this AM
	P: 88.	↓
	NEBULISED INF	NC HYPOS OVERNIGHT
	4L O_2 99%.	
	INSULIN CHANGED YESTERDAY	
	MINIMAL ORAL INTAKE - ENSURE, YOGHURT	
	MAINTAINING FLUIDS	
	→ DECISION TAKEN DOWN	
	NO OBVIOUS CAUSE	
	TAKE 2 SWABS OUT AT UNSEEN	
	VENFLON AT BOTTOM	

Date & Time		Signature, Print Name & Designation
05/12	(P) SubQ Weglid	
	Chest physio	
	Encourage mobilisation	
	cont ABx.	
6/12/20	ATSP ne news 5	

PART B Response
NEWS 5/6 Doctor/HAN checklist

Date/Time: 0245

- Discuss with nurse plan for frequency of obs and plan for further medical/ANP review ☑
- Document plan ☑
- Consider infection ☑ (Sepsis 6 if yes)
- Does NEWS trigger need changed? Y ☐ N ☑

Ensure that your documentation includes the following:

a. Any discussion with critical care? Y ☐ N ☑
b. Resus status: CPR ☑ DNACPR ☐ Undecided ☐
c. Unmet palliative/supportive needs?
(Consider discussion with senior, accessing eKIS)

Signature/Name/Grade SISSET ST4

Consider asking for help if NEWS ≥ 5 or deteriorating

pt currently asleep → woken up, ↑ purulent sputum, no ↑ SOB / chest / abdo pain

A = patent

B = audibly crackly @ end of bed RR 22 96% 4 litres

C = 1+1+0 HR 105 sinus BP 140/80
good urine output

D = GCS 15 BMs 6.1

E = abdo SNT temp 37.9°C

1

Imp // chest sepsis (cavitating pneumonia)

Plan // regular nebs ?CT thorax mane
chest physio mane IVF
blood cfs if ≥ 38°C

ST4.
SISSET

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✔ appropriate directorate

2208793218
BURGESS
Henry M
96A ALICE STREET 22/08/1979
Paisley, Renfrewshire
PA2 6EA

Date & Time		Signature, Print Name to S & Designation
	ATSP news ↑7 but now back down	
6/12/20	H@N also in attendance	
0650	temp 37.8°C; HR 115; sats 84% on 4L →	
	↑ to 98% on 8 Litres.	
	all 4 lumens of central line are blocked	
	pt was HDU stepdown last night	
	– septic shock + obtunded	
	laparotomy for ? visceral perf	
	Couldn't find source so packed.	
	– taken back to theatre for relook	
	+ splenectomy after CT showed	
	infarcted spleen / multiple thrombi	
	– cavitating (R) upper lobe pneumonia	
	on IV meropenem	
	– ✱ not bled since 4/12/20 ✱ → CRP (131) WCC (15·8)	
	I've tried 3x periph lines + H@N once	
	bloods obtained but no venflon.	
	I've paged ITU for help as pt has had	
	2x central jugular venous lines;	
	await their call back.	
	Once IV lines obtained for IVF / IV Abx	
	Old central line should be removed with	
	tip to microbiology.	
	If further deterioration for readmission	
	to HDU.	
	Adam will kindly come + help - currently	
	stuck in resus.	ISSET ST4.
	Last had dalteparin @ 10am	
	on the 5th.	
✱	To be nursed upright ✱	

GGC0072

Date & Time		Signature, Print Name & Designation
0730 6/12/20	Managed to unblock 2 lumens (white + blue) but no blood back. Informed N/S to give IV Abx, IVF and can get dalteparin @ 10am. Will reontact ITU + update.	
		STR ITU ET
06/12	WR GRAY	
09/12.	Deterioration overnight	
	Progressive sepsis THR TFiO2 overnight.	
	Feeling sweaty.	
	R/V CXR static	
	Continues on IV mesopenem.	
	Ongoing abdo tenderness.	
	minimal discharge from wounds dressings clean abdo SNT.	
	(P) chase opt bloods ☑ update CTTAP + d/w radiology re contrast through central line. wean O2 as able cont IV mesopenem cont IVF discuss duration central line has been in for. Rx dose dalteparin under physio.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

H Burgess
A ALICE STREET
isley
nfrewshire
12 6EA

Mr
96
Pe
Re
Pl

Date & Time		Signature, Print Name & Designation
6/12/20	SCHNEIDER ST3 LAT	
1500		
	Central line placed at request of surgeons due to LIJ line not working.	
	Placed in Lt femoral v. pain. use in Et. and wire to leave tip placed for ? tunneled line in week. Area shaved + cleaned.	
	Sterile technique: gloves / gown / antiseptic / drape	
	USS throughout. 5ml 1% lidocaine infiltration.	
	No problems with placement. All 4 line bleed back + flush aired. Please remove LIJ line on ward.	
06/12	FY2 ALEXANDER	
17²¹	CTTAP reported → progressive patchy consolidation. RUL + LUL + progressive LLL + RLL consolidation with possible early necrosis + cavitation within RLL. Additionally, fluid collections at splenectomy site + gastrohepatic recess + intra-bowel loop.	
	Given deterioration have d/w microbiology registrar who will d/w his cons given complexity of case + phone back	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
06/12	FYI ALEXANDER	
1807	Rediscussed with microbiology.	
	Suggests escalating to IV meroperem plus IV	
	vancomycin for MRSA cover + IV fluconazole	
	for antifungal cover. Advises repeating sputum	
	culture + ensuring central line tips are sent	
	to microbiology for culture once removed	
		RA
06/12	~~Edit~~ WR GRAY.	R. ALEXANDER FY2
1917	Above noted - antimicrobials escalated.	
	NG feed to start once insulin sourced.	
	O_2 weaned to 28% from 35%.	
	Nil other issues.	
	(P) PICC line ☒	
	chase TB cultures.	RA
07/12	WR GRAY / FINN	
0906	41 ♂ post-emergency laparotomy + splenectomy.	
	Extensive cavitating pneumonia on opt CTTAP	
	with non-drainable developing fluid collections	
	at splenectomy site + gastrohepatic recesses.	
	Needs PICC line for access.	
	Ongoing diarrhoea likely 2° abx but C. Diff	
	+ stool culture -ve.	
	(P) loperamide	
	await PICC.	RA

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 28/6/16

Attach Addre:
2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Ward: 46

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr (4hr) 6hr

1. Signed A Name A Smith Designation
2. Signed Name Designation
3. Signed Name Designation

Individual patient needs: Red mat required: Y / N Bed rails: Y / N 'Must do's' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	2145	0600																		
	1.	**Pain: assess and address** If in pain inform registered nurse Y / N or N/A	N	N																		
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent)	N	N																		
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	✓	✓																		
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)	I	I																		
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B	B	B																		
		Chair Assist to walk, stand or tilt (W /ST/ T)	✓	✓																		
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	I																		
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)	N	N																		
		Encourage the patient to drink? Y / N / N/A	N	S																		
		Food, snack or supplement taken? Y / N / N/A	N	S																		
	6.	**ENVIRONMENT: Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	Y	S																		
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	Y	S																		
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A	N/A	NT																		
		Nurse Initials	A	AL																		

Attach Addressograph label Ward:

NHS
Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902 GGC0098

CEDAR CODE 102083

Nutrition Profile

Unable to gore height & weight

NHS Greater Glasgow and Clyde

Name:	Date of admission: 28/6/16
Address:	Time:
2208793218 BURGESS Henry M 22/08/1979 15/1 15 Scaraway Drive Glasgow G22 7EX	HOSPITAL: GRI
DoB:	Ward: 46
CHI numbe:	

To be recorded within 24 hours of admission*

Height: 5'10 metres Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Weight: 10 stone kg Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Food Allergies: Yes ☐ No ☑ If 'Yes' please state:

Eating likes and dislikes (including appetite):	Drinking likes and dislikes:	Patient NBM Yes ☐ No ☐ If 'Yes' why?:
Likes most food & drinks.		

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties, loose teeth), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental**? Yes ☐ No ☑

Please specify all factors:

Is the patient on oral nutritional supplements? Yes ☐ No ☑

If 'Yes' please state:

Is the patient experiencing oropharyngeal swallowing problems (excluding oesophageal issues e.g. GORD, Stricture)? Yes ☐ No ☑

If 'Yes' please complete Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS). If oesophageal problem present please discuss with medical staff.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☐

If 'Yes' please state:

Has this patient received written information about inpatient food (e.g. "Food in Hospitals" leaflet)?

Yes ☐ No ☐ Not applicable (received on previous admission) ☐

Profile completed by: Name (PRINT): Signature: Date:

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Is your patient on the Liverpool Care Pathway (LCP)? Yes ☐ No ☐

If 'Yes' please follow LCP advice as screening for malnutrition may not be appropriate.

Malnutrition Universal Screening Tool ('MUST')													
Date	29/6												
Initials	AO												
Height (see page 1) 5'10 Weight	10 stn												
Oedema or ascites present Y/N	N												
BMI (refer to chart on page 4)	20												
'MUST'													
Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) .....0 18.5 - 20 .....1 <18.5.....2	0												
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10%..... 1 >10% 2	0												
Step 3: Acute Disease Effect Score If patient is acutely ill **and** there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	0												
Step 4: Overall Risk of Malnutrition Total:	0												

Step 5: Management Guidelines	
Score of Overall Risk of Malnutrition	**Action Required**
0	LOW RISK – ***Routine Clinical Care*** • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	MEDIUM RISK – ***Observe*** • Document dietary intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	HIGH RISK – ***Treat**** • Refer to Dietitian and document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Management Plan

FOR ALL PATIENTS

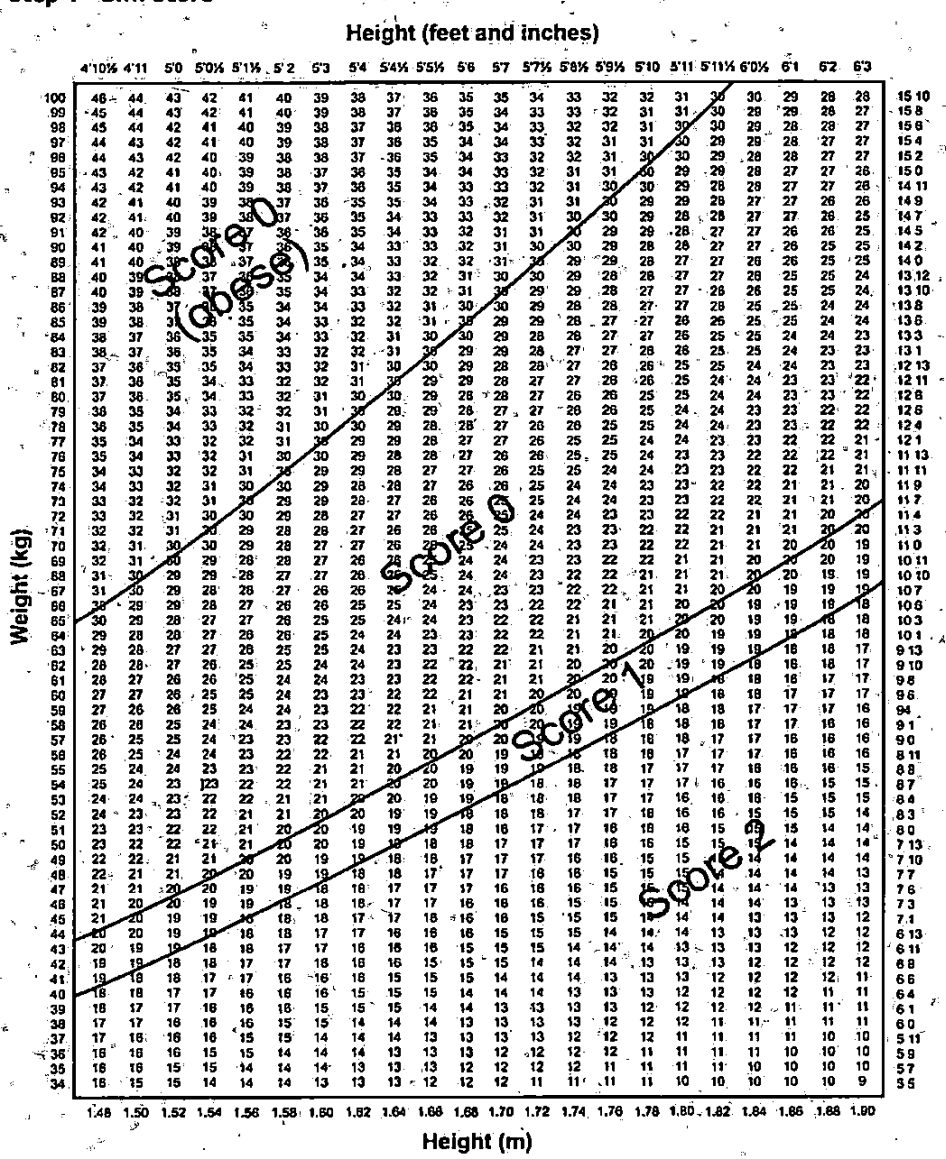
- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).
- REMEMBER TO CONSIDER YOUR PATIENT'S HYDRATION REQUIREMENTS.
- Ensure Discharge Plan includes most recent 'MUST' Score and any necessary follow-up requirements.

Referral Services		Referred by	Method of referral	Reason for referral
Nutritional Support Team	Date Referred / /			
Dietitian	Date Referred: / /			
Speech and Language Therapy	Date Referred: / /			
Occupational Therapy	Date Referred / /			
Dental Service	Date Referred / /			

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Action discussed with patient / carer	Review date	Name (PRINT) Signature/ Designation
28/6	Low	No issues	Y/co	Aug	Alm

Step 1 - BMI Score



Step 2 - Weight Loss Score

Weight before weight loss (kg)	Score 0 Wt loss <5%	Score 1 Wt loss 5-10%	Score 2 Wt loss >10%
34 kg	<1.7 kg	1.7-3.4 kg	>3.4 kg
36 kg	<1.8 kg	1.8-3.6 kg	>3.6 kg
38 kg	<1.9 kg	1.9-3.8 kg	>3.8 kg
40 kg	<2 kg	2-4 kg	>4 kg
42 kg	<2.1 kg	2.1-4.2 kg	>4.2 kg
44 kg	<2.2 kg	2.2-4.4 kg	>4.4 kg
46 kg	<2.3 kg	2.3-4.6 kg	>4.6 kg
48 kg	<2.4 kg	2.4-4.8 kg	>4.8 kg
50 kg	<2.5 kg	2.5-5 kg	>5 kg
52 kg	<2.6 kg	2.6-5.2 kg	>5.2 kg
54 kg	<2.7 kg	2.7-5.4 kg	>5.4 kg
56 kg	<2.8 kg	2.8-5.6 kg	>5.6 kg
58 kg	<2.9 kg	2.9-5.8 kg	>5.8 kg
60 kg	<3 kg	3-6 kg	>6 kg
62 kg	<3.1 kg	3.1-6.2 kg	>6.2 kg
64 kg	<3.2 kg	3.2-6.4 kg	>6.4 kg
66 kg	<3.3 kg	3.3-6.6 kg	>6.6 kg
68 kg	<3.4 kg	3.4-6.8 kg	>6.8 kg
70 kg	<3.5 kg	3.5-7 kg	>7 kg
72 kg	<3.6 kg	3.6-7.2 kg	>7.2 kg
74 kg	<3.7 kg	3.7-7.4 kg	>7.4 kg
76 kg	<3.8 kg	3.8-7.6 kg	>7.6 kg
78 kg	<3.9 kg	3.9-7.8 kg	>7.8 kg
80 kg	<4 kg	4-8 kg	>8 kg
82 kg	<4.1 kg	4.1-8.2 kg	>8.2 kg
84 kg	<4.2 kg	4.2-8.4 kg	>8.4 kg
86 kg	<4.3 kg	4.3-8.6 kg	>8.6 kg
88 kg	<4.4 kg	4.4-8.8 kg	>8.8 kg
90 kg	<4.5 kg	4.5-9 kg	>9 kg
92 kg	<4.6 kg	4.6-9.2 kg	>9.2 kg
94 kg	<4.7 kg	4.7-9.4 kg	>9.4 kg
96 kg	<4.8 kg	4.8-9.6 kg	>9.6 kg
98 kg	<4.9 kg	4.9-9.8 kg	>9.8 kg
100 kg	<5 kg	5-10 kg	>10 kg
102 kg	<5.1 kg	5.1-10.2 kg	>10.2 kg
104 kg	<5.2 kg	5.2-10.4 kg	>10.4 kg
106 kg	<5.3 kg	5.3-10.6 kg	>10.6 kg
108 kg	<5.4 kg	5.4-10.8 kg	>10.8 kg
110 kg	<5.5 kg	5.5-11 kg	>11 kg
112 kg	<5.6 kg	5.6-11.2 kg	>11.2 kg
114 kg	<5.7 kg	5.7-11.4 kg	>11.4 kg
116 kg	<5.8 kg	5.8-11.6 kg	>11.6 kg
118 kg	<5.9 kg	5.9-11.8 kg	>11.8 kg
120 kg	<6 kg	6-12 kg	>12 kg
122 kg	<6.1 kg	6.1-12.2 kg	>12.2 kg
124 kg	<6.2 kg	6.2-12.4 kg	>12.4 kg
126 kg	<6.3 kg	6.3-12.6 kg	>12.6 kg

Weight before weight loss (st/lb)	Score 0 Wt loss <5%	Score 1 Wt loss 5-10%	Score 2 Wt loss >10%
5st 4lb	<4lb	4lb-7lb	>7lb
5st 7lb	<4lb	4lb-8lb	>8lb
5st 11lb	<4lb	4lb-8lb	>8lb
6st	<4lb	4lb-8lb	>8lb
6st 4lb	<4lb	4lb-9lb	>9lb
6st 7lb	<5lb	5lb-9lb	>9lb
6st 11lb	<5lb	5lb-10lb	>10lb
7st	<5lb	5lb-10lb	>10lb
7st 4lb	<5lb	5lb-10lb	>10lb
7st 7lb	<5lb	5lb-11lb	>11lb
7st 11lb	<5lb	5lb-11lb	>11lb
8st	<6lb	6lb-11lb	>11lb
8st 4lb	<6lb	6lb-12lb	>12lb
8st 7lb	<6lb	6lb-12lb	>12lb
8st 11lb	<6lb	6lb-12lb	>12lb
9st	<6lb	6lb-13lb	>13lb
9st 4lb	<7lb	7lb-13lb	>13lb
9st 7lb	<7lb	7lb-13lb	>13lb
9st 11lb	<7lb	7lb-1st	>1st
10st	<7lb	7lb-1st	>1st
10st 4lb	<7lb	7lb-1st	>1st
10st 7lb	<7lb	7lb-1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb-1st 1lb	>1st 1lb
11st	<8lb	8lb-1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb-1st 3lb	>1st 3lb
12st	<8lb	8lb-1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb-1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb-1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb-1st 4lb	>1st 4lb
13st	<9lb	9lb-1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb-1st 5lb	>1st 5lb
14st	<10lb	10lb-1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb-1st 7lb	>1st 7lb
15st	<11lb	11lb-1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb-1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb-1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb-1st 8lb	>1st 8lb
16st	<11lb	11lb-1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb-1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb-1st 9lb	>1st 9lb
16st 11lb	<12lb	12lb-1st 9lb	>1st 9lb

Medical Illustration Services • 235261
STORES ORDER CODE 41850

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2208793218 BURGESS M Henry 22/08/1979 15/1 15 Scaraway Drive Glasgow G22 7EX	Hospital: GRI Ward: C46	**Points to consider:** • Use within 6 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Active Care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
28/6/16	0300	N	N	N	N	N	✓	4hrly	Anni
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCONTINENCE / MOISTURE	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of initial plan:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____

Client Specific (Inpatient) Moving and Handling Risk Assessment Form

Patient's name:	Henry Burgess	Named Nurse:	RJ Team	If Patient is totally independent, tick here and go to date box	✓	Risk: Low ✓ / Medium / High

BODY BUILD				Problems with comprehension, behaviour, co-operation (specify):
Obese		Tall		
Above average		Medium	✓	
Average	✓	Short		
Below average				Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
RISK OF FALLS				
High		Low		

Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)

HOIST/STANDAID (Specify)	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
Model:	People: 1 / 2 / 3	Additional Information:	
Sling type:	Walking aid (specify)		
Sling size:			

Toileting

HOIST/STANDAID	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
	People: 1 / 2 / 3	Additional Information:	

Move on / off bed pan

HOIST	MANEOUVRE	ASSISTANCE	SUPERVISION	N/A ✓
	Roll patient	People 1	Additional Information:	
	Monkey pole	People 2		
	Patient bridges	People 3		

Move up / down bed

HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
	Sliding sheet	People 1	Additional Information:	
	Monkey pole	People 2		
	Rope ladder	People 3		

Transfer to / from trolley (or bed etc.)

HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
	Patslide	People 1	Additional Information:	
	Other	People 2		
	Fabric sliding aid	People 3		

Sit up over side of bed

BED REST	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
	People: 1 / 2 / 3	Additional Information (e.g. equipment to be used – swivel cushion):	

Into Bath or Shower

WHICH BATH	HANDLING AID	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
Shower	Shower chair	People 1	Additional Information:	
Variable height bath	Bathing Hoist e.g. Alenti	People 2		
Bed bath	Sling fitting Hoist	People 3		

Walking

NO WALKING	WALKING AID (specify)	ASSISTANCE	SUPERVISION	INDEPENDENT ✓
		People 1	Distanced walked / Additional Information:	
		People 2		
		People 3		

Other Instructions

Recording Symbol:	/	X	*
Date Assessed:	28/6/16		
Assessor's signature:	Ann		
Proposed Review date:	2/7/16		

05236

Continuation Sheet

Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)

HOIST/STANDAID (Specify)	ASSISTANCE	SUPERVISION	INDEPENDENT
Model:	People: 1 2 3	Additional Information:	
Sling type:	Walking aid (specify)		
Sling size:			

Toileting

HOIST/STANDAID	ASSISTANCE	SUPERVISION	INDEPENDENT
	People: 1 2 3	Additional Information:	

Move on / off bed pan

HOIST	MANEOUVRE	ASSISTANCE	SUPERVISION	N/A
	Roll patient	People 1	Additional Information:	
	Monkey pole	People 2		
	Patient bridges	People 3		

Move up / down bed

HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT
	Sliding sheet	People 1	Additional Information:	
	Monkey pole	People 2		
	Rope ladder	People 3		

Transfer to / from trolley (or bed etc.)

HOIST	HANDLING AIDS	ASSISTANCE	SUPERVISION	INDEPENDENT
	Patslide	People 1	Additional Information:	
	Other	People 2		
	Fabric sliding aid	People 3		

Sit up over side of bed

BED REST	ASSISTANCE	SUPERVISION	INDEPENDENT
	People: 1 2 3	Additional Information (e.g. equipment to be used – swivel cushion):	

Into Bath or Shower

WHICH BATH	HANDLING AID	ASSISTANCE	SUPERVISION	INDEPENDENT
Shower	Shower chair	People 1	Additional Information:	
Variable height bath	Bathing Hoist e.g. Alenti	People 2		
Bed bath	Sling lifting Hoist	People 3		

Walking

NO WALKING	WALKING AID (specify)	ASSISTANCE	SUPERVISION	INDEPENDENT
		People 1	Distanced walked / Additional Information:	
		People 2		
		People 3		

Other Instructions

Recording Symbol:	/	X	*
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

Acute Services Division

Hospital / Department GRI

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

2208793218

Patient name: BURGESS Henry M

Ward: 46 15/1 15 Scaraway Drive Glasgow G22 7EX 22/08/1979

CHI number: Hospital number

Contents

1. Canard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

Notes: Risk assessment should be completed within 24 hours of admission to each ward.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 28/6 / Ward: EG	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				1						
Age	13-59 0	60-70 1	71-80 2	81+ 3		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type **	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		1						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	1						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		5						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below		1 . 23						
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves.				NURSE SIGNATURE		Am						

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

Action code	NURSING INTERVENTIONS	Date: 28/6 Ward: 46	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
1	Falls prevention and general safety precautions discussed with patient and family.	✓						
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions. Buzzer	✓						

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxycontin.

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

B 2208793218
A BURGESS M
Henry 22/08/1979
C 15/1 15 Scaraway Drive
D Glasgow
H G22 7EX

GR1 46

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

NHS Greater Glasgow and Clyde

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy		
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis - Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *[only if inserted in ward]*
(ED) Theatre Ward_____	27/6/16	(R) Arm	Pink	

Clinical Indication	IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:

Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed 28/6/16 Reason for PVC removal NA required Reason PVC in greater than 72 hours_____

Date & time	PVC no.	Comments	Signature

MIS 269426
81117

CHI:	Modified V.I.P (Visual Infusion Phlebitis) Score		
	IV site appears healthy		
	One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
	Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis : Remove & resite cannula
	All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis Remove & resite cannula Seek further advice
	As above including: palpable venous cord	4	
	As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted ED Theatre Ward_____	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *[only if inserted in ward]*
Clinical Indication IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 2	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date & time	PVC no.	Comments	Signature

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name	
Address	2208793218 BURGESS M Henry 22/08/1979 15/1 15 Scaraway Drive Glasgow G22 7EX
CHI No.	
DoB	

	Date	Ward
Admitted	27/6/16.	A&E.
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

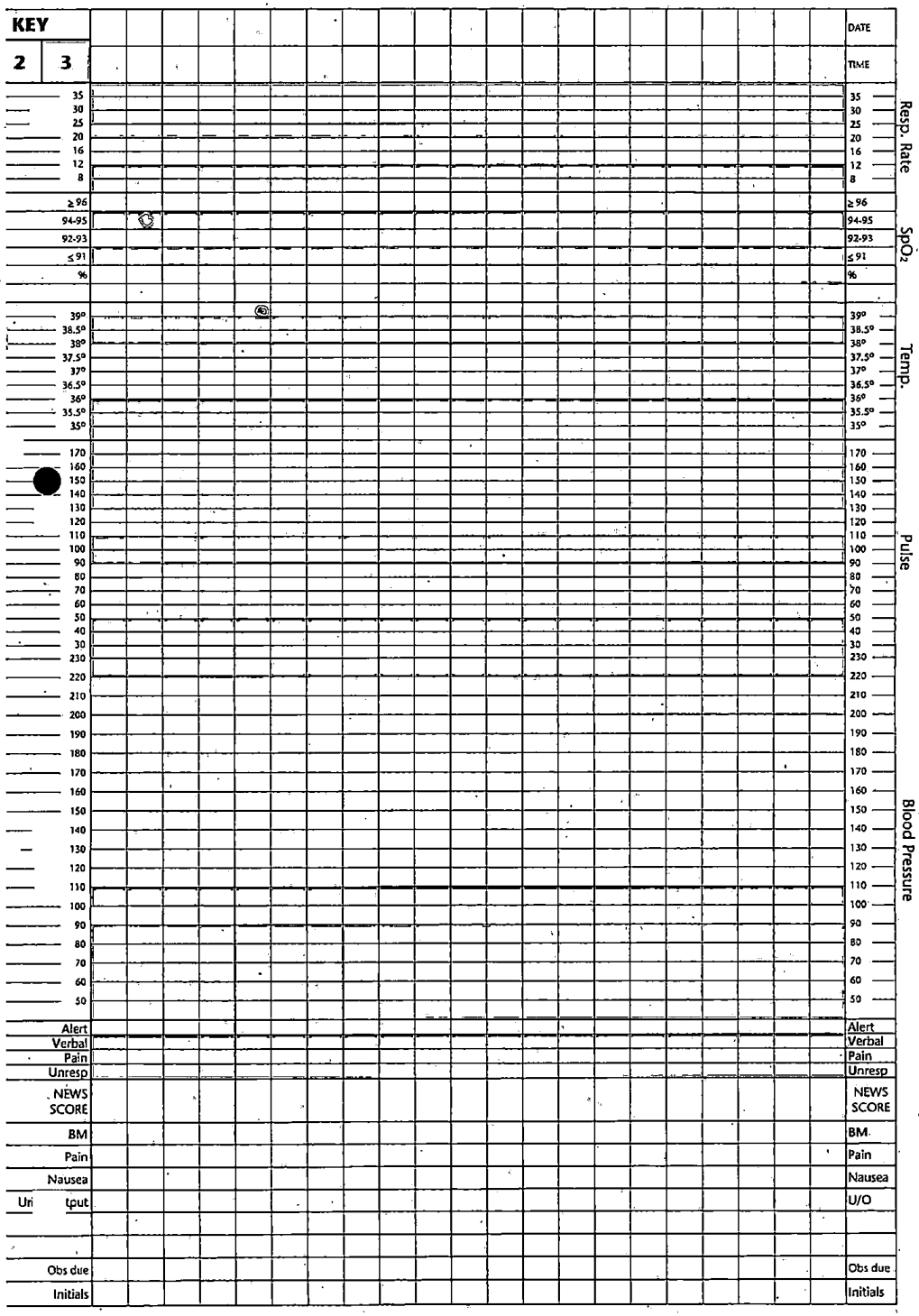
See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more **or** 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

HENRY BURGESS

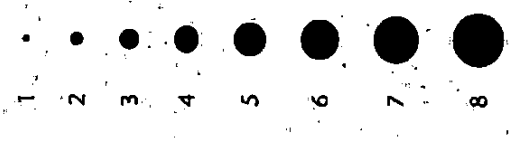
(5)

| | | |


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥96
94-95
92-93
≤91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm)



2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
	TOTAL SCORE																								
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	Size																							
		Reaction																							
LIMB MOVEMENT	ARMS	Normal power																							Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting
0 = None
1 = Mild (*Not distressing – no retching/vomiting*)
2 = Moderate (*Troublesome – occasional retching/vomiting*)
3 = Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: 2208793218
BURGESS
Addres Henry M
15/1 15 Scaraway Drive 22/08/1979
Glasgow
DoB: ... G22 7EX
Chi nu
Affix patient data label

Diabetes: Type 1 ☑ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☑ No ☐

Usual diabetes medication and device:

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Please record insulin preparation and administration times in the main Medicine Prescription Form (Kardex) and write 'as per chart' across the administration boxes****

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	4.0-14.9	≥15	Insulin Preparation	Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
											Y / N
											Y / N
	Before Breakfast				NOVOMIX 30	4				1120	Y / N
28/6/16	8M7·8										Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner				NOVOMIX 30	8					Y / N
											Y / N
	Before Bed										Y / N
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-14.9	≥15	Preparation	Dose (units)					
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L	Hyperglycaemia: Glucose ≥ 15mmol/L
Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet Urgent medical review if unwell/deteriorating at any stage. • **Mild and able to swallow:** 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice • **Severe:** 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic) Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes.**	Check urine or blood for ketones – need urgent medical review if ketones present or if unwell. Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion. Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes. If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

Burgess Henry CHI: 2208793218

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 28/06/2016

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Dear Dr WI Weir,

Name	CHI	DoB	Address
Henry Burgess	2208793218	22/08/1979	15/1 15 Scaraway Drive Glasgow G22 7EX

Admitted	Type	Discharged	Destination
28/06/2016 02:11	In Patient	28/06/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Allan Cameron	GRI Ward 46 Head Injury/ General Medicine	0141 211 4203

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
This 36 year old man presented with a history of right leg swelling and erythema after injecting into his groin.
On admission observations were stable. On examination there was right leg swelling and erthema compared to the left leg. Bloods showed normal inflammatory markers and raised d-dimer.
He left the ward and did not inform any of the staff before a doppler could be done.
Regards,
Mhairi Kilpatrick
Locum SHO, Ward 46

Treatments: None recorded.

Follow-up arranged: none

Planned Outpatient Investigations: none

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Mhairi Kilpatrick
Doctor

Prescription Review
Medications Reviewed by Pharmacist:
Dispensed Medications Checked by Pharmacy:
Nurse discharging patient: Mhairi Kilpatrick, Doctor

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

Pa 2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Presenting Complaint: ? DVT

Date and Time: 7/7/16

Named Nurse(s): Mhairi / Julie

Patient preparation (Please tick when completed)	Initials: MH
Prepare patient for examination and provide blankets if required	☑
Clothing bagged, labelled and stored under trolley	☑
Name-band (if required)	☐

Communication (Please tick when completed)	Initials:	
Communication Aids (spectacles / hearing aid)		☐
Relatives present, who?		☐
Relatives / NOK informed		☐
Interpreter required		☐
Telephone interpretation required		☐

Observations and Investigations (Please tick when completed)		Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☑	IV cannula (if required)	☐
Peak Flow 1. 2. 3.	☐	Blood samples taken	☐
12 Lead ECG	☐	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☐		
X-rays performed	☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)		Initials: MH	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y (N) Y (N)	Preliminary Pressure Ulcer Risk Assessment The patient can reposition themselves whilst in the department?	Y / N
AMT 4 (if >65 years) SCORE	/4	There is **no** reported skin damaged other than presenting trauma?	Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	(Y) N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	Y / N
Mental Health Triage Assessment	Y (N)	Waterlow Score *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y (N)	Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y (N)		
GMAWS	Y (N)	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y (N)	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name band	☐	☐	
	AMT4	☐	☐	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Patient Addressograph Label

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

Patient Addressograph Label

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Time							
	1.	PAIN: Assess and address If in pain inform registered nurse Y/ N or N/A								
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (independent)								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)								
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B								
		Chair Assist to walk, stand or tilt (W /ST/ T)								
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces								
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)								
		Encourage the patient to drink? (if appropriate) Y / N / N/A								
		Food, snack or supplement taken? (If appropriate) Y / N / N/A								
	6.	ENVIRONMENT: Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N								
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y / N								
	8.	ESCALATION: Escalate any issues to the Registered Nurse? Y / N/A								
		Nurse Initials								

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant I = Independent NT = No thanks	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (bruising/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	Neurological Deficit	
Incontinent faeces	2	Broken (established ulcer)	3	Nutritional Element		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	Mobility		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1- > 10% Score 2			
Special Risks – Surgery/Trauma		Fully mobile	0			Special Risks - Medication	
On table > 6 hours	8	Restless/Fidgety	1			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5	Apathetic (sedated/depressed/ reluctant to move)	2	BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4			Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days	2		

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

IDLS ☐ Medication ☐ Discharged ☐

NURSING CARE PLAN
DISCHARGE LOUNGE - GLASGOW ROYAL INFIRMARY

PATIENTS NAME Henry Borges DATE 11/7/16
ADDRESS 5/1 15 Scaraway St G22 WARD/AREA/CLINIC 20/21

Please ensure section below is completed during telephone handover for discharges and transfers from wards.

Patient's Mobility e.g. aids/level of assistance. indep.
Known relevant medical history e.g. patient diabetic / epileptic / asthmatic etc/allergies T2DM insulin. ESO IVDU, Hep C +ve prev hlc +ve,
Nursing intervention required e.g. assistance required with eating/drinking, catheter in situ/thickened fluids/Oxygen - nDBF,
Any other relevant information e.g. patient does not speak English, patient has been distressed etc - BLOOD SUGAR -
Name of person giving handover

SIGNATURE J Stevens PRINT NAME J Stevens DESIGNATION SN

ON ARRIVAL AT THE LOUNGE

☐ Welcome the patient; explain the reason for moving to the lounge.
☐ Explain that there are toilet and changing facilities.

DISCHARGE LOUNGE CHECKLIST

		Yes	No	N/A (OPD/Transfers)	COMMENTS
Time Arrived: 12:40					
Time Departed: 13:35	Discharge Checklist received?	☑	☐	☐	
Discharge ☑ Transfer ☐ OPD ☐	Venflon removed in Discharge Lounge	☐	☑	☐	
Ambulance ☐					
Own Transport ☑	Discharge Medication Pack given in:				
	Ward	☐	☐	☐	
	Discharge Lounge	☑	☐	☐	
Red Cross ☐	Blanket offered-accepted ☐ declined ☐				
	Suitable clothing	☑	☐	☐	
Internal ☐	Clothing offered	☐	☑	☐	
	Clothing offer declined	☐	☐	☑	
DNACPR form ☐					
Time Ambulance Re-ordered:	House Keys:				TAXI.
	Care Home	☐	☐	☐	
	On person	☐	☐	☐	
	Access	☑	☐	☐	

SIGNATURE J Stevens PRINT NAME J Stevens DESIGNATION SN

Document if refreshments have been offered to the patient and declined. Document all refreshments and snacks taken during the patient's stay. Document all nursing interventions carried out during patient's stay. ☐ Alternatively please tick if no nursing intervention was required			
DATE	**TIME**	**NURSING NOTES/EVALUATION**	**SIGNATURE & PRINT NAME**

Acute Services Division

NHS Greater Glasgow and Clyde

Di [redacted] **t**

Patie 2208793218
BURGESS M
Unit) Henry 22/08/197
15/1 15 Scaraway Drive
CHI r Glasgow
G22 7EX

Apply addressograph label

Ward: 20/21

Discharge destination:

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) 11/7/2016

Final date of discharge : 11/7/2016

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓			
Relative/carer informed		✓		
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓			
Ambulance-1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Discharge prescription completed	✓			
Compliance aids e.g. Dossette Box (involve pharmacist)				
Medication received	✓			
Medication explained to patient and/or relative/carer	✓			
Own medication returned to patient		✓		
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)				
Informed of discharge				
Social work/ Other agencies/Home help		✓		
Physiotherapist		✓		
Occupational Therapist		✓		
Dietician		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist e.g. Care Home Liaison		✓		
Liaison/ District Nurse/Practice Nurse		✓		
Other discharge items				
Access arrangements (e.g. keys, door entry)	✓			
Patients clothing available for day of discharge		✓		
Valuables e.g. cashier	✓	✓		
Intravenous cannula removed	✓			
Equipment ordered (inc. walking aids) in place for discharge		✓		
Part 2 Discharge letter - Required	✓			
- Completed	✓			
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow				
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				
Time of Discharge:				
Nurse's signature:	Designation:			Date: / /

FORM NUMBER 0005752

VI MEDICAL ILLUSTRATION • DISCHARGE • 12410/14.01.08

NHS Greater Glasgow and Clyde

Glasgow Assessment and Management of Alcohol

(1)

NHS Greater Glasgow and Clyde

Please Attach Patient Label

CHI:_____ CRN:_____

Name: Henry Burgess Dob:_____

Address:_____

_____

Postcode:_____

Alcohol By Volume (ABV%)	Average Units (ABV% x Vol)
Strong Lager 9% (440mls)	4.0 Units
Beer/ Lager 4.5% (Pint/500mls Can/Bottle)	2.2 Units
Wine (e.g.Buckfast) 15% (750mls)	11.0 Units
Wine (Table) 12% (750mls)	9.0 Units
Wine (Table) 12% (175ml glass)	2.1 Units
Alcopops 5% (330mls)	1.5 Units
Spirits 40% (25ml measure)	1.0 Unit
Spirits 40% (¼ bottle 175mls)	7.0 Units
Spirits 40% (Litre)	40.0 Units
Spirits 40% (700mls)	30.0 Units
Cider 4% (Litre)	4.0 Units
Cider 4% (440mls)	1.8 Units
Strong White Cider 8% (Litre)	8.0 Units
Strong White Cider 8% (300ml glass)	2.4 Units

Number of Units = ABV (%) x Volume (litres)

eg A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units
A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

Estimated Weekly Alcohol Units : (Daily Units x Number of Days per Week) 16 x 4. 64 units 10 A/W

Excessive Weekly Consumption (♂: >21 units/week; ♀: >14 units/week)

Estimated Date / Time Of Last Drink 7/7 1900 (If ≥ 5 Days, Re-consider Alcohol Withdrawal Status)

Presents With (or has Previous History of) Alcohol Related Seizures — Yes ☐ No ☒

Presents With (or has Previous History of) Severe Alcohol Withdrawal — Yes ☑ No ☐

Fast Alcohol Screening Tool - FAST:

Note : 1 drink = 1 unit of alcohol (refer to table above)

1. MEN: How often do you have EIGHT or more drinks on one occasion?
   WOMEN: How often do you have SIX or more drinks on one occasion?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☑4

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☑4

3. How often during the last year have you failed to do what was normally expected of you because of drinking?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☑4

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

   No ☐0 Yes, on one occasion ☐2 Yes, on more than one occasion ☑4

Score of 3 or more: FAST Positive

Total 16

FAST Positive? Yes ☑ No ☐

FAST 0-2:	Negative: No action required.
FAST 3-8:	Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet / advice.
FAST 9-16:	Probable Dependent Drinking: Advice as above and consider referral to Addiction Liaison Service.

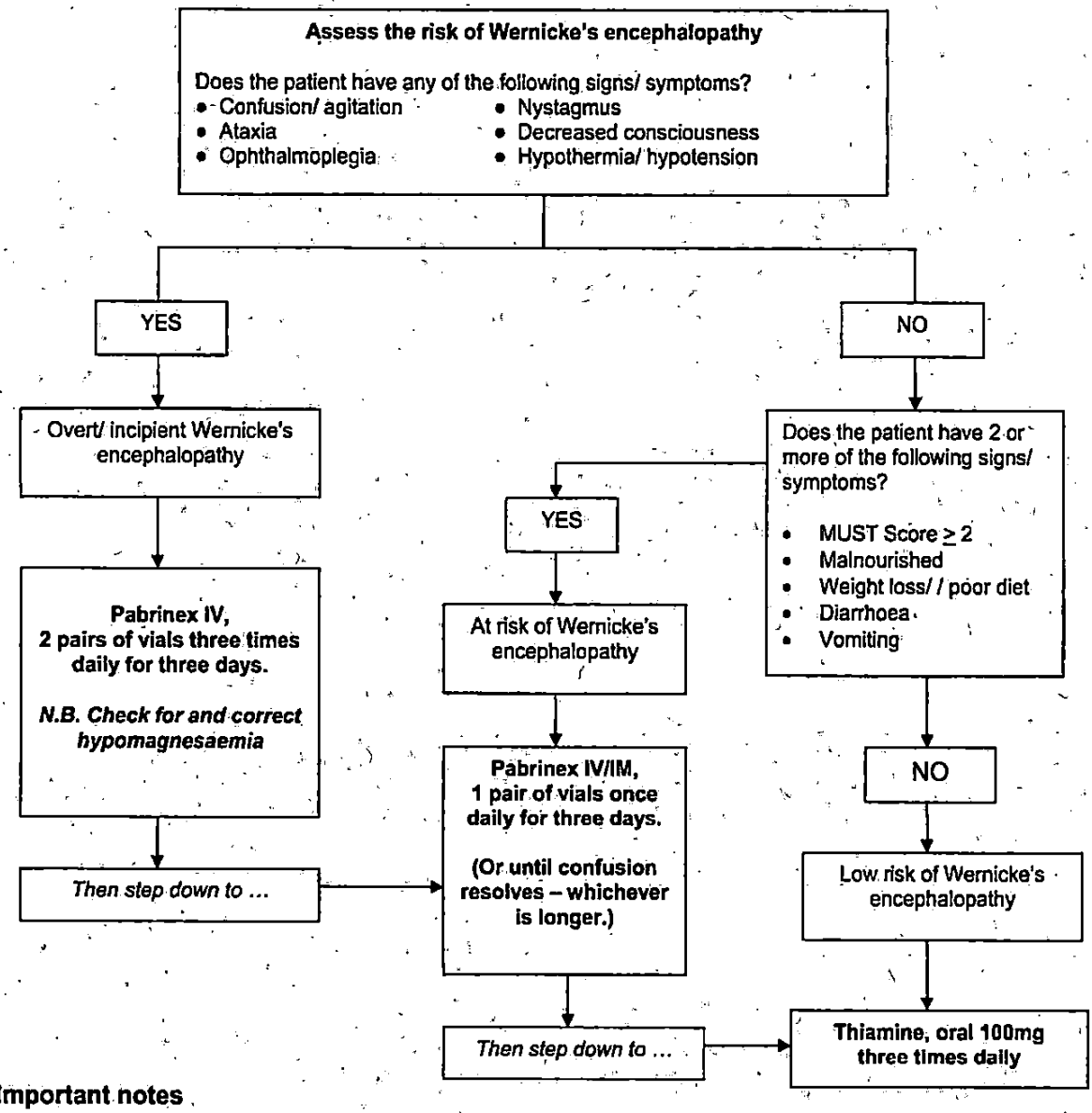
PLEASE INSERT IN PATIENT'S CASE RECORD ON COMPLETION OF TREATMENT

Copyright © : This is the property of NHS Greater Glasgow and Clyde. Free to be used across NHS UK. Do not remove logos. Content cannot be amended without permission

STY5332N

Vitamin Prophylaxis and Treatment of Wernicke-Korsakoff Encephalopathy

The guidance applies to patients who are chronic alcohol abusers. This includes those who are dependent on alcohol but also those who have a hazardous/ harmful alcohol intake.



Important notes

- Patients with overt/ incipient Wernicke's encephalopathy or 'at risk' of Wernicke's encephalopathy **must** be given Pabrinex® **before** the administration of glucose or nutritional support.
- Intravenous Parbinex® should be administered over 30 minutes
- Anaphylaxis is a rare complication of IV Pabrinex® administration and even more uncommon with IM administration. Monitor patient for wheeze, tachycardia, breathlessness and skin rash. Facilities for the administration of adrenaline and other resuscitation should be available
- Further vitamin supplementation as clinically indicated by responsible medical team in the context of a general nutritional assessment

Management of Alcohol Withdrawal Syndrome

DEPENDENT DRINKING ON SCREENING - HIGH RISK

Any 2 of the following:
- Presents with or has had previous withdrawal seizures
- Previous severely agitated withdrawal (D.T.'s)
- High screening score (FAST >12)
- High initial symptom score (GMAWS >8)

YES

FIXED DOSE DIAZEPAM
PLUS
SYMPTOM TRIGGERED TREATMENT

Have you considered exceptional patient groups

NO

SYMPTOM TRIGGERED TREATMENT

Have you considered exceptional patient groups

BASELINE TREATMENT REGIME

Fixed Dose oral Diazepam: (for patients unable to tolerate diazepam via the oral route, see below).

Initial 24 hours: **20mg Diazepam 6 hourly**

If no additional symptom triggered treatment, then REDUCE as follows:

15mg Diazepam 6 hourly for 24 hours
10mg Diazepam 6 hourly for 24 hours
5mg Diazepam 6 hourly for 24 hours
5mg Diazepam 12 hourly for 24 hours

Diazepam prescription to be reviewed if patient excessively drowsy.
Maximum of 120mg Diazepam in 24 hours, before requesting senior medical review.
(*Diazepam 120mg not expected to be problematic over 24hrs in uncomplicated patients).

EXCEPTIONAL PATIENT GROUPS:

- Elderly patients
- Head injury
- Patients with evidence of liver disease: especially jaundice, encephalopathy
- Patients with other significant co-morbidity (i.e. COPD, pneumonia, cerebrovascular disease, reduced GCS)

Consider the use of oral Lorazepam in these exceptional patient groups in a symptom triggered fashion: 1-2 mg (to a maximum of 12mg in 24 hours before requesting senior medical review).
Note: Lorazepam has a slower onset of peak effect but ultimately has a more rapid elimination

SEVERE WITHDRAWAL (aggressive/ uncontrollable/ dangerous behaviour)

- Intravenous diazemuls up to 40mg over first 30 minutes (up to 2mg/minute; flumazanil to be available)
- Adjunctive therapy with Haloperidol 5-10mg IV or IM (smaller doses unlikely to be effective)

PATIENTS UNABLE TO TOLERATE ORAL MEDICATION

- Patients unable to tolerate oral medication may receive intravenous therapy (diazemuls or lorazepam) as an alternative at 50% of the oral dose in the first instance, and response assessed

INTRAVENOUS BENZODIAZEPINES

- It is recommended that intravenous benzodiazepines are administered by an experienced member of medical staff (FY2 or above)
- If nursing staff administer intravenous benzodiazepines they MUST have completed the appropriate Competency Training to administer IV sedation

MONITORING

- All patients should be closely observed for signs of over-sedation with regular observations
- Exceptional Patient Groups (see above), patients with Severe Withdrawal and patients requiring Intravenous or Intramuscular Sedation require close monitoring (NEWS) ideally with one-to-one nursing care
- Consultation regarding intensive care support may be necessary in extreme situations

APPROXIMATE ORAL BENZODIAZEPINE EQUIVALENCE

10mg Diazepam = 1mg Lorazepam = 30mg Chlordiazepoxide

Patients should not be discharged on regular benzodiazepine unless there is a confirmed arrangement with the Community Addiction Services. Chlordiazepoxide is the recommended benzodiazepine for community use.

Glasgow Modified Alcohol Withdrawal Scale (GMAWS) **Treatment Option:** GMAWS Only ☐ GMAWS & Fixed Dose ☐

Date	8/7											9/7				10/7				16/10
Time	0850	1100	1330	1410	1530	1610	1920	2044	2340	0140	0900	1010	1200	1750	2035	0810	1010	1210	1410	
Tremor 0) No tremor 1) On movement 2) At rest	0	0	1	1	1	1	1	1	1	0	0	0	0	0	1	0	0	0	0	0
Sweating 0) No sweat visible 1) Moist 2) Drenching sweats	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
Hallucination 0) Not present 1) Dissuadable 2) Not dissuadable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Orientation 0) Orientated 1) Vague, detached 2) Disorientated, no contact	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agitation 0) Calm 1) Anxious 2) Panicky	0	0	0	2	1	1	0	1	1	0	0	1	1	1	2	0	0	0	0	0
Score		0	1	4	3	2	1	3	3	0	0	1	1	1	3	0	0	0	0	0
Treatment		nil	nil	20mg diaz	10mg diaz	10mg diaz	10mg diaz	10mg diaz	10mg diaz	nil	nil	10mg diaz	10mg diaz	10mg diaz	10mg diaz	0	0	MC	N/L	N/L
Staff Signature		TW	TW	LO	TW			CR	SS	SS	SS	CC	CC	CC	RB					

Score: (Do not use scoring tool if patient intoxicated, must be at least 8 hours since last drink.)

0 : Repeat Score in 2 hours (Discontinue after scoring on 4 consecutive occasions, except if less than 48hrs after last drink)

1 – 3 : Give 10mg Diazepam: Repeat Score in 2 hours

4 – 8 : Give 20mg Diazepam : Repeat Score in 1 hour

9 - 10 : Give 20mg Diazepam : Repeat Score in 1 hour, and discuss with medical staff regarding management of severe withdrawal as per guideline (see page 3)

PATIENTS MAY REQUIRE TO BE WOKEN FOR CONTINUING ASSESSMENT

CO-EXISTING ILLNESS MAY AFFECT SCORE: SEEK MEDICAL ADVICE IF IN DOUBT

FIXED DOSING & SYMPTOM TRIGGERED DOSING MUST BE NO LESS THAN 1 HOUR APART

Cont/

All patients should have regular observations documented. Patients receiving high doses of Diazepam should be assessed regularly for over sedation.
Regular NEWS – Frequency 1-4hrs. (GCS, Respiration rate. Oxygen sat", Pulse, Blood Pressure)

Developed by the Acute Alcohol Screening & Withdrawal Management Guideline Group
Chaired by Dr Ewan Forrest, Consultant Physician and Gastroenterologist, GRI

Copyright ©: This is the Property of NHS Greater Glasgow and Clyde. Free to be used across NHS UK. Do not remove logos. Content cannot be amended without permission

Published April 2011
Review Date April 2016
Version 4

NHS Greater Glasgow and Clyde

Glasgow Assessment and Management of Alcohol

cont/ (2)

NHS Greater Glasgow and Clyde

Please Attach Patient Label

CHI 2208793218

Na BURGESS
Henry M
Ac 15/1 15 Scaraway Drive 22/08/197
Glasgow
G22 7EX

Postcode:

Alcohol By Volume (ABV%)	Average Units (ABV% x Vol)
Strong Lager 9% (440mls)	4.0 Units
Beer/ Lager 4.5% (Pint/500mls Can/Bottle)	2.2 Units
Wine (e.g.Buckfast) 15% (750mls)	11.0 Units
Wine (Table) 12% (750mls)	9.0 Units
Wine (Table) 12% (175ml glass)	2.1 Units
Alcopops 5% (330mls)	1.5 Units
Spirits 40% (25ml measure)	1.0 Unit
Spirits 40% (¼ bottle 175mls)	7.0 Units
Spirits 40% (Litre)	40.0 Units
Spirits 40% (700mls)	30.0 Units
Cider 4% (Litre)	4.0 Units
Cider 4% (440mls)	1.8 Units
Strong White Cider 8% (Litre)	8.0 Units
Strong White Cider 8% (300ml glass)	2.4 Units

Number of Units = ABV (%) x Volume (litres)

eg A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units
A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

Estimated Weekly Alcohol Units :
(Daily Units x Number of Days per Week)

Excessive Weekly Consumption
(♂: >21 units/week; ♀: >14 units/week)

Estimated Date / Time Of Last Drink _____ (If ≥ 5 Days, Re-consider Alcohol Withdrawal Status)

Presents With (or has Previous History of) Alcohol Related Seizures Yes ☐ No ☐

Presents With (or has Previous History of) Severe Alcohol Withdrawal Yes ☐ No ☐

Fast Alcohol Screening Tool - FAST:

Note : 1 drink = 1 unit of alcohol (refer to table above)

1. MEN: How often do you have EIGHT or more drinks on one occasion?
   WOMEN: How often do you have SIX or more drinks on one occasion?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

3. How often during the last year have you failed to do what was normally expected of you because of drinking?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

   No ☐0 Yes, on one occasion ☐2 Yes, on more than one occasion ☐4

Score of 3 or more: FAST Positive

Total ☐

FAST Positive?

Yes ☐ No ☐

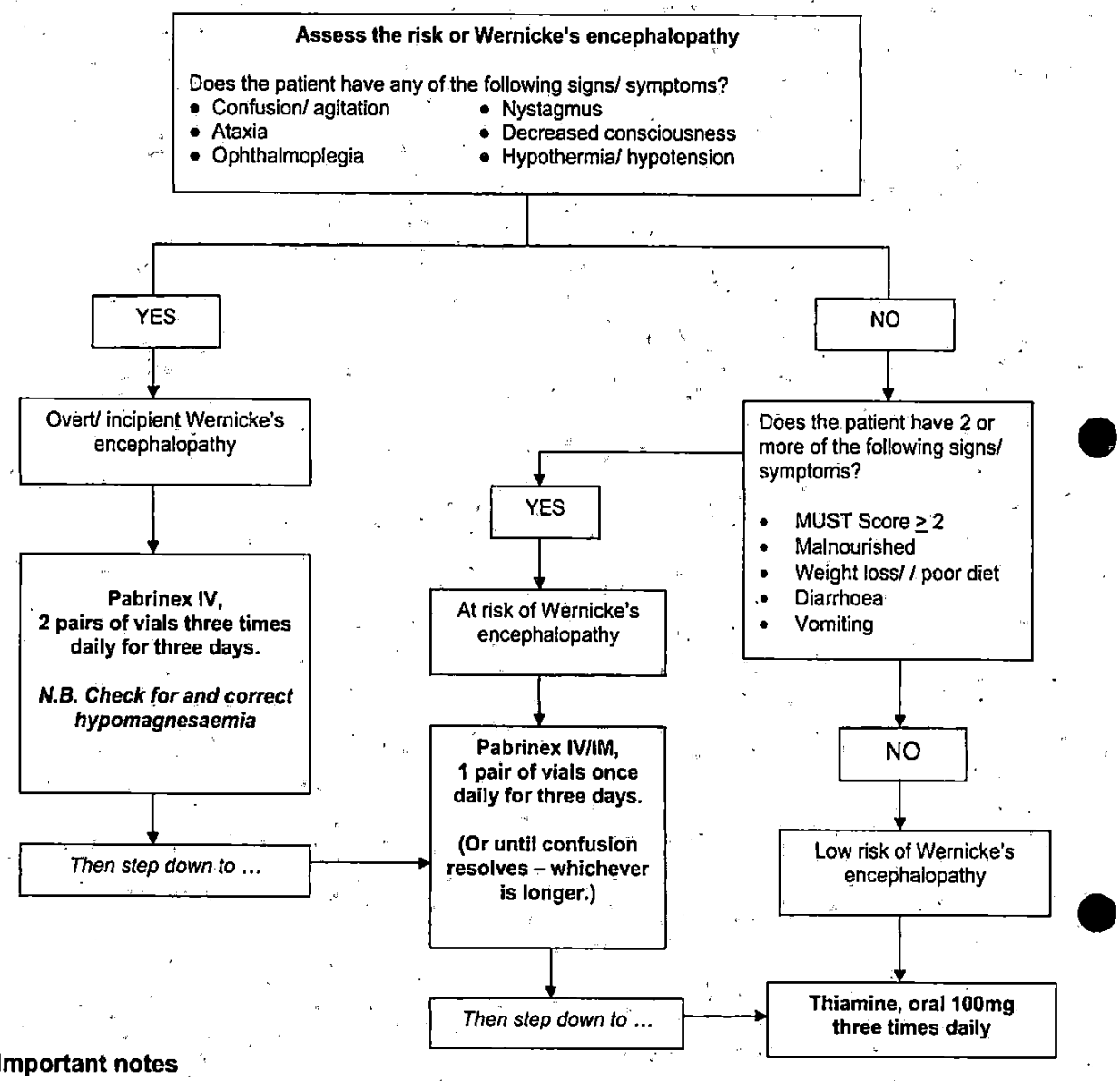
FAST 0-2:	Negative: No action required.
FAST 3-8:	Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet / advice.
FAST 9-16:	Probable Dependent Drinking: Advice as above and consider referral to Addiction Liaison Service.

STY5332N

PLEASE INSERT IN PATIENT'S CASE RECORD ON COMPLETION OF TREATMENT

Vitamin Prophylaxis and Treatment of Wernicke-Korsakoff Encephalopathy

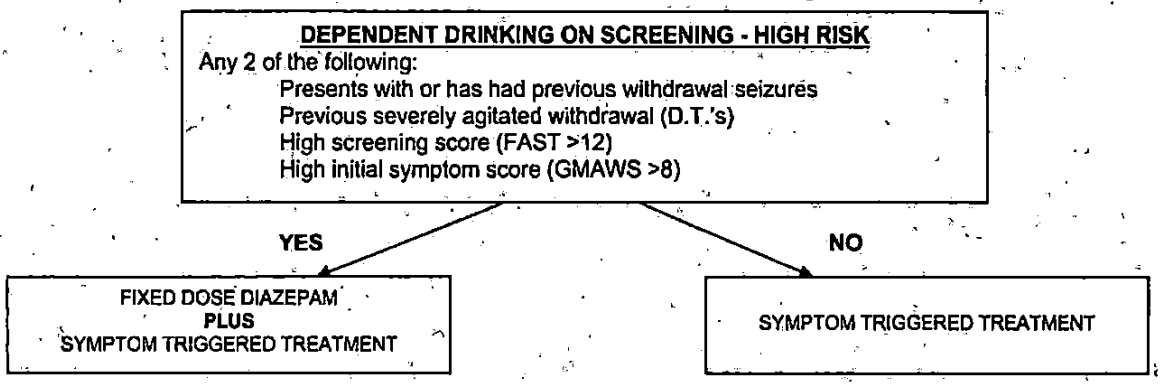
The guidance applies to patients who are chronic alcohol abusers. This includes those who are dependent on alcohol but also those who have a hazardous/ harmful alcohol intake.



Important notes

- Patients with overt/ incipient Wernicke's encephalopathy or 'at risk' of Wernicke's encephalopathy **must** be given Pabrinex® **before** the administration of glucose or nutritional support.
- Intravenous Parbinex® should be administered over 30 minutes
- Anaphylaxis is a rare complication of IV Pabrinex® administration and even more uncommon with IM administration. Monitor patient for wheeze, tachycardia, breathlessness and skin rash. Facilities for the administration of adrenaline and other resuscitation should be available
- Further vitamin supplementation as clinically indicated by responsible medical team in the context of a general nutritional assessment

Management of Alcohol Withdrawal Syndrome



BASELINE TREATMENT REGIME

Fixed Dose oral Diazepam: (for patients unable to tolerate diazepam via the oral route, see below).

Initial 24 hours: **20mg Diazepam 6 hourly**

If no additional symptom triggered treatment, then REDUCE as follows:

15mg Diazepam 6 hourly for 24 hours
10mg Diazepam 6 hourly for 24 hours
5mg Diazepam 6 hourly for 24 hours
5mg Diazepam 12 hourly for 24 hours

Diazepam prescription to be reviewed if patient excessively drowsy.
Maximum of 120mg Diazepam in 24 hours, before requesting senior medical review.
(*Diazepam 120mg not expected to be problematic over 24hrs in uncomplicated patients).

EXCEPTIONAL PATIENT GROUPS:

- Elderly patients
- Head injury
- Patients with evidence of liver disease; especially jaundice, encephalopathy
- Patients with other significant co-morbidity (i.e. COPD, pneumonia, cerebrovascular disease, reduced GCS)

Consider the use of oral Lorazepam in these exceptional patient groups in a symptom triggered fashion: 1-2 mg (to a maximum of 12mg in 24 hours before requesting senior medical review).
Note: Lorazepam has a slower onset of peak effect but ultimately has a more rapid elimination

SEVERE WITHDRAWAL (aggressive/ uncontrollable/ dangerous behaviour)

- Intravenous diazemuls up to 40mg over first 30 minutes (up to 2mg/minute; flumazanil to be available)
- Adjunctive therapy with Haloperidol 5-10mg IV or IM (smaller doses unlikely to be effective)

PATIENTS UNABLE TO TOLERATE ORAL MEDICATION

- Patients unable to tolerate oral medication may receive intravenous therapy (diazemuls or lorazepam) as an alternative at 50% of the oral dose in the first instance, and response assessed

INTRAVENOUS BENZODIAZEPINES

- It is recommended that intravenous benzodiazepines are administered by an experienced member of medical staff (FY2 or above)
- If nursing staff administer intravenous benzodiazepines they MUST have completed the appropriate Competency Training to administer IV sedation

MONITORING

- All patients should be closely observed for signs of over-sedation with regular observations
- Exceptional Patient Groups (see above), patients with Severe Withdrawal and patients requiring Intravenous or Intramuscular Sedation require close monitoring (MEWS / SEWS) ideally with one-to-one nursing care
- Consultation regarding intensive care support may be necessary in extreme situations

APPROXIMATE ORAL BENZODIAZEPINE EQUIVALENCE

10mg Diazepam = 1mg Lorazepam = 30mg Chlordiazepoxide

Patients should not be discharged on regular benzodiazepine unless there is a confirmed arrangement with the Community Addiction Services. Chlordiazepoxide is the recommended benzodiazepine for community use.

Glasgow Modified Alcohol Withdrawal Scale (GMAWS) **Treatment Option: GMAWS Only ☐ GMAWS & Fixed Dose ☐**

Date	10/7/16			11/7/16															
Time	1930	2130	2330	0130	0430	0600													
Tremor 0) No tremor 1) On movement 2) At rest	0	0	0	0	0	0													
Sweating 0) No sweat visible 1) Moist 2) Drenching sweats	0	0	0	0	0	0													
Hallucination 0) Not present 1) Dissuadable 2) Not dissuadable	0	0	0	0	0	0													
Orientation 0) Orientated 1) Vague, detached 2) Disorientated, no contact	0	0	0	0	0	0													
Agitation 0) Calm 1) Anxious 2) Panicky	0	0	0	0	0	0													
Score	nil	0	0	0	0	0													
Treatment	nil given	nil given	nil	nil	nil	nil													
Staff Signature	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]													

Score: (Do not use scoring tool if patient intoxicated, must be at least 8 hours since last drink.)

0 : Repeat Score in 2 hours (Discontinue after scoring on 4 consecutive occasions, except if less than 48hrs after last drink)

1 – 3 : Give 10mg Diazepam: Repeat Score in 2 hours

4 – 8 : Give 20mg Diazepam : Repeat Score in 1 hour

9 - 10 : Give 20mg Diazepam : Repeat Score in 1 hour, and discuss with medical staff regarding management of severe withdrawal as per guideline (see page 3)

PATIENTS MAY REQUIRE TO BE WOKEN FOR CONTINUING ASSESSMENT

CO-EXISTING ILLNESS MAY AFFECT SCORE: SEEK MEDICAL ADVICE IF IN DOUBT

FIXED DOSING & SYMPTOM TRIGGERED DOSING MUST BE NO LESS THAN 1 HOUR APART

All patients should have regular observations documented. Patients receiving high doses of Diazepam should be assessed regularly for over sedation. Regular MEWS/SEWS – Frequency 1-4hrs. (GCS, Respiration rate. Oxygen sat^n, Pulse, Blood Pressure)

Developed by the Alcohol Screening & Withdrawal Management Guideline Group
Chaired by Dr Ewan Forrest, Consultant Physician and Gastroenterologist, GRI

Published April 2011
Review Date April 2016

P[illegible]ient) Moving and Handling Assessment Form

2208793218

Person's Name:	BURGESS Henry 15/1 15 Scaraway Drive Glasgow G22 7EX	M 22/08/1979	Named Nurse:		Person is totally independent (tick here and go to date box)	✓

1. Ge[illegible]

W[illegible]

Kg

BMI

cm

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

Risk of Falls: Yes ☐ No ☐

2. Sit to Stand to Sit Transfers (including to and from bed, wheelchair, commode and toilet)

Hoist	☐	Standaid	☐	Walking Aid	☐	Assistance	☐	Supervision	☐	Independent	☐
Model				Aid Type		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information / Equipment:			
Sling type											
Sling Size											

3. Toileting

Hoist	☐	Standaid	☐	Walking Aid	☐	Assistance	☐	Supervision	☐	Independent	☐
See No 2 Sit to Stand Transfers for details				see 'sit to stand transfers'		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information:			

4. Move on / off bed pan

Hoist	☐	Manoeuvre	☐	Assistance	☐	Supervision	☐	N / A	☐
See No 2 Sit to Stand Transfers for details		Roll patient		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information:			
		Monkey pole							
		Independent bridging							

5. Move up / down bed

Hoist	☐	Handling Aids	☐	Assistance	☐	Supervision	☐	Independent	☐
See No 2 Sit to Stand Transfers for details		Sliding sheets		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information:			
		Monkey pole							
		Rope ladder							

6. Lateral Transfer to / from trolley / bed

Hoist	☐	Handling Aids	☐	Assistance	☐	Supervision	☐	Independent	☐
See No 2 Sit to Stand Transfers for details		Rigid Transfer Board		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information / Equipment (eg sliding sheets):			
		Other (Please specify)							

7. Sit up over side of bed

		Bed Rest	☐	Assistance	☐	Supervision	☐	Independent	☐
				People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information / Equipment (eg rope ladder, swivel cushion):			

8. Into Bath or Shower

Equipment	☐	Handling Aid	☐	Assistance	☐	Supervision	☐	Independent	☐
Shower		Shower chair		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information / Equipment (eg sling fitting hoist after risk assess):			
Variable / Fixed height bath		Shower trolley							
Bed bath		Bathing hoist (eg Aleni)							

9. Walking

No Walking	☐	Walking Aid	☐	Assistance	☐	Supervision	☐	Independent	☐
		see 'sit to stand transfers'		People: 1 ☐ 2 ☐ ≥3 ☐		Additional Information / Equipment (eg hoist with walking sling, dist. Walked)			

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	8/7/16		
Assessor's signature:	[signature]		
Proposed Review date:	9/7/16		

Continuation Sheet

1. General Information (Only complete this section if changed from over page)

Body Build	
Weight	Height
Kg	cm
BMI	
Risk of Falls: Yes	No

Problems with comprehension, behaviour, co-operation (specify):

Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 2 >3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 2 >3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N / A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 2 >3	Additional Information:	
	Monkey pole			
	Person bridges			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 2 >3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 2 >3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
	People: 1 2 >3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 2 >3	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Alerta)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 2 >3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	2208793218 BURGESS M Henry 22/08/1979 16/1 15 Scaraway Drive Glasgow G22 7EX
CHI No.	
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

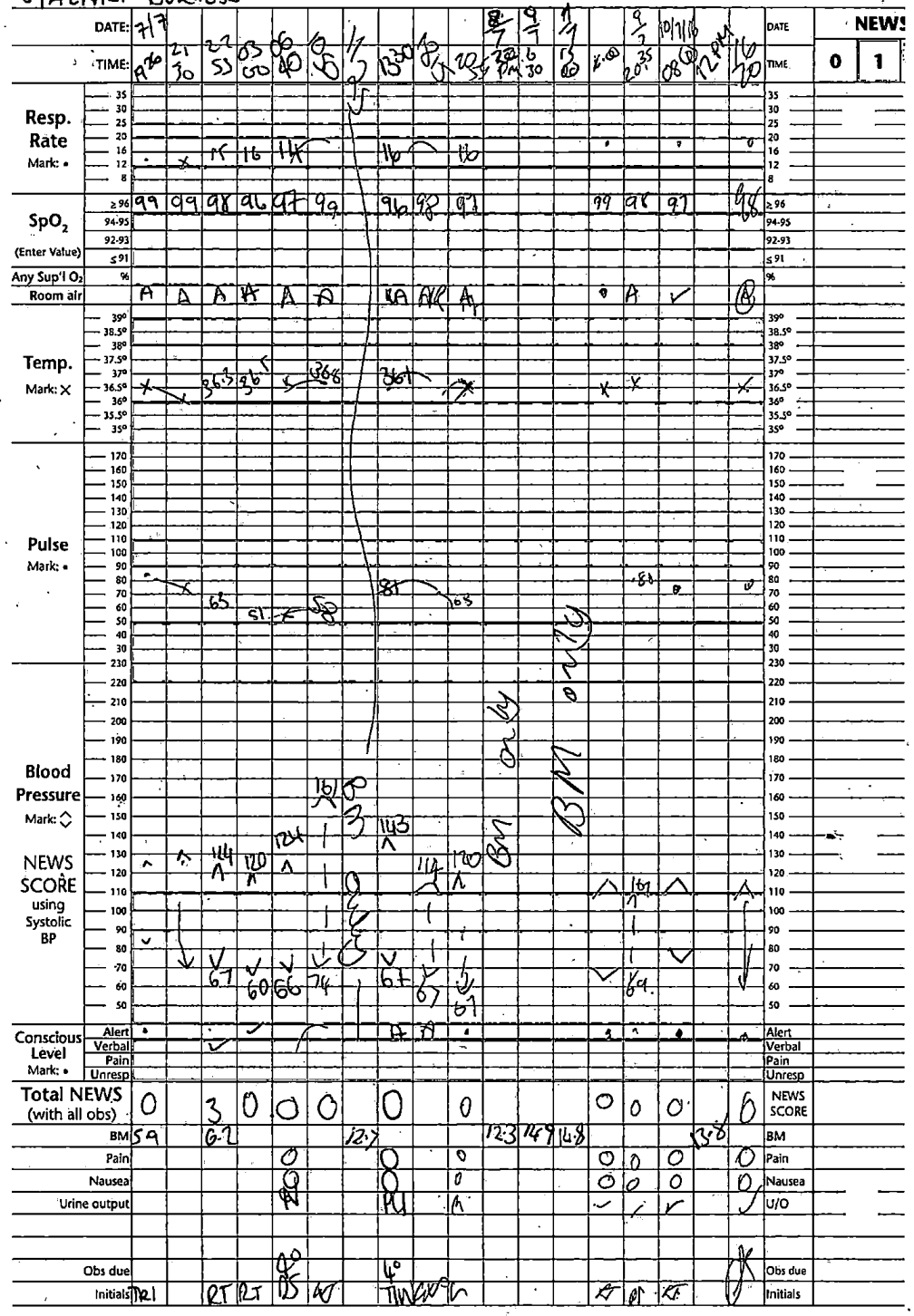
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

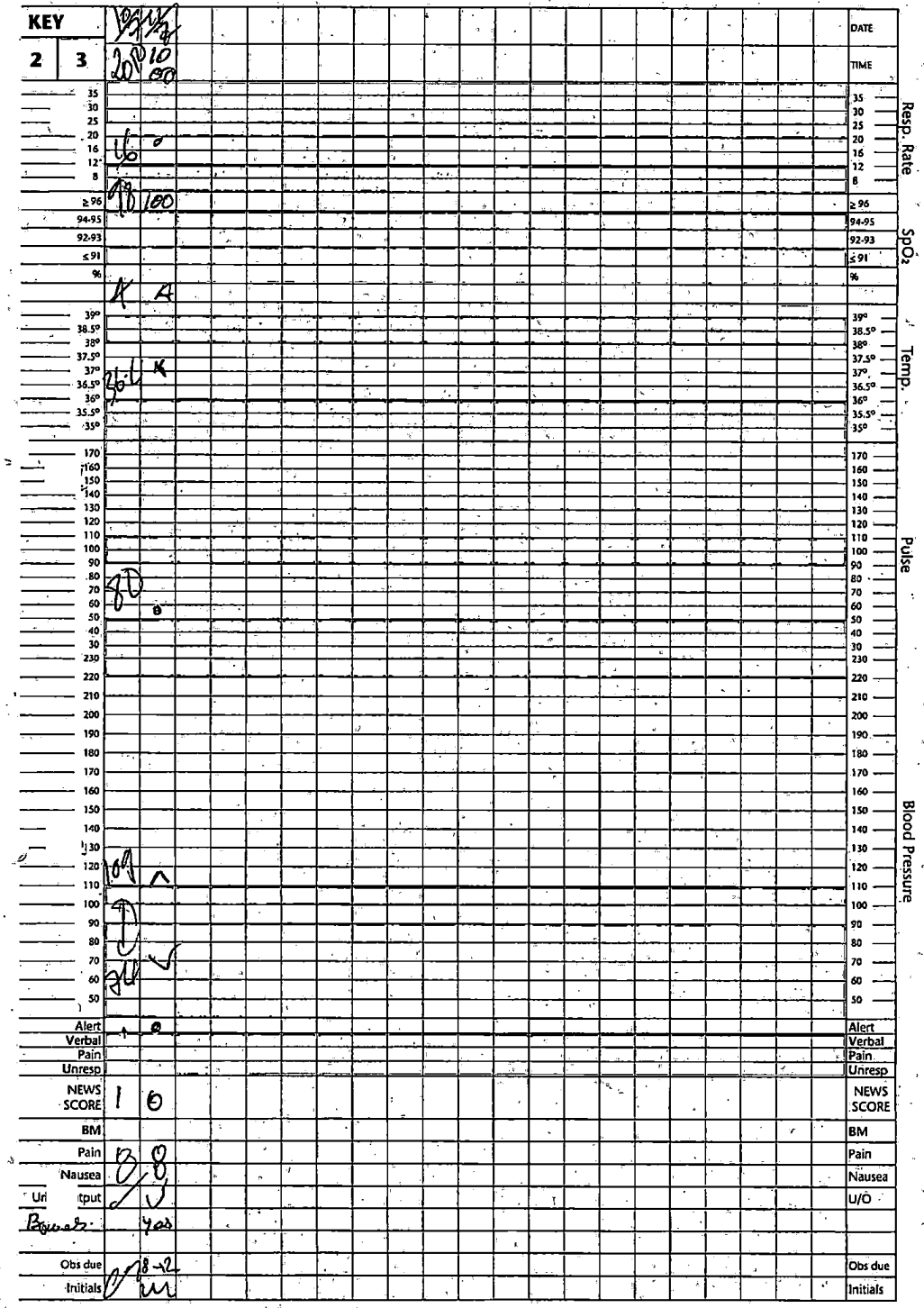
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

8 HENRY BURGESS




KEY
2
3
DATE
TIME
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale



2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Neurological Observations

| | | |

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: [redacted]	Date of admission: 8/7/16
Addre: 2208793218 BURGESS M Henry 22/08/1979 15/1 15 Scaraway Drive Glasgow G22 7EX	Time: 0830
DoB:	HOSPITAL: GRI
CHI number:	Ward: GWARD
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5'10 metres Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 10st · kg Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☑ No ☐

If 'Yes' how much?: 3stone kg Over what period of time?: 1 year weeks/months

Is there evidence of recent weight loss?

No ☐ Loose clothing ☑ History of reduced food intake/appetite ☐ Swallowing problem ☐

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Food Allergies: Yes ☐ No ☑ If 'Yes' please state:

Eating likes and dislikes (including appetite):	Drinking likes and dislikes:	Patient NBM Yes ☐ No ☐ If 'Yes' why?:
NIL STATED		

Are there any contributing factors that may affect food intake such as physical (e.g. swallowing difficulties, loose teeth), physiological (e.g. nausea), psychological (e.g. dementia), social or environmental? Yes ☐ No ☑

Please specify all factors:

Is the patient on oral nutritional supplements? Yes ☐ No ☑

If 'Yes' please state:

Is the patient experiencing oropharyngeal swallowing problems (excluding oesophageal issues e.g. GORD, Stricture)? Yes ☐ No ☑

If 'Yes' please complete Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS). If oesophageal problem present please discuss with medical staff.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

If 'Yes' please state:

Has this patient received written information about inpatient food (e.g. "Food in Hospitals" leaflet)?

Yes ☐ No ☑ Not applicable (received on previous admission) ☐

Profile completed by: Name (PRINT): [redacted] Signature: [redacted] Date: 8/7/16

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Is your patient on the Liverpool Care Pathway (LCP)? Yes ☐ No ☐

If 'Yes' please follow LCP advice as screening for malnutrition may not be appropriate.

Malnutrition Universal Screening Tool ('MUST')

Date	8/7												
Initials	LW												
Height (see page 1) 5'10 Weight	10st												
Oedema or ascites present Y/N	N												
BMI (refer to chart on page 4)	20												

'MUST'

Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) .....0 18.5 - 20 .....1 <18.5 2	0												
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% .....0 5-10% .....1 >10% 2	0												
Step 3: Acute Disease Effect Score If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days .....Score 2 Not applicable .....Score 0	0												
Step 4: Overall Risk of Malnutrition Total:	0												

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK – *Routine Clinical Care*** • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	**MEDIUM RISK – *Observe*** • Document dietary intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK – *Treat**** • Refer to Dietitian and document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. • Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Management Plan

FOR ALL PATIENTS

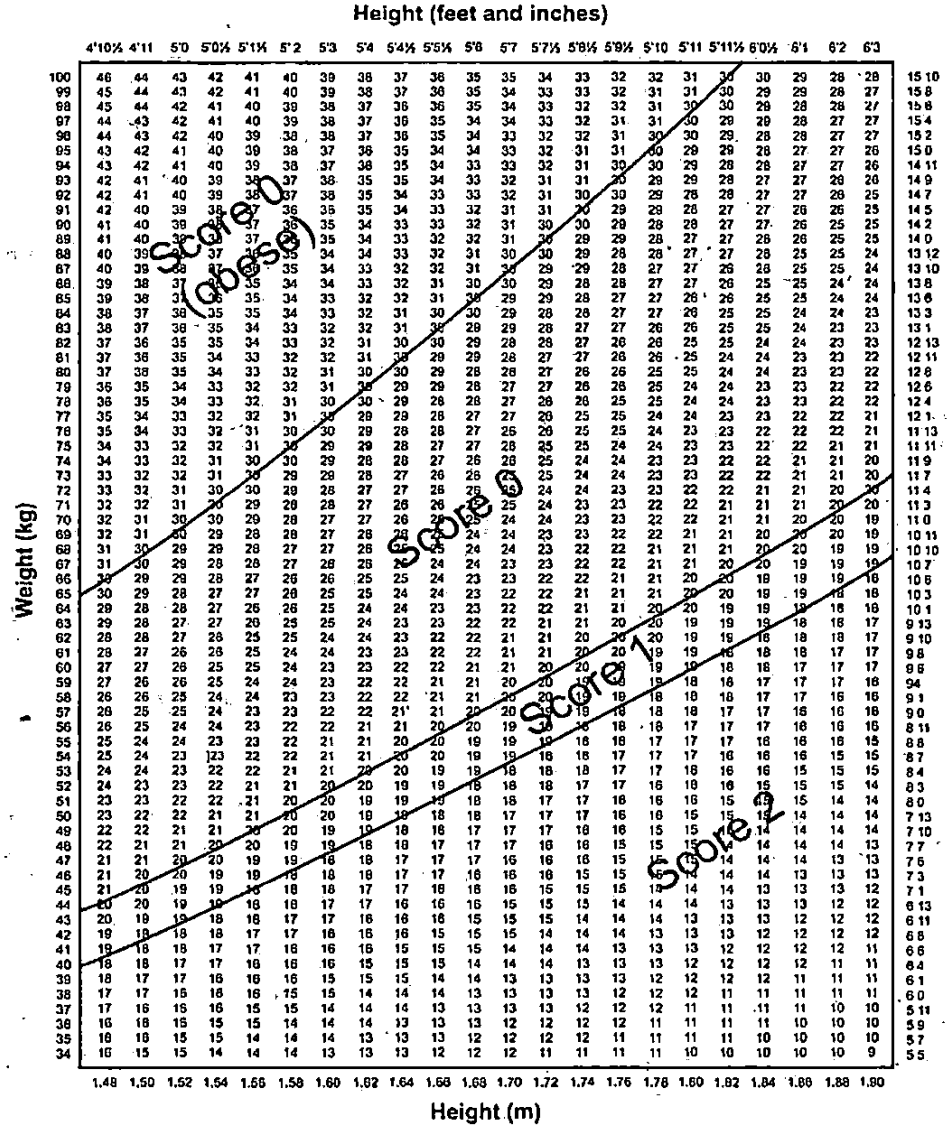
- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).
- REMEMBER TO CONSIDER YOUR PATIENT'S HYDRATION REQUIREMENTS.
- Ensure Discharge Plan includes most recent 'MUST' Score and any necessary follow-up requirements.

Referral Services		Referred by	Method of referral	Reason for referral
Nutritional Support Team	Date Referred / /			
Dietitian	Date Referred: / /			
Speech and Language Therapy	Date Referred: / /			
Occupational Therapy	Date Referred / /			
Dental Service	Date Referred / /			

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Action discussed with patient / carer	Review date	Name (PRINT) Signature/ Designation
8/7		no action required			L. [illegible]

Step 1 - BMI Score



Step 2 - Weight Loss Score

Weight before weight loss (kg)	Score 0 Wt loss <5%	Score 1 Wt loss 5-10%	Score 2 Wt loss >10%
34 kg	<1.7 kg	1.7-3.4 kg	>3.4 kg
36 kg	<1.8 kg	1.8-3.6 kg	>3.6 kg
38 kg	<1.9 kg	1.9-3.8 kg	>3.8 kg
40 kg	<2 kg	2-4 kg	>4 kg
42 kg	<2.1 kg	2.1-4.2 kg	>4.2 kg
44 kg	<2.2 kg	2.2-4.4 kg	>4.4 kg
46 kg	<2.3 kg	2.3-4.6 kg	>4.6 kg
48 kg	<2.4 kg	2.4-4.8 kg	>4.8 kg
50 kg	<2.5 kg	2.5-5 kg	>5 kg
52 kg	<2.6 kg	2.6-5.2 kg	>5.2 kg
54 kg	<2.7 kg	2.7-5.4 kg	>5.4 kg
56 kg	<2.8 kg	2.8-5.6 kg	>5.6 kg
58 kg	<2.9 kg	2.9-5.8 kg	>5.8 kg
60 kg	<3 kg	3-6 kg	>6 kg
62 kg	<3.1 kg	3.1-6.2 kg	>6.2 kg
64 kg	<3.2 kg	3.2-6.4 kg	>6.4 kg
66 kg	<3.3 kg	3.3-6.6 kg	>6.6 kg
68 kg	<3.4 kg	3.4-6.8 kg	>6.8 kg
70 kg	<3.5 kg	3.5-7 kg	>7 kg
72 kg	<3.6 kg	3.6-7.2 kg	>7.2 kg
74 kg	<3.7 kg	3.7-7.4 kg	>7.4 kg
76 kg	<3.8 kg	3.8-7.6 kg	>7.6 kg
78 kg	<3.9 kg	3.9-7.8 kg	>7.8 kg
80 kg	<4 kg	4-8 kg	>8 kg
82 kg	<4.1 kg	4.1-8.2 kg	>8.2 kg
84 kg	<4.2 kg	4.2-8.4 kg	>8.4 kg
86 kg	<4.3 kg	4.3-8.6 kg	>8.6 kg
88 kg	<4.4 kg	4.4-8.8 kg	>8.8 kg
90 kg	<4.5 kg	4.5-9 kg	>9 kg
92 kg	<4.6 kg	4.6-9.2 kg	>9.2 kg
94 kg	<4.7 kg	4.7-9.4 kg	>9.4 kg
96 kg	<4.8 kg	4.8-9.6 kg	>9.6 kg
98 kg	<4.9 kg	4.9-9.8 kg	>9.8 kg
100 kg	<5 kg	5-10 kg	>10 kg
102 kg	<5.1 kg	5.1-10.2 kg	>10.2 kg
104 kg	<5.2 kg	5.2-10.4 kg	>10.4 kg
106 kg	<5.3 kg	5.3-10.6 kg	>10.6 kg
108 kg	<5.4 kg	5.4-10.8 kg	>10.8 kg
110 kg	<5.5 kg	5.5-11 kg	>11 kg
112 kg	<5.6 kg	5.6-11.2 kg	>11.2 kg
114 kg	<5.7 kg	5.7-11.4 kg	>11.4 kg
116 kg	<5.8 kg	5.8-11.6 kg	>11.6 kg
118 kg	<5.9 kg	5.9-11.8 kg	>11.8 kg
120 kg	<6 kg	6-12 kg	>12 kg
122 kg	<6.1 kg	6.1-12.2 kg	>12.2 kg
124 kg	<6.2 kg	6.2-12.4 kg	>12.4 kg
126 kg	<6.3 kg	6.3-12.6 kg	>12.6 kg

Weight before weight loss (st/lb)	Score 0 Wt loss <5%	Score 1 Wt loss 5-10%	Score 2 Wt loss >10%
5st 4lb	<4lb	4lb-7lb	>7lb
5st 7lb	<4lb	4lb-8lb	>8lb
5st 11lb	<4lb	4lb-8lb	>8lb
6st	<4lb	4lb-8lb	>8lb
6st 4lb	<4lb	4lb-9lb	>9lb
6st 7lb	<5lb	5lb-9lb	>9lb
6st 11lb	<5lb	5lb-10lb	>10lb
7st	<5lb	5lb-10lb	>10lb
7st 4lb	<5lb	5lb-10lb	>10lb
7st 7lb	<5lb	5lb-11lb	>11lb
7st 11lb	<5lb	5lb-11lb	>11lb
8st	<6lb	6lb-11lb	>11lb
8st 4lb	<6lb	6lb-12lb	>12lb
8st 7lb	<6lb	6lb-12lb	>12lb
8st 11lb	<6lb	6lb-12lb	>12lb
9st	<6lb	6lb-13lb	>13lb
9st 4lb	<7lb	7lb-13lb	>13lb
9st 7lb	<7lb	7lb-13lb	>13lb
9st 11lb	<7lb	7lb-1st	>1st
10st	<7lb	7lb-1st	>1st
10st 4lb	<7lb	7lb-1st	>1st
10st 7lb	<7lb	7lb-1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb-1st 1lb	>1st 1lb
11st	<8lb	8lb-1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb-1st 3lb	>1st 3lb
12st	<8lb	8lb-1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb-1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb-1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb-1st 4lb	>1st 4lb
13st	<9lb	9lb-1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb-1st 5lb	>1st 5lb
14st	<10lb	10lb-1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb-1st 7lb	>1st 7lb
15st	<11lb	11lb-1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb-1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb-1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb-1st 8lb	>1st 8lb
16st	<11lb	11lb-1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb-1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb-1st 9lb	>1st 9lb
16st 11lb	<12lb	12lb-1st 9lb	>1st 9lb

Medical Illustration Services • 235261 GGC0045
STORES ORDER CODE 41850

Write
Name 2208793218
Addre BURGESS M
Henry 22/08/197
15/1 15 Scaraway Drive
CHI: Glasgow
DOB: G22 7EX
Hosp

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

* NOT Required *

NHS Greater Glasgow and Clyde

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis : Observe cannula
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis : Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *[only if inserted in ward]*
ED Theatre Ward 51	8/7	(R) Arm	blue	

Clinical Indication	Insertion Criteria (If no: please explain in comments below)	Clean field used	Hand hygiene	Skin asepsis	Dressing affixed	Non touch technique (do not re- contaminate cleaned skin)
IV Fluids/IV Medication ☐	Yes ☐ No ☐ Unknown ☐	Yes ☐ No ☐ Unknown ☐	Yes ☐ No ☐ Unknown ☐	Yes ☐ No ☐ Unknown ☐	Yes ☐ No ☐ Unknown ☐	Yes ☐ No ☐ Unknown ☐
Urgent access ☐						
Interventional procedures ☐						
Other Please state:						

Maintenance – To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Date & time	PVC no.	Comments	Signature
		Pt pulled out 8/7 1500	

MIS 269426
81117

CHI:	Modified V.I.P (Visual Infusion Phlebitis) Score		
	IV site appears healthy	0	No phlebitis : Observe cannula
	One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
	Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis : Remove & resite cannula
	All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis / Thrombophlebitis Remove & resite cannula Seek further advice
	As above including: palpable venous cord	4	
	As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted ED Theatre Ward_____	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation *(only if inserted in ward)*
Clinical Indication: IV Fluids/IV Medication ☐	Urgent access ☐	Interventional procedures ☐	Other Please state:	
Insertion Criteria (If no: please explain in comments below)	Clean field used Yes ☐ No ☐ Unknown ☐	Hand hygiene Yes ☐ No ☐ Unknown ☐	Skin asepsis Yes ☐ No ☐ Unknown ☐	Dressing affixed Yes ☐ No ☐ Unknown ☐	Non touch technique (do not re- contaminate cleaned skin) Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 2	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 2 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/____	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date & time	PVC no.	Comments	Signature

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2208793218 BURGESS M Henry 22/08/197 15/1 15 Scaraway Drive Glasgow G22 7EX	Hospital: GRI Ward: S1	**Points to consider:** • Use within 6 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise? N
3 Continence	Does the person have continence issues with urine and/or faeces? N
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink? N
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities? N
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details: N

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Active Care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
7/6/16	22:00	N	N	N	N	N	N	6 hrly	
8/7/16	08:30	N	N	N	N	N	N	6 hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCONTINENCE / MOISTURE	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign./ Comments
Date of initial plan:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐	Date discontinued: _____

2208793218
BURGESS
Henry
15/1 15 Scaraway Drive
Glasgow
G22 7EX

M
22/08/1979

Care Plan

NHS Greater Glasgow and Clyde

Date Commenced and Signature	1. Breathing and circulation	Date Discontinued and Signature	Date Commenced and Signature	7. Personal Hygiene, oral care and skin care	Date Discontinued and Signature
28/6/16 A			28/6/16 A	Independent	
28/6/16 A	2, 3. Communication and senses		28/6/16 A	8. Mobility Independent right leg pain	
28/6/16 A	4. Cognitive status		28/6/16 A	9. Maintaining a safe environment Fleet rooms very enhanced	
28/6/16 A	Getting to Know Me / What matters to me		28/6/16 A	10. Sleep and Rest No issues	
28/6/16 A	5. Hydration and Nutrition Diabetic diet		28/6/16 A	12. Privacy, dignity and sexuality N/A	
28/6/16 A	6. Elimination Independent		28/6/16 A	Negotiated care Care discussed with patient / family (Yes) No Patient able to participate (Yes) No	

223591

Care Plan Guidance

Below are some prompt questions to help you record the individualised care that your patient requires during their inpatient stay. You should record the care that the nurse / nursing staff require to provide. The 'Negotiated Care' component provides opportunity to record any care that the patients family or carers are participating in and care that patients are being taught to support changing self care. If the patient is independent in any of the activities of living and requires no nursing intervention then you should record this in the relevant section.

When care changes a note should be made in the nursing clinical notes / progress notes to confirm why this is required.

1. Breathing and circulation	7. Personal Hygiene, oral care and skin care
Record frequency of observations, TPR BP and SAO2. Record any other care that the patient requires for their breathing or their circulation e.g. seating position, apex beat with radial pulse, pedal pulse measurement, lying and standing Blood Pressure measurement etc.	Does the patient need assistance with personal hygiene? If so what needs to be done. Do they require assistance with oral care? If so what is this. Does the patient require any specifc pressure area care outwith the Active Care documentation. If totally independent record 'self caring'.
2, 3. Communication and senses	**8. Mobility**
What assistance does the patient need with communication? If they use spectacles or a hearing aid what assistance do they needs with these? Does the patient require an interpreter?	Does the patient require assistance when mobilising? Does the patient use mobility aids? Is the patient at risk of falling? Record key information from falls risk assessment, e.g. Cannard tool, to prevent falls
4. Cognitive status	**9. Maintaining a safe environment**
What care is required to minimise risk of harm due to behavioural disturbance? Think about capacity and adults with incapacity and what you need to do with the patient to alleviate distress.	How is the patients pain being assessed? Is a specific pain assessment tool used? What does the patient require to maintain their safety?
Getting to Know Me / What matters to me	**10. Sleep and Rest**
The 'Getting to know me' Document should be used for all patients with cognitive impairment. Once completed by the patients relatives / carer record the key information to plan care in the care plan. Ask the patent what matters to them during their hospital stay and record in this area.	What would help the patient achieve a good nights rest? Does the patients sleep pattern need to be monitored? If yes record what needs to be done.
5. Hydration and Nutrition	**12. Privacy, dignity and sexuality**
Does the patient require any assistance with eating and / or drinking? Does the patient require a special diet? Do they require fluid balance monitoring?	What do you need to do to maintain the patients modesty and dignity?
6. Elimination	**Negotiated care -** Care discussed with patient / family Yes / No Patient able to participate Yes / No
Does the patient require assistance to go to the toilet? Do they use continence aids? Does their urinary output require to be monitored? Are the patients stools / bowel activity being monitored?	Discuss patient care needs with them. If the patient is learning a new self care procedure record their process and progress of learning. If the patient has a learning disability or dementia use the information obtained in the Getting to Know Me document to identify the care that the family / carer could participate in.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

	NURSING INTERVENTIONS	Date: 8/7 Ward: 57	Date: 9/7 Ward: 20/7	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
Action code								
1	Falls prevention and general safety precautions discussed with patient and family.		✓					
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions. buzzer explained OK							
			Smith					

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 8/7/16

Attach Address

2208793218 M
BURGESS 22/08/197
Henry
15/1 15 Scaraway Drive
Glasgow G22 7EX

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr (6hr)

1. Signed ..... Name R Morgan Designation S/N
2. Signed SSmith Name SSMITH Designation S/N
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	08 00	12 00	16 30																	
	1.	**Pain: assess and address** If in pain inform registered nurse Y / N or N/A	N	N	N																	
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent)	I	I	I																	
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	INT	INT	INT																	
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)	I	I	I																	
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B	S	B	B																	
		Chair Assist to walk, stand or tilt (W /ST/ T)	/	–	–																	
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	I	I																	
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)	N	N	N																	
		Encourage the patient to drink? Y / N / N/A	N	Y	Y																	
		Food, snack or supplement taken? Y / N / N/A	N	N	N																	
	6.	**ENVIRONMENT:** Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	Y	Y	Y																	
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	Y	Y	Y																	
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A	NA	NA	NA																	
		Nurse Initials	RS																			

Attach Addressograph label Ward:

NHS Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902 GGC0098

CEDAR CODE 102083

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 9/7/16

Attach Address Label

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr (6hr)

1. Signed S Smith Name S SMITH Designation S/N
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Times	2000	12	2/8m														
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A		N	N	N														
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)		I	I	I														
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)		~~I~~	I	I														
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)		~~I~~	I	I														
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B		–	/	B														
		Chair Assist to walk, stand or tilt (W /ST/ T)		–	C	/														
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces		I	I	I														
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)		N	N	N														
		Encourage the patient to drink? Y / N / N/A		N	Y	S														
		Food, snack or supplement taken? Y / N / N/A		N	Y	S														
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S		Y	Y	Y														
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S		N	N	N														
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A		NA	NA	NA														
			Nurse Initials	SS	MS	BS														

Attach Addressograph label

Ward:

NHS Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

CEDAR CODE 102083

MIS 258902 GCC0098

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 10-7-16

Attach Addressograph label
HENRY BURGESS

Ward: 20-21 -G-R1

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr (6hr)

1. Signed ..... Name Laura Brown ..... Designation S/N .....
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	6am	12	17:00	23:30															
	1.	**Pain: assess and address** If in pain inform registered nurse Y / N or N/A	N	N	N	N															
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent)	I	✓	I	I															
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	I	✓	INT	INT															
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)	Y	Y	Y	Y															
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B	B	B	B	B															
		Chair Assist to walk, stand or tilt (W /ST/ T)	✓	I	I	✓															
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	I	I	I															
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)	N	N	N	N															
		Encourage the patient to drink? Y / N / N/A	S	Y	Y	NA															
		Food, snack or supplement taken? Y / N / N/A	S	N/A	N/A	NA															
	6.	**ENVIRONMENT:** Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S	Y	Y	Y	Y															
	7.	**INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	N	N	NT	NT															
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A	PA BT	N/A	N/A	NA															
		Nurse Initials		SJG	SJG	LB															

Attach Addressograph label Ward:

NHS
Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902 GCC0098

CEDAR CODE 102083

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 11/7/16

Attach Addressograph label
HENRY BURGESS
GRI
Ward: 20-21

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr 4hr (6hr)

1. Signed ..... Name ..... Designation .....
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / N Bed rails: Y / N
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Times	2100	0630	1100																		
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A		N	N	N																		
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)		I	I	I																		
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)		INT	INT	I																		
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)		Y	Y	Y																		
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B		B	B	B																		
		Chair Assist to walk, stand or tilt (W /ST/ T)		—	—	/																		
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces		I	I	I																		
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)		N	N	N																		
		Encourage the patient to drink? Y / N / N/A		Y	S	Y																		
		Food, snack or supplement taken? Y / N / N/A		Y	S	Y																		
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S		Y	S	Y																		
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S		NT	S	N																		
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A		NA	NA	NA																		
			Nurse Initials	ZB	ZB	ZB																		

Attach Addressograph label Ward:

NHS Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902 GCC0098

CEDAR CODE 102083

2208793218
BURGESS
Henry
15/1 15 Scaraway Drive
Glasgow
M
22/08/197[illegible]
G22 7EX

Care Plan

NHS
Greater Glasgow and Clyde

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
	Independent			No issues	
				10. Sleep and Rest	
				no issues	
	8. Mobility				
				12. Privacy, dignity and sexuality	
	Independent				
				no issues	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

FM • 285668 Version 1_0 • CGC0127

Patient Label

Henry Burgess

Care Plan

NHS Greater Glasgow and Clyde

Care discussed with patient ☐ Yes ☐ No ☐ Unable	If unable, give reason:	
Care discussed with family ☐ Yes ☐ No ☐ Unable	If unable, give reason:	

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
	4-6 Obs			no Issues	
	as clinically				
	indicated				
				5. Hydration and Nutrition	
				FREE F+D	
	2, 3. Communication and senses				
	no Issues				
				6. Elimination	
	4. Cognitive status				
	AMT 4/4			RSOU AWAITED	

NHSGGC Bedrail Risk Assessment

This Risk Assessment Tool is an aide memoire for staff. It should be used in conjunction with the Bedrails Algorithm (see reverse) and Guidelines for Prevention and Management of Falls (Adults). This document does NOT replace the need for clinical judgement.

Patient Name:
2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

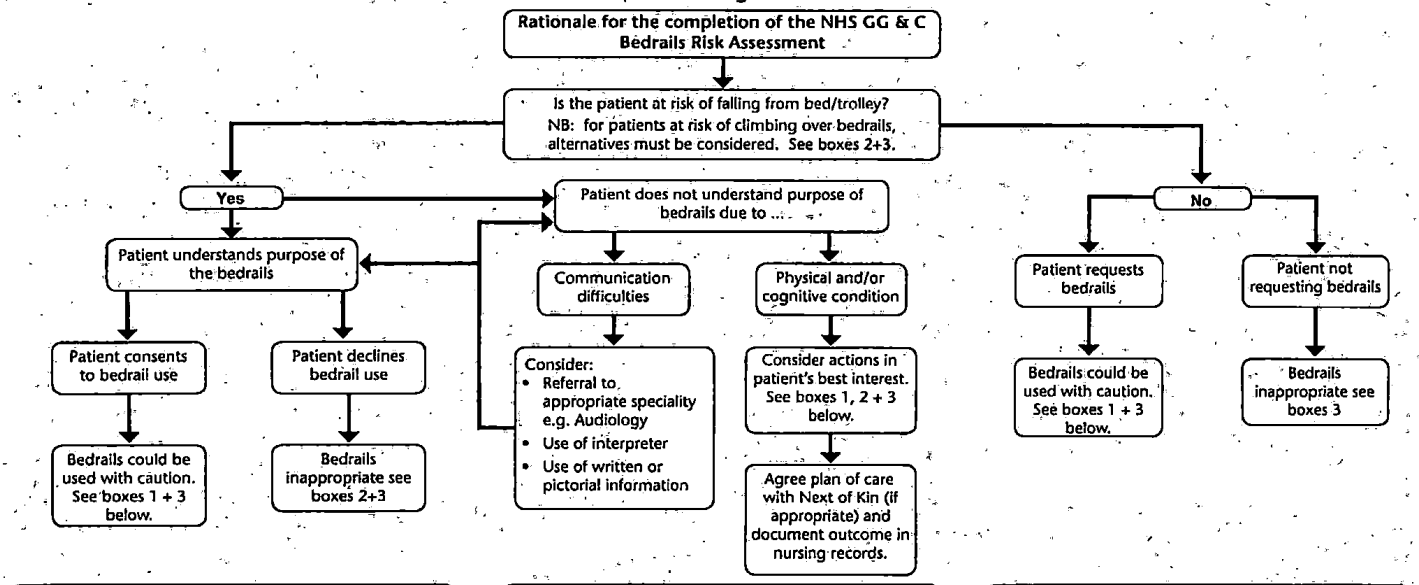
Ward: 57

CHI Number:

NHS Greater Glasgow and Clyde

Use algorithm on the reverse of this document when completing this Risk Assessment	DATE 8/7									DATE		
SECTION ONE	Y	N	N/A	Y						Y	N	N/A
Is the patient at risk of climbing out of bed or trolley?		✓										
Is the patient agitated or confused?		✓										
Does using bedrails present a higher risk to the patient than falling out of bed?		✓										
SEE ALGORITHM ON REVERSE FOR GUIDANCE												
SECTION TWO												
Has an alternative to bedrails been considered? i.e. see bedrails algorithm box 2												
Is the patient likely to roll, slip or slide from the bed?												
Has the patient been consulted regarding the use of bedrails?												
Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/ cognitive condition.												
Has the decision to use or not use bedrails been discussed with relatives / carers												
Has the patient / relatives been given a copy of the bedrail information leaflet												
IF YES, TO ANY OF SECTION 2, THEN BEDRAILS MAY BE APPROPRIATE HOWEVER, CONSIDER THE FOLLOWING POINTS												
SECTION THREE												
Is the patient small in stature?												
Does the patient have an unusually large or small head?												
When bedrail fitted is there a gap between the lower rail and mattress?												
Are there large spaces between the bars of bedrails												
Does the bedrail move away from the side of the mattress when in use?												
Will the bedrail fall off the bed?												
Will any of above create an entrapment hazard?												
IF YES TO SECTION 3 BEDRAILS ARE NOT APPROPRIATE												
SECTION FOUR												
The gap between the bedrail and the headboard must be less than 60mm or greater than 250mm												
Has the bedrail been fitted correctly?												
Is the bedrail secure?												
Is the bedrail compatible with the bed frame it will be fitted to?												
Are the bedrails used in good working order?												
Does the patient have access to the call buzzer at all times?												
If pressure relieving overlay mattress, or air filled mattress in use, are extra height bedrails fitted?												
If Bariatric bed in use is compatible extra wide mattress fitted?												
SECTION FIVE - DECISION MAKING												
Has the decision been made to use bedrails?	NO											
State rationale for using or not using bedrails	NOT Required											
Bedrails fitted and/or checked by	[illegible]											
Date	8/7/16											

Bedrails Algorithm



1. If bedrails are used consider:

- Risk of entrapment and harm to limbs
- Risk of patient climbing over the top
- The psychological effect of bedrails to the patient
- Use of air filled mattresses or mattress overlays require extra height bedrails
- Bariatric beds must be used with a compatible extra wide mattress.

2. Alternatives to bedrails

- Move patient to observable area to maximise supervision
- Bed Monitor (see criteria)
- Ensure bed returned to lowest height after care delivery
- Ensuring patient needs anticipated e.g. drinks are accessible, regular toileting, call bell to hand etc
- Nursing patient on mattress on the floor should be a last resort and safety checks should be made for hot pipes, trailing wires, electric sockets etc. Moving & handling risk assessment for staff must be completed
- Contact Hospital Falls Prevention Coordinator for advice

3. Remember to document in nursing records:

- Date and time assessment made
- Patient & NOK given bedrails information leaflet
- Rationale for decision made in care plan
- Where bedrails are considered appropriate and the patient has declined their use.
- Actions taken, including discussion with Next of Kin
- Care planning and reviews

Assessment should be made:

- On admission
- If patient's condition changes
- Daily / weekly depending on the situation

mi • 217816 Version 1_0 • GGC0064 Updated Jan 2016

CHI: 2208793218

Glasgow Royal Infirmary

5

Total Att: 5

12 Mth Att: 2

Title: **MR**

BURGESS **Henry**

DOB: **22/08/1979** Age: **36y** Sex: **Male**

15/1 15 Scaraway Drive

Glasgow
G22 7EX
0141 258 4480

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

GP: **WI Weir**
0141 889 3144

Attendance Date: **27/06/2016** Arrival Time: **21:45**

Registration Time: **21:45** Date of Incident: **27/06/2016**

Major Incident Desc:

Reason for Attendance: **swollen leg**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **27/06/2016 21:53** Nurse name: **Nurse Claire Adams1**

Temp	**36.4**	C
HR	**75**	bpm
BP	**163/97**	mmHg
MAP	**119.00**	mmHg
RR	**16**	bpm
SpO2	**97**	%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **Right lower leg swelling and redness, hot to touch. Prev IVDA, DVT's. Hep C+. Also said he had a 'diabetic seizure' this evening- alert and orientated now.**

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**		
	Seen By	Time Seen	

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

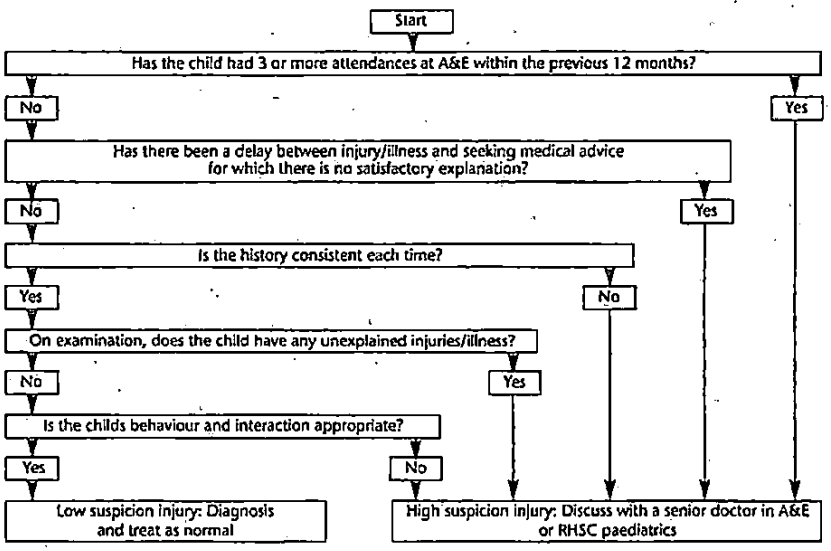
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

20/6/16 0070 Namdi GUSTR A&E

(3) PC - swollen red right leg - 1 week duration
- attending today as it is painful when he walks.
History difficult as he is very drowsy & not particularly communicative

PMHx
T1DM
Hep C (? treated)
IVDU
DVT
Alcohol dependence

DHx denies any allergies
Omeprazole
Novomix
Pregabalin
Mirtazapine

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Clinical Notes

Date	Time	Name	Grade	Speciality

OBS - T36·1
BP118/76 HR 80
RR 20 SpO2 96% A.

Drowsy but easily roused

HS I + II +0 - regular

Abdo soft.

Right leg erythematous & swollen + engorged veins again.
Tender to touch.
Injected in (R) groin earlier in day
Impr: ? DVT ?? cellulitis.

Bloods - WCC (N)
D-Dimer ↑.

Plan (D/w Nikki Duncan - SpR).

Admit for US Doppler
Rx per dalteparin as IVDU.
PRN analgesia
Will give pabrinex - may need GMRWS removed

AW.

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

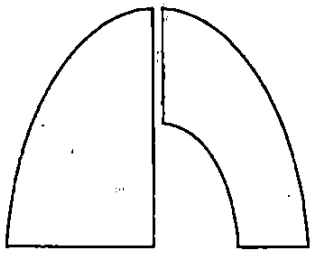
NHS
Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Clinical Notes

Date	Time	Name	Grade	Speciality

X-Ray results



ECG findings

Other investigations

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow.
G22 7EX

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time	
WCC	7·4	
Hb	146	
Plat		
MCV		
Neut	3·8	
DDim	~~25/4~~ and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na^+		
K^+		
Cl^-		
Ur		
Creat		
Glu		
CRP	3	
Bil	Date and time	
AST		
ALT		
GGT		
ALP		
Prot		
Alb		
Glob		
Ca^{++}		
Amyl	Date and time	
TSH		
FT4		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
$PaCO_2$		
PaO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking..... away from)

the..... Hospital at my own desire and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature.....

Witness Date.....

* Delete whichever is inapplicable.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✔ appropriate directorate

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Date & Time		Signature, Print Name & Designation
28/6/16	35 year old Man admitted from A&E with swollen, red painful right leg for 1 week, very drowsy on admission ? intoxicated PMH. Type 1 diabetic, IVDU, DVT Alcohol excess. Hep C +ve treated Imp. ? DVT ? Cellulitis. Bloods done A-Drew. For doppler u/s ~~requested~~ in AM Reason very intoxicated on arrival to ward cannula & fully clerked needing admission paperwork Observed satisfactorily	Allan ADAM
28/6/16	WR	
10:55	36 y.o. ♂	
	Attends c 3/52 h/o swollen painful Rt. calf. - Burning.	
	last injected yesterday. Prev DVT. on Rt.	
	type 1 DM. on 4 + 8 u.	
	Rt leg red hot + swollen	
	~~Tracks~~ Sinuses in both groins. LN Rt groin.	
	Plan - Doppler uss	
	- if -ve D/C c flucloxacillin	
	- if +ve D/C c advice to GP	
		ALISON CAMPBELL

83949

Date & Time		Signature, Print Name & Designation
8/6/16	Nursing day 1235	
	Patient D/C from ward	
	did not wait for MS	
	Doctor.	

Scottish Ambulance Service Patient Report Form

Incident Number	CR003030960 on 27/06/2016 at 20:56		
Callsign		Incident Type	EMG
Crew1	E1022458 - Driver	Crew3	
Crew2	E9888493 - Attendant	Crew4	

INCIDENT LOG

Incident Location	THE WAYSIDE CLUB 32 MIDLAND STREET CITY CENTRE GLASGOW	Incident Postcode	G1 4PR
Call Received	20:56 - 27/06/2016	Patient at Hospital	-
Call Passed	20:56 - 27/06/2016	Patient Handover	-
Crew Mobile	20:57 - 27/06/2016	Crew Clear	-
Crew at Scene	21:05 - 27/06/2016	Clear Reason	
Crew Left Scene	21:27 - 27/06/2016		
Receiving Hospital	GLASGOW ROYAL INFIRMARY		

DIAGNOSIS

Chief Complaint Code	23
Despatch Code	23C05I : Intentional Overdose of Narcotics (Heroin)
Diagnostic Code	26O01 : 26O01 - Sick Person No Priority Symptoms (Not 2 - 28)

PATIENT DETAILS

Surname	BURGESS		
Forename	HENRY		
Middle Initials		Sex	Male
DoB	22/08/1979	Age	36 years 10 months 5 days
Patient Address	14 THOMSON BRAE, PAISLEY	Patient Postcode	
Patient Telephone		Ethnicity	

PATIENT CONSENT

Mental Capacity Assessed	Deemed To Have Capacity
Level of Consent	Immediate Risk To Life, Lack Of Patient Consent, Risk Of Refusal Explained, Risks Of Condition Explained, Treatment Benefits Explained

PRIMARY SURVEY

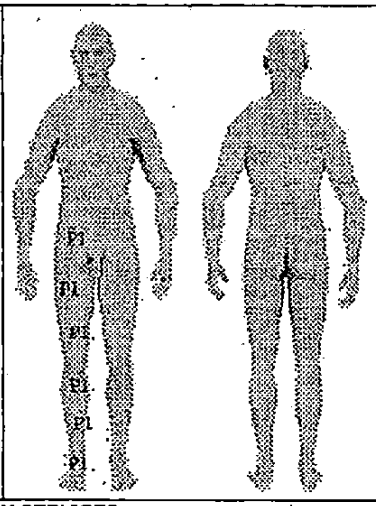
AVPU Assessment	Alert,
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Normal
Respiratory Rate	14
Pulse	Normal
CSI Assessment	No Evidence Of C-Spine Injury

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
21:20	70	Reg	Alert	14	160	107		8.2	35.9	96			Normal sinus rhythm	2	15	7.8	1		
21:24	78	Reg	Alert	14	158	112				97					15	7.8			

AMPLE

Allergy Type	None
Previous Medication	SAMOXILON, ANTI DEPRESSANTS, INSULIN, ~~DVT~~, ~~HEP C~~
Previous Medical History	Asthma, Diabetes DVT, HEP C
Last Eaten Before Incident	More Than 5 Hours
Events Prior To Incident	AT WALK IN CLINIC



EMERGENCY SERVICES

In Attendance	Paramedic, Technician

PATIENT HANDOVER

Patient Mobility On Arrival	Seated	On Scene Removal	Walking
Patient Transportation	Lying	Care Delivery At Hospital	Trolley
Time Of Patient Handover			

SEPSIS

Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection
70	14	160	35.9	15	8.2	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
78	14	158		15		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	Eye Opening	Verbal Response	Motor Response	Total
21:20	Spontaneous	Orientated	Obeys Commands	15
21:24	Spontaneous	Orientated	Obeys Commands	15

PATIENT SUPPORT

Next of Kin	ANN BURGESS	Next of Kin Telephone	
Next of Kin Address	SAME AS PT		

ADDITIONAL COMMENTS AND OBSERVATIONS

36 YOM ON GOING CONDITION WITH SWOLLEN LEG. WAS AT HOSPITAL LAST WEEK WITH SAME CONDITION BUT WALKED OUT. KNOWN HERION USER AND ALCOHOLIC. INJECTED IN GROIN TODAY. STARTED USING AGAIN 4 MONTHS AGO.

REPORT MANAGEMENT

Report ID	CR003030960-27062016212906		
Software Version	1.0.413	Report Type	Interim

Unable to complete

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

Hospital: GRI	Ward: 46
Date of admission: 28/6/16	Time: 0300
Admitting Consultant:	Admitting Nurse: Anne
Expected date of discharge: / /	

Name: .....
2208793218
Address: BURGESS M .....
Henry 22/08/1979 .....
15/1 15 Scaraway Drive .....
DoB: .... Glasgow .....
G22 7EX .....
CHI nu .....
Affix patient data label

1. Patient Details

Preferred name: Henry	Next of Kin (NoK): Lauren McDermott
Age: 36	Relationship: Partner
Religion:	NoK Address: Information taken from A+E sheet
Telephone:	
GP:	NoK Telephone:
GP address: Dr. WI Weir, King Street Surgery, The Surgery, 15 King Street, Paisley, PA1 2PS	NoK Aware of admission: ☐ Yes ☐ No
	Consent for information to be given to relatives: ☐ Yes ☐ No
	Nominated family contact:
GP telephone:	Telephone - Day:
	Telephone - Evening:

Is the patient a carer? ☐ Yes ☐ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☐ No ☐ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

2. Presenting Complaint / Diagnosis

Right leg swelling, red hot & tender

Why does the patient think they are in hospital? *Use patients own words:*

3. Allergies (including food allergies)

No known allergies: ☐

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO_2	Temp
Urinalysis:		AMT4 Score	BM	NEWS Score	Weight Estimated / Actual	Height Estimated / Actual	BMI

5. Current Medication

Medicines reconciled on admission? ☐ Yes ☐ No

6. Relevant Past Medical History

7. Risk Assessment

MUST

1. Is the patient's BMI:
   - > 20 ..... Score 0
   - 18.5-20 ..... Score 1
   - <18.5 ..... Score 2

   Score ☐
2. Has the patient had unplanned weight loss in the past 3-6 months?
   - < 5% ..... Score 0
   - 5-10% ..... Score 1
   - >10% ..... Score 2

   Score ☐
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:
   - Score = 2
   - Not applicable: Score = 0

   Score ☐

MUST Score: ☐

If score 1 or more, complete full Nutrition Profile

Name: ..  .....
Address: 2208793218 .....
BURGESS
..... Henry M
22/08/1979 .....
DoB: ..... 15/1 15 Scaraway Drive .....
Glasgow
CHI nun G22 7EX .....

8. Cognitive Impairment

For all patients ≥ 65 years, ask the following 4 AMT questions:

1. How old are you? ..... years
2. What is your date of birth? / /
3. What is this place? .....
4. What year is it? .....

If the patient does not answer all questions correctly then refer to medical staff.

AMT Score: ..... out of 4

Name of Doctor informed (if required)

..... Grade .....

9. MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☐ Yes ☐ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☐ No ☐ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☐ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☐ No ☐ Not known

If 'Yes' to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☐ Nasal ☐ Perineum ☐ Other - Specify: ☐ Patient refused

CJD: Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:

☐ Yes ☐ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☐ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

10. Lifestyle

Smoking:

Does the patient smoke? ☐ Yes ☐ No

If 'Yes' how many per day:

Does the patient use nicotine replacement therapy? ☐ Yes ☐ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☐ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☐ Yes ☐ No If 'Yes' specify:

Alcohol (Men): How often do you have 8 or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have 6 or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

11. Admission Documentation Completed By

Name (Please PRINT):	Signature:
Designation:	Date:

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital:	Ward:
Date of Assessment: / /	Time:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

1. Breathing and Circulation

Breathing:

- ☐ No symptoms or history of respiratory problems
- ☐ Dyspnoeic at rest
- ☐ Dyspnoeic on minimal exertion
- ☐ Dyspnoeic on maximum exertion
- ☐ Productive / non-productive cough evident
- ☐ Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- ☐ No symptoms
- ☐ Known cardiac or circulatory problems

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

.....

Interpreter: Required ☐ Not required ☐

If required, provide details and arrangement made:

.....

.....

Does the patient have:

a. Speech difficulties? ☐ Yes ☐ No

b. A learning disability e.g. Down's Syndrome?
☐ Yes ☐ No

If 'Yes' please specify:

.....

If 'Yes' contact Liaison Learning Disability Team.
Liaison Learning Disability Team contacted:
☐ Yes ☐ No

c. A learning difficulty e.g. dyslexia, dyspraxia?
☐ Yes ☐ No

If 'Yes' please specify:

.....

3. Senses

Senses:

Eyesight

- ☐ Normal vision
- ☐ Glasses – ☐ Distance ☐ Reading
- ☐ Prosthesis – ☐ Left ☐ Right
- ☐ Contact lenses
- ☐ Registered blind

Hearing

- ☐ Normal
- ☐ Hearing impaired
- ☐ Hearing aid – ☐ Left ☐ Right

4. Mental Status

Mental Status:

- ☐ Orientated
- ☐ Confused
- ☐ Distressed
- ☐ Aggressive /Abusive
- ☐ Unconcious

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

5. Hydration and Nutrition

MUST Score: ..... **If score is 1 or more, complete a Nutrition Profile.**

Nutition Profile completed ☐ Yes ☐ No
If 'Yes' do not complete sections 5a to 5d.

- **If score is 0, reassess / screen patient in 7 days.**
- **Complete sections 5a to 5d.**

Date of reassessment: / /

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

5a 1. Food likes / dislikes:

5a 2. Fluid likes / dislikes:

5c. Help needed with eating and drinking:
☐ Yes ☐ No
If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☐ No
If 'Yes' specify diet needed:

5d. Texture Modified Diet needed?
☐ Yes ☐ No
If 'Yes' specify texture: A☐ B☐ C☐ D☐ E☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1☐ 2☐ 3☐

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

6. Elimination

Continent:	Incontinent:	NHS GGC Stool Chart commenced:
☐ Bladder ☐ Bowel	☐ Bladder ☐ Bowel	☐ Required ☐ Not required

Long-term urinary catheter in situ? ☐ Yes ☐ No If 'Yes' – Size: ..... fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:	Containment products in use? Please specify:
☐ Yes ☐ No ☐ Not applicable	

☐ Bowels regular ☐ Constipated ☐ Diarrhoea / loose stools	Stoma: ☐ Yes ☐ No If 'Yes' please specify and list appliances used:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

7. Personal Hygiene, Oral Health and Skin Assessment

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Personal hygiene:

☐ Self-caring and independent
☐ Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent ☐ Yes ☐ No
Does the the patient have a sore mouth ☐ Yes ☐ No
Does the patient have a non healing mouth ulcer ☐ Yes ☐ No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

Oral Hygiene Care Bundle:

☐ Required ☐ Not required

Dentures:

☐ Not worn
☐ Upper set
☐ Lower set
☐ Full set
☐ Dentures with patient on admission

Skin assessment:

☐ Skin healthy with no evidence of damage
☐ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy

If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: ☐ Yes ☐ No ☐ Not applicable

Pressure ulcer evident: ☐ Yes ☐ No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

8. Mobility

Patient fully mobile / independent? ☐ Yes ☐ No If 'No' complete Moving and Handling Assessment.

☐ Limited mobility

☐ Mobile with aid – Specify:

☐ Prosthesis – Specify:

Moving and Handling Plan commenced:

☐ Yes ☐ No

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? ☐ Yes ☐ No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: ☐ Yes ☐ No

Bed rails required:

☐ Required ☐ Not required

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

0. Sleep and Rest

Sleep habits:

☐ Less than 8 hours ☐ Afternoon nap
☐ Morning nap

Sleep difficulties:

☐ None ☐ Disturbed
☐ Early wakening e.g. nocturia, insomnia

Medication required: ☐ Yes ☐ No

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

1. Social Circumstances

☐ Employed ☐ Unemployed ☐ Retired
☐ Lives alone
☐ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services ☐ Unpaid carer e.g. family, friends
☐ Private Carers ☐ None

If support services in place, please provide details:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

2. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?
☐ Yes ☐ No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?
☐ Yes ☐ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?
☐ Yes ☐ No

If 'Yes' please provide brief details:

Ask the patient:
"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"
☐ Yes ☐ No ☐ Not at this time

If 'Yes' please specify faith group:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

14. Anticipatory Care

(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☐

Is the **patient** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the **patient's family** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care:	Preferred place of death:
Home: ☐ Hospital ☐ Hospice ☐	Home: ☐ Hospital ☐ Hospice ☐
Current treatment – please identify (e.g. chemotherapy/ radiotherapy):	Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT):

Signature:

Designation:	Date:

Clinical Notes

Date and Time	Notes	Name, Signature and Designation

Clinical Notes continue on next page

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

Affix patient data label

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow,
G22 7EX

Presenting Complaint: _____

Date and Time: _____

Named Nurse(s):

Patient preparation (Please tick when completed)	Initials:		Communication (Please tick when completed)	Initials:	
Prepare patient for examination and provide blankets if required		☐	Communication Aids (spectacles / hearing aid)		☐
			Relatives present, who?		☐
Clothing bagged, labelled and stored under trolley		☐	Relatives / NOK informed		☐
Name-band (if required)		☐	Interpreter required		☐
			Telephone interpretation required		☐
Observations and Investigations (Please tick when completed)				Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.		☐	IV cannula (if required)		☐
Peak Flow 1. 2. 3.		☐	Blood samples taken		☐
12 Lead ECG		☐	Urinalysis and Specimen if indicated		☐
Cardiac Monitoring		☐	*Results:*		
X-rays performed		☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:		☐
Other: please add		☐	Weight:		☐
Screening Tools (Please circle or tick as appropriate)				Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started		Y / N Y / N	Preliminary Pressure Ulcer Risk Assessment The patient can reposition themselves whilst in the department?		Y / N
AMT 4 (if >65 years) SCORE		/4	There is **no** reported skin damaged other than presenting trauma?		Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*		Y / N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*		Y / N
Mental Health Triage Assessment.		Y / N	Waterlow Score *If >10 commence Active Care*		☐
Child Protection considered (in line with policy)		Y / N	Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*		☐
FAST		Y / N			
GMAWS		Y / N	Pressure damage identified on arrival in ED is documented in clinical notes		☐
Has Swallow test been carried out?		Y / N	Grade 3 or 4 Pressure Ulcers are reported on DATIX		☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
Relatives informed		☐	☐	Information on discussion with relatives
Cannula		☐	☐	
Name band		☐	☐	
AMT4		☐	☐	
NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient		☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
Allergies are recorded (e.g. on Kardex)		☐	☐	
Fluids		☐	☐	
Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex		☐	☐	
GMAWS		☐	☐	
Belongings (including patient's medications)		☐	Always	Please note here if any other tasks required prior to transfer
Bed requested, accepted and ward informed		☐	Always	
Notes: medical notes, GP letter, PRF		☐	Always	
Investigations	CXR reviewed	☐		
ECG reviewed		☐	☐	Print name
Bloods sent		☐	☐	
Bloods reviewed		☐	☐	
Patient on O_2: cylinder checked		☐	☐	
Patients requiring analgesia: sufficient		☐	☐	

PECOS 110452 MIS 262617-A

P2208793218
BURGESS
Henry M
15/1 15 Scaraway Drive 22/08/1979
Glasgow
G22 7EX

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
27/6/16	Patient brought to bay 5 on trolley	
2355.	Triage observations charted -	PGONNET (S/N)
	NEWS 0 (at 2155) Awaits review	PGonnet
28/6/16	Observations rechecked - NEWS 0.	
0015.	BM = 6.4 mmol/L. Patient states he has	
	IDDM.	PGonnet (S/N).

Patient Addressograph Label

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

Patient Addressograph Label

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Time							
	1.	PAIN: Assess and address If in pain inform registered nurse Y/ N or N/A								
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (independent)								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)								
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B								
		Chair Assist to walk, stand or tilt (W /ST/ T)								
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces								
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)								
		Encourage the patient to drink? (if appropriate) Y / N / N/A								
		Food, snack or supplement taken? (if appropriate) Y / N / N/A								
	6.	ENVIRONMENT: Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N								
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y / N								
	8.	ESCALATION: Escalate any issues to the Registered Nurse? Y / N/A								
		Nurse Initials								

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant I = Independent NT = No thanks	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (bruising/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	Neurological Deficit	
Incontinent faeces	2	Broken (established ulcer)	3	Nutritional Element		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	Mobility		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			Special Risks - Medication	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids* (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4			Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days	2		

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☑
Date 8/7/16 Name (Print) E Flynn
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name Abbey Chemist Tel No. 552 2528
Address Argyll St.
Compliance Aid Details DOUS Suboxone ®
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS



2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
7/7/16	Dalteparin	15,000	u	sid	S Kelly		2110
08/7/16	PREGABALIN	300mg	Po	1300		KL	1250
08/7/16	NIQUITIN PATCH	21mg	TOP	1400		give	
8/7	PREGABALIN	300mg	PO	23[00]		SSH	2340

	DATE	09	9	10
	MONTH	07	1	1

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: NOVORAPID

DOSE: APC | ROUTE: SC | DATE: 8/7

PRESCRIBER (PRINT & SIGN):

STOPPED DATE: 09/07 INITIALS: JR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Not current.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

B

BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: NOVOMIX 30

DOSE: APC | ROUTE: SC | DATE: 8/7

PRESCRIBER (PRINT & SIGN):

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Flexpen 100units/mL

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

1600-1800: 13 13 13

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: PABLINEX

DOSE: 2(1+1) | ROUTE: IV | DATE: 08/07/11

PRESCRIBER (PRINT & SIGN):

STOPPED DATE: 8/7 INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

1200-1400: 4pm

2200-2400: 3

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE → 08 9 10
MONTH → 07 7 7

Patient's Own Medicine

D BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: DALTEPARIN
DOSE: 15,000 u | ROUTE: SC | DATE: 08/07/16
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: 08/07 INITIALS: SR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: wt=63kg. ∴ 12,500 units
Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

E BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
DRUG: DALTEPARIN
DOSE: 12,500 u | ROUTE: SC | DATE: 08/07/16
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: wt=63kg
Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

F BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
DRUG: Daltaparin
DOSE: 12,500 units | ROUTE: SC | DATE: 8/7
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: for 3 months
Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

G BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG:
DOSE: | ROUTE: | DATE:
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE: 10 9 16
MONTH: X 9 9

H — DRUG: OMEPRAZOLE
BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 20mg | ROUTE: PO | DATE: 8/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Pt takes BD at home
0700-0900: (3) [illegible]

J — DRUG: MIRTAZEPINE
BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 8/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
2200-2400: 1 [illegible]

K — DRUG: PREGABALIN
BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 300mg | ROUTE: PO | DATE: 8/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Wkdd 4 doses
0700-0900: 9 [illegible]
2200-2400: 9 [illegible]

L — DRUG: DIHYDROCODEINE
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 60mg | ROUTE: PO | DATE: 08/09/16 | STOPPED DATE: 08/10/17 | INITIALS: SK
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other Time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other Time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE: 08 09 10 11
MONTH: J 7

M — DRUG: LACTULOSE
DOSE: 10 mL | ROUTE: PO | DATE: 08/07/16 | STOPPED DATE: 1117 | INITIALS: VW
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
Other time: 0700-0900: 8 8 8 | 1200-1400: 8 | 1600-1800: 10 8 | 2200-2400: | Other time:
For Use Y/N: Qty: Date: Assessed by: Ordered from Pharm.

N — DRUG: SENNA
DOSE: 15 mg | ROUTE: PO | DATE: 08/07/16 | STOPPED DATE: 1117 | INITIALS: VW
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
Other time: 0700-0900: | 1200-1400: | 1600-1800: | 2200-2400: 3 3 | Other time:
For Use Y/N: Qty: Date: Assessed by: Ordered from Pharm.

P — DRUG: THIAMINE
DOSE: 100 mg | ROUTE: PO | DATE: 08/07/16 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
Other time: 0700-0900: X X X 10 | 1200-1400: X X X | 1600-1800: | 2200-2400: X X X | Other time:
For Use Y/N: Qty: Date: Assessed by: Ordered from Pharm.

R — DRUG: CLINDAMYCIN
DOSE: 900 mg | ROUTE: PO | DATE: 08/07/16 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Duration- 7 days
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
Other time: 0700-0900: | 1200-1400: | 1600-1800: | 2200-2400: | Other time:
For Use Y/N: Qty: Date: Assessed by: Ordered from Pharm.

Patient's Own Medicine

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE: 8 9 10 11
MONTH: 7 7 7 7

S — DRUG: SUBOXONE
DOSE: 16mg | ROUTE: PO | DATE: 08/07/16 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 2x8mg/2mg. 16mg Dose confirmed
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: NIQUITIN PATCH
DOSE: 21mg | ROUTE: TOP | DATE: 08/17/16 | STOPPED DATE: 7 | INITIALS: NP
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: ~~CO-CODAMOL~~ CO-CODAMOL 30/500
DOSE: 2 tabs | ROUTE: PO | DATE: 9/7/16 | STOPPED DATE: | INITIALS: NP
PRESCRIBER (PRINT & SIGN): Dr G
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG:
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

Patient's Own Medicine

LL
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: DIAZEPAM
DOSE: 10-20mg | ROUTE: PO | INDICATION: GMAWS
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: PRN | DATE: 08/07/16
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: | INITIALS:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

MM
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: LORAZEPAM
DOSE: 1-2mg | ROUTE: PO | INDICATION: GMAWS
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: PRN | DATE: 08/07/16
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Max 12mg / 24h
STOPPED DATE: | INITIALS:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

NN
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
DRUG: DIAZEPAM
DOSE: 10-20mg | ROUTE: PO | INDICATION: GMAWS
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: PRN | DATE: 08/07/16
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Max 120mg / 24h
STOPPED DATE: 9/7 | INITIALS: DG
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

PP
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑
DRUG: Diazepam
DOSE: 10-20mg | ROUTE: PO | INDICATION: GMAWS
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: PRN | DATE: 9/7/16
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: 11/7 | INITIALS: MW
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

DATE	8/7	8/7	8/7	8/8	8/8	8/8																		
TIME	12:30	14:00	18:30	16:00	08:30	20:00	23:00																	
DOSE	10mg	20mg	10mg	10mg	10mg	10mg	10mg																	
GIVEN BY	TM	[illegible]	TM	[illegible]	[illegible]	[illegible]	[illegible]																	

DATE	9/7	9/7	9/7	9/7																				
TIME	10:00	12:00	14:00	20:00																				
DOSE	10mg	10mg	10mg	10mg																				
GIVEN BY	[illegible]	[illegible]	[illegible]	[illegible]																				

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

| BEFORE ADMISSION | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg
Gram = g
Millilitre = ml
Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Insulin Prescription and Administration Form

NHS Greater Glasgow and Clyde

Name: Hen[illegible]

Address: Bucc[illegible]S

DoB:

Chi number:

Affix patient data label

Diabetes: Type 1 ☐ Type 2 ☐ Secondary ☐

Self administering insulin: Yes ☐ No ☐

Usual diabetes medication and device:

If unwell, vomiting or septic, check for ketones and request urgent medical review.

- When prescribing insulin always write the word units in full (do not abbreviate to U or IU)
- Always measure the dose and administer insulin using an insulin syringe
- Rapid acting and premix insulin should be given with meals
- Long acting insulin should be given at the same time every day

****Please record insulin preparation and administration times in the main Medicine Prescription Form (Kardex) and write 'as per chart' across the administration boxes****

Refer to guidelines on reverse of form when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring: _____ /day.

Date	Time	CBG Readings (mmol/L) <4	CBG Readings (mmol/L) 4.0-14.9	CBG Readings (mmol/L) ≥15	Insulin Preparation	Insulin Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
8/7											Y / N
											Y / N
	Before Breakfast		7.7		NOVOMIX 30	5	[illegible]	RS	RW	0650	Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner		13.1		Novomix 30	6	[illegible]	WS	LA	1820	Y / N
			12.7	-2050							Y / N
	Before Bed										Y / N
9/7											Y / N
											Y / N
	Before Breakfast		14.9		NOVOMIX 30	5	[illegible]	13			Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N
10/7											Y / N
											Y / N
	Before Breakfast			19.2	Novomix 30	12 units	[illegible]	13	RS	0810	Y / N
											Y / N
	Before Lunch		13.8								Y / N
											Y / N
	Before Dinner			19.4	Novomix 30 8 units		[illegible]	13	RS	1730	Y / N
											Y / N
	Before Bed		17.6	[illegible]							Y / N

Date	Time	CBG Readings (mmol/L) <4	CBG Readings (mmol/L) 4.0-14.9	CBG Readings (mmol/L) ≥15	Insulin Preparation	Insulin Dose (units)	Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
											Y / N
											Y / N
11/7	Before Breakfast		13.2		NOVOMIX 30	14	N.N.S.	14	AHM	0700	Y / N
											Y / N
	Before Lunch		13.2								Y / N
											Y / N
	Before Dinner				Novomix30	8 units					Y / N
											Y / N
	Before Bed										Y / N
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L

Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet

Urgent medical review if unwell/deteriorating at any stage.

- **Mild and able to swallow:** 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice
- **Severe:** 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)

Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but do not omit insulin in type 1 diabetes.

Hyperglycaemia: Glucose ≥ 15mmol/L

Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.

Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.

Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.

If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name: .....

Address: .....

.....

DoB: .....

Chi number: .....

Affix patient data label

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hospital 2208793218
DOB: BURGESS Henry M 22/08/1979
15/1 15 Scaraway Drive Glasgow G22 7EX
Date of A
Consulta

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
28/6/16	Paracetamol 1+11	TT	IV		[signature]	Anal	0545

	DATE → 28																								
	MONTH → 6																								
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																								
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																									
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																									
SIGNATURE OF ASSESSOR																									
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																									
Parenteral Drugs : Regular Prescription																									Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**A** DRUG Novomix DOSE APC ROUTE S/C DATE 8/16/16 STOPPED DATE: PRESCRIBER (PRINT & SIGN) INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY DOSE TO BE CONFIRMED #	Other time																								For Use Y/N
		0700-0900																								Qty:
		1200-1400																								Date:
		1600-1800																								Assessed by:
		2200-2400																								Ordered from Pharm.
		Other time																								
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**B** DRUG DOSE ROUTE DATE STOPPED DATE: PRESCRIBER (PRINT & SIGN) INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																								For Use Y/N
		0700-0900																								Qty:
		1200-1400																								Date:
		1600-1800																								Assessed by:
		2200-2400																								Ordered from Pharm.
		Other time																								
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**C** DRUG DOSE ROUTE DATE STOPPED DATE: PRESCRIBER (PRINT & SIGN) INITIALS: ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																								For Use Y/N
		0700-0900																								Qty:
		1200-1400																								Date:
		1600-1800																								Assessed by:
		2200-2400																								Ordered from Pharm.
		Other time																								

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE → 28
MONTH → 6

H
BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐
DRUG: Omeprazole
DOSE: 20mg | ROUTE: PO | DATE: 2816116
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: | INITIALS:
Other time | 0900-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

J
BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐
DRUG: Presatalin
DOSE: 300mg | ROUTE: PO | DATE: 2816116
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: | INITIALS:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

K
BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐
DRUG: Mirtazapine
DOSE: 30mg | ROUTE: PO | DATE: 2816116
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: | INITIALS:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

L
BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐
DRUG:
DOSE | ROUTE | DATE:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: | INITIALS:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

W

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

																																Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	LL	DRUG: Co-Codamol 30/500																														For Use Y/N
		DOSE: TT	ROUTE: PO	INDICATION: Pain	STOPPED DATE: INITIALS:	DATE																										Qty:
		PRESCRIBER (PRINT & SIGN): [signature]	MAX.FREQ: QDS	DATE: 28/6/16		TIME																										Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DOSE																										Assessed by:
						GIVEN BY																										Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	MM	DRUG																														For Use Y/N
		DOSE	ROUTE	INDICATION	STOPPED DATE: INITIALS:	DATE																										Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		TIME																										Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DOSE																										Assessed by:
						GIVEN BY																										Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	NN	DRUG																														For Use Y/N
		DOSE	ROUTE	INDICATION	STOPPED DATE: INITIALS:	DATE																										Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		TIME																										Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DOSE																										Assessed by:
						GIVEN BY																										Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	PP	DRUG																														For Use Y/N
		DOSE	ROUTE	INDICATION	STOPPED DATE: INITIALS:	DATE																										Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		TIME																										Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				DOSE																										Assessed by:
						GIVEN BY																										Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= naso-jejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - intrathecal must be written in full.

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Clinical Notes

Nursing 1800
@ 17 1.16
Pt with drowsy from ALCO
may agitate if pushing meal
out wishing to leave ward.
On FYI -> willing to stay
diazepam given as per
protocol

Nursing 1830
pt now mine settled
Await IV Access. (medics AWARE)
Insulin given

22[30]. APSP: pregabalin?
Pt away off ward. Concerns of IV access with Hx of IVDU.
Venflon removed. Pabrinex stopped.
Threatening to irregular d/c.
Wanting pregabalin. GCS 13/15. No clear reason why w/h.
Written as once off on kardex.

N ZAPCAIK
GPVT

9/7/16 NURSING (NIGHT)
~~Settled night~~ error
Agitated on arrival to ward. Angry that pregabalin had been withheld by Medical staff. Medics asked to review as above. Patient threatening to 'self-discharge and hit-up'. Has now had pregabalin and diazepam 10mg via GRMS. More settled, BM stable and appears to be sleeping. Mobilising outside for cigarette despite being aware of smoking policy. Venflon removed as per medical instructions. Aware of ultrasound results.

SSuh SSUN SHN.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
Henry Burgess. 22/8/79
15/1 15 Scaraway Dr.
Glasgow G22 7EX

Date & Time		Signature, Print Name & Designation
	Acute Addiction Liaison (201-0204/5)	
8/7/16	Thank you for the referral.	
0945	Henry refused a full assessment by Addiction	
	liaison.	
	Henry is Open to North CAT (276-4580)	
	Care Manager John Kevin.	
	Suboxone 8/2mg x2 confirmed. Abbey Pharmacy	
	(552-2528). Supervised daily with take home	
	Saturday for Sunday. Last supervised dose	
	6/7/16. Prescription expires 13/7/16.	
	May I suggest the following plan	
	①. Continue Suboxone 8/2mg x 2 tablets once	
	daily as per Guidelines on the management of	
	drug misusers in GGC hospitals p.19 Appendix 6.	
	②. May I ask ward staff to contact	
	Care Manager John Kevin (276-4580) and	
	Abbey Pharmacy (552-2528) on discharge	
	regarding suboxone prescription.	
	I will advise same of admission.	
	I do not intend to review but please re-refer	M. SLOWEY / nGlory /
	if necessary.	Addictions Nurse.
	Many Thanks.	

83949 GCC0072

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS
Henry M
22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7E

Date & Time		Signature, Print Name & Designation
	F+U D.6 for 1688	
9/7/16		
1000	ATSP re agitation, Pregabalin dose. Not drowsy - can have pregabalin.	
	Aggressive towards staff, arguing that should have diazepam. Reviewed by Consultant as below - can have PRN Diazepam as per GMAWS	
9/7/16	Agitated - diazepam as required	
	Can have [illegible] methadone	
	Type 1 diabetic + recent DVT	
9/7/16	Nursing Day	
0800	Settled today however very aggressive & seeking opiates & diazepam	
	Not scoring on GMAWS however stating anxious therefore recommenced on GMAWS & diazepam	
	Self administering insulin however needed frequently for 45mins at a time	
	Seems drowsy at times. Can now have pregabalin	
	Received Suboxone today	
	Awaits further medical review	
	BM's seen checked	
10/7/16	Nursing Night	
04:30	Diazepam to given as per GMAWS	
	Scoring at 3. Medication given as per	
	Cardiac Obs Stable. Mobile to outside	
	for cigarette	

Date & Time		Signature, Print Name & Designation
10/7/16 1515	Nursing Progress Note Re-engagement with Wash this am. Medications as Kardex Not Scoring on GMAWS Insulin as Charted Fragmin as prescribed	SW Dreary SN
10/07/16 WARD 20/21	FY2 IDDLES	
	Hx noted	
	IVDU - heroin.	
	DVT - on s/c LMWH Cellulitis - PO Aby	
	Agitation - GMAWS - not scoring.	
	O/E Not at bedside.	
	NEWS 0.	
	(P) Clw current Mx	
	Addictions liaison.	IDDLES
	PRN. DF118	FYR
11.07.16 03:30	Nursing note (night) @ patient observed actively seeking diazepam. even though after been assessed by myself patient not scoring. very argumentative with myself BM's last night 17.6 mmol/l patient also seeking insulin Kept spoke to patient regarding GMAWS Protocol and insulin regime patient now settled. Appears asleep - Nursing	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2208793218
BURGESS
Henry M
22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Date & Time		Signature, Print Name & Designation
cont	Nursing notes (night)	
11/7/16	pt addiction liaison referral D	
03:00	for CAT D.	Augustine SN
07:10	Patient BM's 13.2 mmol/L	
	14 Units insulin prescribed.	
	patient refusing to self administrate	
	14 units. will discuss with medics to	
	reduce to 8 units as pt suggests	Augustine SN
11/7/16	Patient SBO with	
1000		
	Issues ① New right DVT	
	– on dalteparin 12,500 units	
Ex-IVDU	– d/w Dr Wilson (Cons) → for	
→ currently	3 months in community	
not injecting	– pt has been self-administering	
drugs	dalteparin in hospital.	
		– MDT Dr Crowe
	② Alcohol withdrawal	Dr Sanders 3 months
	– off CIWA's	
	– nil seizures	
	– on Subutex	
	– on thiamine	
	OE:	
	↳ (N) leg swelling → pt states leg	
	is getting better. Up mobilising	(→)

Date & Time	Patient SHO UHL	Signature, Print Name & Designation
11/7/16		
	(3) Resolving (N) leg cellulitis → day 7/7 clindamycin	
	(P) (H) c MOPC flu Dr Cook 3/12 Complete clindamycin 4 more days Have explained importance of taking dalteparin and abstaining. f Stop co-codamol → pt states does not need. Stop lactulose/senna → pt states bowels opening	
		Junior pharmacist SHO
11/7/16 11:50	Nursing Day Settled today Independent with adl's Observations as charted, Apyrexial To get Seacare in place pharmacist tomorrow D/C with dalteparin & is happy to self administer IDCS & Script in pharmacy Has own transport. No complaints offered	C. Lowrie CCA

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Hospital: GRI	Ward: S1
Date of admission: 7/7/16	Time: 0800
Admitting Consultant:	Admitting Nurse:
Expected date of discharge: / /	

1. Patient Details

Preferred name: Henry	Next of Kin (NoK): Ann.
Age: 30.	Relationship: mum.
Religion: none.	NoK Address:
Telephone:	
Dr. WI Weir King Street Surgery The Surgery 15 King Street Paisley PA1 2PS	NoK Telephone:
	NoK Aware of admission: ☐ Yes ☐ No
	Consent for information to be given to relatives: ☐ Yes ☐ No
	Nominated family contact:
	Telephone - Day:
GP telephone:	Telephone - Evening:

Is the patient a carer? ☐ Yes ☑ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☑ No ☐ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☑ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

2. Presenting Complaint / Diagnosis

(R) leg swelling ? DVT.

Why does the patient think they are in hospital? *Use patients own words:*

3. Allergies (including food allergies)

No known allergies: ☑

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO_2	Temp
Urinalysis:		AMT4 Score	BM	NEWS Score	Weight Estimated / Actual	Height Estimated / Actual	BMI
		3	6.2	3			

5. Current Medication

Medicines reconciled on admission? ☑ Yes ☐ No

6. Relevant Past Medical History

7. Risk Assessment

MUST

1. Is the patient's BMI:
   > 20 ..... Score 0
   18.5-20 ..... Score 1
   <18.5 ..... Score 2
   Score ☐
2. Has the patient had unplanned weight loss in the past 3-6 months?
   < 5% ..... Score 0
   5-10% ..... Score 1
   >10% ..... Score 2
   Score ☐
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:
   Score = 2
   Not applicable: Score = 0
   Score ☐

MUST Score: ☐

If score 1 or more, complete full Nutrition Profile

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

8. Cognitive Impairment

For all patients ≥ 65 years, ask the following 4 AMT questions:

1. How old are you? ✓ years
2. What is your date of birth? 47 /
3. What is this place? ✓
4. What year is it? X

If the patient does not answer all questions correctly then refer to medical staff.

AMT Score: 3 out of 4

Name of Doctor informed (if required)

..... Grade .....

9. MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☑ Yes ☐ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☑ No ☐ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☑ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☑ No ☐ Not known

If **'Yes'** to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☐ **Nasal** ☐ **Perineum** ☐ **Other - Specify:** ☐ **Patient refused**

CJD: Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:

☐ Yes ☑ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☑ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

10. Lifestyle

Smoking:

Does the patient smoke? ☑ Yes ☐ No

If 'Yes' how many per day: 20.

Does the patient use nicotine replacement therapy? ☐ Yes ☐ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☐ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☑ Yes ☐ No If 'Yes' specify: heroin diazepam.

Alcohol (Men): How often do you have **8** or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have **6** or more drinks on one occasion:

☐ Never ☐ Less than monthly
☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

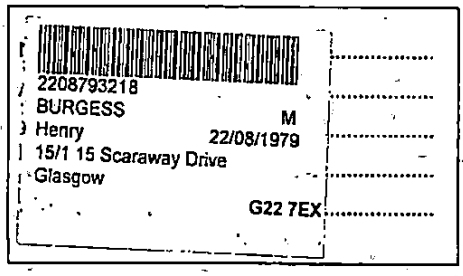
11. Admission Documentation Completed By

Name (Please PRINT): R. Thompson	Signature: R.
Designation: SIN	Date: 7/7/16.

Acute Services Division

Nursing Admission & Assessment

2. Assessment



Hospital:	Ward:
Date of Assessment: / /	Time:

1. Breathing and Circulation

Breathing:

- [x] No symptoms or history of respiratory problems
- [ ] Dyspnoeic at rest
- [ ] Dyspnoeic on minimal exertion
- [ ] Dyspnoeic on maximum exertion
- [ ] Productive / non-productive cough evident
- [ ] Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- [x] No symptoms
- [ ] Known cardiac or circulatory problems

Problem identified: [ ] Yes [x] No If 'Yes' please describe

Initial: es

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

.....

Interpreter: Required [ ] Not required [x]

If required, provide details and arrangement made:

.....

.....

Does the patient have:

a. Speech difficulties? [ ] Yes [x] No

b. A learning disability e.g. Down's Syndrome?

[ ] Yes [x] No

If 'Yes' please specify:

.....

If 'Yes' contact Liaison Learning Disability Team.

Liaison Learning Disability Team contacted:

[ ] Yes [x] No

c. A learning difficulty e.g. dyslexia, dyspraxia?

[ ] Yes [ ] No

If 'Yes' please specify:

.....

3. Senses

Senses:

Eyesight

- [x] Normal vision
- [ ] Glasses – [ ] Distance [ ] Reading
- [ ] Prosthesis – [ ] Left [ ] Right
- [ ] Contact lenses
- [ ] Registered blind

Hearing

- [ ] Normal
- [ ] Hearing impaired
- [ ] Hearing aid – [ ] Left [ ] Right

4. Mental Status

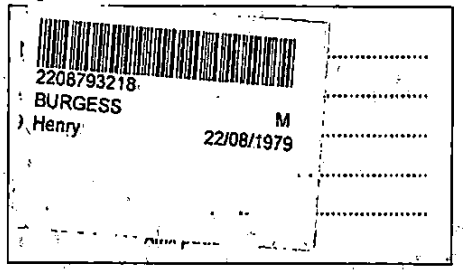
Mental Status:

- [x] Orientated
- [ ] Confused
- [ ] Distressed
- [ ] Aggressive /Abusive
- [ ] Unconcious

Problem identified: [ ] Yes [x] No If 'Yes' please describe

Initial: es

5. Hydration and Nutrition



MUST Score: ..... **If score is 1 or more, complete a Nutrition Profile.**

Nutition Profile completed ☐ Yes ☐ No
If 'Yes' do not complete sections 5a to 5d.

- **If score is 0, reassess / screen patient in 7 days.**
- **Complete sections 5a to 5d.**

Date of reassessment: / /

5a 1. Food likes / dislikes:

5a 2. Fluid likes / dislikes:

5c. Help needed with eating and drinking:
☐ Yes ☐ No
If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☐ No
If 'Yes' specify diet needed:

5d. Texture Modified Diet needed?
☐ Yes ☐ No
If 'Yes' specify texture: A☐ B☐ C☐ D☐ E☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1☐ 2☐ 3☐

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial ES

6. Elimination

Continent:
☑ Bladder
☐ Bowel

Incontinent:
☐ Bladder
☐ Bowel

NHS GGC Stool Chart commenced:
☐ Required ☑ Not required

Long-term urinary catheter in situ? ☐ Yes ☑ No
If 'Yes' – Size: ..... fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:
☐ Yes ☑ No ☐ Not applicable

Containment products in use? Please specify:

☐ Bowels regular
☐ Constipated
☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☑ No
If 'Yes' please specify and list appliances used:

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial ES

7. Personal Hygiene, Oral Health and Skin Assessment

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Personal hygiene:
- [x] Self-caring and independent
- [ ] Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent	[x] Yes	[ ] No
Does the the patient have a sore mouth	[ ] Yes	[x] No
Does the patient have a non healing mouth ulcer	[ ] Yes	[x] No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

Oral Hygiene Care Bundle:
- [ ] Required
- [x] Not required

Dentures:
- [x] Not worn
- [ ] Upper set
- [ ] Lower set
- [ ] Full set
- [ ] Dentures with patient on admission

Skin assessment:
- [ ] Skin healthy with no evidence of damage
- [ ] Skin broken
- [ ] Skin oedematous
- [x] Skin discoloured
- [ ] Skin clammy

If 'Yes' to any of the above, describe skin condition: R calf red and swollen.

Wound Assessment Chart completed: [ ] Yes [x] No [ ] Not applicable

Pressure ulcer evident: [ ] Yes [x] No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

Problem identified: [ ] Yes [x] No If 'Yes' please describe

Initial: ES

8. Mobility

Patient fully mobile / independent? [x] Yes [ ] No If 'No' complete Moving and Handling Assessment.

- [ ] Limited mobility
- [ ] Mobile with aid – Specify:
- [ ] Prosthesis – Specify:

Moving and Handling Plan commenced:
- [x] Yes
- [ ] No

Problem identified: [x] Yes [ ] No If 'Yes' please describe

unsteady due to drowsiness

Initial: ES

9. Maintaining a Safe Environment

Pain status:

Does the patient have pain? [ ] Yes [x] No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: [ ] Yes [x] No

Bed rails required:
- [x] Required
- [ ] Not required

Problem identified: [ ] Yes [x] No If 'Yes' please describe

Initial: ES

0. Sleep and Rest

Sleep habits:

☑ Less than 8 hours ☐ Afternoon nap

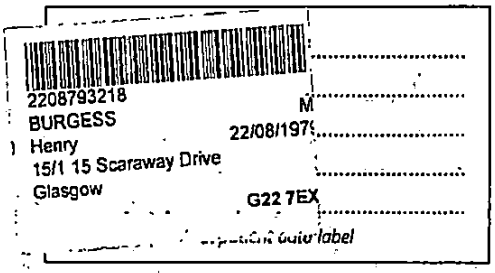
☐ Morning nap

Sleep difficulties:

☑ None ☐ Disturbed e.g. nocturia, insomnia

☐ Early wakening

Medication required: ☐ Yes ☑ No



Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial

1. Social Circumstances

☑ Employed ☐ Unemployed ☐ Retired

☑ Lives alone

☐ Lives with Family

☐ Friend

☐ Dependants

☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services ☐ Unpaid carer e.g. family, friends

☐ Private Carers ☑ None

If support services in place, please provide details:

Problem identified: ☐ Yes ☑ No If 'Yes' please describe

Initial

2. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

☐ Yes ☑ No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

☐ Yes ☑ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

☐ Yes ☑ No

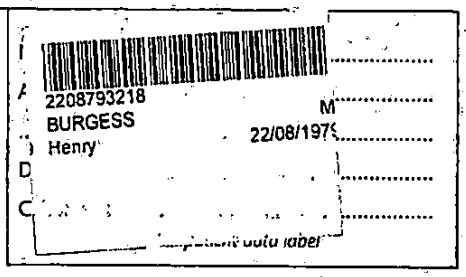
If 'Yes' please provide brief details:

Ask the patient:

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

☐ Yes ☑ No ☐ Not at this time

If 'Yes' please specify faith group:



14. Anticipatory Care

(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☐

Is the **patient** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the **patient's family** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care:	Preferred place of death:
Home: ☐ Hospital ☐ Hospice ☐	Home: ☐ Hospital ☐ Hospice ☐
Current treatment – please identify (e.g. chemotherapy/ radiotherapy):	Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): R. Thompson

Signature: R. [signature]

Designation: SLN Date: 7/7/16

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
	See	
	JPR	

Clinical Notes continue on next page

Name:
Add
2208793218
BURGESS M
DoB: Henry 22/08/197
CHI r 15/1 15 Scaraway Drive
Glasgow G22 7EX

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS
Henry M
15/1 15 Scaraway Drive 22/08/1979
Glasgow
G22 7EX

Clinical Notes

IC/T/C OBST A MACLEAN GP GM

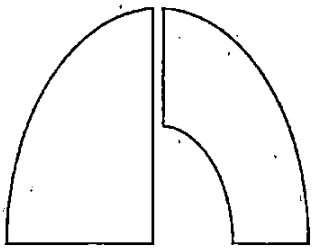
O, CM

L→ Informa to radiographer that patient has left department prior to x-ray.

OBST
New referral to dept
- CM - MI acute
- Gyn PMHx: Previous term x 2 uncomplicated LSCS
- obs WNL
- VBAC advised

A MACLEAN
FY3 GM

X-Ray results



2208793218
BURGESS
Henry
15/1 15 Scaraway Drive
Glasgow
G22 7EX
M
22/08/1979

ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time	
WCC		
Hb		
Plat		
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na^+		
K^+		
Cl		
Ur		
Creat		
Glu		
CRP		
Bil	Date and time	
AST		
ALT		
GGT		
ALP		
Prot		
Alb		
Glob		
Ca^{++}		
Amyl	Date and time	
TSH		
FT4		
TropI	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
$PaCO_2$		
PaO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Amoxil	500mg	Oral	TDS	[illegible]	[illegible]	[illegible]	
Drug 7/52 bd	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking _____ away from)

the _____ Hospital at my own desire and

contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature _____

Witness Date _____

* Delete whichever is inapplicable.

CT Thorax abdomen pelvis with contrast

Performed	24-Nov-2020 18:21	Received	25-Nov-2020 09:45
Reported	25-Nov-2020 09:43	Order Number	G107H36739095
Status	Final	Source System	MiSys

CT Thorax abdomen pelvis with contrast Final
Henry Burgess
Clinical History :

41 yo M, presented to resus, general decline, CXR showed R upper zone consolidation and pneumoperitoneum. Lactate 15, CRP 383 ?perforation

CT Thorax abdomen pelvis with contrast :

CT thorax, abdomen and pelvis with contrast, no previous cross-sectional imaging for comparison.

Cavitating pneumonia in the right upper lobe with patchy multifocal consolidation throughout both lower lobes. Embolus demonstrated within the right upper lobe pulmonary vein, extending as far as the left atrium.

Free gas and simple fluid within the peritoneal cavity - demonstrated around the liver and tracking along the para-colic gutters. A wedge of hypodense liver in segment 7/8 is in keeping with a possible infarct. The spleen is markedly abnormal with a collection of subcapsular and intraparenchymal gas. Most of the splenic tissue is thought to have infarcted, with subsequent gas formation and possible perforation into the intraperitoneal cavity. Gallbladder is thin-walled and contains multiple calculi at the neck. No intra or extrahepatic biliary dilatation. Pancreas and adrenal glands unremarkable.

The left kidney demonstrates multiple wedge infarcts, whilst the right kidney shows a single focus of hypoenhancement. No evidence of hydronephrosis or retroperitoneal gas/fluid collections. Bowel appearances grossly normal - with no hypoenhancement, pneumatosis intestinalis or mural defects demonstrated. Thoracic and abdominal aorta appear grossly normal, with widely patent major branches. Minimal atherosclerosis of the infrarenal section only. Balloon catheter demonstrated within the urinary bladder. Right-sided femoral line in situ. Superficial system of collateral veins demonstrated in the lower anterior abdominal wall.

Well corticated antero-superior corner fracture of L5, suggestive of old injury/possible fractured osteophyte. No acute skeletal abnormalities.

Conclusion: Cavitating pneumonia in the right upper lobe with pulmonary venous embolus. Multiple systemic infarcts of the spleen, liver and both kidneys. The spleen demonstrates subcapsular and intraparenchymal gas suggesting older infarct, with subsequent intraperitoneal perforation. Discussed with Dr. McCarter at time of reporting. Attempted to contact referrer to discuss findings at 2055 - patient already in theatre. Sticky note on PACs.

Consultant review:
Cavitating right upper lobe pneumonia, with further multifocal areas of pneumonic change throughout the lungs.
There is thrombus within the right upper lobe pulmonary vein. I think this is secondary to the pneumonic process.
There is extensive infarction with gas formation in the spleen. Multifocal infarcts are also noted within the kidneys, most marked on the left side.
No definite evidence of bowel infarction, but clearly the patient is at risk of this. No visible portal venous gas.

There is extensive free peritoneal gas and free peritoneal fluid.
Incidental note made of gallstones within the gallbladder, but no CT evidence of acute cholecystitis.

Impression:

I think the initial disease process here is pneumonia.
Multifocal abdominal infarcts could be due to circulatory collapse and sepsis, or potentially emboli from the right upper lobe pulmonary vein entering the systemic circulation.
Free peritoneal gas is highly suggestive of visceral perforation. I note there is however extensive gas within the infarcted spleen, and this is a further alternative source.
Urgent surgical review is advised.

Reported by: Dr Monika Rymaszewska (SpR) and Dr Douglas McCarter
Verified by: Dr Douglas McCarter

US Doppler lower limb veins Rt

Performed	08-Jul-2016 09:36	Received	08-Jul-2016 11:26
Reported	08-Jul-2016 11:24	Order Number	G107H31621084
Status	Final	Source System	MiSys

US Doppler lower limb veins Rt Final
Henry Burgess
Right leg DVT study- IVDU, right leg swelling, D-Dimer 437 ?DVT

Right leg DVT study

The lower common femoral vein has been thrombosed. Proximal flow is seen through collateral vessels.
There is a fistula between the CFA and CFV.
The FV and popliteal veins are patent and compressible throughout.
Augmentation is demonstrated on calf compression.
Mild oedema noted in the calf.

Sonographer: Joel Morris (locum) SOR15189.

Reported by: Joel Morris (Locum Sonographer)
Verified by: Joel Morris.(Locum Sonographer)

XR Chest

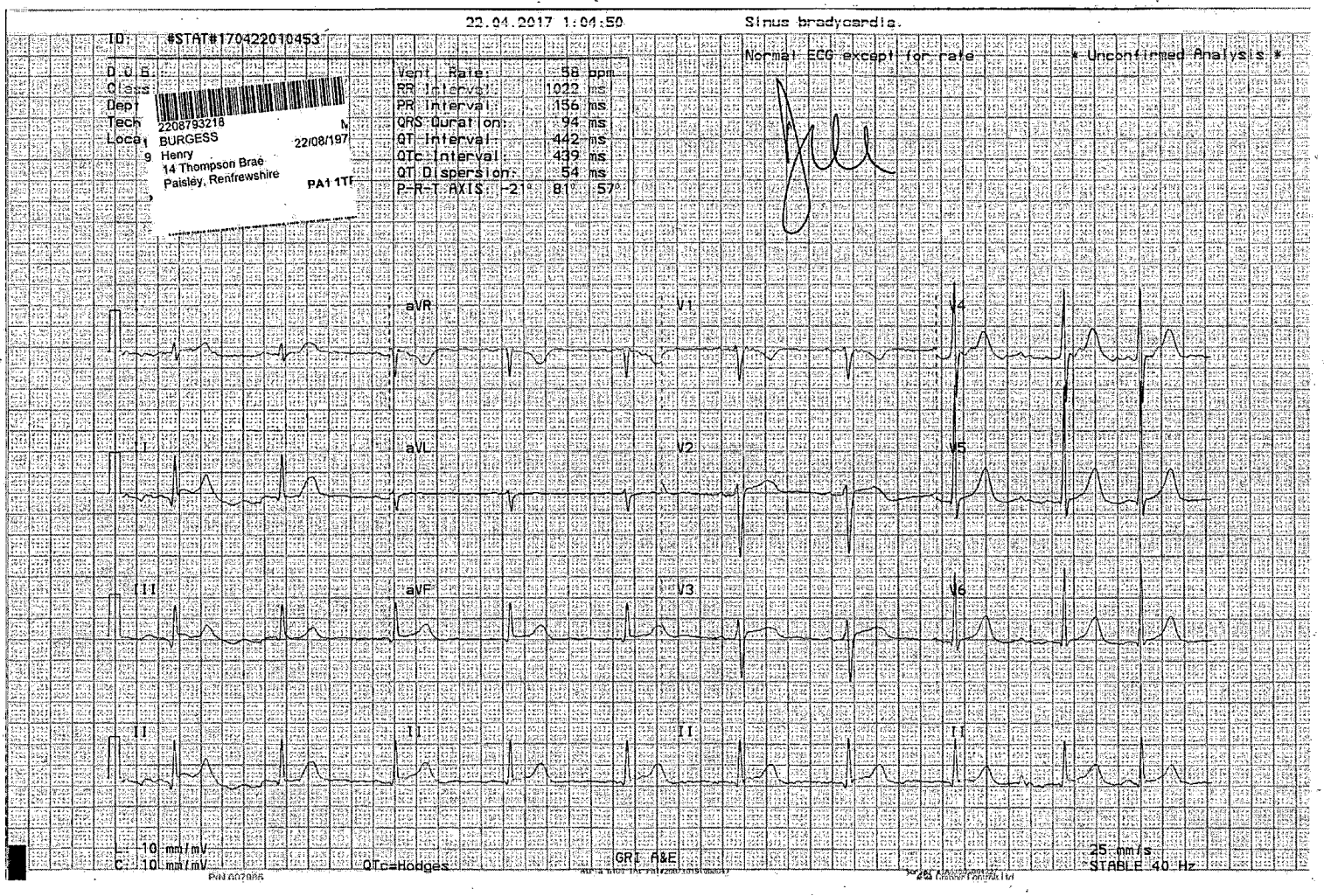
Performed	10-May-2016 08:39	Received	10-May-2016 13:18
Reported	10-May-2016 13:16	Order Number	G107H31420009
Status	Final	Source System	MiSys

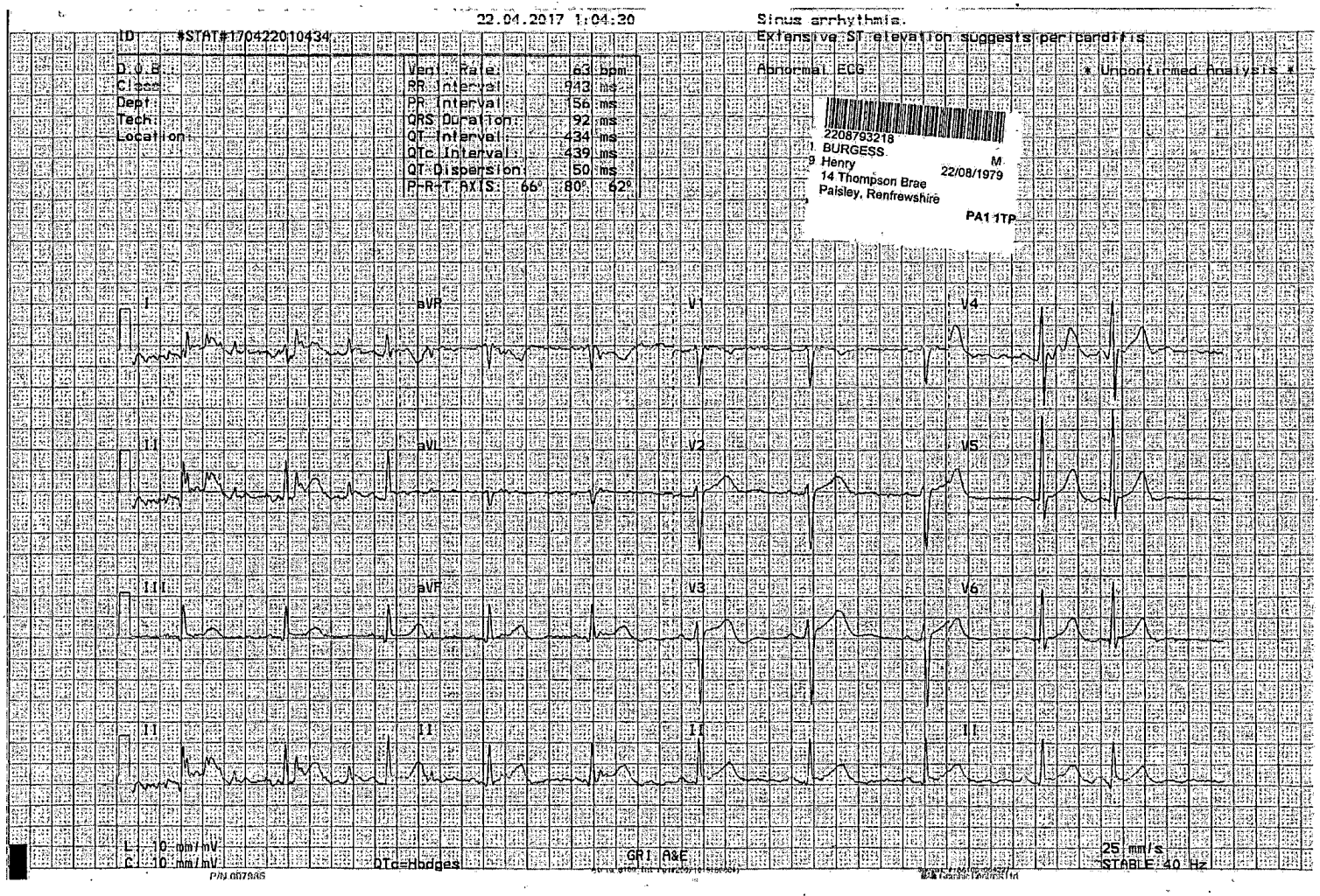
XR Chest Final
Henry Burgess
Clinical History :

IV Drug user, feels generally unwell, cough, fever. ? evidence infection

XR Chest :
Normal heart size and mediastinal contours. No focal active pulmonary pathology demonstrated. No significant interval change compared to previous chest x-ray dated 23/08/2008.

Reported by: Dr Raymond Rueben (ST1) and Dr Colin Noble
Verified by: Dr Colin Noble


22.04.2017 1:04:50
Sinus bradycardia.
ID: #STAT#170422010453
Normal ECG except for rate
* Unconfirmed Analysis *
D.O.B.
Class
Dept
Tech
Locat
2208793218
BURGESS
Henry
14 Thompson Brae
Paisley, Renfrewshire
PA1 1TF
22/08/197
Vent. Rate: 58 bpm
RR Interval: 1022 ms
PR Interval: 156 ms
QRS Duration: 94 ms
QT Interval: 442 ms
QTc Interval: 439 ms
QT Dispersion: 54 ms
P-R-T AXIS -21° 81° 57°
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
10 mm/mV
10 mm/mV
QTc=Hodges
GRI A&E
25 mm/s
STABLE 40 Hz


22.04.2017 1:04:20
Sinus arrhythmia.
Extensive ST elevation suggests pericarditis.
ID #STAT#170422010434.
D.O.B.:
Class:
Dept:
Tech:
Location:
Vent. Rate: 63 bpm
RR Interval: 943 ms
PR Interval: 156 ms
QRS Duration: 92 ms
QT Interval: 434 ms
QTc Interval: 439 ms
QT Dispersion: 50 ms
P-R-T AXIS: 66° 80° 62°
Abnormal ECG
* Unconfirmed Analysis *
2208793218
BURGESS
Henry M
14 Thompson Brae
Paisley, Renfrewshire
22/08/1979
PA1 1TP
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
L: 10 mm/mV
C: 10 mm/mV
QTc=Hodges
GRI A&E
25 mm/s
STABLE 40 Hz

CHI: 2208793218

Glasgow Royal Infirmary

Total Att: 7

12 Mth Att: 4

Title: MR

BURGESS **Henry**

DOB: **22/08/1979** Age: **36y** Sex: **Male**

15/1 15 Scaraway Drive

Glasgow
G22 7EX
0141 258 4480

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

GP: **WI Weir**
0141 889 3144

Attendance Date: **07/07/2016** Arrival Time: **19:17**

Registration Time: **19:17** Date of Incident: **07/07/2016**

Major Incident Desc:

Reason for Attendance: **dvt**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **07/07/2016 19:26** Nurse name: **Nurse Sarahjane Buchanan**

Temp	**36.5**	C
HR	**88**	bpm
BP	**126/82**	mmHg
MAP	**96.67**	mmHg
RR	**14**	bpm
SpO2	**99**	%
Oxygen		%

BM	**5.9**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**3**
Motor	**6**
Verbal	**5**
Total	**14**

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **?DVT right leg red and swollen. hot to touch. admits to injecting heroine in to leg today. drowsy in triage.**

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

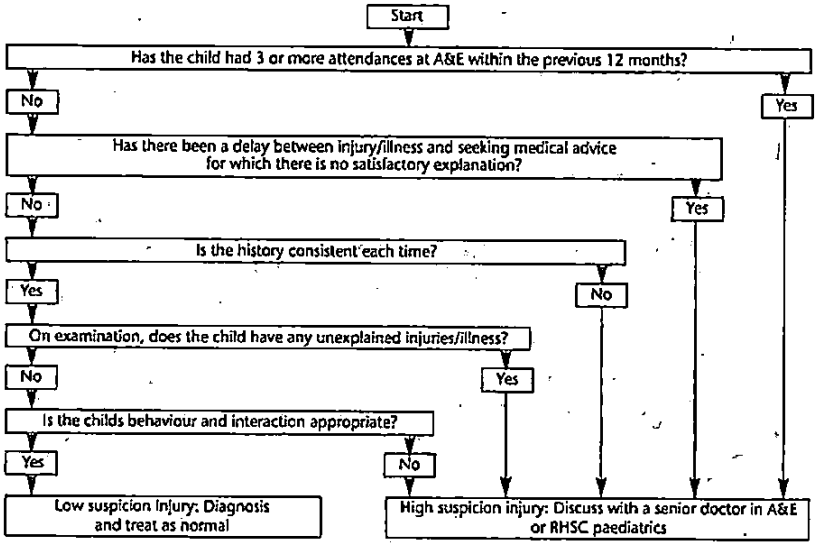
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

27/7/16. T20 40. Name Kelly Cross. Specialty

36y.o ♀.

difficult history

swollen (R) leg c- erythema of skin.

Injected today + took 5" Valium.

drowsy, poor history 2° to this.

PMH:
- T1 DM. - states not compliant c T1x
- HCV carrier.
- DVT.
- Current IVDU.

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

60907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Clinical Notes

Date	Time	Name	Grade	Speciality

Meds: Novocrapid + Novomix pens.
- Glucose Gel.
- Omeprazole 20mgs od.
- Mirtazapine 30mgs nocte.
- Pregabalin 300mgs bd.

NKDA.

O/E: obs noted.

CVS: HSI+II ° murmurs ° added sounds

RS: clear.

Abds: soft
non-tender.
BS (N).

fresh indurated injection site (L) groin.

sinus (R) groin.
red swollen (R) calf.

Imp: ?DVT. + eczematous change.
Plan: Bld's. LMWH. Admit - US Mon.

T. Kelliher

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

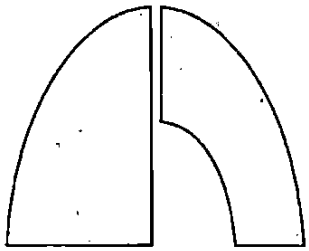
Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

X-Ray results



Patient Name
DoB
Unit Number

or affix label

ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time	
WCC		
Hb		
Plat		
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na^+		
K^+		
Cl^-		
Ur		
Creat		
Glu		
CRP		
Bil	Date and time	
AST		
ALT		
GGT		
ALP		
Prot		
Alb		
Glob		
Ca^{++}		
Amyl	Date and time	
TSH		
FT4		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
$PaCO_2$		
PaO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking..... away from)

the..... Hospital at my own desire

and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature.....

Witness Date.....

* Delete whichever is inapplicable.

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS
Henry
M
22/08/197[illegible]

Date & Time 8/7/16 Consultant Ward S1 Braeton

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
Patient on Bleeders list	☐

F/2 Glenroy

(86) - (R) painful swollen leg

PMH - T1DM
Hep C Virus Carrier
Prev DVT
Current IVDU

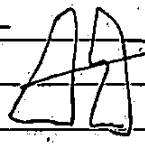
Patient points to toenail cutting (+ metal watch) 2 weeks ago with perforating pain point wound at medial malleolus gradually developed and redness started to develop.

No fever, SOB, chest pain
No vomiting, bowel or bladder disturbance

SH - Cig 30 cig/day
Beer 20 cans/day
Lives alone
unemployed

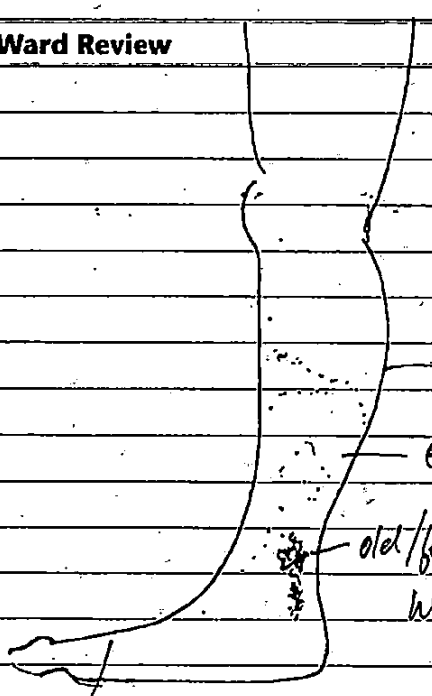
Na 138	Bil = 15	GGT (427)	
K 4.1	ALT = (73)	CRP = 4	
Ur 2.3	AST = (92)	WCC = 7.6	
Cr 69	Alk P = (198)	Neut 4.4	
eGFR >60	Albu = 37	PLT = 155	
		Hb = 132	

D-dimer = (437)

O/E - obs noted
A - talking
B -  clear
C - S1S2 ⊕, No murm.

Ward Review

2208793218
BURGESS M
Henry 22/08/197
15/1 15 Scaraway Drive
Glasgow
G22 7EX



distal pulse palpable
No neural deficit

imp - ? DVT
? Cellulitis

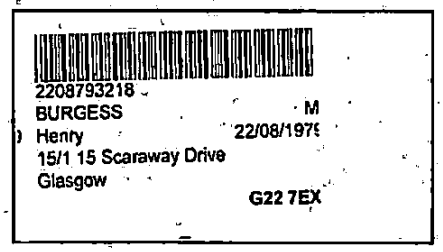
(P) - IV fluids
IV flucloxacillin 1g 4
US - (R) lower limb ☐
LMWH

Van Horn

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

- Risk Assessment must be completed for all patients within 24 hours of admission to hospital
- Patients must be reassessed every 48-72 hours or sooner if condition changes
- Reassessment must be documented in Kardex
- Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.



Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☐
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Risk assessment now complete
- Complete Risk Assessment Result Box

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick √ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR>2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Thyroid surgery	☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Medical patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral vascular disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐ Other (specify) Pharmacy

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withhold	Stop	continue	Reason for alteration
NOVORAPID FlexPen 100units/mL	as per BM		SC			✓		Not current.
OMEPRAZOLE	20mg	OD	PO				✓	Pt - 20mg BD
NOVOMIX 30 FlexPen 100units/mL	as per BM		SC				✓	4units am. 6units before dinner.
MIRTAZEPINE	30mg	NOCTE	PO				✓	
PREGABALIN	300mg	BD	PO		✓			drowsy
Suboxone 8mg/2mg film	4mg/0.5mg	4mg OD.					✓	
↳ Dose:- 8/2mg tablets	x2	OD	PO	Dose confirmed ✓Dr				
Regimen:- DOUS. Collect Sun on Sat.								
Rx expiry:- 13/7/16								
last collected dose:- 6/7/16				1 missed dose				
Nil recent acutes								

Allergies/adverse events: NKDA.

List obtained by S WALKER Designation FY1

Recently altered/discontinued medicines prior to admission and reasons why _____

Compliance aid? Y ☑ N ☐ Type DOUS Suboxone® If, Y Community Pharmacy Abbey Chemist Argyll St. Phone 552 2528

Contact O/A ☑ o/o ☐

Senior Medical staff review: Sign _____ Title _____ Date and Time _____

Reviewed by pharmacist [signature] #13310 Date and Time 8/7/16 8:55

Comments

Consultant Review BARCLAY 8/7/16

2208793218 M
BURGESS
Henry
22/08/197

IV Acute IVDU + Poly drug 20 years.
Injects (A) radial radiocubs flg
all swollen leg. On buprenorphine.
Injects in to groin.
HCV PCR - ve 2015.

(L) leg swollen
mildly tender
Tracking erythema
Groin chronic sinus,
no obvious abscess.

— Looks more cellulitis than DVT
though needs excluded

→ Doppler
Oral Clindamycin
IV Abs
Diazepam
CAT scan
Update HIV/HBV/HCV status -
will ~~[illegible]~~ need few days if goes in to
~~[illegible]~~ theatre. Doesn't need withdrawal
if doesn't could refer opt (A)
if displ - ve.

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
EDD	

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

Clinical Notes

2208793218
BURGESS M
Henry 22/08/197
15/1 15 Scaraway Drive
Glasgow
G22 7EX

7/7/16

Nursing @ 2320.

Arrived to ward via A+E following © leg swelling ? DVT.
Observations stable as charted news 3 due to ↓ concious level, GCS 13/15.
Very drowsy on admission, unable to fully admit at this time.
Belongings checked with patients consent, patient disposed of needles in sharps box.
has tobacco, insulin syringe and insulin needles in pod.
Admitted to taking diazepam and injecting heroin today.
Has consented to CAT input in arm as 'does not wat to lose his leg".
Bm 6.2 mmols.
mobile assistance x 2 due to drowsiness.
Has been tested for hep C, was to obtain results from Chemist today but didn't go.
Settled at present. S/N R [signature] R Thompson.

Nursing notes
1050 8/7/16.
Pt refused personal care medications as per usual.
Subaxone given this am (supplied by pharmacy)
Seen by CAT
Attended for Doppler u/ss
Await result. [signature]

Clinical Notes

2208793218
BURGESS
Henry
15/1 15 Scaraway Drive
Glasgow
M
22/08/1975
G22 7EX

8/7/16 A. Al-Dallaki Clinical Fellow

Doppler ultrasound: Common femoral vein thrombosis, proximal flow is seen through collateral vessels. Tiny fistula between CFA and CFV.

D/W haematology reg on call. Usually they don't treat current VTE because of the risk of bleeding; sometimes they treat with dalteparin. It is clinical decision - bed side.

BARNETT FY1 08/07/16

blood up dated

HENRY BURGESS
NAD 136 Bili 16 WCC 4.2
K 4.2 ALT 73 Neut 2.4
Ur 8.5 ALP 101 Hb 135
Cr 67 ALB 193 MCV 91.1
CRP 4 AJS 31 Plt 141

11164

8/7/16 i) AWS: carbamazepine QMANS as prescribed - SIT.

ii) DVT - scan if +ve

iii) ? sepsis - seen by Cdly - wound clean - continue and change as prescribed

- T Allen

HENRY BURGESS

| | | |

Resp. Rate
SpO2
Temp.
Pulse.
Blood Pressure
DATE
TIME
KEY
2
3
220879321B
BURGESS
Henry
M
22/08/1979
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Neurological Observations

| | | |

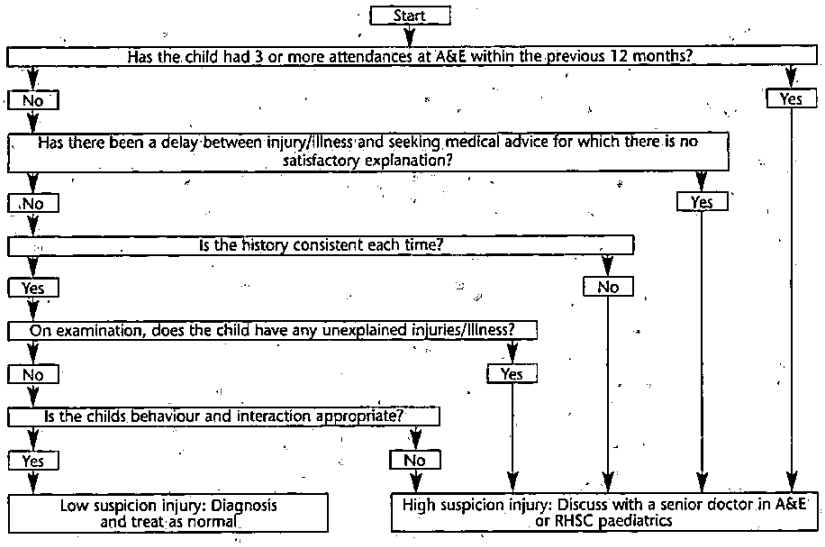
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS, Henry M
15/1 15 Scaraway Drive
Glasgow
G22 7EX
22/08/1979

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

BMHG OBS A MRCEP SD CA

36

PMH - Hep C
Diabetic
Cellulitis
IV pen

DH: Pregabalin
Naproxen 30
omeprazole
Nebs prn

BIBA
Called SAS - fees across chest
No hist, recent cough, productive of a greenish sputum
No fever, not cold.
No known sick contacts.

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if <65 years)

SIRS

B0907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow G22 7EX

Clinical Notes

16/7/16 08:00 A MACKA SB GA

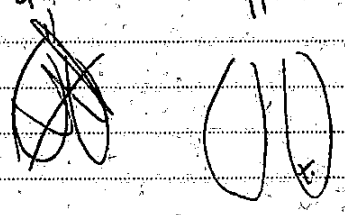
Did feel SOB earlier but now better
Hx of panic attacks

No chest pain

obs T 36, HR 72, BP 113/73, RR 16, 99% A BM 6.2

A Patient

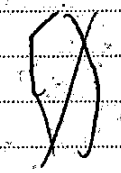
R sponge



Ferr LLZ clear
Good AKE CXR
Normal

C Bs 1-1-0 No oedema
Clear No SOB DVT

D AKA
GCS 15

E- 
SNT
5m

Imp: Panic attack

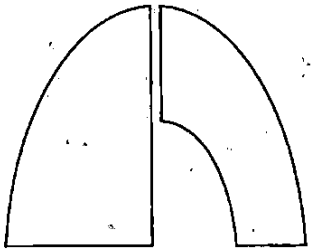
Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Clinical Notes

X-Ray results



ECG findings

Other investigations

Biochem/Haematology results

Indicate which lab tests have been requested

Haem	Date and time	
WCC		
Hb		
Plat		
MCV		
Neut		
DDim	Date and time	
PT		
PTT		
TT		

Bioch	Date and time	
Na^+		
K^+		
Cl^-		
Ur		
Creat		
Glu		
CRP		
Bil	Date and time	
AST		
ALT		
GGT		
ALP		
Prot		
Alb		
Glob		
Ca^{++}		
Amyl	Date and time	
TSH		
FT4		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
$PaCO_2$		
PaO_2		
Bic		
BE		
FiO_2		
Lactate		

Fluids Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Drugs Prescribed in A&E

Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time
Drug	dose	route	freq	prescriber	signature	administered by	time

Refusal of Treatment

Hereby I declare that I am leaving

*(or taking..... away from)

the..... Hospital at my own desire

and contrary to the advice of medical staff.

I have had the risks of so doing explained to me, and accept full responsibility for my action.

Signature.....

Witness Date.....

* Delete whichever is inapplicable.

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No.	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hos 2208793218
DOI BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
Dat G22 7EX
Con

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
22/6/16	FLUCLOXACILLIN	1g	~~PO~~ IV	2030	[signature]	MH	20:40

DATE →
MONTH →

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT?
RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

2208793218
BURGESS
Henry
15/1 15 Scaraway Drive
Glasgow
G22 7EX

M
22/08/1979

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

H DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

J DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

K DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

L DRUG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

M

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

N

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

P

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

R

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY



2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE / MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

2208793218
BURGESS, Henry M
15/1 15 Scaraway Drive 22/08/1979
Glasgow
G22 7EX

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

CC

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐						STOPPED		Patient's Own Medicine: For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
			LL	DRUG				DATE:	DATE					
			DOSE	ROUTE	INDICATION			INITIALS:	TIME					
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:			DOSE					
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						GIVEN BY					
			MM	DRUG				DATE:	DATE					
			DOSE	ROUTE	INDICATION			INITIALS:	TIME					
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:			DOSE					
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						GIVEN BY					
			NN	DRUG				DATE:	DATE					
			DOSE	ROUTE	INDICATION			INITIALS:	TIME					
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:			DOSE					
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						GIVEN BY					
			PP	DRUG				DATE:	DATE					
			DOSE	ROUTE	INDICATION			INITIALS:	TIME					
			PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:			DOSE					
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						GIVEN BY					

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

BEFORE ADMISSION							Patient's Own Medicine
☐	RR	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.
BEFORE ADMISSION							
☐	SS	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.
BEFORE ADMISSION							
☐	TT	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.
BEFORE ADMISSION							
☐	VV	DRUG		STOPPED DATE:	DATE		For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE		Date:
					GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.



2208793218
Name Hen BURGESS Henry M
15/1 15 Scaraway Drive 22/08/1979
Glasgow
CHI No G22 7EX

Drug Allergies / Sensitivities None Known ☑ Yes ☐ **(provide details below)**

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Cat. No. 40995 Ver 4. 09/2010 GGC0029

16

CHI: 2208793218

Glasgow Royal Infirmary

Total Att: 3

12 Mth Att: 0

Title: **MR**

BURGESS **Henry**

DOB: **22/08/1979** Age: **36y** Sex: **Male**

15/1 15 Scaraway Drive

Glasgow
G22 7EX
0141 258 4480

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

GP: **WI Weir**
0141 889 3144

Attendance Date: **10/05/2016** Arrival Time: **06:45**

Registration Time: **06:45** Date of Incident: **10/05/2016**

Major Incident Desc:

Reason for Attendance: **unwell**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **10/05/2016 06:46** Nurse name: **Nurse Ashley Dodd**

Temp	**36.3**	C
HR	**72**	bpm
BP	**137/123**	mmHg
MAP	**127.67**	mmHg
RR	**14**	bpm
SpO2	**99**	%
Oxygen		%

BM	**6.7**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **"Injected heroin lst night, claims that it was a ""bad batch"". Now feels unwell, c/o bad taste in his mouth and being cold. Temperature normal in triage. "**

2208793218 22/08/1979 BURGESS Henry

2208793218 22/08/1979 BURGESS Henry

2208793218 22/08/1979 BURGESS Henry

2208793218 22/08/1979 BURGESS Henry

2208793218 22/08/1979 BURGESS Henry

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**		
	Seen By	Time Seen	

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Scottish Ambulance Service Patient Report Form

Incident Number	CR002922066 on 10/05/2016 at 05:55		
Callsign		Incident Type	EMG
Crew1	E1004263 - Driver	Crew3	
Crew2	E0026093 - Attendant	Crew4	

INCIDENT LOG

Incident Location	FLAT 1 15 SCARAWAY DRIVE MILTON GLASGOW	Incident Postcode	G22 7EY
Call Received	05:55 - 10/05/2016	Patient at Hospital	
Call Passed	05:55 - 10/05/2016	Patient Handover	
Crew Mobile	05:57 - 10/05/2016	Crew Clear	
Crew at Scene	06:03 - 10/05/2016	Clear Reason	
Crew Left Scene			
Receiving Hospital			

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

DIAGNOSIS

Chief Complaint Code	23
Despatch Code	23C01I : Intentional Overdosed and Not Alert
Diagnostic Code	32B03 : 32B03 - Unknown Problem - Unknown Status/Other Cc

PATIENT DETAILS

Surname	BURGESS		
Forename	HENRY		
Middle Initials		Sex	Male
DoB	22/08/1979	Age	36 years 11 months 19 days
Patient Address		Patient Postcode	
Patient Telephone		Ethnicity	

PATIENT CONSENT

Mental Capacity Assessed	Deemed To Have Capacity
Level of Consent	Advice Given To Patient, Risk Of Refusal Explained, Treatment Benefits Explained

PRIMARY SURVEY

AVPU Assessment	Alert
Airway Assessment	Clear
Breathing Rate	Normal
Pulse	Normal
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs
Circulatory Compromise	
CSI Assessment	None

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
06:19	68		Alert	16	156	88		6.7		100		< 2 Secs	Normal sinus rhythm	1	15	7.8			

AMPLE

Allergy Type	None
Previous Medical History	IVDA, Diabetes
Last Eaten Before Incident	More Than 5 Hours

EMERGENCY SERVICES

In Attendance	Police

SEPSIS

Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other infection	Abdo Pain	Diarrhoea	Abdo distension	Meningitis	Cellulitis	Septic arthritis	Wound infection	Infected indwelling device	No signs of infection
68	16	156		15	6.7	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	Eye Opening	Verbal Response	Motor Response	Total
06:19	Spontaneous	Orientated	Obeys Commands	15

ADDITIONAL COMMENTS AND OBSERVATIONS

999 CALL FOR 36 YR OLD MALE WHO CLAIMS HE FEELS ? UNWELL AFTER TAKING A ?? BAD DOSE OF HEROIN DURING THE NIGHT .....

REPORT MANAGEMENT

Report ID	CR002922066-10052016062635		
Software Version	1.0.413	Report Type	Interim

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

2208793218 M
BURGESS 22/08/1979
Henry
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Presenting Complaint: Drug reletad issue

Date and Time: 10/05 PM

Named Nurse(s): Caoiae

Patient preparation (Please tick when completed)	Initials: Cmc	Communication (Please tick when completed)	Initials: Cmc
Prepare patient for examination and provide blankets if required	☑	Communication Aids (spectacles / hearing aid)	☐
		Relatives present, who?	☐
Clothing bagged, labelled and stored under trolley	☐	Relatives / NOK informed	☐
Name-band (if required)	☐	Interpreter required	☐
		Telephone interpretation required	☐

Observations and Investigations (Please tick when completed)			Initials: Cmc
Vital Signs recorded on NEWS chart and NEWS score recorded. *Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.*	☑	IV cannula (if required)	☐
Peak Flow 1. 2. 3.	☐	Blood samples taken	☐
12 Lead ECG	☐	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☐		
X-rays performed	☑	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)			Initials: Cmc
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y / N Y / N	Preliminary Pressure Ulcer Risk Assessment The patient can reposition themselves whilst in the department?	Y / N
AMT 4 (if >65 years) SCORE	/4	There is **no** reported skin damaged other than presenting trauma?	Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	Y / N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	Y / N
Mental Health Triage Assessment	Y / N	Waterlow Score *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y / N	Active Care (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y / N		
GMAWS	Y / N	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y / N	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives informed	☐	☑	Information on discussion with relatives
	Cannula	☐	☐	
	Name band	☐	☐	
	AMT4	☐	☑	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☑	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

PECOS 110452 MIS 262617-A

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Patient Addressograph Label

2208793218
BURGESS
Henry M
15/1 15 Scaraway Drive 22/08/1979
Glasgow
G22 7EX

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

Patient Addressograph Label

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Time							
	1.	**PAIN:** Assess and address If in pain inform registered nurse Y/ N or N/A								
S	2.	**SKIN INSPECTION** Pressure areas checked: Y / N / I (independent)								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	**KEEP MOVING:** Have you moved or walked Y / N / I (independent)								
		Bed Right side (30° tilt) – **R** Left Side (30° tilt) – **L** Back– **B**								
		Chair Assist to walk, stand or tilt (**W /ST/ T**)								
I	4.	**ELIMINATION:** Do you need the toilet? **I** = Independent **A** = Assistance given **IC** = patient incontinent of urine/faeces								
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care)								
		Encourage the patient to drink? **(if appropriate)** Y / N / N/A								
		Food, snack or supplement taken? **(if appropriate)** Y / N / N/A								
	6.	**ENVIRONMENT:** Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y / N								
	7.	**INFORMATION: Ask:** Is there anything else I can help you with? Inform patient of the time of return. Y / N								
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse? Y / N/A								
			Nurse Initials							

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant **I = Independent** **NT = No thanks**	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks – Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (bruising/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	**Neurological Deficit**	
Incontinent faeces	2	Broken (established ulcer)	3	**Nutritional Element**		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	**Mobility**		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			**Special Risks - Medication**	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4			Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days	2		

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart.

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

CHI No.
DoB

	Date	Ward
Admitted	10/05/16	GRI AE
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

CHI: 2208793218

Glasgow Royal Infirmary

11

Total Att: 9

12 Mth Att: 6

Title: **MR**

BURGESS **Henry**

DOB: **22/08/1979** Age: **37y** Sex: **Male**

N.f.i.

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

Unknown
NF1 1AB
0141 258 4480

GP: **WI Weir**
0141 889 3144

Attendance Date: **12/01/2017** Arrival Time: **20:43**

Registration Time: **20:43** Date of Incident: **12/01/2017**

Major Incident Desc:

Reason for Attendance: **found unresponsive in street**

Nursing Assessment

Alerts: **Yes** Allergies: **None Known** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **12/01/2017 21:08** Nurse name: **Nurse Victoria Loudon**

Temp	**34.6**	C
HR	**65**	bpm
BP	**119/80**	mmHg
MAP	**93.00**	mmHg
RR	**14**	bpm
SpO2	**96**	%
Oxygen		%

BM	**11.6**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**3**
Motor	**6**
Verbal	**4**
Total	**13**

Pupils Right		Pupils Left	
Size (mm)	**4**	Size (mm)	**4**
Reaction	**Y**	Reaction	**Y**

Nursing Notes: **"Found lying in street with head injury & empty bottle of vodka. Absconded x2 with SAS & refused obs. Refusing to speak in triage, is obeying commands. Lac to left eyebrow, no other obv injury, smells on alcohol. Is cold & wet. "**

2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name	2208793218 BURGESS Henry N.f.i. Unknown M 22/08/1979
Address	NF1 1AB
CHI No.	
DoB	

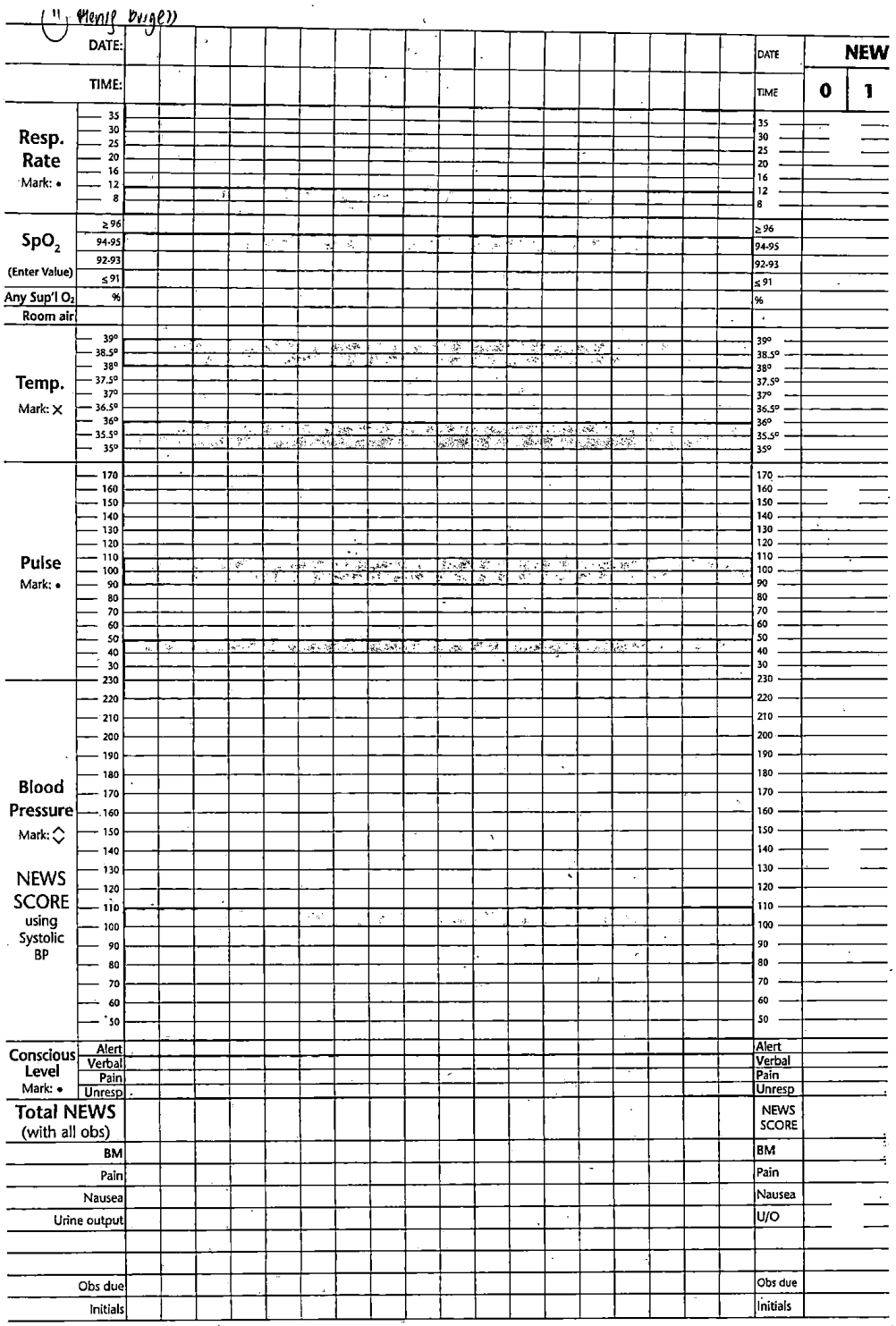
	Date	Ward
Admitted		
Transferred		
Transferred		

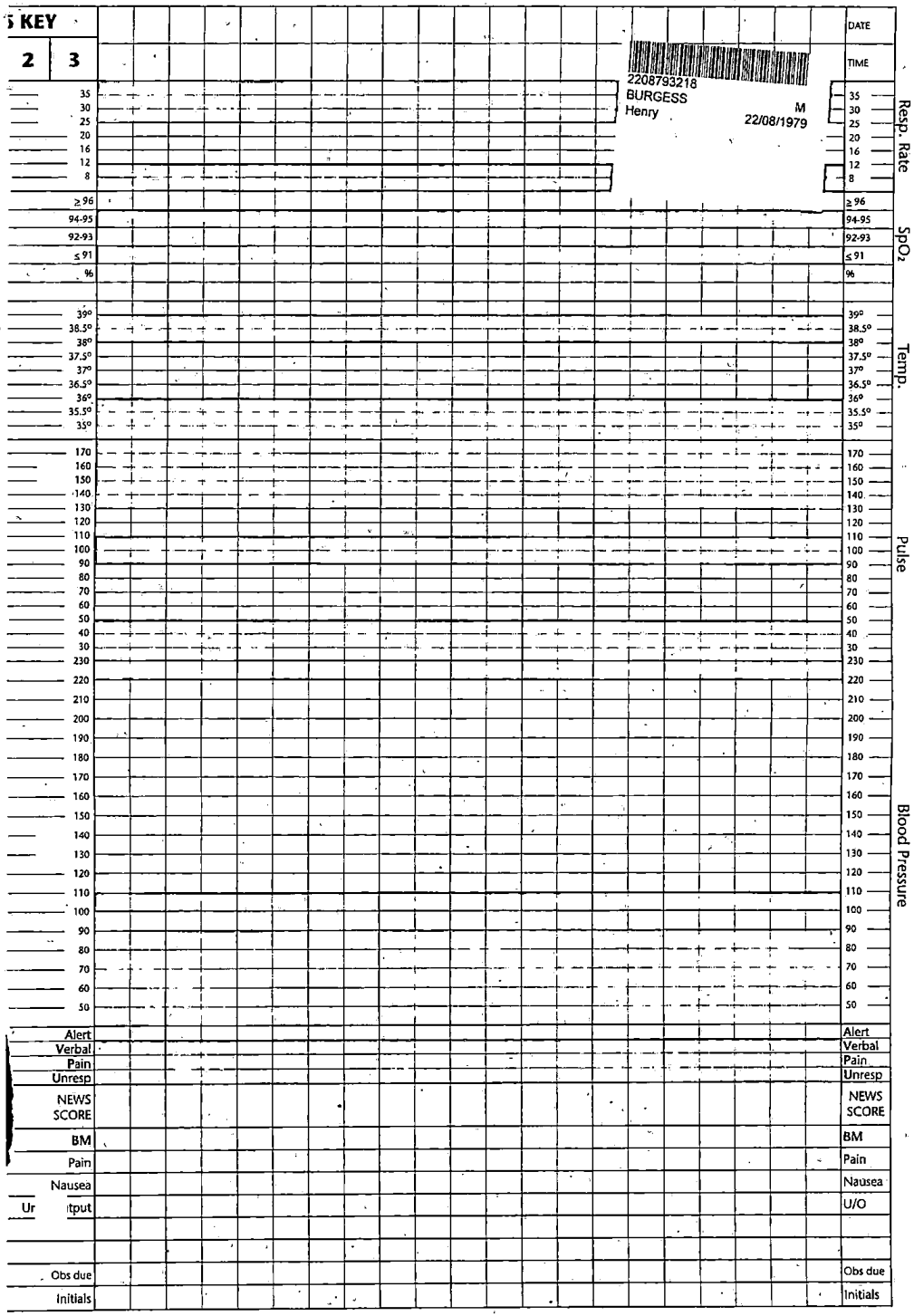
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

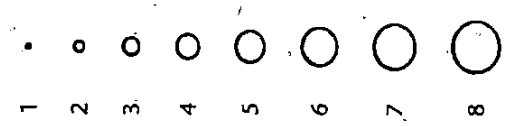
NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more **or** 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


DATE:
TIME:
DATE
TIME
NEW
0
1
Resp. Rate
Mark: •
35
30
25
20
16
12
8
SpO2
(Enter Value)
≥ 96
94-95
92-93
≤ 91
Any Sup'l O2
%
Room air
Temp.
Mark: ×
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
Mark: •
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
Mark: ◇
NEWS SCORE using Systolic BP
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
NEWS SCORE
BM
Pain
Nausea
Urine output
U/O
Obs due
Initials


KEY
2
3
DATE
TIME
2208793218
BURGESS
Henry
M
22/08/1979
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm)



Neurological Observations

Date:																									
Time:																									
COMA SCALE	E – Eyes open	Spontaneously	4																						Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V – Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M – Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
TOTAL SCORE																									
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	Size																							
		Reaction																							
LIMB MOVEMENT	ARMS	Normal power																							Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting
0 = None
1 = Mild (*Not distressing – no retching/vomiting*)
2 = Moderate (*Troublesome – occasional retching/vomiting*)
3 = Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

2208793218
BURGESS
Henry
M
22/08/1979

Scottish Ambulance Service Patient Report

Incident Number	CR003479308 on 12/01/2017 at 19:35		
Callsign		Incident Type	EMG
Crew1	E0000032	Crew3	
Crew2	E0027421	Crew4	

INCIDENT LOG

Incident Location	O/S ESSO SERVICE STATION 377 DALMARNOCK ROAD BRIDGETON GLASGOW	Incident Postcode	G40 4TY
Call Received	19:35 - 12/01/2017	Patient at Hospital	
Call Passed	19:53 - 12/01/2017	Patient Handover	
Crew Mobile	19:53 - 12/01/2017	Crew Clear	
Crew at Scene	20:03 - 12/01/2017	Clear Reason	
Crew Left Scene	20:13 - 12/01/2017		
Pre-alert Medical Standby			
Receiving Hospital	GLASGOW ROYAL INFIRMARY		

DIAGNOSIS

Chief Complaint Code	30
Despatch Code	30B01 : Traumatic Injury to Poss Dangerous Body Area
Diagnostic Code	30B01 : 30B01 - Traumatic Injury to Poss Dangerous Body Area

PATIENT DETAILS

Surname	BURGESS		
Forename	HENRY		
Middle Initials		Sex	Male
DoB	28/02/1979	Age	37 years 10 months 15 days
Patient Address	14 THOMSON WAY	Patient Postcode	
Patient Telephone		Ethnicity	

PRIMARY SURVEY

AVPU Assessment	Voice
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Normal
Respiratory Rate	16
Pulse	Normal
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs
CSI Assessment	None

ADDITIONAL COMMENTS AND OBSERVATIONS

?37YOM FOUND LYING IN THE ROAD BY A PASSERBY. THE PT HAS A WOUND ON HIS LEFT EYBROW. THE PT SMELLS OF ALCOHOL AND APPEARS TO BE INTOXICATED. INTIALLY THE PT DECLINED THE OFFER OF TRANSPORT AND DECLINED THE EXAMINATION.THE PT ATTEMPTED TO WALK AWAY BUT FELL OVER 3 MORE TIMES. THE PT THEN BEGAN TO CRY THAT HE DID NOT WISH TO DIE. ADVISED THE PT TO COME IN THE AMBULANCE AND ATTEND THE GRIN FOR ASSESMENT. PT HAS NOT SPOKE OTHER THAN TO GIVE A NAME, DOB AND ADDRESS. TRANSPORTED FOR ASSESMENT

REPORT MANAGEMENT

Report ID	CR003479308-12012017202133		
Software Version	1.0.444	Report Type	Interim

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
N.f.i.
Unknown
NF1 1AB

Presenting Complaint: _____

Date and Time: _____

Named Nurse(s):

Patient preparation (Please tick when completed)	Initials:		Communication (Please tick when completed)	Initials:	
Prepare patient for examination and provide blankets if required		☐	Communication Aids (spectacles / hearing aid)		☐
			Relatives present, who?		☐
Clothing bagged, labelled and stored under trolley		☐	Relatives / NOK informed		☐
Name-band (if required)		☐	Interpreter required		☐
			Telephone interpretation required		☐

Observations and Investigations (Please tick when completed)		Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☐	IV cannula (if required)	☐
Peak Flow 1. 2. 3.	☐	Blood samples taken	☐
12 Lead ECG	☐	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☐		
X-rays performed	☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)		Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y / N Y / N	**Preliminary Pressure Ulcer Risk Assessment** The patient can reposition themselves whilst in the department?	Y / N
AMT 4 (if >65 years) SCORE	/4	There is **no** reported skin damaged other than presenting trauma?	Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	Y / N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	Y / N
Mental Health Triage Assessment	Y / N	**Waterlow Score** *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y / N	**Active Care** (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y / N		
GMAWS	Y / N	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y / N	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

Pause for Transfer (Please tick when completed)		Tick when completed:	N/A	Notes
	Relatives informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name band	☐	☐	
	AMT4	☐	☐	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

Patient Addressograph Label

Pause for Discharge (Please tick when completed):	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Patient Addressograph Label

2208793218
BURGESS
Henry
N.f.i.
Unknown

M
22/08/1979

NF1 1AB

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

Patient Addressograph Label

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Time							
	1.	**PAIN: Assess and address** If in pain inform registered nurse **Y/ N or N/A**								
S	2.	**SKIN INSPECTION** Pressure areas checked: **Y / N / I (independent)**								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	**KEEP MOVING:** Have you moved or walked **Y / N / I (independent)**								
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B								
		Chair Assist to walk, stand or tilt (W /ST/ T)								
I	4.	**ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine/faeces								
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? **Y / N** (consider mouth care)								
		Encourage the patient to drink? **(if appropriate) Y / N / N/A**								
		Food, snack or supplement taken? **(if appropriate) Y / N / N/A**								
	6.	**ENVIRONMENT:** Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? **Y / N**								
	7.	**INFORMATION: Ask:** Is there anything else I can help you with? Inform patient of the time of return. **Y / N**								
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse? **Y / N/A**								
			Nurse Initials							

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant **I = Independent** **NT = No thanks**	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (brusing/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	**Neurological Deficit**	
Incontinent faeces	2	Broken (established ulcer)	3	**Nutritional Element**		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	**Mobility**		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			**Special Risks - Medication**	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4			Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20– = 'Very High Risk'	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days	2		

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

CHI: 2208793218

Glasgow Royal Infirmary

(12)

Total Att: 4

12 Mth Att: 1

Title: **MR**

BURGESS **Henry**

Police 3368

DOB: **22/08/1979** Age: **36y** Sex: **Male**

15/1 15 Scaraway Drive

Glasgow
G22 7EX
0141 258 4480

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

GP: **WI Weir**
0141 889 3144

Attendance Date: **22/06/2016** Arrival Time: **19:07**

Registration Time: **19:07** Date of Incident: **22/06/2016**

Major Incident Desc:

Reason for Attendance: **r swelling ankle infection ?**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **22/06/2016 19:35** Nurse name: **Nurse Linda Spencer**

Temp	**36.4**	C
HR	**84**	bpm
BP	**110/56**	mmHg
MAP	**74.00**	mmHg
RR	**16**	bpm
SpO2	**98**	%
Oxygen		%

BM	**8.4**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **right ankle pain, worsening cellulitis over the last week, IDDM**

2208793218 22/08/1979 BURGESS Henry

2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address



2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
CHI No. G22 7EX
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

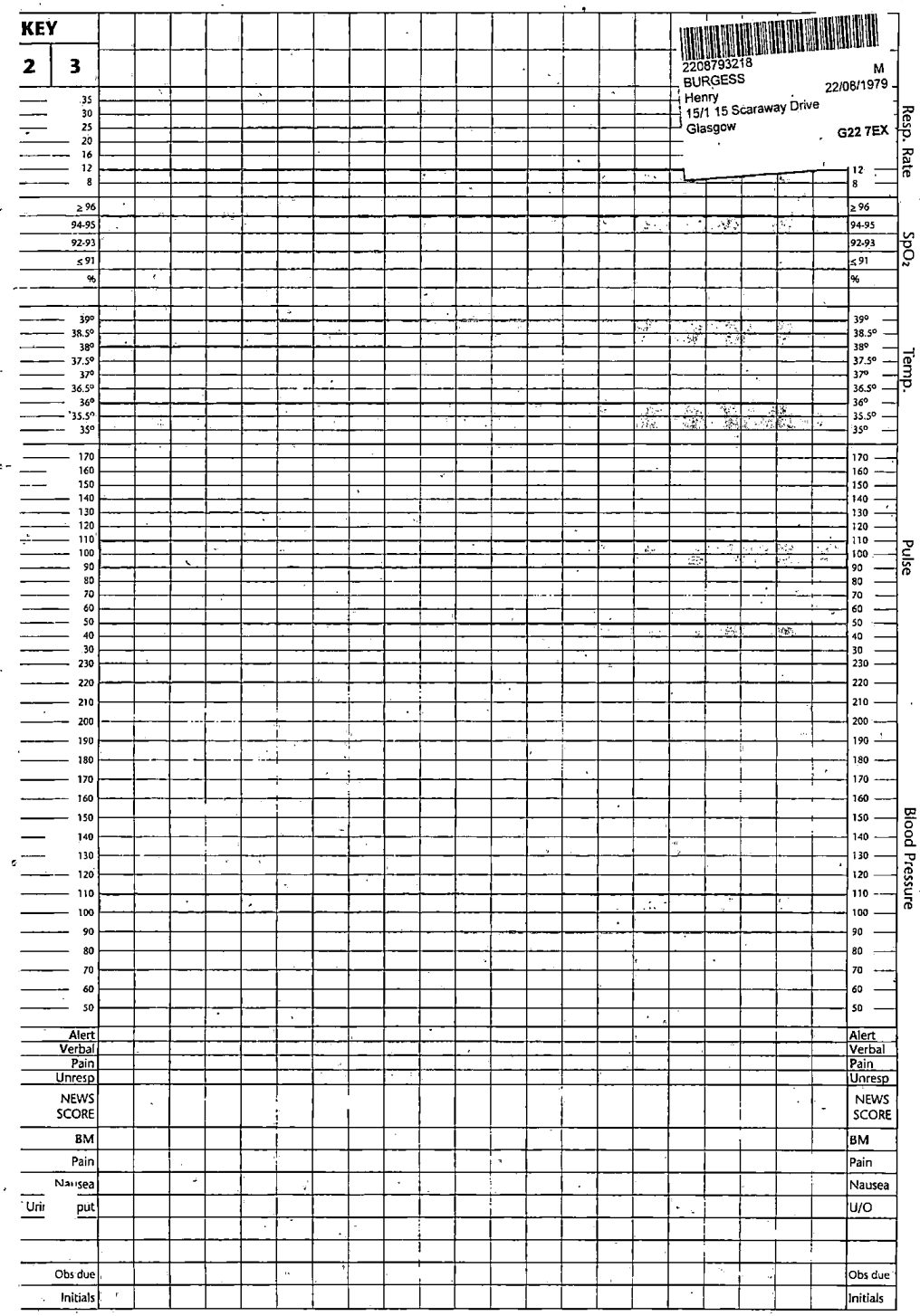
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

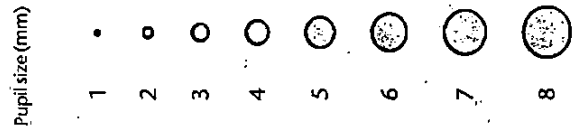
NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

12 Henry Burgess

| | | |


KEY
2
3
2208793218
M
BURGESS
22/08/1979
Henry
15/1 15 Scaraway Drive
Glasgow
G22 7EX
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
35
30
25
20
16
12
8
≥ 96
94-95
92-93
≤ 91
%
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale



Neurological Observations

Date:																									
Time:																									
COMA SCALE	E Eyes open	Spontaneously	4																						Eyes closed by swelling = C
		To speech	3																						
		To pain	2																						
		None	1																						
	V Best Verbal response	Orientated	5																						Endotracheal tube or tracheostomy = T
		Confused	4																						
		Inappropriate words	3																						
		Incomprehensible sounds	2																						
		None	1																						
	M Best motor response	Obeys	6																						Usually record the best arm response
		Localises	5																						
		Flexion - withdrawal	4																						
		Flexion - abnormal	3																						
		Extension to pain	2																						
		None	1																						
TOTAL SCORE																									
PUPILS	R	Size																							+ reacts – no reaction c. eyes closed
		Reaction																							
	L	Size																							
		Reaction																							
LIMB MOVEMENT	ARMS	Normal power																							Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							
	LEGS	Normal power																							
		Mild weakness																							
		Severe weakness																							
		Spastic flexion																							
		Extension																							
		No response																							

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

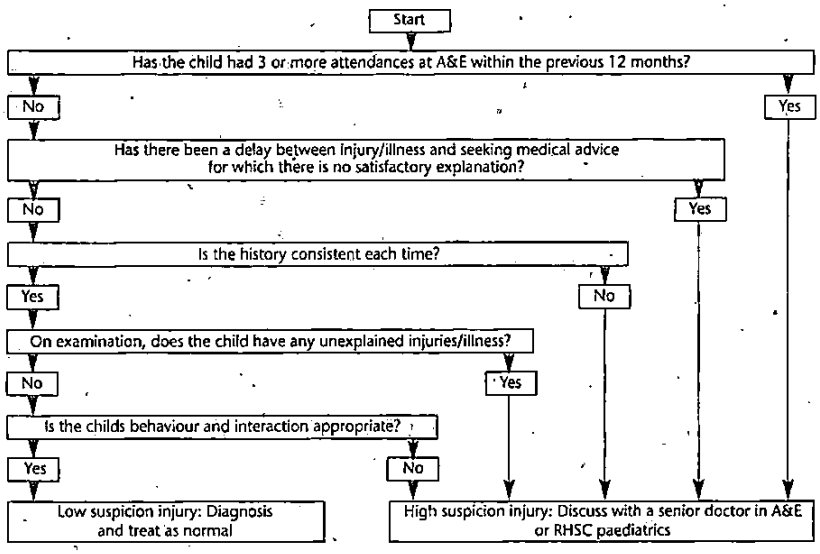
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Injury/Illness Flow Chart for all Patients 16 and under

Please tick the appropriate box as you go through the Flow Chart



All Clinical Staff Consider

H.I.Form ☐

Audit Form ☐

Police Consent ☐

Clinical Notes

22/6/16 2015 JMoloneyMH GPST2 AE

(36) T1DM, Hep C, [redacted], Alcohol xs
previous DVT, IVDU

- week and a half ago ↑ swelling, pain, redness (R) ankle / calf.
- worsening since then. Has taken amoxicillin he had left over in the house.
- some fevers, systemically well.
- no SOB / chest pain.
- States last injected years ago

Please complete where appropriate:

AMT (if >65 years)

CURB Score (if <65 years)

SIRS

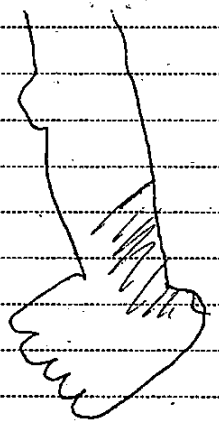
80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

2208793218
BURGESS M
Henry 22/08/1979
15/1 15 Scaraway Drive
Glasgow
G22 7EX

Clinical Notes

6/6 - temp 36⁴ HR84 RR16 Sats 98 BP 110/56
VBM 8·4



erythema (R) ankle and lower calf
hot and mild tenderness / swelling
venous insufficiency ++
ulceration (R) heel (likely source)

Imp - Cellulitis (R) ankle/calf

Plan - Bloods
- IV fluclox
- admit MAU
- consider lower limb VSS to rule out DVT

White FY2 - Patient handed over to me. Note patient absconded with ventilon in situ ~9pm. Police contacted to return patient to A+E. JR

Bloods 22/06
-UEE(N), CRP 2, WCC 7·6
LFT - ALT 70, AST 68, Alk Phos 155, Albumin 39, bilirubin 6.

For DVT work-up if patient returns. Y. White FY2.

	08-Mar-2010
Enjoys light exercise:	08-Mar-2010

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:No
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):No
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Gastroenterology
Glasgow Royal Infirmary
Alexandra Parade
Glasgow G31 2ER

09/07/2014

DR WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Dear Dr WI Weir

Patient Name: **Mr Henry Burgess**
CHI Number: **2208793218**
Referral Date: **09/07/2014**

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Note young age, normal bloods with no GI symptoms.
Concern was ?weight loss, but unsure in referral if this is 2 or 21 lbs. Could you please clarify previous and current weight to help decide how to vet this?
Thanks
Yours sincerely

Dr Adrian Stanley

User ID Adrian Stanley
SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——	**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral ROUTINE
Date of referral 08-Jul-2014 **Date sent** 08-Jul-2014

PATIENT DETAILS

Surname	BURGESS
Forename(s)	HENRY
Title	mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

THE HEALTH CENTRE
P.O. BOX 2893
GLASGOW
G64 9BU

Contact number(s)
-

1010075258395

Unique Care Pathway Number: 1010075258395

REGISTERED GP DETAILS

Name	Dr Grace Campbell		
GMC code	3260348	GP code	05380
Practice name	Headquarters		
Practice code	31391		

Practice address

HMP Lowmoss
Crosshill Rd
Bishopbriggs
G64 2QB

Contact number(s)
-

REFERRING HCP DETAILS

HCP Name	IanMcNeil
HCP code	2553153
HCP Position	-

Organisation address

Crosshill Road
Bishopbriggs
Glasgow
G64 2PZ

Organisation name	Low Moss Prison	Contact number(s)
Location code	G203P	

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Unexplained weight loss

Comment: This man has lost 21lbs since admission, (from experience the opposite is usually the case).
His 32 year old sister has just been diagnosed with bowel cancer.
I have checked his bloods today.
Clinically he was tender RIF but no masses.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Type 1 diabetes mellitus	-	07-Jul-2014	07-Jul-2014
Gastric reflux	[TRUNCATED]Complaining of upper abdominal pain and retrosternal doscomfort. thinks related to gallstones - was appraentely to have cholecystectomy last year but didn't follwo through with it. o/e Ab	25-Feb-2014	25-Feb-2014
No thoughts of deliberate self harm	-	24-Jul-2013	24-Jul-2013
No apparent risk of suicide	-	24-Jul-2013	24-Jul-2013
IDDM-Insulin dependent diabetes mellitus	-	24-Jul-2013	24-Jul-2013
No known allergies	-	23-Jul-2013	23-Jul-2013
Suspected diabetes mellitus	-	23-Jul-2013	23-Jul-2013
Previously injecting drug user	-	23-Jul-2013	23-Jul-2013
No thoughts of deliberate self harm	-	23-Jul-2013	23-Jul-2013
No apparent risk of suicide	-	23-Jul-2013	23-Jul-2013
Suspected diabetes mellitus	novomix	19-Jun-2013	19-Jun-2013
Misuses drugs	valium	19-Jun-2013	19-Jun-2013
No thoughts of deliberate self harm	-	19-Jun-2013	19-Jun-2013
No apparent risk of suicide	-	19-Jun-2013	19-Jun-2013
Misuses drugs	states he hasnt been taking any illicit substances except diazepam in police station.	04-Mar-2013	04-Mar-2013
No thoughts of deliberate self harm	No apparent thoughts of self harm	04-Mar-2013	04-Mar-2013
No apparent risk of suicide	No apparent thoughts of suicide	04-Mar-2013	04-Mar-2013
Insulin depnd diabetes melitus	-	08-Mar-2010	08-Mar-2010
O/E -R.-leg pulses all present	-	08-Mar-2010	08-Mar-2010

O/E -L.popliteal pulse present	-	08-Mar-2010	08-Mar-2010
Recall: Diabetes summary	-	08-Mar-2010	08-Mar-2010
Type 1 diabetes mellitus	-	20-Jan-2009	20-Jan-2009
Type 1 diabetes mellitus	-	20-Jan-2009	20-Jan-2009
Misuse of drugs NOS	-	31-May-2007	31-May-2007
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol abuse - unspecified	-	31-May-2007	31-May-2007

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Patient reviewed	[TRUNCATED]Mr Burgess attended addiction services today to be urine screened. Result: positive for Methadone and opiate. He admitted to using heroin "as and when". Mr. Burgess remains unhappy at hav	02-May-2014	02-May-2014
Patient reviewed	[TRUNCATED]Further to self referring to addiction services Mr Burges was seen today. He reported feeling unstable on his present prescription of 26mgs methadone however, does not with theis to be in	23-Apr-2014	23-Apr-2014
Dental care	Fillings and scaling Please see R4 notes	10-Apr-2014	10-Apr-2014
Patient reviewed	failed to attend treatment room for routine bloods. not relisted again at this time	26-Feb-2014	26-Feb-2014
Patient reviewed	patient not required to attend treatment room today as I reviewed him in the hall. both stitches have came out on their own and wound now healed. no further treatment at this time	05-Feb-2014	05-Feb-2014
Self-referral	asking to see dentist - already listed	03-Feb-2014	03-Feb-2014
Patient reviewed	seen in treatment room for review of injury to left index finger. patient cut finger on vice in work. Dr Kural reviewed and patient given two stitches same to be removed on Wednesday 5/2/14	29-Jan-2014	29-Jan-2014
Patient reviewed	helicobacter bloods taken as per request	06-Jan-2014	06-Jan-2014
Seasonal influenza vaccination	[TRUNCATED]Type: FLU, Stage: 0, Status: Given, Due Date: 31/12/2014, Method: Intramuscular, Source: In this Practice, Reason: Special Risk Group, Reason for immunisation given text: Diabetes, Batch	31-Dec-2013	31-Dec-2013
Self-referral	request flu vaccine, listed for nurse treatment room. Michel Bos	30-Dec-2013	30-Dec-2013
Ongoing review	[TRUNCATED]reviewed prisoner to discuss self referral. prisoner wishing to reduce his methadone prescription by 2mls per fortnight. He explains he wants off methadone as his family have fallen out w	20-Dec-2013	20-Dec-2013
Self-referral	hospital appointment letter received, for the outpatient area diabetes, start of april 2014	03-Dec-2013	03-Dec-2013
Patient reviewed	[TRUNCATED]in BBV nurse clinic. HCV PCR -ve <12. Patient reports having recieved treatment in 2011 at Glenochil. This result indicates sustained viral response to treatment . Patient aware that resu	26-Nov-2013	26-Nov-2013
Self-referral	self referral received, listed for dentist	14-Nov-2013	14-Nov-2013
Advice to patient - subject	Type of advice given: Advice. NOTES: SR received, listed for dentist and sexual health. Michel Bos.	13-Nov-2013	13-Nov-2013
Patient reviewed	[TRUNCATED]in BBV nurse clinic. Blood obtained for post treatment HCV PCR, patient reports finishing HCV treatment over a year ago and not attended for follow up since. Bloods also obtained for H. P	12-Nov-2013	12-Nov-2013
Patient reviewed	-	18-Oct-2013	18-Oct-2013
Patient reviewed		17-Oct-2013	

	ENA requesting cell down as 'stomach is in bits' advised to attend work he is listed for MO		17-Oct-2013
Drugs of abuse urine screening	Urine screen, Positive for Benzo's and Bup.	10-Oct-2013	10-Oct-2013
Patient reviewed	helicobacter test taken and sent to lab	08-Oct-2013	08-Oct-2013
Patient reviewed	bloods taken for OPA and sent to lab	27-Sep-2013	27-Sep-2013
Self-referral	listed for MO for diabetic review	26-Sep-2013	26-Sep-2013
Patient reviewed	urine sample taken for STI check	24-Sep-2013	24-Sep-2013
Advice to patient - subject	Type of advice given: Advice. NOTES: SR received, listed for std test. Michel Bos.	19-Sep-2013	19-Sep-2013
Ongoing review	random urine positive for buprenorphine and morphine, Query prisoner on pregablin	17-Aug-2013	17-Aug-2013
Self-referral	fungal toe infection listed for treatment room	13-Aug-2013	13-Aug-2013
Had a chat to patient	recalled on 7 year sentence, further 20 months to serve.	24-Jul-2013	24-Jul-2013
Admission profile form completed	karedx for drugs, and suboxone confirmed from prescriber already, kardex done for this also. urine positive for benzos because given in police custody, not a regular user.	24-Jul-2013	24-Jul-2013
Prescription by GP	suboxone 16mg	23-Jul-2013	23-Jul-2013
Prescription by GP	pregabalin 150mg tid novomix 4-12 units mirtazepine 30mg lansoprazole 15mg	23-Jul-2013	23-Jul-2013
Admission profile form completed	-	23-Jul-2013	23-Jul-2013
Drugs of abuse urine screening	+ve bupronorphenine	23-Jul-2013	23-Jul-2013
Urine benzodiazepine	+ve	23-Jul-2013	23-Jul-2013
Advice to patient - subject	[TRUNCATED]Type of advice given: Advice. NOTES: Caught consealing Suboxone, on the back of the tongue, advised patient to put it under the tongue, second attempt caught consealing, tablet was stuck	24-Jun-2013	24-Jun-2013
Hospital prescription	suboxone 16mg	19-Jun-2013	19-Jun-2013
Drugs of abuse urine screening	+ve bupronorphenine	19-Jun-2013	19-Jun-2013
Urine benzodiazepine	+ve	19-Jun-2013	19-Jun-2013
Patient reviewed	Reporting sick. Requesting to recommence on suboxone. To discuss with addictions. Also requesting mirtazapine, to confirm with kardex. Advised to self refer.	06-Mar-2013	06-Mar-2013
Drugs of abuse urine screening	Unable to provide sample	04-Mar-2013	04-Mar-2013
Admission profile form completed	Patient admission profile completed	04-Mar-2013	04-Mar-2013
Ongoing review	Seen by the writer yesterday afternoon. Harm reduction completed by the writer which Harrry engaged well with.	14-Dec-2012	14-Dec-2012
Ongoing review	Throughcare completed. RDS arrange re prescription of 16mgs of methadone daily following his release 14.12.12. Passed to addiction nurse for harm reduction.	13-Dec-2012	13-Dec-2012
Ongoing review	[TRUNCATED]Seen by the writer on Saterday the 8th of December. Henry continues to report that the he is experiancing symptoms asscoiated with opiate withdrawl. The writer spoke with M.O. and a decis	10-Dec-2012	10-Dec-2012
Advice to patient - subject	[TRUNCATED]Type of advice given: Advice. NOTES: Seen by the writer on Tuesday. Henry reported to be experiancing sysmptoms associated with opiate withdrawls. Sucequently the M.O. Has increased his d	06-Dec-2012	06-Dec-2012

Advice to patient - subject	[TRUNCATED]Type of advice given: Advice. NOTES: Seen by the writer yesterday afternoon. Urine tested prior top commencement upon suboxone. Urine tested positive for buprenorphine and methadone. Henr	29-Nov-2012	29-Nov-2012
Ongoing review	[TRUNCATED]Seen by the writer this afternoon.Urine tested which showed positive for methadone only. Henry reported that he has continued to experiance symptoms associated with opiate withdrawl. He h	29-Nov-2012	29-Nov-2012
Ongoing review	[TRUNCATED]Seen by the writer. Urine tested which was positive for methadone only. Henry was also seen by the M.O. this afternoon in relation to him being commenced upon suboxone as previously recor	27-Nov-2012	27-Nov-2012
Advice to patient - subject	Type of advice given: Advice. NOTES: Seen this afternnon by Nurse Colin Gibson. Urine sample bottle given along with instrucions to treturn to nursing staff tommorow am regarding a queery STI..	27-Nov-2012	27-Nov-2012
Advice to patient - subject	Type of advice given: Advice. NOTES: Listed for review re: commencement of suboxoen for the 27/11/12 and the treatment room for the 28/11/12 for bloods (lfts U's n E's)..	26-Nov-2012	26-Nov-2012
Patient reviewed	seen in treatment room for bloodds same taken and sent to biochem	26-Nov-2012	26-Nov-2012

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Suboxone 8mg/2mg sublingual tablets (RB Pharmaceuticals Ltd)	2	tablet	2 DAILY (16 MGS) AS PER CAT	-	24-Jul-2013	24-Jul-2013
NovoMix 30 FlexPen 100units/ml suspension for injection 3...	1	pre-filled disposable injection	4 TO 12 UNITS TWICE A DAY AS PER BM	-	24-Jul-2013	24-Jul-2013
Pregabalin 150mg capsules	84	capsule	THREE TIMES A DAY, EITHER ONE[more]	-	24-Jul-2013	24-Jul-2013
Mirtazapine 30mg tablets	30	tablet	1 TABLET ONCE A DAY AT NIGHT	-	24-Jul-2013	24-Jul-2013
Lansoprazole 15mg gastro-resistant capsules	28	capsule	ONE DAILY	-	24-Jul-2013	24-Jul-2013

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker.	23-Jul-2013
Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker.	04-Mar-2013
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0. NOTES: hoping to give up soon. awaiting smoking cessation..	08-Mar-2010
Teetotaller:	Drinking status on eventdate: Life teetotaler.	23-Jul-2013
Teetotaller:	Drinking status on eventdate: Life teetotaler.	04-Mar-2013
Current non drinker:	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	08-Mar-2010

Enjoys light exercise: 08-Mar-2010

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:No
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):No
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

CHI: 2208793218

Glasgow Royal Infirmary

(2)

Total Att: **11**

12 Mth Att: **8**

Title: **MR**

BURGESS **Henry**

DOB: **22/08/1979** Age: **37y** Sex: **Male**

14 Thompson Brae

Paisley
Renfrewshire
PA1 1TP

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

GP: **S Goyal**
0141 889 3144

Attendance Date: **21/04/2017** Arrival Time: **23:13**

Registration Time: **23:13** Date of Incident: **21/04/2017**

Major Incident Desc:

Reason for Attendance: **unspecified**

Nursing Assessment

Alerts: **Yes** Allergies: **None Known** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **21/04/2017 23:39**

Temp	**35.3**	C
HR	**63**	bpm
BP	**124/93**	mmHg
MAP	**103.33**	mmHg
RR	**12**	bpm
SpO2	**98**	%
Oxygen		%

Nurse name: **Nurse Catriona McQuade**

BM	**4.8**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	**3**
Motor	**5**
Verbal	**4**
Total	**12**

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **BIBA. found slumped on street by passers by. yellow substance around lips. known to police who state patient takes yellows. known HEP C +VE 3+**

2208793218 22/08/1979 BURGESS Henry

2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry
2208793218 22/08/1979 BURGESS Henry

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

2208793218
BURGESS
Henry
14 Thompson Brae
Paisley, Renfrewshire
PA1 1TF
22/08/197
M

Initial Investigations Ordered										
FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match units			
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

22/04/17 0150 DAVE McGREACHAN Eddie Specialty

37 Background (1) IVDU
(2) Type 1 DM
(3) previous DVT
(4) depression
(5) alcohol XS

PC - found in street

HPC - found lying in street.
- known to police for using benzos
- lips coated in yellow residue
- no history from Henry initially eventually admits to benzos, unsure how many.
- has also injected into groin today - ? how much

- initially requiring sternal rub.
- now struggling around department demanding he goes back to Paisley despite not being able to walk

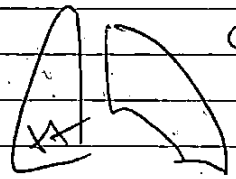
Glasgow Royal Infirmary
Emergency Department

2208793218
BURGESS
Henry
14 Thompson Brae
Paisley, Renfrewshire
PA1 1TF
M
22/08/197

Clinical Notes (Continued) Name Grade Specialty

O/E: GCS 9|S → 15|15 c naloxone

HS 1+11 +0 RR 12 → 20
JVP ↔ SpO2 98% RA
No oedema HR 63 BP 124/93
BM 4.8



couple crepsⓇ base
No wheeze.

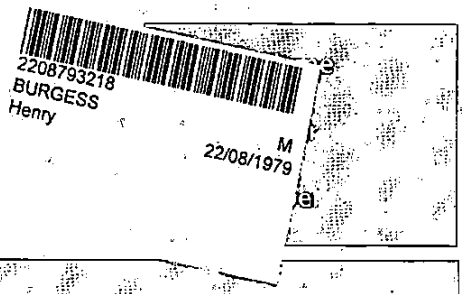
Refusing exam of abds | groin.

Grossly intact neurologically
No obvious head injury. No clonus
PEARL size 2→4 c naloxone.

Imp: mixed benzo + opiate OD
→ has capacity

Plan: IVA + bloods by N/S when GCS ↓
400mcg naloxone IV
would admit to sober up
for pabrinex etc but
adamant wants to leave,
if he can make it to the
door he can leave.

Glasgow Royal Infirmary
Emergency Department



Clinical Notes

Managed to walk out department.

7481068

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number
or affix label

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC			Na			Bil			FiO_2		
Hb			K			ALT			H^+		
Plat			Cl			AST			$PaCO_2$		
Neut			Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	2208793218 1 BURGESS M 9 Henry 22/08/1979 14 Thompson Brae Paisley, Renfrewshire
CHI No.	PA1 1TP
DoB	

	Date	Ward
Admitted		
Transferred		
Transferred		

Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

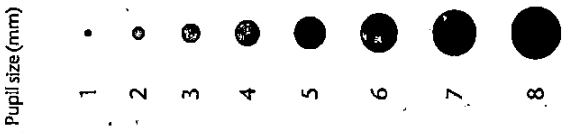
Henry Burgess.

(2)

		DATE:	4/4				DATE	NEWS	
		TIME:	1300	2200	4/5 0035		TIME	0	1
Resp. Rate	Mark: •	35 30 25 20 16 12 8			15		35 30 25 20 16 12 8		
SpO_2	(Enter Value)	≥ 96 94-95 92-93 ≤ 91	98	100	98	98	≥ 96 94-95 92-93 ≤ 91		
Any Sup'l O_2	%						%		
Room air			A	A	A	A			
Temp.	Mark: ×	39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°					39° 38.5° 38° 37.5° 37° 36.5° 36° 35.5° 35°		
Pulse	Mark: •	170 160 150 140 130 120 110 100 90 80 70 60 50 40 30					170 160 150 140 130 120 110 100 90 80 70 60 50 40 30		
Blood Pressure	Mark: ◇	230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50					230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50		
NEWS SCORE using Systolic BP									
Conscious Level	Mark: •	Alert					Alert		
		Verbal					Verbal		
		Pain				P	Pain		
		Unresp					Unresp		
Total NEWS (with all obs)			4	4	5	4	NEWS SCORE		
		BM	4.8				BM		
		Pain					Pain		
		Nausea					Nausea		
		Urine output					U/O		
		Obs due					Obs due		
		Initials					Initials		

Glasgow Coma Scale

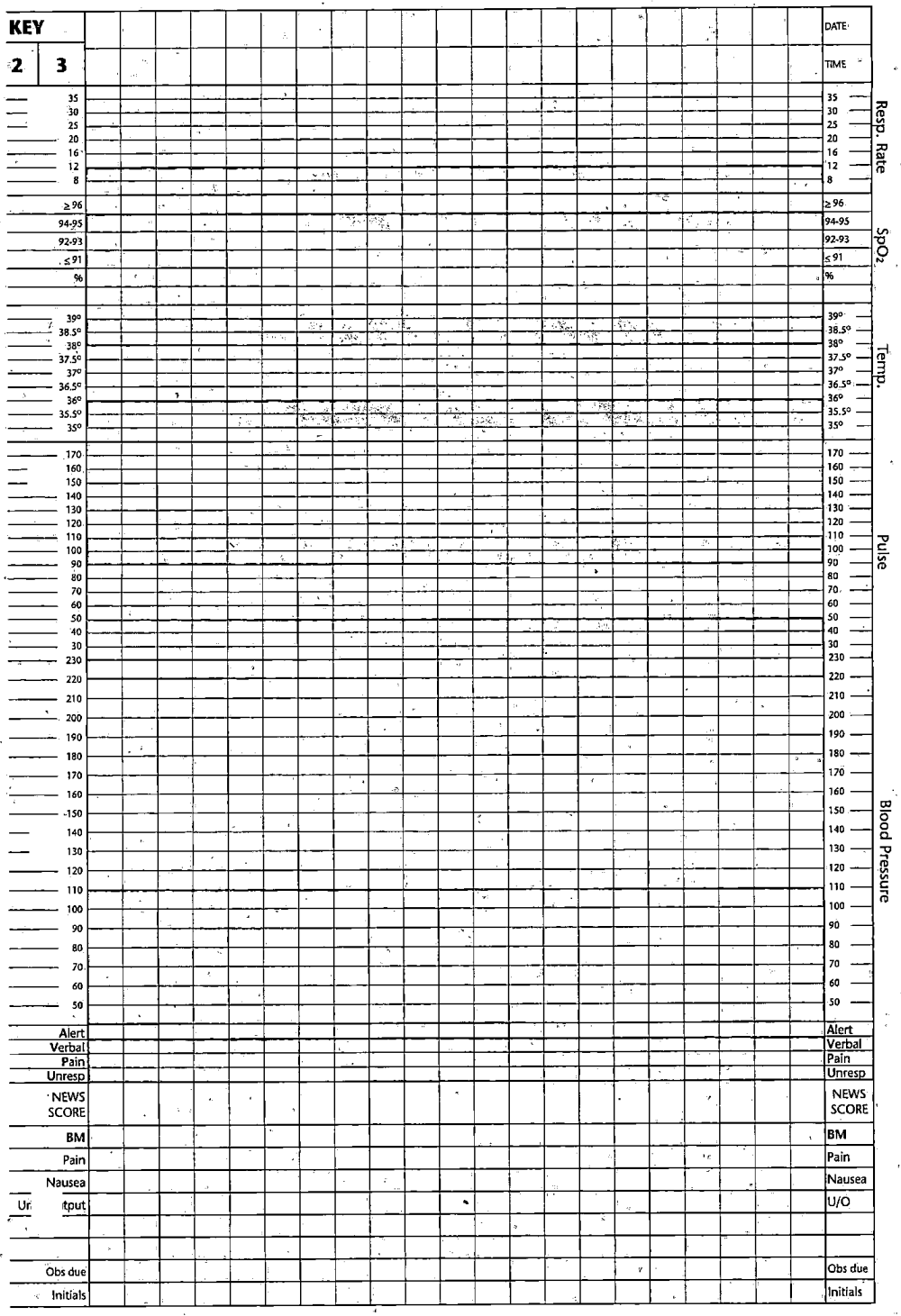
Pupil size (mm)



2208793218
BURGESS
Henry
14 Thompson Brae
Paisley, Renfrewshire
PA1 1TP
M
22/08/1979

Neurological Observations

| | | |


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

2208793218
1 BURGESS
9 Henry
14 Thompson Brae
Paisley, Renfrewshire
PA1 1TP
M
22/08/1979

abel

Presenting Complaint: ?overdose

Date and Time: 21/4/17 23.13

Named Nurse(s): Joanne

Patient preparation (Please tick when completed)	Initials: JB	Communication (Please tick when completed)	Initials:
Prepare patient for examination and provide blankets if required	☐	Communication Aids (spectacles / hearing aid)	☐
		Relatives present, who?	☐
Clothing bagged, labelled and stored under trolley	☐	Relatives / NOK informed	☐
Name-band (if required)	☐	Interpreter required	☐
		Telephone interpretation required	☐

Observations and Investigations (Please tick when completed)		Initials:	
Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate.	☒	IV cannula (if required)	☐
Peak Flow 1. 2. 3.	☐	Blood samples taken	☐
12 Lead ECG	☐	Urinalysis and Specimen if indicated *Results:*	☐
Cardiac Monitoring	☐		
X-rays performed	☐	HCG specimen if indicated +ve ☐ -ve ☐ Strip Lot no:	☐
Other: please add	☐	Weight:	☐

Screening Tools (Please circle or tick as appropriate)		Initials:	
SEPSIS risk? SIRS Criteria 2 or more and suspicion of infection Sepsis 6 protocol initialise and departmental documentation started	Y / N Y / N	**Preliminary Pressure Ulcer Risk Assessment** The patient can reposition themselves whilst in the department?	Y / N
AMT 4 (if >65 years) SCORE	/4	There is **no** reported skin damaged other than presenting trauma?	Y / N
At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment*	Y / N	The person is fully continent? *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)*	Y / N
Mental Health Triage Assessment	Y / N	**Waterlow Score** *If >10 commence Active Care*	☐
Child Protection considered (in line with policy)	Y / N	**Active Care** (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) *Record on Active Care Chart*	☐
FAST	Y / N		
GMAWS	Y / N	Pressure damage identified on arrival in ED is documented in clinical notes	☐
Has Swallow test been carried out?	Y / N	Grade 3 or 4 Pressure Ulcers are reported on DATIX	☐

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name band	☐	☒	
	AMT4	☐	☐	
	NEWS chart NEWS >7 - Name and Page number of senior doctor caring for patient	☐	Always	
Prescriptions signed	Infusions	☒	☐	
	Drugs	☐	☒	
	Allergies are recorded (e.g. on Kardex)	☐	☐	
	Fluids	☐	☐	
	Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patient's medications)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed	☐	Always	
	Notes: medical notes, GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☒	
	Bloods reviewed	☐	☐	
	Patient on O_2: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

ml • 262617 Version 1_0 • GCC0107

Patient Addressograph Label

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patient's medications)	☐	Always	
New medications explained	☐	☐	
Cannula removed	☐	☐	
Relatives aware of discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/ Support Services required and contacted	☐	☐	
SAS transport required and ref no	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

Nursing Notes and Care Plan

Date and Time		Print Name and Signature
22/4/17 0020	patient brought into monitored bay. Reduced GCS, responsive to pain; awaiting review — — — —	JSo

Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

USE FOLLOWING CODE:

O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

2208793218

Patient BURGESS
Henry
14 Thompson Brae
Paisley, Renfrewshire
PA1 1TP

M
22/08/1979

			Time							
	1.	**PAIN: Assess and address** If in pain inform registered nurse **Y/ N or N/A**								
S	2.	**SKIN INSPECTION** Pressure areas checked: **Y / N / I (independent)**								
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)								
K	3.	**KEEP MOVING:** Have you moved or walked **Y / N / I (independent)**								
		Bed Right side (30° tilt) – **R** Left Side (30° tilt) – **L** Back– **B**								
		Chair Assist to walk, stand or tilt **(W /ST/ T)**								
I	4.	**ELIMINATION:** Do you need the toilet? **I** = Independent **A** = Assistance given **IC** = patient incontinent of urine/faeces								
N	5.	**FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? **Y / N** (consider mouth care)								
		Encourage the patient to drink? **(if appropriate) Y / N / N/A**								
		Food, snack or supplement taken? **(if appropriate) Y / N / N/A**								
	6.	**ENVIRONMENT:** Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? **Y / N**								
	7.	**INFORMATION: Ask:** Is there anything else I can help you with? Inform patient of the time of return. **Y / N**								
	8.	**ESCALATION:** Escalate any issues to the Registered Nurse? **Y / N/A**								
			Nurse Initials							

USE FOLLOWING CODE	Specialist Pressure Redistributing equipment	Variations			
V = Variant **I = Independent** **NT = No thanks**	☐ Repose Mattress ☐ Moving and handling aids ☐ Other:	Time	No.	Variation	Signed

Waterlow Pressure Area Risk Assessment

Build/Weight		Skin Type/Visual Risk Areas		Sex/Age		Special Risks - Tissue Malnutrition	
Average (BMI 20-24.9)	0	Healthy	0	Male	1	Multiple organ failure/ Terminal cachexia	8
Above Average (BMI 25-29.9)	1	Tissue Paper (thin/fragile)	1	Female	2		
Obese (BMI > 30)	2	Dry (appears flaky)	1	14-49	1	Single organ failure	5
Below Average (BMI < 20)	3	Oedematous (puffy)	1	50-64	2	Peripheral Vascular Disease	5
Continence		Clammy /pyrexia	1	65-74	3	Anaemia = Hb < 8	2
Complete/Catheterised	0	Discoloured (brusing/mottled)	2	75-80	4	Smoking	1
Incontinent urine	1			81+	5	**Neurological Deficit**	
Incontinent faeces	2	Broken (established ulcer)	3	**Nutritional Element**		Diabetes/MS/CVA Motor or sensory paraplegia (Max 6)	4-6
Doubly Incontinent (urine and faeces)	3	**Mobility**		Unplanned weight loss in past 3-6 months < 5% Score 0 5-10% Score 1 > 10% Score 2			
		Fully mobile	0				
Special Risks – Surgery/Trauma		Restless/Fidgety	1			**Special Risks - Medication**	
On table > 6 hours	8	Apathetic (sedated/depressed/ reluctant to move)	2			Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4)	4
Orthopaedic / below waist/Spinal (up to 48 hrs post-op)	5			BMI > 20 Score 0 BMI 18.5-20 Score 1 BMI < 18.5 Score 2			
On table > 2 hours (up to 48 hrs post op)	5	Bed bound (unconscious/unable to change position/traction)	4			Risk Score 10+ = 'At risk' 15+ = 'High Risk' 20+ = 'Very High Risk'	
		Chair Bound	5	Patient acutely ill or no nutritional intake > 5 days	2		

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

Patient Addressograph Label

Nursing Notes and Care Plan

Date and Time		Print Name and Signature

Patient Report by TerraPACE

Scottish Ambulance Service Patient Report Form

Incident Number	CR003701707 on 21/04/2017 at 21:56		
Callsign		Incident Type	EMG
Crew1	E1003852	Crew3	
Crew2	E9888576	Crew4	

INCIDENT LOG

Incident Location	O/S IVORY BLACKS IVORY BLACKS 56 OSWALD STREET CITY CENTRE GLASGOW	Incident Postcode	G1 4PL
Call Received	21:56 - 21/04/2017	Patient at Hospital	-
Call Passed	22:25 - 21/04/2017	Patient Handover	-
Crew Mobile	22:25 - 21/04/2017	Crew Clear	-
Crew at Scene	22:31 - 21/04/2017	Clear Reason	
Crew Left Scene	22:55 - 21/04/2017		
Pre-alert Medical Standby			
Receiving Hospital	GLASGOW ROYAL INFIRMARY		

DIAGNOSIS

Chief Complaint Code	17
Despatch Code	17B01 : Fallen with Possibly Dangerous Area Injuries
Diagnostic Code	32B01 : 32B01 - Unknown Problem-Standing/Sitting/Moving/Talking

PATIENT DETAILS

Surname	BURGESS		
Forename	HENRY		
Middle Initials		Sex	Male
DoB	22/08/1979	Age	37 years 7 months 30 days
Patient Address	GEORGE STREET OR THOMPSON DRIVE IN PAISLEY	Patient Postcode	
Patient Telephone		Ethnicity	
Reason if Patient unwilling to provide details	PT UNDER THE UNFLUENCE OF DRUGS, ?ALCOHOL.		

PATIENT CONSENT

Mental Capacity Assessed	Deemed To Have Capacity
Level of Consent	Advice Given To Patient, Risk Of Refusal Explained, Risks Of Condition Explained, Treatment Benefits Explained
Substances affecting condition	?DRUG USE

PRIMARY SURVEY

AVPU Assessment	Alert
Catastrophic Haemorrhage	No
Airway Assessment	Clear
Breathing Rate	Normal
Respiratory Rate	14
Pulse	Normal
Most Peripheral Palpable Pulse Found	Radial
Skin Colour	Normal
Skin Texture	Dry
Capillary Refill Rate	< 2 Secs
CSI Assessment	None

VITAL SIGNS

Time	Pulse	Rthm	AVPU	RR	SYS	DIA	PEF	BG	Temp	SpO2	PS	CRT	ECG	Sepsis	GCS	RTS	NEWS	ETCO2	Lactate
22:40	68	Reg	Alert	14	148	88		9.4		100		< 2 Secs	Normal sinus rhythm	1	12	5.7			
22:58	67	Reg	Alert	14	144	88				100		< 2 Secs	Normal sinus rhythm		12	6.9			

AMPLE

Allergy Type	Unknown
Previous Medication	UNK
Previous Medical History	UNK
Events Prior To Incident	UNK. PT FOUND LYING IN STREET.

EYES AND PUPILS

Left Eye		Right Eye	
Left Pupil Size	Constricted	Right Pupil Size	Constricted
Left Pupil Reaction	Normal	Right Pupil Reaction	Normal
Unequal Reaction To Light			

EMERGENCY SERVICES

In Attendance	DOUBLE TECH CREW, Police, Technician

PATIENT HANDOVER

Patient Mobility On Arrival	Seated	On Scene Removal	Walking
Patient Transportation	Lying	Care Delivery At Hospital	Trolley
Time Of Patient Handover			

SEPSIS

Pulse	RR	SYS	Temp	GCS	BG	Pneumonia	UTI	Other	Abdo	Diarrhoea	Abdo	Meningitis	Cellulitis	Septic	Wound	Infected indwelling	No signs of

								infection	Pain		distension			arthritis	infection	device	infection
68	14	148		12	9.4	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
67	14	144		12		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

GCS

Time	Eye Opening	Verbal Response	Motor Response	Total
22:40	Spontaneous	Incomprehensible	Obeys Commands	12
22:58	Spontaneous	Incomprehensible	Obeys Commands	12

PATIENT SUPPORT

ADDITIONAL COMMENTS AND OBSERVATIONS

999 CALL TO 37YOM FOUND LYING IN THE STREET. O/A POLICE ON SCENE. PT IS KNOWN TO THE POLICE (DRUG RELATED). O/E TEMP LOW, RESP RATE LOWERED SLIGHTLY. ALL OTHER BASELINE OBSERVATIONS NORMAL. PT UNABLE TO CONFIRM IF HE HAS HAD ANY DRUGS OR ALCOHOL TONIGHT. UNABLE TO SPEAK CLEARLY. TIED-C

REPORT MANAGEMENT

Report ID	CR003701707-21042017230529		
Software Version	1.0.444	Report Type	Interim

2208793218
BURGESS
Henry M
14 Thompson Brae 22/08/1979
Paisley, Renfrewshire
PA1 1TP

Planned Outpatient Investigations: none

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Mhairi Kilpatrick
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Mhairi Kilpatrick, Doctor

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 21/01/2015
Reference:
Dictated Date: 23/01/2015
Transcribed Date:

Dear Dr. WI Weir,

Henry Burgess; D.O.B: 22 Aug 1979; CHI: 2208793218
THE HEALTH CENTRE, P.O. BOX 2893, Glasgow, G64 9BU

Attendance: Specialty - Gastroenterology; Clinic - GRCBGA56-GASTRO NURSE C BUCHANAN UREA WEDNESDAY ALL DAY
Date and Time of Appointment - 21/01/2015 11:30

Clinical Comments:
This patient was referred for a urea breath test, an appointment was given and written information sent. The patient failed to attend or contact the unit to cancel or change this appointment.

Due to a high demand for this service he/she has been removed from the waiting list.

Yours sincerely

C Buchanan

Dyspepsia Nurse

Electronically Signed: ,

cc.

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141-211-4290
Enquiries to: Helen Pelosi (secretary)
Letter Date: 09/09/2014
Reference: LS/CT
Dictated Date: 28/08/2014
Transcribed Date: 02/09/2014

Sister Cate Buchanan
Gastroenterology Day Unit
St Mungo's
GRI

Dear Cate ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
THE HEALTH CENTRE, P.O. BOX 2893, Glasgow, G64 9BU

I would be grateful if you could arrange for this gentleman to attend for a H-pylori breath test.

Please note he is a prisoner in Low Moss.

Yours sincerely

Dr Lyn Smith

Consultant Gastroenterologist

Electronically Signed: Dr Lyn Smith, Consultant

cc.

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Consultant Geneticist
Department of Genetics
Yorkhill Hospital
GLASGOW

Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141-211-4290
Enquiries to: Helen Pelosi (secretary)
Letter Date: 09/09/2014
Reference: LS/CT
Dictated Date: 28/08/2014
Transcribed Date: 02/09/2014

Dear Colleague ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
THE HEALTH CENTRE, P.O. BOX 2893, Glasgow, G64 9BU

I would be grateful if you would consider the investigation of this young man and his family.

He is a 35-year old gentleman currently incarcerated in Low Moss Prison. He told me that his sister recently was diagnosed with bowel cancer aged 32. Unfortunately I do not have any more clinical details at this time but he is obviously concerned about his genetic risk.

Thank you for your assistance in this matter.

With kind regards

Yours sincerely

Dr Lyn Smith

Consultant Gastroenterologist

enc

Electronically Signed: Dr Lyn Smith, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF		**Hospital** and **hospital address** Hospital location code: G107H Email address -

Urgency of referral ROUTINE
Date of referral 17-Jul-2014 **Date sent** 17-Jul-2014

PATIENT DETAILS

Surname	BURGESS
Forename(s)	HENRY
Title	mr
Sex	Male
Date of birth	22-Aug-1979
CHI no.	2208793218
Area of Residence	-

Patient's address

THE HEALTH CENTRE
P.O. BOX 2893
GLASGOW
G64 9BU

Contact number(s)
-

101007574082L

Unique Care Pathway Number: 101007574082L

REGISTERED GP DETAILS

Name	Dr Grace Campbell		
GMC code	3260348	GP code	05380
Practice name	Headquarters		
Practice code	31391		

Practice address

HMP Lowmoss
Crosshill Rd
Bishopbriggs
G64 2QB

Contact number(s)
-

REFERRING HCP DETAILS

HCP Name	GraceCampbell
HCP code	3260348
HCP Position	-

Organisation address

Crosshill Road
Bishopbriggs
Glasgow
G64 2PZ

Organisation name	Low Moss Prison	Contact number(s)
Location code	G203P	-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Weight loss. FH sibling with bowel cancer

Comment: Mr Burgess has lost 21 (twenty one!) pounds since admission to prison. On admission he was 72kg, he is now 63kg.
His 32 year old sister has just been diagnosed with bowel cancer.
I would welcome your assessment and further investigation if required.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Type 1 diabetes mellitus	-	07-Jul-2014	07-Jul-2014
Gastric reflux	[TRUNCATED]Complaining of upper abdominal pain and retrosternal discomfort. thinks related to gallstones - was appraentely to have cholecystectomy last year but didn't follwo through with it. o/e Ab	25-Feb-2014	25-Feb-2014
No thoughts of deliberate self harm	-	24-Jul-2013	24-Jul-2013
No apparent risk of suicide	-	24-Jul-2013	24-Jul-2013
IDDM-Insulin dependent diabetes mellitus	-	24-Jul-2013	24-Jul-2013
No known allergies	-	23-Jul-2013	23-Jul-2013
Suspected diabetes mellitus	-	23-Jul-2013	23-Jul-2013
Previously injecting drug user	-	23-Jul-2013	23-Jul-2013
No thoughts of deliberate self harm	-	23-Jul-2013	23-Jul-2013
No apparent risk of suicide	-	23-Jul-2013	23-Jul-2013
Suspected diabetes mellitus	novomix	19-Jun-2013	19-Jun-2013
Misuses drugs	valium	19-Jun-2013	19-Jun-2013
No thoughts of deliberate self harm	-	19-Jun-2013	19-Jun-2013
No apparent risk of suicide	-	19-Jun-2013	19-Jun-2013
Misuses drugs	states he hasnt been taking any illicit substances except diazepam in police station.	04-Mar-2013	04-Mar-2013
No thoughts of deliberate self harm	No apparent thoughts of self harm	04-Mar-2013	04-Mar-2013
No apparent risk of suicide	No apparent thoughts of suicide	04-Mar-2013	04-Mar-2013
Insulin depnd diabetes melitus	-	08-Mar-2010	08-Mar-2010
O/E -R.-leg pulses all present	-	08-Mar-2010	08-Mar-2010

O/E -L.popliteal pulse present	-	08-Mar-2010	08-Mar-2010
Recall: Diabetes summary	-	08-Mar-2010	08-Mar-2010
Type 1 diabetes mellitus	-	20-Jan-2009	20-Jan-2009
Type 1 diabetes mellitus	-	20-Jan-2009	20-Jan-2009
Misuse of drugs NOS	-	31-May-2007	31-May-2007
Injecting drug user	-	31-May-2007	31-May-2007
Alcohol abuse - unspecified	-	31-May-2007	31-May-2007

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Patient reviewed	[TRUNCATED]ENA complaining of 'dying of the cold'. obs checked BP 154/89 P 73 SPO2 99% RR 16 T 37. chest sounds clear. states he has not taken anything other than coffee for his symptoms. advised to	16-Jul-2014	16-Jul-2014
Self-referral	referral received, listed for dentist, notified patient	14-Jul-2014	14-Jul-2014
Patient reviewed	[TRUNCATED]Mr Burgess attended addiction services today to be urine screened. Result: positive for Methadone and opiate. He admitted to using heroin "as and when". Mr. Burgess remains unhappy at hav	02-May-2014	02-May-2014
Patient reviewed	[TRUNCATED]Further to self referring to addiction services Mr Burges was seen today. He reported feeling unstable on his present prescription of 26mgs methadone however, does not with theis to be in	23-Apr-2014	23-Apr-2014
Dental care	Fillings and scaling Please see R4 notes	10-Apr-2014	10-Apr-2014
Patient reviewed	failed to attend treatment room for routine bloods. not relisted again at this time	26-Feb-2014	26-Feb-2014
Patient reviewed	patient not required to attend treatment room today as I reviewed him in the hall. both stitches have came out on their own and wound now healed. no further treatment at this time	05-Feb-2014	05-Feb-2014
Self-referral	asking to see dentist - already listed	03-Feb-2014	03-Feb-2014
Patient reviewed	seen in treatment room for review of injury to left index finger. patient cut finger on vice in work. Dr Kural reviewed and patient given two stitches same to be removed on Wednesday 5/2/14	29-Jan-2014	29-Jan-2014
Patient reviewed	helicobacter bloods taken as per request	06-Jan-2014	06-Jan-2014
Seasonal influenza vaccination	[TRUNCATED]Type: FLU, Stage: 0, Status: Given, Due Date: 31/12/2014, Method: Intramuscular, Source: In this Practice, Reason: Special Risk Group, Reason for immunisation given text: Diabetes, Batch	31-Dec-2013	31-Dec-2013
Self-referral	request flu vaccine, listed for nurse treatment room. Michel Bos	30-Dec-2013	30-Dec-2013
Ongoing review	[TRUNCATED]reviewed prisoner to discuss self referral. prisoner wishing to reduce his methadone prescription by 2mls per fortnight. He explains he wants off methadone as his family have fallen out w	20-Dec-2013	20-Dec-2013
Self-referral	hospital appointment letter received, for the outpatient area diabetes, start of april 2014	03-Dec-2013	03-Dec-2013
Patient reviewed	[TRUNCATED]in BBV nurse clinic. HCV PCR -ve <12. Patient reports having recieved treatment in 2011 at Glenochil. This result indicates sustained viral response to treatment . Patient aware that resu	26-Nov-2013	26-Nov-2013
Self-referral	self referral received, listed for dentist	14-Nov-2013	14-Nov-2013
Advice to patient - subject	Type of advice given: Advice. NOTES: SR received, listed for dentist and sexual health. Michel Bos.	13-Nov-2013	13-Nov-2013
Patient reviewed		12-Nov-2013	

	[TRUNCATED]in BBV nurse clinic. Blood obtained for post treatment HCV PCR, patient reports finishing HCV treatment over a year ago and not attended for follow up since. Bloods also obtained for H. P		12-Nov-2013
Patient reviewed	-	18-Oct-2013	18-Oct-2013
Patient reviewed	ENA requesting cell down as 'stomach is in bits' advised to attend work he is listed for MO	17-Oct-2013	17-Oct-2013
Drugs of abuse urine screening	Urine screen, Positive for Benzo's and Bup.	10-Oct-2013	10-Oct-2013
Patient reviewed	helicobacter test taken and sent to lab	08-Oct-2013	08-Oct-2013
Patient reviewed	bloods taken for OPA and sent to lab	27-Sep-2013	27-Sep-2013
Self-referral	listed for MO for diabetic review	26-Sep-2013	26-Sep-2013
Patient reviewed	urine sample taken for STI check	24-Sep-2013	24-Sep-2013
Advice to patient - subject	Type of advice given: Advice. NOTES: SR received, listed for std test. Michel Bos.	19-Sep-2013	19-Sep-2013
Ongoing review	random urine positive for buprenorphine and morphine, Query prisoner on pregablin	17-Aug-2013	17-Aug-2013
Self-referral	fungal toe infection listed for treatment room	13-Aug-2013	13-Aug-2013
Had a chat to patient	recalled on 7 year sentence, further 20 months to serve.	24-Jul-2013	24-Jul-2013
Admission profile form completed	karedx for drugs, and suboxone confirmed from prescriber already, kardex done for this also. urine positive for benzos because given in police custody, not a regular user.	24-Jul-2013	24-Jul-2013
Prescription by GP	suboxone 16mg	23-Jul-2013	23-Jul-2013
Prescription by GP	pregabalin 150mg tid novomix 4-12 units mirtazepine 30mg lansoprazole 15mg	23-Jul-2013	23-Jul-2013
Admission profile form completed	-	23-Jul-2013	23-Jul-2013
Drugs of abuse urine screening	+ve bupronorphenine	23-Jul-2013	23-Jul-2013
Urine benzodiazepine	+ve	23-Jul-2013	23-Jul-2013
Advice to patient - subject	[TRUNCATED]Type of advice given: Advice. NOTES: Caught consealing Suboxone, on the back of the tongue, advised patient to put it under the tongue, second attempt caught consealing, tablet was stuck	24-Jun-2013	24-Jun-2013
Hospital prescription	suboxone 16mg	19-Jun-2013	19-Jun-2013
Drugs of abuse urine screening	+ve bupronorphenine	19-Jun-2013	19-Jun-2013
Urine benzodiazepine	+ve	19-Jun-2013	19-Jun-2013
Patient reviewed	Reporting sick. Requesting to recommence on suboxone. To discuss with addictions. Also requesting mirtazapine, to confirm with kardex. Advised to self refer.	06-Mar-2013	06-Mar-2013
Drugs of abuse urine screening	Unable to provide sample	04-Mar-2013	04-Mar-2013
Admission profile form completed	Patient admission profile completed	04-Mar-2013	04-Mar-2013
Ongoing review	Seen by the writer yesterday afternoon. Harm reduction completed by the writer which Harrry engaged well with.	14-Dec-2012	14-Dec-2012
Ongoing review	Throughcare completed. RDS arrange re prescription of 16mgs of methadone daily following his release 14.12.12. Passed to addiction nurse for harm reduction.	13-Dec-2012	13-Dec-2012
Ongoing review		10-Dec-2012	

	[TRUNCATED]Seen by the writer on Saterday the 8th of December. Henry continues to report that the he is experiancing symptoms asscoiated with opiate withdrawl. The writer spoke with M.O. and a decis		10-Dec-2012
Advice to patient - subject	[TRUNCATED]Type of advice given: Advice. NOTES: Seen by the writer on Tuesday. Henry reported to be experiancing sysmptoms associated with opiate withdrawls. Sucequently the M.O. Has increased his d	06-Dec-2012	06-Dec-2012
Advice to patient - subject	[TRUNCATED]Type of advice given: Advice. NOTES: Seen by the writer yesterday afternoon. Urine tested prior top commencement upon suboxone. Urine tested positive for buprenorphine and methadone. Henr	29-Nov-2012	29-Nov-2012
Ongoing review	[TRUNCATED]Seen by the writer this afternoon.Urine tested which showed positive for methadone only. Henry reported that he has continued to experiance symptoms associated with opiate withdrawl. He h	29-Nov-2012	29-Nov-2012
Ongoing review	[TRUNCATED]Seen by the writer. Urine tested which was positive for methadone only. Henry was also seen by the M.O. this afternoon in relation to him being commenced upon suboxone as previously recor	27-Nov-2012	27-Nov-2012
Advice to patient - subject	Type of advice given: Advice. NOTES: Seen this afternnon by Nurse Colin Gibson. Urine sample bottle given along with instrucions to treturn to nursing staff tommorow am regarding a queery STI..	27-Nov-2012	27-Nov-2012

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Suboxone 8mg/2mg sublingual tablets (RB Pharmaceuticals Ltd)	2	tablet	2 DAILY (16 MGS) AS PER CAT	-	24-Jul-2013	24-Jul-2013
NovoMix 30 FlexPen 100units/ml suspension for injection 3...	1	pre-filled disposable injection	4 TO 12 UNITS TWICE A DAY AS PER BM	-	24-Jul-2013	24-Jul-2013
Pregabalin 150mg capsules	84	capsule	THREE TIMES A DAY, EITHER ONE[more]	-	24-Jul-2013	24-Jul-2013
Mirtazapine 30mg tablets	30	tablet	1 TABLET ONCE A DAY AT NIGHT	-	24-Jul-2013	24-Jul-2013
Lansoprazole 15mg gastro-resistant capsules	28	capsule	ONE DAILY	-	24-Jul-2013	24-Jul-2013

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker.	23-Jul-2013
Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker.	04-Mar-2013
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0. NOTES: hoping to give up soon. awaiting smoking cessation..	08-Mar-2010
Teetotaller:	Drinking status on eventdate: Life teetotaler.	23-Jul-2013
Teetotaller:	Drinking status on eventdate: Life teetotaler.	04-Mar-2013
Current non drinker:	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	

GUIDELINES FOR COMPLETING ASSESSMENT

1a) EXAMPLE:

Current Substance use	Prescribed	Past 7 Days	Past Month	Amount, frequently + Route	History (months/ years)	Previous treatments/contact with services, length & outcome
Heroin	N	7/7	22/28	I.V. 1/2 gm over 3 occasions	9 years	GDPS for 6 mths, 1996
Heroin	N	7/7	21/28	£10 x 5 daily I.V.	3, 1/2 years	Detoxed in prison on 2 occasions, 2000, 2001
Diazepam	Y	4/7	11/28	10 x 10mgs over the day, 4 occasional oral	1 year	None Was drug free for 2 months both times, but relapsed
Heroin	N	7/7	28/28	1,1/2gm over 10 occasions in day I.V.	5 years	Methadone prescription for 2 years with GDPS 1998 – 2000 Stable on prescription for 2 years

2 EXAMPLE:

Methadone Dose:	**70MG**	**Community Prescriber:**	**GDPS/Homeless Addiction Team/GP Crisis Centre**
Last Dose Collected:		**Telephone Number:**	**0141.531.9284**
		Community Pharmacy:	**Bannerman's Pharmacy, Saracen St**
		Telephone Number:	**0141.336.2879**

3 EXAMPLE:

PHYSICAL:	**Fragmin Therapy**
ADDICTION:	**Follow GDPS guidelines; monitor withdrawal symptoms and chart**

4 EXAMPLE:

FOLLOW UP:

- Referral to East End Addictions made, Joe has appointment for 29 June.
- To attend Needle Exchange at Parkhead.
- To enquire at East End Addictions re: Hepatitis vaccination.
- Offered Harm Reduction and given information leaflet as he wished no further referral.
- Pre-discharge discussion given at time of assessment re: risk of overdose.
- To obtain a GP, given information leaflet with Health Boards telephone Number on it.

5 EXAMPLES

CONSENT GIVEN

THE PATIENT NEEDS TO GIVE PERMISSION TO BE REFERRED TO A LOCAL ADDICTION SERVICE, OR TO BE REFERRED TO THE GDPS.

CONSENT WITHDRAWN

THE PATIENT CAN WITHDRAW CONSENT AT ANY TIME.

CODES FOR DISPOSAL

1	REFERRAL TO LOCAL ADDICTION SERVICE.
2	PRE-DISCHARGE DISCUSSION GIVEN.
3	GIVEN INFORMATION LEAFLET - HARM REDUCTION.
4	TO ATTEND NEEDLE EXCHANGE.
5	TO ATTEND GP.
6	TO ATTEND CRISIS CENTRE.
7	TO ATTEND GDPS.
8	TO MAINTAIN EXISTING CONTACT WITH DRUGS WORKER

N.B. MINIMUM INPUT SHOULD BE PRE-DISCHARGE DISCUSSION AND GIVEN INFORMATION LEAFLET

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 22/04/2017

Consultant: Dr Colin Bell

S Goyal
King Street Surgery
The Surgery
15 King Street
Paisley
Paisley
PA1 2PS

Dear S Goyal

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
14 Thompson Brae
Paisley PA1 1TP

Attended on: **21/04/2017 at 23:13 hrs.** Departed on: **22/04/2017 at 02:36 hrs.**
Discharge Type: **04C Incomplete: Patient refused treatment** Destination: **Not known**
Previous ED Attendance in last 12 months: **8**

Presenting complaint
unspecified

Nursing Assessment:
BIBA. found slumped on street by passers by. yellow substance around lips. known to police who state patient takes yellows. known HEP C +VE 3+

Investigations in ED:

1. CRP	**2. Glucose**	**3. Urea and Electrolytes**
4. LFT	**5. Full Blood Count**	**6. Lactate (Glasgow only)**

Diagnosis:

Diagnosis	Side	Site
Acute opiate intoxication		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

This chap was BIBA after being found collapsed in the street. He had taken street benzos and injected heroin. He was initially unresponsive and had some IV naloxone. He woke up and was pacing around the department for about an hour adamant he was leaving despite being almost unable to walk. He remained conscious and therefore took his own leave. He was aiming for Paisley and was adamant he was walking, I don't know how he would realistically manage this.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
David McGreachan
Doctor

Copies to:

1. S Goyal (GP)

School Address:

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard: 0141 211 4000
Department: Acute Assessment Unit
Contact Tel: 0141 211 5719
Enquiries to: jean.cairney@ggc.scot.nhs.uk
Letter Date: 18/01/2017
Reference: AC/JC
Dictated Date: 18/01/2017
Transcribed Date: 18/01/2017

Dear Dr. WI Weir,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
N.f.i., Unknown, NF1 1AB

Admission: Specialty - General Medicine; Ward - GRI Ward 46 Head Injury/General Medicine
Consultant - Dr Allan Cameron; Date of Admission - 28/06/2016
Date of Discharge - 28/06/2016; Discharged to - Private Residence - living with relatives or friends

Follow Up: none

Clinical Comments:
Further to the IDL;

Nil to add

Dr Allan Cameron

Consultant Physician Acute Medicine

Electronically Signed:

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard:	
Department:	General Medical Clinic
Contact Tel:	0141-211-5719
Enquiries to:	Jean Cairney (Secretary)
Letter Date:	14/11/2016
Reference:	PG/EJ
Dictated Date:	08/11/2016
Transcribed Date:	09/11/2016

Dear Dr Weir ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
15/1 15 Scaraway Drive, Glasgow, G22 7EX

This gentleman once again failed to attend the general medical clinic today. I note that this appointment was arranged following admission to hospital in July this year with a DVT provoked by injection into his groin. He appears to have been commenced on low molecular weight Heparin at this time. I would be grateful if you could ensure that this has now been discontinued since it is greater than three months since his DVT. I have not arranged any further medical follow up.

Yours sincerely,

PAULINE GROSE

CONSULTANT IN ACUTE MEDICINE

Electronically Signed: Dr Pauline Grose, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. Wl Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard:	
Department:	General Medical Clinic
Contact Tel:	0141-211-5719
Enquiries to:	Jean Cairney (Secretary)
Letter Date:	02/11/2016
Reference:	DC/EJ
Dictated Date:	18/10/2016
Transcribed Date:	19/10/2016

Dear Dr Weir ,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
15/1 15 Scaraway Drive, Glasgow, G22 7EX

Your patient Mr Burgess failed to attend for his general medical clinic review today. We have arranged one further appointment for him to attend. (General medical clinic appointment 8 November 2016)

Yours sincerely,

DAVID COLVILLE

CONSULTANT ACUTE MEDICINE & NUCLEAR MEDICINE

Electronically Signed: Dr David Colville, Consultant

cc:

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 15/07/2016
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. WI Weir,

Henry Burgess; D.O.B: 22/08/1979; CHI: 2208793218
15/1 15 Scaraway Drive, Glasgow, G22 7EX

Admission: Specialty - General Medicine; Ward - GRI Ward 20/21 Rheumatology/General Medicine Consultant - Dr Lucy McGeoch; Date of Admission - 07/07/2016
Date of Discharge - 11/07/2016; Discharged to - Private Residence - no additional detail added

Follow Up: MOPC f/u 3 months Dr. Grose please.

Clinical Comments:
Dear Doctor
Diagnosis (1) Right lower common femoral vein DVT (2) Right cellulitis (3) Alcohol withdrawal
36y ex-IVDU admitted GRI 7/7/16 with right leg swelling. Doppler confirmed right DVT. Is a diabetic who self-injects insulin dependent on BMs and has been self-injecting dalteparin in hospital. Started on clindamycin for cellulitis - should complete 4 more days of this. Up mobilising and leg swelling, pain and redness have much improved. Obs stable. From alcohol viewpoint was treated on GMAWS and was longer scoring. To continue thiamine in community. Is for medical outpatient clinic follow up under Dr. Grose (Acute Medical Cons) as d/w Dr. Wilson. Patient declined CAT input in hospital. Already has CAT worker in community. On suboxone and last had his dose on 11/7/16. We have not supplied this for home.
Dr. Ryan Paterson
Ward 20/21

Final Discharge Comments
Nil further to add.

Yours sincerely,
Dr Lucy McGeoch
Consultant Rheumatologist & Physician

Electronically Signed: Dr Lucy McGeoch, Consultant

cc.

Burgess Henry CHI: 2208793218

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 11/07/2016

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Dear Dr WI Weir,

Name	CHI	DoB	Address
Henry Burgess	2208793218	22/08/1979	15/1 15 Scaraway Drive Glasgow G22 7EX

Admitted	Type	Discharged	Destination
07/07/2016 22:51	In Patient	11/07/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Lucy McGeoch	GRI Ward 20/21 Rheumatology/ General Medicine	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor
Diagnosis (1) Right lower common femoral vein DVT (2) Right cellulitis (3) Alcohol withdrawal
36 yo ex-IVDU admitted GRI 7/7/16 with right leg swelling. Doppler confirmed right DVT. Is a diabetic who self-injects insulin dependent on BMs and has been self-injecting dalteparin in hospital. Started on clindamycin for cellulitis - should complete 4 more days of this. Up mobilising and leg swelling, pain and redness have much improved. Obs stable. From alcohol viewpoint was treated on GMAWS and was longer scoring. To continue thiamine in community. Is for medical outpatient clinic follow up under Dr. Grose (Acute Medical Cons) as d/w Dr. Wilson. Patient declined CAT input in hospital. Already has CAT worker in community. On suboxone and last had his dose on 11/7/16. We have not supplied this for home.
Dr. Ryan Paterson

Wward 20/21

Treatments: Started dalteparin 12,500 units OD. D/w Cons Dr. Wilson - for home with 3 month MOPC f/u Dr. Grose.

Follow-up arranged: MOPC f/u 3 months Dr. Grose please.

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Clindamycin Capsules	Oral	300	mg	FOUR Times a Day	4 Days	7 day course for cellulitis commenced 8/7/16.
Dalteparin Syringe	Injected	12500	units	As Directed	3 Months	For new right lower common femoral vein DVT. Once daily at teatime. 3 months duration from 11/7/16.
Mirtazapine Tablets	Oral	30	mg	At Night	No duration defined	
Novomix 30 (Biphasic Insulin Aspart) pre-filled pen	Injected	0	units	TWICE a day	No duration defined	Flexpen - as per BMs - 12 units before breakfast and 14 units before tea.
Omeprazole Capsules	Oral	20	mg	In the Morning	No duration defined	Been getting once daily in hospital.
Pregabalin Capsules	Oral	300	mg	Every morning and night	No duration defined	
Suboxone 8mg/2mg Tablets	Oral	2	tablet(s)	In the Morning	No duration defined	Dose confirmed as 16mg once daily (2 x 8mg/2mg tabs). Has had suboxone today

						11/7/16. Not for supply home.
Thiamine Hydrochloride Tablets	Oral	100	mg	THREE Times a Day	No duration defined	

Medication Comment: Declined CAT input. Has CAT worked in community. Pharmacy comment: Novomix dose increase, thiamine commenced, dalteparin commenced for three months only. Community pharmacy (Abbey Chemist Argyll St. 52 2528) contacted r.e. Suboxone; prescription expires 13/7/16 and patient aware of this. LDavidson (pre-reg) 11/7/16.

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Ryan Paterson
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Lesley Anne Tait, Pharmacist
Dispensed Medications Checked by Pharmacy: Elaine Stewart, Technician
Nurse discharging patient: Jan Stevenson, Nurse

Burgess Henry CHI: 2208793218

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 28/06/2016

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Dear Dr WI Weir,

Name	CHI	DoB	Address
Henry Burgess	2208793218	22/08/1979	15/1 15 Scaraway Drive Glasgow G22 7EX

Admitted	Type	Discharged	Destination
28/06/2016 02:11	In Patient	28/06/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Allan Cameron	GRI Ward 46 Head Injury/ General Medicine	0141 211 4203

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
This 36 year old man presented with a history of right leg swelling and erythema after injecting into his groin.
On admission observations were stable. On examination there was right leg swelling and erthema compared to the left leg. Bloods showed normal inflammatory markers and raised d-dimer.
He left the ward and did not inform any of the staff before a doppler could be done.
Regards,
Mhairi Kilpatrick
Locum SHO, Ward 46

Treatments: None recorded.

Follow-up arranged: none

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS	DRUG		STOPPED DATE: INITIALS:	
DOSE	ROUTE	INDICATION		
SIGNATURE OF DOCTOR	MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

DATE	
TIME	
DOSE	
GIVEN BY	

TT	DRUG		STOPPED DATE: INITIALS:	
DOSE	ROUTE	INDICATION		
SIGNATURE OF DOCTOR	MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

DATE	
TIME	
DOSE	
GIVEN BY	

VV	DRUG		STOPPED DATE: INITIALS:	
DOSE	ROUTE	INDICATION		
SIGNATURE OF DOCTOR	MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

DATE	
TIME	
DOSE	
GIVEN BY	

WW	DRUG		STOPPED DATE: INITIALS:	
DOSE	ROUTE	INDICATION		
SIGNATURE OF DOCTOR	MAX.FREQUENCY		DATE:	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

DATE	
TIME	
DOSE	
GIVEN BY	

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Patient Observation Chart

NHS Greater Glasgow

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF
DOB

FFIX
TIENT
ID

Admitted Date 22/4 Ward 43
Transferred Date 28/4 Ward 2
Transferred Date _____ Ward _____

Reference Scoring Chart

Modified Early Warning System Observation Score (MEWS)

Score	3	2	1	0	1	2	3
Pulse		<40	41-50	51-100	101-110	111-130	>131
Resp. Rate		<8		9-14	15-20	21-29	>30
Temp. (°C)		<35.0	35.1-36.0	36.1-38.0	38.1-38.5	>38.6	
AVPU/GCS	Unresponsive	Pain	Voice	Alert / 15	14	13-9	<8
Urine	<10mls/hr for 2 hrs	30mls/hr for 2 hrs				<300mls in 24hrs	<100mls in 24 hrs
Systolic BP	<70	71-80	81-100	101-199		>200	

If your patient scores 4 or more
If your patient score increases by 2 or more
If your patient's GCS drops by 2 points or more regardless of any other information
Or any patient causing concern to any healthcare professional
Immediately inform your relevant medical staff and contact the Critical Care Outreach Service

Glasgow Coma Scale

Eye opening
4 – spontaneous
3 – voice
2 – pain
1 – none

Verbal
5 – orientated
4 – confuse
3 – inappropriate word
2 – incomprehensible sound

Motor
6 – obeys commands
5 – localises to pain
4 – normal flexion
3 – abnormal flexion
2 – extension1 – nil
1 – nil

Pain Score

Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.

0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement

Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse

Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)

Review 1 hour after treatment. Inform doctor if additional treatment required.

NAME: HOSPITAL NO:

DATE																							TEMP
Time																							
BP and Pulse	1	240																					40°C
		230																					
	2	220																					39°C
		210																					
	3	200																					38°C
		190																					
	4	180																					37°C
		170																					
		160																					36°C
	5	150																					
		140																					35°C
		130																					
	6	120																					
		110																					
		100																					
	7	90																					
		80																					
	8	70																					
		60																					
Pupil size (mm)		50																					
		40																					
Resp. Rate																							
Inspiration O_2%																							
SpO_2%																							
Pain Score																							
Sedation Score																							
Nausea Score																							

MEWS Scores

Pulse																						Pulse
Resp. Rate																						Resp. Rate
Temp.																						Temp.
GCS / AVPU																						CNS
Urine Output																						Urine
Systolic BP																						BP
TOTAL																						TOTAL

COMA SCALE	E Eyes open	Spontaneously	4																				Eyes closed by dwelling = C.
		To speech	3																				
		To pain	2																				
		None	1																				
	V Best verbal response	Orientated	5																				Endotracheal tube or tracheostomy = T
		Confused	4																				
		Inappropriate words	3																				
		Incomprehensible sounds	2																				
		None	1																				
	M Best motor response	Obeys	6																				Usually record the best arm response
		Localises	5																				
		Flexion - withdrawal	4																				
		Flexion - abnormal	3																				
		Extension to pain	2																				
		None	1																				
		TOTAL SCORE																					
PUPILS	R	Size																					= reacts – no reaction c. eyes closed
		Reaction																					
	L	Size																					
		Reaction																					
LIMB MOVEMENT	ARMS	Normal power																					Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																					
		Severe weakness																					
		Spastic flexion																					
		Extension																					
		No response																					
	LEGS	Normal power																					
		Mild weakness																					
		Severe weakness																					
		Extension																					
		No response																					

NAME: HOSPITAL NO:

DATE																								TEMP
Time																								
BP and Pulse	• 1	240																						40°C
	• 2	230																						
	• 3	220																						39°C
	• 4	210																						
	• 5	200																						38°C
	• 6	190																						
	• 7	180																						37°C
	• 8	170																						
		160																						36°C
		150																						
		140																						35°C
		130																						
		120																						
		110																						
		100																						
		90																						
		80																						
		70																						
		60																						
	Pupil size (mm)	50																						
		40																						
Resp. Rate																								
Inspiration O_2%																								
SpO_2%																								
Pain Score																								
Sedation Score																								
Nausea Score																								

MEWS Scores

Pulse																						Pulse
Resp. Rate																						Resp. Rate
Temp.																						Temp.
GCS / AVPU																						CNS
Urine Output																						Urine
Systolic BP																						BI
TOTAL																						TOTA

COMA SCALE	E Eyes open	Spontaneously	4																					Eyes closed by dwelling = C
		To speech	3																					
		To pain	2																					
		None	1																					
	V Best verbal response	Orientated	5																					Endotracheal tube or tracheostomy = T
		Confused	4																					
		Inappropriate words	3																					
		Incomprehensible sounds	2																					
		None	1																					
	M Best motor response	Obeys	6																					Usually record the best arm response
		Localises	5																					
		Flexion - withdrawal	4																					
		Flexion - abnormal	3																					
		Extension to pain	2																					
		None	1																					
	TOTAL SCORE																							
PUPILS	R	Size																						= reacts - no reaction c. eyes closed
		Reaction																						
	L	Size																						
		Reaction																						
LIMB MOVEMENT	ARMS	Normal power																						Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																						
		Severe weakness																						
		Spastic flexion																						
		Extension																						
		No response																						
	LEGS	Normal power																						
		Mild weakness																						
		Severe weakness																						
		Extension																						
		No response																						

Oxygen Devices and Flow Related Percentages

Nasal Cannula

O_2 Flow Rate (L/min)	1	2	3	4	5	6
Approximate O_2 concentration (%)	24	28	32	36	40	44

Hudson Face Mask

O_2 Flow Rate (L/min)	4	6	8	12-15
Approximate O_2 concentration (%)	40	50	55	65

Venturi Mask

Colour of Venturi Device	Blue	White	Yellow	Red	Green
O_2 Flow Rate (L/min)	2	4	8	10	15
Approximate O_2 concentration (%)	24	28	35	40	60

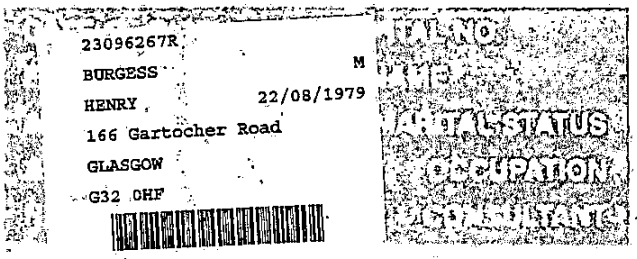
Non-rebreathe masks

An oxygen flow rate of 12-15 litres/minute will provide an oxygen percentage of approximately 95%.

These figures are intended for guidance only. Slight variations may exist between products manufactured by different companies.

Produced by Medical Illustration, Gartnavel General Hospital, G021234.
Printed by Medical Illustration, Stobhill Hospital.
02-1909

DAILY SUMMARY OF FLUID BALANCE



0187497

PLEA[illegible] OVER WRITE LETTERS

DATE	INTAKE				OUTPUT			
	ORAL	I.V.	OTHER	TOTAL	URINE	GASTRIC	OTHER	TOTAL
23/4	450?			450?	—			—
			PIDC					

ROUTINE URINE CHART

23096267R
BURGESS
HENRY M
22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

PATIENT ID LABEL

Date	24 hr. Urine Volume	Colour -	S.G.	Reaction	Protein	Esbach G/litre	Sugar	Ketones	Bilirubin	Urobil-inogen	Blood	Deposit	Microscopy

0159401

GLASGOW ROYAL INFIRMARY
MEDICAL RECIEVING UNIT

23096267R
BURGESS
HENRY M
22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

Care plan

te / mm	Signature	1. Basic care and personal hygiene	Date D/C	Signature
		Independent		
		Bed bath		
2/4	MA	Assisted wash		
		Oral hygiene		
		Pressure care		
		Waterlow if > 15 assess daily		
		2. Mobility		
		Fully independent / Fully mobile		
		Minimal assistance (give details)		
2/4	MA	Bed rest		
		Dependent (see movement and handling care plan)		
		3. Elimination		
		Independent		
		Commode		
2/4	MA	Urinal/ bed pan		
		Urinary catheter size mls water in balloon		
		4. Nutrition		
2/4	MA	Normal diet		
		Special diet / modified diet		
		Fasting		
		5. Observations		
2/4	MA	Blood pressure 10		
		pulse		
		Temperature		
		Respiration 4		
		FOB'S		
		Daily weights		
		BM's		
2h	MA	Fluid balance		
		6. Technical care		
		IV infusion		
		Monitor		
		Oxygen therapy state percentage:		
		Nebulisers		
		IV access:		
		Venflon site:		
		Date inserted:		
		Venflon colour:		
		Others:		
		7. Specimens / Investigations		

ture of nurse: MA

Date: 22/4

Glasgow Royal Infirmary
Medical Receiving Unit

Care Plan No.....

Problem: Cellulitis

Aim: To eliminate infection / control pain.

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

Date of P

	Day 1		Day 3	
	Day	Nic	Day	Night
Initial Management				
Monitor and record vital signs as appropriate. BP , Pulse , Temp , Resp				
Administer analgesia for pain control and monitor effects.				
Administer antibiotics as prescribed.				
Ongoing Management				
Swab any skin lesions and send for C/S.				
Administer paracetamol for pyrexia as prescribed.				
Psychological Care				
Discuss plan and treatment with patient as required.				
Investigations:				
Notes	Du		nature	
Admitting Nurse	Named N			

Greater Glasgow Primary Care NHS Trust

Glasgow Drug Problem Service

NHS Greater Glasgow

GDPS
Woodside Health Centre
Barr Street
Glasgow
G20 7LR
Direct Line – 0141.531.9254
Fax – 0141.531.9258

Fax

To:	Lesley,	From:	Alison Harvey
Fax Number:	0141-211-5898	Date:	HOSPITAL
Subject:	DOSAGE OF METHADONE		LIAISON (G.D.P.S)

MESSAGE:

RE: HENRY BURGESS

The above named patient is a client of the Homeless Addiction Team, and is prescribed 110mg Methadone daily. Community prescription runs out Monday 28th April 2003

☑ urgent ☑ for information ☐ please comment

Any difficulties in reading this please telephone 0141.531.9254

They operate on "open ref··ral" system, meaning yo yourself, or someone can refer you eg ·ise/GP.

Please ring for an appointa·nt if you feel you need to be seen. The teams offer counselling and referral on ·arious issues eg drugs/addiction, children, emotional issues or housing problems

You will be seen within 7 d· ·r in most cases.

Project	Ad··ress	Tel No	Fax
North East Add Service Easterhouse, Baillieston, Ruchazie, Garthamlock	Wes ·ood House 123 ·Westerhouse Road GLA ·OW, G34 9EA	781 4002	781 4011
North Add Services (presently 2 sites) Possil, Springburn & Royston	Soc· l Work Services (Possil), 7 C··rburn St G22 5JZ Soc·l Work Services (Spr··burn), 94 Red Road, GLA··OW, G21	336 3181 557 0056	336 4778 557 0310
North West Addiction Service Partick, Maryhill, Anderson	The ·uadrangle, 59 Ruchill Stre·t, Glasgow G20 9PY	287 6217	287 6267
West Addiction Service Drumchapel, Anniesland, Yoker, Scotstoun, Whiteinch	Kinf· ·ns Drive 436 ·Kinfauns Drive Glas··w, G15 (tem ·idd)	944 4242	No fax as yet
South West Add Service (presently 2 sites) Govan, Hillington, Penilee, Cardonald	Sout· ·rn General Drug Proj··t, 1345 Govan Road, Glasg··w, G51 4TF	201 1956/ 1996	201 1969
South Addiction Service Gorbals, Govanhill, Pollokshields, Shawlands, Kingspark	Two ·ix Building 187 ·· ·l Rutherglen Road Glasg··r, G5 0RE	420 8100	420 8004
Greater Pollok Addiction Service (presently 2 sites) Pollok, Pollokshaws, Arden, Priesthill, Carnwadric	Socie ·Work Services 130 ·· ·igton Road, Glasgow, G53 ·· · Socio ·Work Services (Pollo··haws) 24/34, Shaw··idge Arcade, Glasgow, G43 ··	883 3956	883 1033 287 1602
South East Add Service Castlemilk, Croftfoot, Muirhead	10 As ·incraig Place Glasg··· G45 9US	287 6100	287 6127
East AddictionTeam Dennistoun, Bridgeton, Calton, Shettleston, Townhead	The N··lands Centre 871 E ·ingfield Road Glasgow G31 4 ··	865 0200	865 0218
Homeless AddictionTeam	331 B ·· Street, Glasgow, G4 0T·	552 9287	552 9467

05/12 '02 11:33 TX/RX NO. 7920 P01

HOSPITAL LIAISON SERVICE

GLASGOW ASSOCIATION FOR FAMILY SUPPORT GROUPS
For Family members who require support/time out/advice - 0141 4202050

NATIONAL DRUGS HELPLINE DRUGLINE SCOTLAND
Open from 10am-2am 7 days
Freefone 0800 77 66 00

Know the Score!
24hr Drugs Helpline.
0800 887 887

RAPE CRISIS CENTRE
0141 331 1990

WOMENS AID DROP IN CENTRE
24hr Answerphone 0141 553 2022
30 Bell Street, Glasgow
9.30am - 1.00pm
Monday - Friday

COUNSELLING + TESTING SERVICE
Blood Borne Viruses
Brownlee Centre 0141 211 1075

SEXUALLY TRANSMITTED DISEASE
Counselling and Testing
Sandyford Centre
0141 211 8601

ARE YOU HOMELESS?

YOU CAN GO TO:

THE HAMISH ALLAN CENTRE
Centre Street, South Side,
Is Social Work run and will accommodate you for 1-2 nights then help you to find alternative accommodation
0141 287 1800.

If you are homeless and have a physical health problem, then nurses from the Physical Health Team will see you andadvise/provide treatment. Ring them on0141 204 1629

Turning Point–Drug Crisis Centre

-24hr advice, information and support
-24hr Needle Exchange
-Detoxification and stabilisation
0141 420 6969

DO YOU WORK IN THE STREET?
Offer of advice on safe sex, working practices+food and drink provided, health care services,also Base 78
Open Monday - Friday 9am - 5pm
Friday Drop in 7.30pm – 11.30pm
Monday - Friday 7.30 - 10.00pm Sunday, closed Saturday 0141 204 3712

DO YOU NEED A GP?
Contact Clifton House on:
0141 300 1300 and ask for registration. You will be assisted with finding a GP

FAX 0141 552 0128
05/12 '02 11:33 TX/RX NO. 7920 P02

REDUCING HARM

OVERDOSE:

The most common things that cause overdose are:

- **Injecting Drugs** – Heroin users are 14 times more likely to die than non-injectors. You are more likely to overdose if you are injecting heroin rather than smoking.
- **Mixing Drugs and Alcohol** – most overdoses happen when people mix temazepam/diazepam/opiates/methadone and alcohol. Avoid mixing different types of drugs especially with alcohol.
- **Using opiates when your tolerance is low** – it only takes a few days for tolerance to drop. Remember what did "square you up" may now be too much and could kill you.

You are also at risk of overdosing when the purity of street drugs has changed; or leakage from poorly wrapped drugs that you have swallowed.

Sexual Health – Never have sex unprotected. You are putting yourself at risk of sexually transmitted diseases and viruses such as HIV, Hepatitis C and B.

Hepatitis A + B – Everyone who is an injecting drug user; lives with an injecting drug user, or has a sexual partner who is, or has been, an injecting drug user – should be vaccinated against HEPATITIS B. You can be immunised against both Hepatitis A + B as a combined vaccination.

Please contact your local drug/addiction team/needle exchange/GDPS/sexual health clinic/GP for information.

10 WAYS TO TAKE CARE WHEN INJECTING

1. Only use your own injecting equipment (HIV, Hep B, Hep C and other infections can be spread by sharing). Keep it clean – wash area before and after injecting.
2. If you cannot get clean equipment – use bleach.
3. Know the difference between veins/arteries-venous blood = dark blue, arterial blood = bright red. If you hit an artery, pull out the needle slowly, raise your arm/leg and press for 10 minutes.
4. Change where you inject each time-changing will allow veins to recover.
5. Try to use the smallest needle, as this helps to reduce injecting damage.
6. Here is a tip – Filter and inject slowly.
7. Avoid groin and neck, arms are best, use the largest vein-remove rings if injecting in the hand, danger of swollen fingers.
8. Dispose of used equipment carefully. Remember children can pick up discarded needles and syringes.
9. Try not to inject alone. It is safer if someone else is there in case of accidents and overdoses.
10. Overdose – learn recovery position– check airway and call for help 999.



NEED .E EXCHANGE

Needle Exchanges ı e run by trained nurses and are in each area of the ci: . You can obtain new needles, and also receive inform ion on general health issues. If you have a dressing, wh h requires changing, the nurses will carry this out. Pre; ancy testing and condoms are also available.

WHERE ARE THEY

• **Easterhouse H: alth Centre** 9 Auchinlea Ro: , Glasgow	Tues and Thur 6.30pm-10.00pm
• **Castlemilk Hea h Centre** 71 Dougrie Driv: Glasgow	Monday 6.30pm-10.00pm
• **Possilpark Heal ı Centre** 86 Denmark str et, Glasgow	Tuesday 6.00pm-9.30pm
• **Florence Stree Day Hospital, 26 Flo ince Street, Glasgow**	Mon and Thurs 6.30pm-10.00pm
• **Parkhead Healt: Centre** 101 Salamanca S: eet	Tues and Friday 6.30pm-10.00pm
• **Pollok Health C: tre** 21 Cowglen Road Glasgow	Tuesday 6.30pm-10.00pm
• **Clydebank Alter atives** 627 Dumbarton I ad Glasgow	Friday 1.00pm-4.00pm

For further informat on on Needle Exchange. Please contact John Scott N dle Exchange Co-ordinator on 0141 531 9260.

The Drug Crisis Centr also operate a 24hr Needle Exchange.

GUIDELINES FOR COMPLETING ASSESSMENT

	Prescribed	Past 7 Days	Past Month	Amount, frequently + Route	History (months/ years)	Previous treatments/contact with services, length & outcome
	N	7/7	22/28	I.V. 1/2 gm over 3 occasions	9 years	GDPS for 6 mths, 1996
n	N	7/7	21/28	£10 x 5 daily I.V.	3, 1/2 years	Detoxed in prison on 2 occasions, 2000, 2001
zepam	Y	4/7	11/28	10 x 10mgs over the day, 4 occasional oral	1 year	None
						Was drug free for 2 months both times, but relapse
Heroin	N	7/7	28/28	1,1/2gm over 10 occasions in day I.V.	5 years	Methadone prescription for 2 years with GDPS 19 – 2000
						Stable on prescription for 2 years

2 EXAMPLE:			
Methadone Dose:	**70MG**	**Community Prescriber:**	**GDPS/Homeless Addiction Team/GP Crisis Centre**
Last Dose Collected:		**Telephone Number:**	**0141.531.9284**
		Community Pharmacy:	**Bannerman's Pharmacy, Saracen St**
		Telephone Number:	**0141.336.2879**

3 EXAMPLE:	
PHYSICAL:	**Fragmin Therapy**
ADDICTION:	**Follow GDPS guidelines; monitor withdrawal symptoms and chart**

4 EXAMPLE:	
FOLLOW UP:	
•	Referral to East End Addictions made, Joe has appointment for 29 June.
•	To attend Needle Exchange at Parkhead.
•	To enquire at East End Addictions re: Hepatitis vaccination.
•	Offered Harm Reduction and given information leaflet as he wished no further referral.
•	Pre-discharge discussion given at time of assessment re: risk of overdose.
•	To obtain a GP, given information leaflet with Health Boards telephone Number on it.

5 EXAMPLES
CONSENT GIVEN
THE PATIENT NEEDS TO GIVE PERMISSION TO BE REFERRED TO A LOCAL ADDICTION SERVICE, OR TO BE REFERRED TO THE GDPS.
CONSENT WITHDRAWN
THE PATIENT CAN WITHDRAW CONSENT AT ANY TIME.

CODES FOR DISPOSAL	
1	REFERRAL TO LOCAL ADDICTION SERVICE.
2	PRE-DISCHARGE DISCUSSION GIVEN.
3	GIVEN INFORMATION LEAFLET - HARM REDUCTION.
4	TO ATTEND NEEDLE EXCHANGE.
5	TO ATTEND GP.
6	TO ATTEND CRISIS CENTRE.
7	TO ATTEND GDPS.
8	TO MAINTAIN EXISTING CONTACT WITH DRUGS WORKER

N.B. MINIMUM INPUT SHOULD BE PRE-DISCHARGE DISCUSSION AND GIVEN INFORMATION LEAFLET

HOSPITAL IN-PATIENT ASSESSMENT

Referred to Hospital Liaison Y / N
(0141 531 9254/9257)

Patient Id sti
name, DOB,
GP & WARI

MR H BURGESS
166 Gartocher Road
GLASGOW
G32 0HF

CONSULTANT:				
ADMISSION REASON:				
ADMISSION URINALYSIS FOR DRUGS OF MISUSE	OPIATE	BENZO	METHAD	COCAINE
DATE OF ADMISSION:	22.4.03			
DATE OF ASSESSMENT:		ASS BY:		

Ethnic background

Current Substance use	Px.	Past 7 Days	Past Month	Amount, frequently + Route	History (months/ years)	Previous treatments/contact with services, length & outcome

1b)	Pregnant	Y/N	If pregnant DO NOT prescribe dihydrocodeine

2)	Are you in a current Community Treatment for your Drug Problem	Y / N	(if no go to question 3)		
Methadone Dose:		Community Prescriber:		Methadone Dose Confirmed	Y / N
Last Dose Collected:		Telephone Number:		Signature:	
Supervised Y / N		Community Pharmacy:		Designation:	
		Telephone Number:			

3)	TREATMENT PLAN	
	PHYSICAL:	
	ADDICTION:	
4)	FOLLOW UP:	

5)	CONSENT GIVEN	AGENCY:		AGENCY:		AGENCY:	
		PHONE NO.		PHONE NO.		PHONE NO.	
		SIGNATURE:		SIGNATURE:		SIGNATURE:	
		DATE:		DATE:		DATE:	
	CONSENTWITHDRAWN			DATE:		SIGNATURE:	

- HAS TREATMENT BEEN INITIATED?
- HAS REFERRAL TO COMMUNITY AGENCY BEEN MADE? (IFDESIRED)
- HAS COMMUNITY PRESCRIBER BEEN CONTACTED UPON DISCHARGE TO RE-START COMMUNITY PRESCRIPTION?
- HAS HARM REDUCTION BEEN DELIVERED IN PRE-DISCHARGE DISCUSSION?
- HAVE INFORMATION LEAFLETS BEEN GIVEN?
- HAVE HOSPITAL LIAISON SERVICE BEEN NOTIFIED OF PATIENTS DISCHARGE?

COMMENTS:

HOSPITAL IN-PATIENT ASSESSMENT

Dr. L ALGUERO
POSSILPARK HEALTH CENTRE
85 DENMARK STREET
GLASGOW
G22 5EG

MR H BURGESS
166 Gartocher Road
GLASGOW
G32 0HF

Referred to Hospital Liaison (Y) N
(0141 531 9254/9257)

CONSULTANT:				
ADMISSION REASON:	CELLULITIS (R) LEG.			
ADMISSION URINALYSIS FOR DRUGS OF MISUSE	OPIATE	BENZO	METHAD	COCAINE
DATE OF ADMISSION:	22.04.03.			
DATE OF ASSESSMENT:	23.04.03	ASS BY:	EASTWOOD	

Ethnic background: WHITE BRITISH

Current Substance use	Px.	Past 7 Days	Past Month	Amount, frequently + Route	History (months/ years)	Previous treatments/contact with services, length & outcome
HEROIN	NO	3	15/30.	£10, IV every 2-3 days.	4 years	Previous contact with Kenny Campbell, Homeless Addiction Team
COCAINE.	NO	7.	28/28	½g daily, IV.	3 months.	

1b) Pregnant | Y/ N | If pregnant DO NOT prescribe dihydrocodeine

2) Are you in a current Community Treatment for your Drug Problem (Y) N (if no go to question 3)

Methadone Dose:	110ml.	Community Prescriber:	Homeless Addn Team	Methadone Dose Confirmed	(Y) N
Last Dose Collected:	22.4.03.	Telephone Number:	554-3281.	Signature:	Eastwood.
Supervised (Y) N		Community Pharmacy:	Munro's; Abercrombie St.	Designation:	SIN, GDPS.
		Telephone Number:			

3) TREATMENT PLAN

PHYSICAL:
Bed rest.
Antibiotic therapy.

ADDICTION:
Continuation of community methadone prescription

4) FOLLOW UP:
Return to community prescriber on discharge.
Referral to Homeless Addiction Team for allocation of addiction worker.

5) CONSENT GIVEN

	AGENCY:	PHONE NO.	SIGNATURE:	DATE:
	Homeless Addn Team.	552-9287.	H. Burgess.	23.4.03.
	Hamish Allan Centre		H. Burgess	23.4.03.

CONSENTWITHDRAWN | DATE: | SIGNATURE:

- HAS TREATMENT BEEN INITIATED? ✓
- HAS REFERRAL TO COMMUNITY AGENCY BEEN MADE? (IFDESIRED) ✓
- HAS COMMUNITY PRESCRIBER BEEN CONTACTED UPON DISCHARGE TO RE-START COMMUNITY PRESCRIPTION?
- HAS HARM REDUCTION BEEN DELIVERED IN PRE-DISCHARGE DISCUSSION?
- HAVE INFORMATION LEAFLETS BEEN GIVEN?
- HAVE HOSPITAL LIAISON SERVICE BEEN NOTIFIED OF PATIENTS DISCHARGE?

COMMENTS:
- Currently in B+B accommodation through Hamish Allan Centre.
- Will need appointment with community prescriber on discharge to have methadone prescription restarted.

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 23 24
MONTH → 4 4

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

J DRUG: METHADONE
DOSE: 110ml | ROUTE: O | DATE: 23/4/13 | STOPPED DATE:
SIGNATURE OF DOCTOR: K. Alsayegh. | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

K DRUG: FLUCLOXACILLIN
DOSE: 1g | ROUTE: O | DATE: 24/4/13 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

L DRUG: PENICILLIN V
DOSE: 500mg | ROUTE: O | DATE: 24/4/13 | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

M DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Y

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

AA

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BB

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

CC

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: Cocodamol 8/500. | STOPPED DATE: | INITIALS:
DOSE: 1T | ROUTE: O | INDICATION: leg pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: QDS | DATE: 22/4
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: max 4-6°.

DATE	22/4	23/4																												
TIME	12pm	7:30																												
DOSE	1000	1265																												
GIVEN BY	[illegible]	TC																												

NN DRUG: Diazepam | STOPPED DATE: | INITIALS:
DOSE: 5-10mg | ROUTE: O | INDICATION: anxiety in dementia
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: tds | DATE: 22/4
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

PP DRUG: | STOPPED DATE: | INITIALS:
DOSE: | ROUTE: | INDICATION:
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

RR DRUG: | STOPPED DATE: | INITIALS:
DOSE: | ROUTE: | INDICATION:
SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																														
TIME																														
DOSE																														
GIVEN BY																														

ASSESSMENT

SAFETY AND COMFORT	BREATHING AND CIRCULATION	MAINTAINING BODY TEMPERATURE	EATING AND DRINKING	MOBILITY
Alert & orientated. Call system explained.	Smoker 10 cpd.	Independant	Poor appetite. alcohol - 2x bottles of Irish Meadow per day	No problems.

PERSONAL HYGIENE	ELIMINATION	SLEEP	COMMUNICATION (INCLUDING FEARS & ANXIETIES)
Independant. SKIN CONDITION Intact	Independant.	Poor sleeper.	

PRE-OPERATIVE CARE PLAN

DATE	No.	PROBLEM	AIM	INTERVENTION	SIGNATURE	EVALUATION	DISC.
		PREPARATION OF PATIENT FOR THEATRE	PATIENT WILL BE CORRECTLY PREPARED FOR OPERATIVE PROCEDURE	A) EXPLAIN PROCEDURE/SEQUENCE OF EVENTS TO PATIENT B) NIL BY MOUTH FROM: C) SKIN PREPARATION: D) BOWEL PREPARATION E) BATH/SHOWER F) COMPLETE PRE-OPERATIVE CHECK LIST G) PREMEDICATION			
		UNABLE TO MAINTAIN OWN SAFETY WHILE ANAESTHETISED/ MEDICATED	TO MINIMISE THE RISK OF INJURY	A) ENSURE COTSIDES ARE IN POSITION UNTIL THE PATIENT IS FULL AWAKE B) PROVIDE PATIENT WITH NURSE CALL SYSTEM TO ENSURE HE/SHE HAS THE MEANS TO SUMMON ASSISTANCE C) NURSE PATIENT IN A POSITION WHICH CAN BE EASILY OBSERVED			

POST-OPERATIVE CARE PLAN

DATE	No.	PROBLEM	AIM	INTERVENTION	SIGNATURE	EVALUATION	DISC.
		POTENTIAL COMPLICATIONS OF SURGICAL PROCEDURE/ ANAESTHESIA	PREVENTION OR EARLY DETECTION OF SAME	A) NURSE PATIENT IN LATERAL POSITION UNTIL FULLY CONSCIOUS			
		AIRWAY OBSTRUCTION/ RESPIRATORY DEPRESSION		B) MONITOR RATE & DEPTH OF RESPIRATION			
		SHOCK DUE TO BLEEDING/ EFFECTS OF ANAESTHETIC AGENTS		A) MONITOR BLOOD PRESSURE AND PULSE FREQUENCY			
				B) OBSERVE OPERATION SITE FOR FRESH BLEEDING/STAINING			
		PAIN		A) IF REQUIRED, ADMINISTER ANALGESIA AS PRESCRIBED BY DOCTOR AND MONITOR EFFECT WITH PATIENT			
		NAUSEA/VOMITING		A) IF REQUIRED, ADMINISTER ANTIEMETIC AS PRESCRIBED BY DOCTOR AND MONITOR EFFECT WITH PATIENT			
		URINE RETENTION DUE TO BLADDER ATONY		A) CHECK PATIENT PASSES URINE			
		INABILITY TO MAINTAIN OWN PERSONAL HYGIENE DUE TO EFFECTS OF ANAESTHESIA		A) ASSIST PATIENT TO HAVE POST-OPERATIVE WASH/SHOWER			
				A) OFFER MOUTHWASH/WATER TO BRUSH TEETH			

DATE	No.	PROBLEM	AIM	INTERVENTION	SIGNATURE	EVALUATION	DISC.

DATE	No.	EVALUATION/NURSING NOTES	SIGNATURE
8/3/04		Pt admitted via A+E with ? head injury sustained during ? assault with machete. Pt sustained a depressed infra-orbital # of (R) side of maxilla. Lacerations x 2 to top of head - sutured & abrasion to (R) cheek. Pt alert & orientated on admission. Neuro observations satisfactory. GCS 15/15 James Shields Project notified of whereabouts	
Tbc		Commenced on IV pabrinex. On discharge o/p appointment to be arranged for Mr Woods Max-facs clinic for thurs 11/3/04.	L Davies
06⁰⁰		Settled well overnight. Unable to commence IV Pabrinex as no IV access. Sn Christie & A+E sho unable to site venflon. To be re-attempted in am	R Davies
9/3/04		Seen by medical staff on ward round, for discharge. xrays have been reviewed. Medical staff phoned back at 0945 x rays show no evidence of a fracture, so Mr Woods can be discharged. Homeplan given. Head injury discharge information explained and given. James Shields Project phoned and informed of discharge. Discharged	(AN) ENDERS

05259

DATE OF REQUEST	SPECIMEN/INVESTIGATION	PREPARATION	DATE COMPLETED	SIGNATURE

DISCHARGE PLAN			
ARRANGED		SIGNATURE	DATE
TRANSPORT			
DISTRICT NURSE			
O.P.D.			
DISCHARGE DRUGS			
OTHER			

HEALTH EDUCATION
SIGNATURE

INSTRUCTIONS TO PATIENT	
SIGNATURE	DATE
OTHER INFORMATION	
SIGNATURE	DATE

PATIENTS NAME

CONSULTANT

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

A&E No: 011997/04
HENRY BURGESS
James Shields Project
100 Pollokshaws Road
GLASGOW
22/08/79
G41 1PZ
CRN: 23096267R

Height:

Weight:

Surface area:

Date of Admission: 8/3/14

Date of writing discharge prescription: __/__/__

Consultant Name: IRELAND

Ward: A/E

Date and time this form prepared: 8/3/14 Time: 2030

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
8/3/14	Pabrinex in 100ml 5% Dextrose	1+1	IV	2030		error no IV access	

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

A DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

E

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

F

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

G

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

H

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Note: To discontinue a prescription, initial and date appropriate box and draw a diagonal line through section.

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

J DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

K DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

L DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

M DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

P

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

R

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

S

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate box and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

HH DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

JJ DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

KK DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

LL DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

DATE																															
TIME																															
DOSE																															
GIVEN BY																															

MM
DRUG: DIAZEPAM
DOSE: AS PER CIWA
ROUTE:
INDICATION:
STOPPED DATE:
INITIALS:
SIGNATURE OF DOCTOR: Casey
MAX.FREQUENCY:
DATE: 8/3/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

NN
DRUG: Co-codamol
DOSE: 8/500
ROUTE: 2 PO
INDICATION: PAIN
STOPPED DATE:
INITIALS:
SIGNATURE OF DOCTOR: Casey
MAX.FREQUENCY: Q.I.D.
DATE: 8/3/14
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

PP
DRUG:
DOSE:
ROUTE:
INDICATION:
STOPPED DATE:
INITIALS:
SIGNATURE OF DOCTOR:
MAX.FREQUENCY:
DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

RR
DRUG:
DOSE:
ROUTE:
INDICATION:
STOPPED DATE:
INITIALS:
SIGNATURE OF DOCTOR:
MAX.FREQUENCY:
DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

SS	DRUG			STOPPED DATE: INITIALS:	DATE																												
DOSE	ROUTE	INDICATION			TIME																												
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																												
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																												
TT	DRUG			STOPPED DATE: INITIALS:	DATE																													
DOSE	ROUTE	INDICATION			TIME																												
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																												
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																												
VV	DRUG			STOPPED DATE: INITIALS:	DATE																													
DOSE	ROUTE	INDICATION			TIME																												
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																												
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																												
WW	DRUG			STOPPED DATE: INITIALS:	DATE																													
DOSE	ROUTE	INDICATION			TIME																												
SIGNATURE OF DOCTOR		MAX.FREQUENCY		DATE:	DOSE																												
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																												

Note: To discontinue a prescr on, initial and date appropriate bo and draw a diagonal line through section

Nurse/Midwife Administration by Protocol - A ıorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Oral	= **O**
Subcutaneous	= **SC**	Per rectum	= **PR**
Inhalations	= **INH**	Topical	= **TOP**
Sublingual	= **SL**	Nasogastric	= **NG**
Intramuscular	= **IM**	Vaginal	= **PV**
Intradermal	= **ID**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Ver 6, 01/2002

096267R
RGESS M
NRY 22/08/1979
mes Shields Project
ASGOW
1 1PZ

ɔitals NHS Trust

NHS Greater Glasgow

OBSERVATION CHART

DATE 8/3

TIME 3030 3 30 2330 2330 2330

Eyes open
- Spontaneously
- To speech
- To pain
- None

Eyes closed by swelling = C

Best verbal response
- Orientated
- Confused
- Inappropriate Words
- Incomprehensible Sounds
- None

Endotracheal tube or tracheostom = T

Best motor response
- Obey commands
- Localise pain
- Flexion to pain
- Extension to pain
- None

Usually record the best arm response

Pupil scale (mm): 1 2 3 4 5 6 7 8

Blood pressure and rate

Respiration

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

40 39 38 37 36 35 34 33 32 31 30 Temp °C

		19	96	99	97	97	99	96

PUPILS

Right	Size	3	3	3	3	3	3	3
	Reaction	+	+	+	+	+	+	+
Left	Size	3	3	3	3	3	3	3
	Reaction	+	+	+	+	+	+	+

+ reacts
- no reaction
c eye closed

ARMS
- Normal power
- Mild weakness
- Severe weakness
- Spastic flexion
- Extension
- No response

LEGS
- Normal power
- Mild weakness
- Severe weakness
- Extension
- No response

Record right (R) and left (L) separately if there is a difference between the two sides

101619

Eye opening

4 **Spontaneous opening** When the patient is first approached he may have his eyes open.

This finding implies that the arousal mechanisms in the reticular activating system of the brain stem are functioning.

3 **Opening to speech** When the patient's eyes are not open at the start of the examination the nurse should first speak and then if necessary shout to him. The important point is response to stimulation by sound rather than to any specific command.

2 **Opening to pain** If verbal stimulation is unsuccessful in achieving eye opening physical stimulation is applied. The most useful method is to exert pressure on the patient's finger-nail bed by means of a pen or pencil.

1 **No eye opening** Absence of eye opening of even one eye in response to painful stimulation implies a marked degree of depression of the arousal system.

Glasgow Coma Scale

Eyes

Open	Spontaneously	4
	To speech	3
	To pain	2
	No response	1

Best motor response

To verbal command	Obeys	6
To painful stimulus	Localises pain	5
	Flexion-withdrawal	4
	Flexion-abnormal (Decorticate rigidity)	3
	Extension (Decerebrate rigidity)	2
	No response	1

Best verbal response

	Orientated and converses	5
	Confused	4
	Inappropiate words	3
	Incomphrehensible sounds	2
	No response	1
Total		3 – 15

Motor response

Best motor response is assessed.

6 **Obeys Commands** The patient is required to perform the specific movements requested. After the patient has been maximally aroused a variety of commands may be tried: 'Open your eyes', 'Put out your tongue', 'Hold up your arms'.

Asking the patient to squeeze the examiner's fingers may induce a reflex from the physical presence of the examiner's fingers against the palm of the patient. Before accepting that the patient is truly obeying commands, it is wise to test that the patient will also release the squeeze again to repeated commands.

5 **Localizes pain** This is recorded when the patient moves a limb in such a way as to locate the painful stimulus on head or trunk, in an attempt to remove it.

4 **Flexion response - withdrawal** After painful stimulation at the finger-tip the arm bends at the elbow but does not achieve a localizing response when stimulated at other sites.

3 **Flexion response - decorticate rigidity** Abnormal flexion is scored if there is preceding extension movement in either arm or leg at the time of examination, or if there are two of the following responses: stereotyped flexion posture, extreme wrist flexion, abduction of upper arm, or flexion of fingers over thumb. If in doubt, then score as 'Flexion-withdrawal', 4/3.

Extension response - decerebrate rigidity In response to stimulation, the elbows straighten. May be accompanied by inward rotation at the shoulder and in the forearm with the wrists being flexed and the fingers straightened. The limbs may even adopt this posture without stimulation.

1 **No response** - This is scored when repeated and varied stimulation elicits no detectable movement or change of tone in limbs.

Verbal response

5 **Orientated** After arousing the patient the nurse asks him who he is and also where he is and what the year and month are. If accurate answers are obtained, the patient is recorded as being orientated. It is unreasonable to expect the patient to give the exact date of the month, as even nurses and doctors sometimes forget this.

4 **Confused conversation** This is recorded when the patient is capable of producing phrases, sentences and even conversational exchanges, but is disorientated in either person, place or time.

3 **Inappropriate words** The patient speaks or exclaims only a word or two (often swear words). Such a response is usually obtained only by physical stimulation rather than a verbal approach.

2 **Incomprehensible sounds** The patient's verbal responses consist of groans, moans or indistinct mumbling and do not contain any intelligible words.

1 **No verbal response** Prolonged and, if necessary, repeated stimulation does not produce any phonation.

101619

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary

NHS Greater Glasgow

23096267R
BURGESS M
HENRY 22/08/1979
James Shields Project
GLASGOW
G41 1PZ

WARD: 52

ON DAY OF ADMISSION, SELECT AND RECORD CARE WHICH IS MOST APPROPRIATE FOR PATIENT.

RECORD **CHANGES** OF CARE IN NURSING ACTION FLOWCHART.

USE AN ARROW e.g. ⟶ TO INDICATE **CONTINUATION** OF CARE ON THE FLOWCHART

ALL ENTRIES MUST BE RECORDED IN BLACK INK AND SIGNED.

WATERLOW SCORE (MUST BE COMPLETED ON ADMISSION FOR EVERY PATIENT)

Build/Weight		Skin		Sex/Age		Continence		Mobility		Appetite	
Average	(0)	Healthy	(0)	Male	(1)	Complete/		Fully	(0)	Average	0
Above Average	1	Tissue paper	1	Female	2	catheterised	(0)	Restless/Fidgety	1	Poor	(1)
Obese	2	Dry	1	14 - 49	(1)	Occasional		Apathetic	2	Fluids only/	
Below Average	3	Oedematous	1	50 - 64	2	incontinence	1	Restricted	3	Nasogastric feed	2
		Discoloured	2	65 - 74	3	Cath./incont.		Inert/traction	4	Nil by mouth	
		Broken/spot	3	75 - 80	4	faeces	2	Chairbound	5	anorexic	3
				81 +	5	Doubly incont.	3				

SPECIAL RISKS

Tissue Malnutrition		Neurological Deficit		Major Surgery Trauma		Medication	
Terminal		Diabetes, MS,		Orthopaedic –		High dose Anti-	
Cachexia	8	CVA,	4-6	Below waist/		inflammatory,	
Cardiac Failure	5	Motor / Sensory		Spinal	5	Steroids,	
P.V.D.	5	Paraplegia		On table		Cytotoxics	4
Anaemia	2			> 2 hours	5		
Smoking	(1)						

waterlow d/a 34

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

NUTRITION RISK SCORE (Refer to Dietician if > 10)

BODY WEIGHT				SKIN CONDITION			
Normal (no recent weight changes)	0	0	0	Healthy	0	0	0
Recent Unintentional Weight Loss (< 6Kgs)	3	3	3	Some red pressure areas	2	2	2
Underweight/Weight Loss >6Kgs	5	5	5	Superficial breaks in pressure areas	4	4	4
APPETITE				Multiple deep pressure sores	5	5	5
Good - Finishes 3 meals per day	0	0	0	**GUT FUNCTION**			
Reduced - Leaving quarter of meals & fluids	2	2	2	Normal	0	0	0
Poor - Leaving half of meals & fluids	3	3	3	Persistant nausea	2	2	2
Little/no appetite, refusing /unable to eat/drink	5	5	5	Nausea/vomiting/diarrhoea/constipation	3	3	3
ABILITY TO EAT / DRINK				Diarrhoea >3 days/unable to tolerate food	5	5	5
No difficulties, eating & drinking independently	0	0	0	**MEDICAL CONDITION**			
Requires assistance	2	2	2	No impairment to food intake	0	0	0
Difficulty swallowing and/or chewing	5	5	5	Minor surgery/mild infection	2	2	2
				Major surgery/GI disease/CVA/Chronic illness	4	4	4
				Severe inf./Sepsis/Cancer/Burns>15%/Multiple injuries	5	5	5
TOTAL:							

93509

	AIM	ASSESSMENT / INTERVENTIONS
1 **MONITORING OF VITAL SIGNS** Standard observations (BP, P, T, R, $Sa0_2$) - requirement & frequency CSM/Neurovascular observations Special observations eg. blood glucose, peak flow, Neurological obs Special requirements (0_2, chest physio)	To detect abnormalities and maintain optimum function.	Neuro observations as per protocol.
2 **IV THERAPY** Venflon – Site(s) Check site (Specify frequency) Measures to ensure patency Remove after 3 days or if not in use NB: 4° temp required if patient has an IV	Early detection / prevention of the problems of IV therapy.	Venflon re-sited. IVI pabrinex
3 **MAINTAINING SAFETY** Level of conciousness Chronic / Acute confusion Alcohol withdrawal Seizures Wandering / at risk of injury	To maintain safety at all times.	Cotsides x 4. Call system explained
MOBILITY / MOVING & HANDLING Assess DVT risk using SIGN guidelines Specify limitations/current ability & aids used Traction Active/Passive exercise TED Stockings on admission	To prevent / reduce the complications of reduced mobility. To move the patient safely. To promote independence.	Bedrest @ present.
5 **PRESSURE AREA CARE** Waterlow score Date of **next** evaluation Interventions	The patients skin will remain healthy and intact.	Waterlow 0/a - 4 Appears intact
6 **PAIN** Monitor effectiveness of analgesia - involve patient & medical staff PCA – regular obs & system checks	The patient will state that he is comfortable.	As per kardex
7 **PERSONAL HYGIENE** Self caring or Specify assistance required Mouth care Eye care	To maintain a high standard of personal hygiene. To promote independence.	Independant c basin
8 **NUTRITIONAL STATUS** Score: (Use nutrition risk assessment) Special Dietary requirements Fasting / fluid restrictions Fluid balance monitoring required	To maintain adequate nutritional intake. To promote healing.	Free fluids & diet.
9 **URINARY & BOWEL FUNCTION** Independent or specify aids used (urinals, bedpan etc) Catheterised - size free drainage / hourly volumes Bowel - Stoma, Aperients – Chart daily	To detect any problems with output. To promote independence.	Bedpans/urinals.
10 **SURGICAL WOUND CARE** Specify Site Dressings used & Frequency of changes Clips / sutures due for removal Wound drain(s) NB: For other wounds, use GRI Tissue Viability Care Plan	The patient will have clean & dry wounds. To promote Healing.	Laceration x 2 top of head - sutured. Abrasion (R) cheek.

Sign: K Davies

Date:	Date:	Date:	Date:	Date:

(5)

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

N 23096267R
BURGESS M
H HENRY 22/08/1979
166 Gartocher Road
GLASGOW
D G32 0HF

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Date of Admission: __/__/__

Consultant Name:

Ward:

Date and time this form prepared: __/__/__ Time:_____

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

None

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐ Oral ☐
Topical: ☐
TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
22/4/13	Benzylpenicillin	1.2 gm	IV	2235	[signature]	GC	12MN
	Flucloxacillin	1 gm	IV	2235	[signature]	GC	12MN

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 23 24

MONTH → 4 4

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

A DRUG BENZYLPENICILLIN

DOSE 1.2gm | ROUTE IV | DATE 22/4/13 | STOPPED DATE: 24/4 | INITIALS: CA

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B DRUG FLUCLOXACILLIN

DOSE 1gm | ROUTE IV | DATE 22/4/13 | STOPPED DATE: 24/4 | INITIALS: CA

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

C DRUG ENOXAPARIN

DOSE 40mg | ROUTE S/C | DATE 23/4/13 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR A. Alsayegh.

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

D DRUG BENZYLPENICILLIN

DOSE 1.2g | ROUTE IV | DATE 24/4/13 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Parenteral Drugs: Regular Prescription

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

DATE → 24
MONTH → 4

E

DRUG: FLUCLOXACILLIN

DOSE: 1g | ROUTE: IV | DATE: 24/4/0

STOPPED — DATE: | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400 — 0M
1600-1800
2200-2400
Other time

F

DRUG

DOSE | ROUTE | DATE

STOPPED — DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

G

DRUG

DOSE | ROUTE | DATE

STOPPED — DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

H

DRUG

DOSE | ROUTE | DATE

STOPPED — DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Acute Medicine
Unitary Patient Record
Glasgow Royal Infirmary

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

General Examination

Temp: 38 Pulse: 90/m RR: 15 Weight:

SpO2: 98% Air BP: 144/73 BG: Urinalysis:

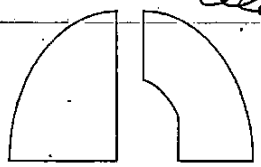
General Observations: Not distressed.

Cardiovascular Examination

I + II + 0.

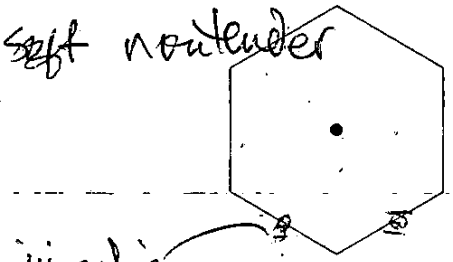
Respiratory Examination

VBS clear.



Abdominal Examination

Soft nontender



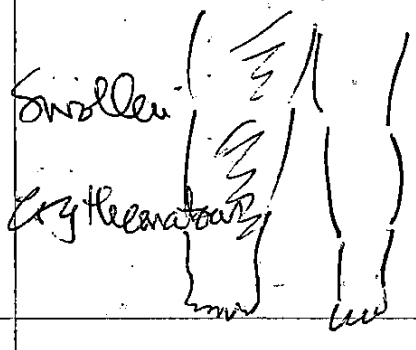
PR:

CNS and PNS Examination

GCS 15/15

Other Examination eg: Locomotor

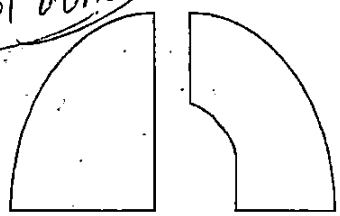
Surgeon excluded abscess groin A+E



AMT: /10

Results

CXR: not done



FBC:		U&E:		LFT:	
WCC	13.8	Na	134	BILI	9
Hb	12.1	K	4.6	AST	59
Plat	367	Cl	100	ALT	68
MCV	84.4	CO2		ALP	243
N'Phil	10.4	Ur	3.7	GGT	61
		Cr	65	ALB	38
		Gluc		CRP	36

ECG:

OTHERS:

Differential Diagnosis/Problem List

(R) lower limb cellulitis

IVDA

Hep C (+)ve.

Plan

FBC U&E LFT CRP Blood Cs ✓ W43

IV Benzylpen + Flucloxacillin

Cocodamol

Diazepam!

± doppler leg

Name (print): S. HAQ Signature: Designation: SHO

Date: 22/4/13 Time: 2230

Acute Medicine
Unitary Patient Record
Glasgow Royal Infirmary

LADCI
23096267R
BURGESS
HENRY M
22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

SHO/SpR Review

Name (print): Signature: Designation:

Date: Time:

Consultant Review

23/4/03
Agreed. Probably Staph infection
? superficial tissue (R) lower leg
with multiple g cords in (R) groin
+ lymphangitis
Known IVDA + Hep C. on methadone
Adam - High dose IV Pen V + Flucl
- Cult Blood, ? Echo
- give methadone

Print Name: Signature:

Date: Time:

Acute Medicine
Unitary Patient Record
Glasgow Royal Infirmary

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

MULTIDISCIPLINARY CLINICAL NOTES

Date Time

22/4/03 2350 Mr. Burgess admitted to ward 43 yesterday pm with cellulitis (R) leg.
- Swab obtained from Lower Right Leg.
- Temp 38.1°C on admission.

23/4/03 0900 Unremarkable since admission.
- Silent for groups past 24 hrs

23/4/03 Nursing
Settled day
Independant with personal hygiene
Obs stable, Apyrexial
Cellulitic area marked
Continues on IVAB
Attended for CXR
GDPS contacted to R/V pt.
T Reid

For transfer to ward 2, details phoned
T Reid

23.4.03 GDPS hospital liaison. Assessed on ward. Community doc of methadone confirmed via Homeless Addiction Team (HAT). Henry currently has no community support therefore will refer to H.A.T. for allocation of addiction worker. GDPS liaison will maintain contact once transferred to ward 2.
K Lockwood

13/4/3 Nursing 6pm
Settled since transfer to ward 2. Observations stable, Apyrexial. IV Antibiotics administered as prescribed. Inflammation on leg improved - area marked initially on arrival to hospital.
GN Linden

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES

531 0254

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

24/04/03 0430hrs Nursing Notes

Slept well IV antibiotics given as prescribed

K Wallace

24/4/03 Srw WC

9:50 23y ♀ IVDA ♀ Rt leg ? cellulitis.

Pyrexial after 24 hrs iv ABx.

Change to oral antibiotics as leg improved ++.

(redness now localised to ankle + swelling only at ankle now. No other evidence DVT.)

Rpt bloods today

V. keen for home. Linsc ♀ GPDS + HAT

AIKEN SRN

24/4/03 - contacted by micro - bcos have grown gram +ve cocci - looks like staphylococcus - wants how to continue iv Abx + will contact us again in am.

AIKEN SRN

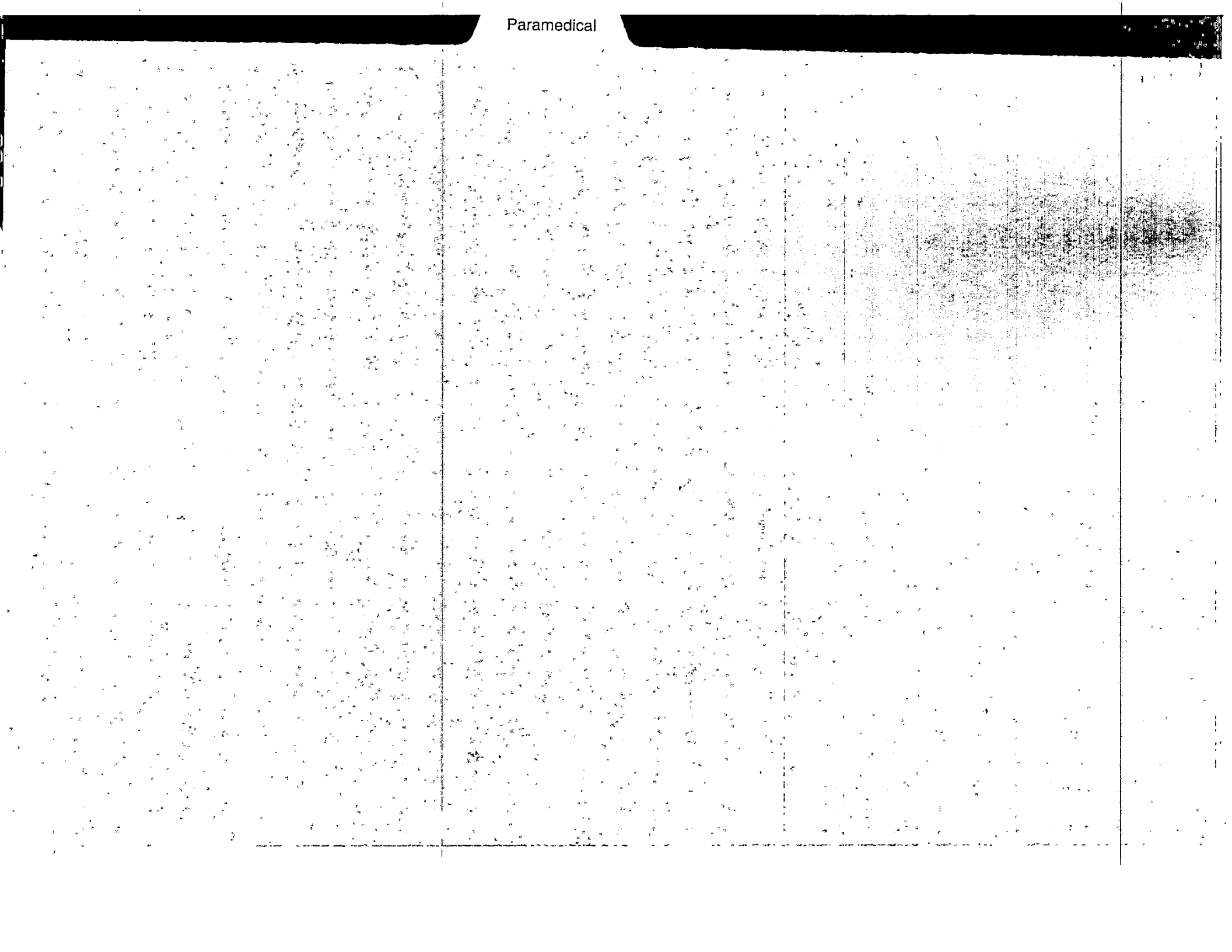
24/4/03

Patient absconded from ward.

AIKEN SRN

GPDS - contacted and informed PL absconded From Ward.

Form 05171



NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

HOME PLAN

NHS Greater Glasgow

Hospital GLASGOW ROYAL INFIRMARY Phone Number

23096267R
BURGESS M
HENRY 22/08/1979
James Shields Project
GLASGOW
G41 1PZ

Ward 52 Phone Number 211632

Consultant IRELAND Named Nurse

Discharge Date 9/3/04

ADMISSION DETAILS

Date of Admission 8/3/04 Admission Ward 52

Reason for Admission / Treatment ~~Head Injury~~ Laceration to top of head

MEDICATION

You have been given a ___ day supply of medication. Please ensure that you read the labels of the medication you have been given and take your drugs as prescribed.

You will / will not require a further supply of this medication.

Please contact your GP within a week if you require a further supply of medication.

FOLLOW UP

You ~~will~~ / will not require follow up at the hospital

You have an appointment for

1. _____ on _____ (day) _____ (date)
2. _____ on _____ (day) _____ (date)

You will receive a return appointment through the post for

1. _____ in _____ weeks time
2. _____ in _____ weeks time
3. _____ in _____ weeks time

Transport will / will not be arranged

SPECIAL INSTRUCTIONS / ADVICE

If you should have a problem with this discharge plan please do not hesitate to contact the ward within 24 hours.

Patient / Carer Signature _____

Named / Associate Nurse Signature Ingrid D'Mello

GRI job no. 93999 / 1

05342

Glasgow Royal Infirmary Universi NHS Trust

Profile / Careplan for 24 / 72 hour stay

DATE OF ADMISSION	TIME	WARD	TYPE OF ADMISSION	ADMITTING NURSE
8/3/04	2230	52	EMERGENCY / PLANNED / TRANSFER FROM / OTHER	RD

SURNAME

FORENAME 23096267R BURGESS M HENRY 22/08/1979

ADDRESS James Shields Project GLASGOW G41 1PZ

TEL Nos. 0141 429 2663

WISHES TO BE KNOWN AS

DATE OF BIRTH 22/8/79

AGE 24

RELIGION N/A

MENSTRUAL CYCLE

PARA

URINALYSIS

ALLERGIES: NKDA

CHEMICAL DEPENDANCY: Ex IVDA

PROSTHESIS

G.P. AND ADDRESS Dr Roberts. HART team - methadone. Methadone programme. Dr Watson Corbals Health Centre.

BASELINE RECORDS

HEIGHT	
WEIGHT	
B.P.	126/70
TEMP.	36.6°C
PULSE	78
RESPIRATION	99%
DENTURES	

NEXT OF KIN Ann Burgess

ADDRESS Paisley.

RELATIONSHIP Mother

TEL.Nos. 07799043864

SOCIAL CIRCUMSTANCES

SOCIAL CIRCUMSTANCES

LIVES WITH supported accomodation James Shields Project

TYPE OF HOUSE

SUPPORTING SERVICES: Michael Keyworker. Alison/Lorraine Addiction Keyworker.

STORAGE OF VALUABLES: ✓ RETURNED

STORAGE OF DRUGS: ✓ RETURNED

REASON FOR ADMISSION	PAST MEDICAL HISTORY	CURRENT DRUG THERAPY
Assault c ? machete.	Nil of note.	Methadone 110mls.
Head injury.	? Hep C +ve.	
Depressed upper orbital # of (R) side maxilla		
Laceration x 2 top of head - sutured.		

PATIENT'S NAME

CONSULTANT Mr Imrie

SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Private
MMA Legal Limited
23 Goodlass Road
Building B
Speke Liverpool
L24 9HJ

Date: 15 July 2026
Your Ref: 100299
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: HENRY BURGESS DOB: 22/08/1979

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

GLASGOW ROYAL INFIRMARY RECORDS
STOBHILL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/02/2015

Consultant: Dr Neil Dignon

WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
Paisley
PA1 2PS

Dear WI Weir

Re: **Burgess Henry** DOB: **22/08/1979** CHI: **2208793218**
LOWMOSS PRISON,THE HEALTH CENTRE
Glasgow G64 9BU

Attended on: **23/02/2015 at 13:18 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
inj on l hand 10 days ago

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Fracture of finger, closed	**Left**	**Finger: Llittle**

Procedures: **1. Buddy strapping**
2. Advice card - fracture 5th metacarpal

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Fracture Neck Of Fifth Metacarpal Left Hand

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Lawrence McGlynn
Nurse

Copies to:
1. WI Weir (GP)
School Address:

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Main Switchboard: 0141 201 3000
Department: Gastroenterology
Contact Tel: 0141-211-4290
Enquiries to: helen.pelosi@ggc.scot.nhs.uk
Letter Date: 28/08/2014
Reference: LS/CT
Dictated Date: 28/08/2014
Transcribed Date: 02/09/2014

Dr. WI Weir
King Street Surgery
The Surgery
15 King Street
Paisley
PA1 2PS

Dear Dr. WI Weir,

Henry Burgess; D.O.B: 22 Aug 1979; CHI: 2208793218
THE HEALTH CENTRE, P.O. BOX 2893, Glasgow, G64 9BU

Attendance: Specialty - Gastroenterology; Clinic - STLSGA8-DR SMITH GASTRO THURS PM
Date and Time of Appointment - 28/08/2014 13:30

Requested Out-patient Investigations:
C13 breath test.

Clinical Comments:
Diagnosis: Family history of bowel cancer.

Thank you for referring this 35-year old gentleman to Gastroenterology. Your letter stated that he had a 21lb weight loss since incarceration to Low Moss Prison. You were also concerned as his sister has recently been diagnosed with bowel cancer aged 32. Your letter stated that his weight had dropped from 72kgs to 63kgs in July however, at clinic today he weighed 74.4kgs. I therefore phoned one of the nurses in Low Moss Prison who confirmed that at the day of incarceration Mr Burgess weighed 73kgs (24.09.11) and as you can see his weight has actually increased to 74.4kgs today. I am therefore not concerned that there has been any weight loss.

Mr Burgess himself states that a couple of years ago he lost about 10kgs but admits his weight has been stable since incarceration.

With regards to his family history of bowel cancer there has only been one family member effected, his sister aged 32. Obviously I have no background information on her at all and this would perhaps be best dealt with through the geneticists who will be able to determine whether or not this was a high risk genetic cancer and whether or not any further surveillance is required. Mr Burgess with probably fall into to the low to moderate risk group. Certainly he has no lower GI symptoms and I note his haemoglobin is normal.

He does complain of intermittent dyspepsia and I understand previously had some H-pylori eradication. I will arrange for him to attend for a breath test to ensure this is eradicated. His symptoms are usually resolved with Omeprazole.

I will make the referral to the genetics services and I have no plans to see him back in the Gastroenterology Clinic.

Yours sincerely

Dr Lyn Smith

Consultant Gastroenterologist

Electronically Signed: Dr Lyn Smith, Consultant

cc. Consultant Geneticists
Department of Genetics
Yorkhill Hospital
GLASGOW

CHI: 2208793218

Stobhill Hospital

Total Att: 2

12 Mth Att: 0

Title: MR

BURGESS **Henry**

DOB: **22/08/1979** Age: **35y** Sex: **Male**

"LOWMOSS PRISON,THE HEALTH CENTRE
PO BOX 2893
Glasgow
G64 9BU

Next of kin: **MCDERMITT, LAUREN**
Relationship: **Partner**

GP: **WI Weir**
0141 889 3144

Attendance Date: **23/02/2015** Arrival Time: **13:18**

Registration Time: **13:18** Date of Incident: **23/02/2015**

Major Incident Desc:

Reason for Attendance: [redacted] inj on l hand 10/7 ago

Stobhill Hospital
BURGESS, Henry
DOB 22/08/1979
2208793218
5568180

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain S

Triage Category: **0** Tetanus up to date/fully immu

Presenting Complaint:

Observation Date: **23/02/2015 13:20** Nurse name: **Nurse Susannah McFarl**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
	Seen By [illegible] Time Seen 1420
	4/12 (L) hand run 10/12 ago when he dropped a pallet onto dorsum hand. Sent to GP → X-ray → min
	O/E Swollen++, bruised+1 + tender++ over MCPJs 2-5. Full ROM 5° flexion. Cap refill <2 sec. Neuro-vasc intact. No other injuries
	4-yo (L) hand → # tuft x 3 + metacarpal dislocation x 1. Mentions dislocated but has not come to see Nurse
	To Buddy straps + Advice Pee/Wet sock

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

XR Hand Lt

Performed	23-Feb-2015 13:00	Received	23-Feb-2015 13:17
Reported	23-Feb-2015 13:15	Order Number	G207H29990524
Status	Final	Source System	MiSys

XR Hand Lt Final
Henry Burgess
Clinical History :
Injury to left hand 2 weeks ago. Dislocation of first metacarpophalangeal joint.

XR Hand Lt :
There are no prior radiographs for comparison. The thumb (1st) metacarpophalangeal joint appears congruent and has presumably been successfully reduced. No convincing evidence of a fracture here. Ligamentous injury however is not excluded.

The patient is however noted to have a recent fracture of the little finger (5th) metacarpal neck with some angulation. Clinical correlation advised.

The patient has been sent to the minor injuries unit for further assessment.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (GENERAL)	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Accident & Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 OSF

Tel: 0141 211 4000
Fax: 0141 211 5007

Accident & Emergency Unit
Discharge Summary

Date: **10th March 2004**
Your Ref
Our Ref: **AJI/JC/11997/04**

Enquiries to Jean Cairney
Extensions 2 4294
Direct Line 0141 211 4294
E-mail
ian.swann@northglasgow.scot.nhs.uk

Dr. Alguero
Possilpark Health Centre
85 Denmark Street
Glasgow
G22 5EG

Date Admitted:	**8th March 2004**
Date of Discharge:	**9th March 2004**
Consultant:	**Mr. Ireland**
Diagnosis:	**Scalp wound /Right facial contusion**
Date Typed:	**10th March 2004**

Dear Dr. Alguero,

Henry Burgess James Shields Project 100 Pollokshaws Road Glasgow G41 1PZ
Unit no: 23096267R Date of Birth: 22.8.79

This 24-year-old man presented to the Accident & Emergency Department on the 8th March 2004. He was the victim of an alleged assault in which he was struck on the head with a bottle. He stated that his assailant had also slashed him on the left cheek a week earlier. His head wound was bleeding profusely. He also fell several times and was kicked and had a contusion with some overlying abrasions of the right cheek (which were consistent with a kick mark). Skull and facial views showed no evidence of fracture. The scalp wound was sutured. He was admitted for overnight observation.

He was sufficiently well to be discharged home later the next day. I would be grateful if his sutures could be removed in 5-7 days.

Yours sincerely,

Mr. A. J. Ireland
Consultant in Accident & Emergency Medicine

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C

Patient Identification

Patient CRN 23096267R	Provider SGC04 Hosp GRI
Surname MR BURGESS	Patient's Address
First Forename HENRY	James Shields Project
Second Forename	100 Pollokshaws Road
Previous Surname	GLASGOW
Date of Birth 22 Aug 1979	Postcode G41 1PZ
Sex M / Marital Status S	Tel No:
NOK Details MOTHER	GP Details L ALGUERO POSSILPARK HEALTH CENTR 85 DENMARK STREET GLASGOW

Episode Management

Spell/Care Package ID	Ward WD52*GR	Admission Date/Time 08 Mar 04 20:40
Speciality/Discipline (Code + Text National) ACCIDENT & EMERGEN		Admission Type 36
Significant Facility OTHE		Admission Reason 11
Consultant Code		Admission/Transfer From 12
Consultant Name MR IRELAND		Admission/Transfer From – Location
Management of Patient	Patient Category NHS	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date	Waiting List Type NWL

General Clinical

Main Diagnosis – ICD 10

Other Condition – ICD 10 – 2

4

5

6

Main Operation/Procedure

Other 2

Other 3

Other 4

Date Main Operation

Clinician Responsible

Date (OPP2)

Clinician Responsible (2)

Date (OPP3)

Clinician Responsible (3)

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

CONSULTANT

Dr R D Stevenson (Respiratory)

GLASGOW ROYAL INFIRMARY

84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. 0141-211-4000 Ext. 4381

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
22.4.03.	absconded from ward 24.4.03.	43/2	22.8.79.	23096267R

DISPOSAL

Absconded from ward

FOLLOW UP

None

NAME AND ADDRESS

Henry Burgess
166 Gartocher Road
GLASGOW
G32 0HF

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	I.S.C. CODE
1. Right leg swelling	
2.	
3.	
4.	
5.	
6.	

DISTRIBUTION OF LETTERS

Dr Alguero
Possilpark Health Centre
85 Denmark Street
GLASGOW
G22 5EG

OPERATION	CODE
1.	
2.	
3.	

CA/MW

Dictated 22.4.03. Typed 30.4.03.

HISTORY

This 23 year old IVDU was admitted with a three day history of painful swelling of his right leg and thigh which was also very red, with a painful swelling in his groin.

EXAMINATION

He was pyrexial with a temperature of 38°. The remainder of observations were unremarkable. General examination revealed a markedly swollen red and tender right leg. He was reviewed by the surgical team regarding his groin tenderness, however they felt that this was secondary to lymphadenopathy and no abscess was present.

INVESTIGATIONS

Bloods on admission showed a raised white cell count at 13.8 with a CRP was 36. Chest x-ray was clear.

MANAGEMENT AND PROGRESS

He was treated as right lower limb cellulitis with IV antibiotics. The area of redness was also marked and after 24 hours of IV antibiotics the redness had reduced. Blood cultures were found to have grown a Gram positive cocci which looked like a straphylococcus. This was discussed with the patient and he was advised that he needed to continue on IV antibiotics. However he absconded from the ward. We have contact the GDPS regarding this and his need for antibiotics and hope that he will re-attend should he run into any problems.

C AITKEN
SHO

05181

HAT
HOMELESS ADDICTION TEAM

331 BELL STREET
GLASGOW G4 0TD
TEL: 0141 552 9287
FAX: 0141 552 9467

E-MAIL: INFO@HAT-SCOTLAND.CO.UK
WWW.HAT-SCOTLAND.CO.UK

Ref :- HENRY BURGESS 22nd APRIL 2003
166, CARTCHER RD.
22-08-1979

Dear Doctor,

This 23 yr old irda (injects Rt. groin) clinically has a a Rt. above knee DVT.

Many Thanks for seeing him,

Yours Sincerely,

S. PRIYADARSHI.

ACCIDENT AND EMERGENCY

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

A & E Record
Glasgow Royal Infirmary

NHS Greater Glasgow

NAME

HENRY **BURGESS**

James Shields Project
100 Pollokshaws Road
GLASGOW

G41 1PZ
Sex:Male Tel:
Age:24 Dob:22/08/79
CRN:23096267R
NOK:
MOTHER
4 MILLERSTON AVENUE
PAISLEY

INJURY

HEAD

A&E Number:011997/04
Arrival:08/03/04 16:40
Referral:SELF RE
Incident:08/03/04
M Status:Single -
Religion:
Total atts since 1995 : last 12 months:
GP: Dr ALGUERO
POSSILPARK HEALTH C
85 DENMARK STREET
GLASGOW
G22 5EG
0141 531 6170

011997/04

PC: Head Inj.

HPC: Hit over head w/ ? machete.

Findings at Triage: ? carterial spurt.
No LOC or PTA.
Previous slash to face by some people.

Pain Score: Triage Analgesia:

Escort Present	Y (N) If "Y" who:		Waiting Room	✓	Trolley
SAS	(Y) N 999		X-ray Triage (tick if done)		

OBSERVATIONS ON ADMISSION

RR:	15	/min	SpO2	99 %	E	4	Pupils L	mm (+ve) -ve
Pulse:	108	/min	(air) O2 (circle)	Pleth	M	6	R	mm (+ve) -ve
BP:	147 / 33	mmHg	PEFR	l/min	V	5	Limb mvmt. equal	(Y) N
Temp:	36.4	°C	BG	mmol/l				

TRIAGE SCORE

TRIAGE CAT: 3 TIME: 1635 SIGNATURE: Lesley McKenzie

01906

LABEL

A & E Record
Glasgow Royal Infirmary

INITIAL MANAGEMENT

NURSE: ..... TIME TO ROOM: ..... DATE: .....

	O2 Y l/min	**Bloods** (tick)	
	ECG Y	U&E	
	XR Y	FBC	
		Gluc	
	Cannula Y	Amylase	
	Site:	Coag	
		Group	
	Urinalysis	S. Osmo	
	Nitrates	Other:	
	Blood		
	Protein		
	Glucose		
	Ketones		
	β HCG +ve -ve		

RELEVANT PMH/DH	ALLERGIES

SUPPLEMENTARY OBSERVATIONS

TIME:

RR: /min	SpO2 %	E	Pupils L mm +ve -ve
Pulse: /min	-air / O2 (circle) Pleth	M	R mm +ve -ve
BP: / mmHg	PEFR l/min	V	Limb mvmt. equal Y N
Temp: °C	BG mmol/l		Separate obs. chart (tick)

RE-TRIAGE: Yes No TRIAGE CAT: TIME: SIGNATURE:

SOCIAL HISTORY

Lives with:

Family / social support:

Contact Nos:

Keys / valuables / clothing / drugs (pt./rels./other):

DISCHARGE / ADMISSION

Self care evaluation: Able to walk / Needs walking aid.
Specify:

Escort: Y N Specify:

Transport: Y N SAS/ Car/ Relatives?
Time ordered:

Informed: Patient Relative GP
DN HV Other

Time of discharge/ admission:

A & E Record
Glasgow Royal Infirmary

A&E No: 011997/04
HENRY BURGESS
James Shields Project
100 Pollokshaws Road
GLASGOW
G41 1PZ

22/08/79
CRN: 230962671

CLINICAL NOTES

Date | Seen By ..... Time ..... Discipline ..... Page No. .....

See Head Injury Assessment

Results	
Na	
K	
Cl	
HCO3	
Urea	
Creat	
Gluc	
Amyl	
S. Osmo	
WBC	
Hb	
Plat	
MCV	
PT	
APPT	
TCT	
H+	
PCO2	
PO2	
Other	

LABEL

A & E Record / GP Letter
Glasgow Royal Infirmary

CLINICAL NOTES

Date | Seen By ..... Time ..... Discipline ..... Page No. .....

A&E DIAGNOSIS

MANAGEMENT IN A&E (**N.B.** Prescribe drugs and IV fluids on charts provided)

Performed by	Time

Drug Prescription	Dose	Route	Freq.	Prescribed by	Signature	Administered by	Time

Fluid Prescription	Volume	Rate	Prescribed by	Signature	Batch No.	Administered by	Time

FURTHER RECOMMENDATIONS ON DISCHARGE FROM A&E

DISPOSAL	Discharge / GP Clinic ..... Admitted Other	**Disch / Admn Time:**
IF ADMITTED	Hosp: Wd: 52 Con: Spec:	

Copy to G.P? ☐ Copy to ..... Signature .....

NHS Greater Glasgow

Head injury assessment in A&E

Date 8/3/14 Time 17/00

A&E No: 011997/04
HENRY BURGESS
James Shields Project
100 Pollokshaws Road
GLASGOW
22/08/79
G41 1PZ
CRN: 23096267F

History:

Assault ~4pm. Struck ? machete. Glass found in hair (?bottle)
LOC and PTA. No vomiting ~~or headache~~
Drank 1½ bottles of Irish Meadow alcohol

Recall of incident: No (Yes) Recalls initial event

Mechanism: Fall (Assault) RTA Alcohol / Drugs Other _____

PTA: None < 5 mins (5 – 60 mins) > 1 hr (__ hrs)

Present symptoms: (Headache) Dizziness Nausea Vomited in last 12 hours

Disturbance of speech / hearing / vision / balance Other _____

PMH: Methadone programme

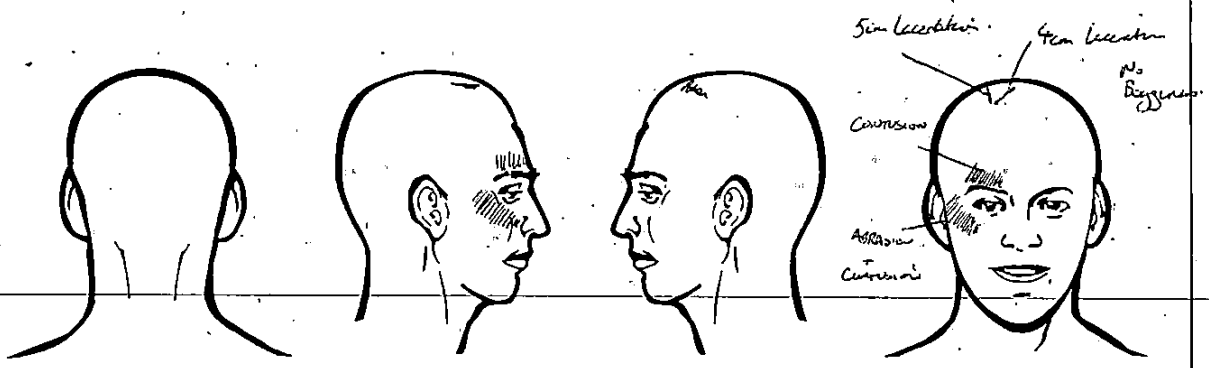
Medication: Warfarin Anticonvulsants Other Methadone

O/E: Resp. rate 14 /min Pulse rate 92/min BP 147/83 (?)

GCS: Eye opening -- 4 Best motor -- 6 Verbal -- 5

Neck injury status: Cleared ✓ Immobilised

Scalp: Wound (Laceration / Incised or Contusion); **Fracture** (felt or seen or unsure)



88226

Date & Time

Head injury assessment in A&E
Continuation

A&E No: 011997/04
HENRY BURGESS
James Shields Project
100 Pollokshaws Road
GLASGOW
22/08/79
G41 1PZ
CRN: 23096267F

Neurological signs (✔ if normal)

Limb mvts. R✓ L✓ **Pupil reactions** ✓ **Facial mvt.** ✓ **Eye mvts.** ✓ PAIN ON LOOKING U.S.

Sensation - scalp ✓ / face ✓ **Hearing** R✓ L✓ **Romberg's**
↓ SENSATION (R) 5th V2 DISTRIBUTION

Smell Tongue & Palate movt ✓ Visual Acuity R L Visual fields

Tympanic membranes normal:	**R.**	**Yes**	**No**	**Obscured by wax**
	L.	**Yes**	**No**	**Obscured by wax**
Signs of basal skull fracture:		**No**	**Yes**	
Skull XRay:		**No**	**Yes**	No vault #.
Other injuries / problems:		**No**	**Yes**	

① Depressed Infra-orbital # of (R) side of maxilla.
② LACERATION x 2 to top of head
③ Abrasion (R) cheek

ASSESSMENT (List injuries)

AS ABOVE

PLAN

① Admit
② Lacerations sutured 4.0 ETHILON
8mls 2% LIGNOCAINE/ADRENALINE INFILTRATED
③ Neuro-obs
④ CIWA, PABRINEX
⑤ OP APPT FOR MR. WOODS
MAXO-FACS CLINIC AT CRI FOR THURS 11/3/4. TO BE ARRANGED ★

DW DR MCGLASHAN MAX-FACS SHO. ON 8/3/4

Signature: SHO

88220

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary

NHS Greater Glasgow

HEAD INJURY WARD ASSESSMENT FORM

Date 9/3/14 Time 09/00

23096267R
BURGESS M
HENRY 22/08/1979
James Shields Project
GLASGOW
G41 1PZ

EXAMINING DOCTOR(S)
Mr Ireland

HISTORY:
Assaulted last night with machete - laceration to head + abrasion (R) cheek
No LOC

Xray - ? depressed infra-orbital # (R) side, maxilla

Recall of incident: No (Yes)

P T Amnesia: (None) <5 mins. 5-60 mins. >1 hr (_____hrs)

Mechanism: Fall (Assault) RTA Alcohol/drugs Other_____

PRESENT SYMPTOMS: Headache Dizziness Nausea Vomited in last 12 hrs.

Disturbance of speech / hearing / vision / balance Other_____ None

PMH: Methadone

Medication: Warfarin Anticonvulsants Other

O/E: Resp. rate /min Pulse rate /min BP

GCS: Eye opening -- 4 Best motor -- 6 Verbal -- 5

NECK MOVEMENT: (Full) Restricted

NEUROLOGICAL SIGNS: (tick if normal)

Limb mvts. R ✓ L ✓ **Pupil reactions** ✓ **Facial Movt.** ✓ **Eye Movts.** ✓

Sensation: scalp ✓ / face ✓ **Hearing** R L **Romberg's** -ve

Smell Tongue & palate movt. Visual acuity R L Visual fields

clinically - not tender (R) side of face, sensation (R)

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary

NHS Greater Glasgow

HEAD INJURY WARD REVIEW Continuation Sheet

Date 9/3/4 Time /

PATIENT LABEL

TYMPANIC MEMBRANES NORMAL: R (Yes) No Obscured by wax

L (Yes) No Obscured by wax

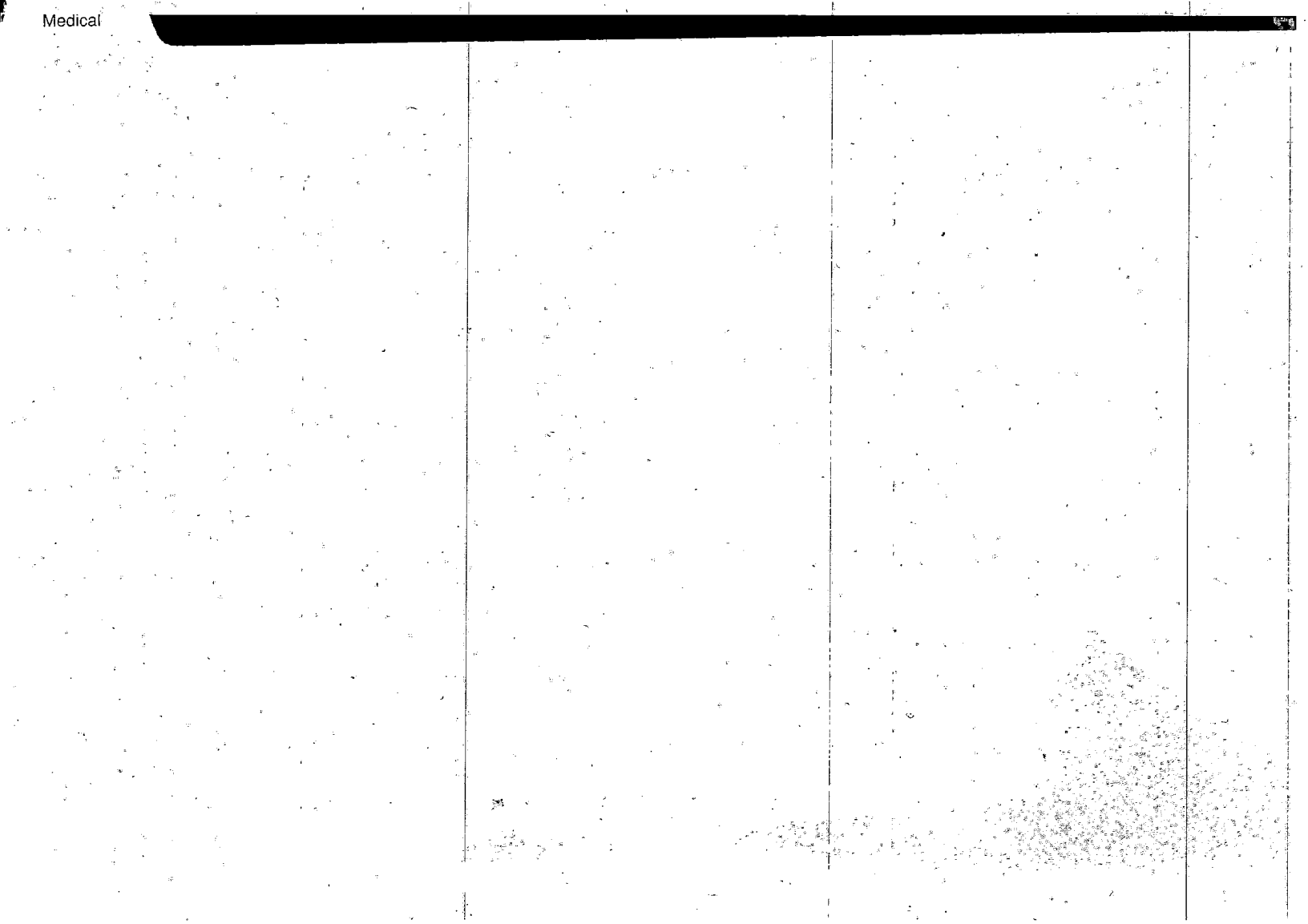
SIGNS OF BASAL SKULL FRACTURE: (No) Yes

OTHER INJURIES / PROBLEMS:

ASSESSMENT (LIST INJURIES)	PLAN
scalp wound facial laceration	Review Xrays (H) once Xrays reviewed if no ~~#~~

→ Xrays reviewed by Mr Ireland - no new #. Likely old # noted

Signature: E Lincoln



NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

18

NHS Greater Glasgow

A & E Record
Glasgow Royal Infirmary

NAME : **BURGESS** **HENRY**

ABSCESS/INFECTION

166 Gartocher Road
GLASGOW
774 8883

G32 0HF
Sex:Male Tel:
Age:23 Dob:22/08/79
CRN:23096267R
NOK: Anne Burgess
MOTHER
4 MILLERSTON AVENUE
PAISLEY

A&E Number:020341/03
Arrival:22/04/03 19:50
Referral:GP
Incident:22/04/03
M Status:Single
Religion:
Total atts since 1995 : last 12 months:
GP: Dr ALGUERO
POSSILPARK HEALTH C
85 DENMARK STREET
GLASGOW
G22 5EG
0141 531 6170

020341/03

PC: (R) Leg Swelling

HPC: Began today

Findings at Triage: (R) Leg firm / hot to touch. Swollen from ankle to ? above knee. Able to weight bear. Injects into groin. No other pain noted

Pain Score: Triage Analgesia:

Escort Present	Y ✓ N If "Y" who:	Waiting Room ✓	Trolley
SAS	Y N ✓	X-ray Triage (tick if done)	

OBSERVATIONS ON ADMISSION

RR: 15	/min	SpO2 98	%	E	Pupils L mm +ve -ve
Pulse: 88	/min	air / O2 (circle)	Pleth	M	R mm +ve -ve
BP: 144/73	mmHg	PEFR	l/min	V	Limb mvmt. equal Y N
Temp: 38	°C	BG	mmol/l		

TRIAGE SCORE

TRIAGE CAT: 3. TIME: 2000. SIGNATURE:

01906

A & E Record
Glasgow Royal Infirmary

A&E No: 020341/03
HENRY BURGESS
166 Gartocher Road
GLASGOW
G32 0HF
22/08/79
CRN: 23096267R

INITIAL MANAGEMENT

NURSE: Lesley Watson TIME TO ROOM: DATE: 22/4/03

	O2	Y	l/min	**Bloods** (tick)
	ECG	Y		U&E
	XR	Y		FBC
				Gluc.
	Cannula	Y		Amylase
	Site:			Coag
				Group
	Urinalysis			S. Osmo
	Nitrates			Other:
	Blood			
	Protein			
	Glucose			
	Ketones			
	β HCG +ve -ve			

RELEVANT PMH/DH

Methadone

ALLERGIES

NKDA

SUPPLEMENTARY OBSERVATIONS **TIME:**

RR:	/min	SpO2	%	E	Pupils. L mm +ve -ve
Pulse:	/min	-air / O2 (circle)	Pleth	M	R mm +ve -ve
BP: /	mmHg	PEFR	l/min	V	Limb mvmt. equal Y N
Temp:	°C	BG	mmol/l		Separate obs. chart (tick)

RE-TRIAGE: Yes No TRIAGE CAT: TIME: SIGNATURE:

SOCIAL HISTORY

Lives with:

Family / social support:

Contact Nos:

DISCHARGE / ADMISSION

Self care evaluation: Able to walk / Needs walking aid.
Specify:

Escort: Y N Specify:

Transport: Y N SAS/ Car/ Relatives?
Time ordered:

Informed: Patient Relative GP
DN HV Other

Keys / valuables / clothing / drugs (pt./rels./other):

Time of discharge/ admission:

A&E No: 020341/03
HENRY BURGESS
166 Gartocher Road
GLASGOW

22/08/79
CRN: 23096267R

A & E Record
Glasgow Royal Infirmary

CLINICAL NOTES

Date | Seen By Dr P Hire Time 2115 Discipline A&E | Page No.

22/4/03

(23) IVDA on Methadone
Injects into groin
2/7 hx of swollen, painful right leg.
Today has become red & ↑ pain.

No previous DVT.
No chest pain or SOB.

PMH - IVDA

O/E. T°C 38.0°C

Chest clear.

Right leg
Swollen to groin
Cellulitic up to mid-thigh
Tense + tender +

Also swelling at right groin
- soft, tender swelling
No cellulitis overlying swelling.
- non pulsatile.

Results	
Na	
K	
Cl	
HCO3	
Urea	
Creat	
Gluc	
Amyl	
S. Osmo	
WBC	
Hb	
Plat	
MCV	
PT	
APPT	
TCT	
H+	
PCO2	
PO2	
Other	

A & E Record / GP Letter
Glasgow Royal Infirmary

A&E No: 020341/03
HENRY BURGESS
166 Gartocher Road
GLASGOW
G32 0HF
22/08/79
CRN: 23096267R

CLINICAL NOTES

Date | Seen By ..... Time ..... Discipline ..... Page No. .....

Imp - Cellulitis (R) leg ± DVT
- ? Groin abscess / ? Pseudoaneurysm.

D/w Surgical SHO
→ will review a/v Thanks.

SHO

A&E DIAGNOSIS

MANAGEMENT IN A&E (**N.B.** Prescribe drugs and IV fluids on charts provided)

Performed by	Time

Drug Prescription	Dose	Route	Freq.	Prescribed by	Signature	Administered by	Time

Fluid Prescription	Volume	Rate	Prescribed by	Signature	Batch No.	Administered by	Time

FURTHER RECOMMENDATIONS ON DISCHARGE FROM A&E

DISPOSAL	~~Discharge / GP~~	~~Clinic~~	Admitted	~~Other~~	**Disch / Admn Time:**
IF ADMITTED	Hosp:	Wd: 43	Con:	Spec:	

Copy to G.P? ☐ Copy to ..... Signature .....

Accident and Emergency
Glasgow Royal Infirmary

A&E No: 020341/03
HENRY BURGESS
166 Gartocher Road
GLASGOW
G32 0HF
22/08/79
CRN: 23096267R

CONTINUATION CLINICAL NOTES

Date Time | Seen By ROBERTSON | Discipline SURGICAL | Page No.

22-4-03

NAD c ⊕ leg abdo
lump in ⊕ groin area ? lymphadenopathy
No Surgical issue
→ Meds as previously arranged

23

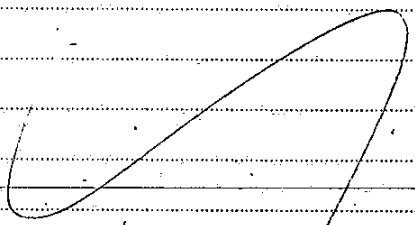
Accident and Emergency
Glasgow Royal Infirmary

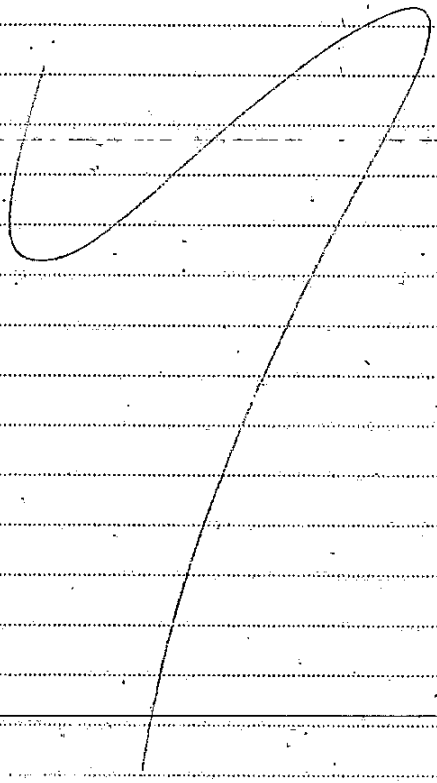
LABEL 23096267R
BURGESS
HENRY M
166 Gartocher Road 22/08/1979
GLASGOW
G32 0HF

CONTINUATION CLINICAL NOTES

Date
Time

Seen By ..... Discipline ..... Page No. .....





NHS
Greater Glasgow

Acute Medicine
Unitary Patient Record
Glasgow Royal Infirmary

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

URGESS

9

Date: 22/4/13 Consultant: Ward:

Presenting Complaint

Painful (R) leg + groin swelling x 3 days.

History of Presenting Complaint

(23) ↗ . IVDA
. Hep C (+) ve. on methadone

HO: Painful red swelling R leg + thigh 3/7.
gradually worse.
Painful swelling R groin today
Fever.

No haemoptysis. No Alcohol.

Inj R groin today. use cocaine ½ jm/day.

Past Medical History

- Above
- Asthma

Systemic Enquiry

CVS

RESP

GI

CNS/PNS

GU

Allergies

None

01927

Drug History	Dose	Route	Freq.
Methadone	110ml	po	od

Pharmacy

Drugs prescribed on admission checked and correct: for pt @ Munro Pharmacy Abercromby Rd. (554 3281) collects daily (collected 22/4/J)

Special needs (e.g. dosette):

Counselling:

Comments:

please contact community pharmacy on discharge re methadone.

Name (print): L STEWART **Signature:** **Designation:** PWSW

Date: 23/4/J **Time:** 11.35

Risk Factors	DVT / PE Risk Guideline
Smoking History: 20 cpd	At Risk: ☐ Yes ☐ No
Alcohol History: Non-drinker units per week:	If yes, prophylaxis as specified in sign guidelines.
☒ Diabetes specify type:	☐ Heparin Indications
☒ Obesity	☐ Diabetic Coma
☒ Hypertension	☐ Heart Failure
☒ Hyperlipidaemia	☐ Immobility for 7 3 days (e.g. infection/cancer)
☑ IVDU Cocaine last inj am 22/4	☐ Aspirin Indications
☐ other specify:	☐ MI
Family History: (e.g. Stroke, Diabetes,MI.) specify:	☐ Unstable Angina
	☐ TED Stocking Indications
	☐ Stroke

Acute Medicine
Unitary Patient Record
Glasgow Royal Infirmary

23096267R
BURGESS M
HENRY 22/08/1979
166 Gartocher Road
GLASGOW
G32 0HF

Name (print): MCOWN Signature: Time: 2320 Named Nurse: M. COWN

Religion/Spiritual Belief:	—
Occupation:	Unemployed
Domestic Arrangements: Lives; alone/family/partner House bound.	Lives in bed and breakfast
Housing: Sheltered/Residential/Nursing House/Bungalow/Flat (position) Stairs; Internal/External Toilet; Downstairs/Upstairs Equipment/Aids.	Bed + Breakfast
Carers: Cared for by partner/other Carer for partner/other Family issues.	Sees mother occasionally

Services	Frequency	Duties	Contact Number
Meals on wheels			
District Nurse			
Home Carers			
CPN			
Day Hospital			
Other	known to GDPS		

WATERLOW CHART Circle scores in table. Add total. Several scores per category can be used.

Build/Weight for Height		Skin Type: Visual Risk Area		Sex: Age	
Average	0	Healthy	0	Male	(1)
Above Average	1	Tissue Paper/ Dry	1	Female	2
Obese	2	Oedematous	(1)	14 - 49	(1)
Below Average	(3)	Clammy (Temp)	(1)	50 - 64	2
		Discoloured	(2)	65 - 74	3
		Broken/ Spot	3	75 - 80	4
				81+	5

Continence		Mobility		Appetite	
Complete/ Catheter	(0)	Fully	(0)	Average	0
Occ. Incontinence/ Cath/ Incontinent	1	Restless/ Fidgety	1	Poor	(1)
Faecally Incontinent	2	Apathetic	2	NG Tube/ Fluids Only	2
Doubly Incontinent	3	Restricted	3	NBM/ Anorexic	3
		Inert/ Traction	4		
		Chairbound	5		

SPECIAL RISKS

Tissue Malnutrition		Neurological Deficit		MEDICATION	
Terminal Cachexia	8	Diabetes MS, CVA,		Cytotoxics	
Cardiac Failure	5	Motor Sensory Paraplegia	4 - 6	High Dose Steroids	4
PVD	5				
Anaemia	2				
Smoker	(1)				

SCORE	10+ = AT RISK	15+ = HIGH RISK	20+ = VERY HIGH RISK

Pressure Areas	specify: Skin condition: Intact Waterlow score = 11 Torrance score = 0

PRE-ADMISSION	ON ADMISSION
Breathing ☒ No Breathing Problems ☑ Resp Problem Specify: Asthma ☒ Domiciliary Oxygen ☒ Domiciliary NEB ☒ Breathless On Exertion	SpO2 97% on RA lochs well perfused Appears Unstressed
Circulation ☒ No circulatory problems IVDU ☐ Problem with circulation (e.g. PVD) specify:	BP 126/66 HR 75bpm
Safety and Comfort ☐ No Problems with pain ☐ Chronic pain specify: ☐ Risks to safety (e.g. self harm) specify: IVDU	State orientation / conscious level: Alert + Orientated Pain on admission: Pain on (R) Leg
Mobility ☑ Mobile Independently ☐ Problems with mobility specify:	Moving and Handling Requirements specify: Independent - Stable on feet
Personal Hygiene ☑ Independent ☐ Requires Assistance/Aids specify:	Basin to bedside
Elimination ☑ No problems ☐ Problems with elimination specify:	Commode/bottle to bedside,
Sleeping ☑ No problems sleeping ☐ Problems with sleeping specify: ☐ Use of night sedation specify:	Encourage a restful sleeping pattern
Communication/Sensory Impairment ☑ No Problems Communicating ☐ Specify Any Problems ☑ (e.g. Dysphasia, use of hearing aids / glasses): Glasses pr. TV	Explain interventions to reduce anxiety. Nurse call insitu

Nutrition

☑ Normal Diet	☒ Formal Swallow Reflex Tested: intact / not intact
☒ Special Diet specify:	☒ Artificial Nutrition Support
☑ Appetite specify: ok	☒ Naso Gastric Feeding
☑ Recent Weight Changes specify: loss	☒ PEG Feeding
☑ No Problems Swallowing	☐ TPN
☒ Swallowing Difficulties specify:	☐ Nutrition Risk Score = If greater than 10 refer to Dietician.

Personal Belongings

☑ Clothing Listed	Any Valuables
☒ Dentures - Top/Bottom	If yes - With Patient ☐
☒ Prosthetics	Deed Box ☐
☑ Policy Explained	Finance Dept ☐