Anaesthetic Record

Pre-op information

ASA .... BP 118/78 PULSE 75 SpO$_2$ 96 Temp 36.6 Wt 93.1 Ht 168 BMI 32.7

43 ♀ Unwell recently. Just finished abx. Drugs: ACEi bilateral, Penicillin - child. Paracetamol, Pregabalin. PMH: Ⓡ CVA - Ⓛ arm weakness all motor. 10x cannabis/day. Stopped Etoh, stopped amphetamines 1 month. ate: 2200, drink: 0700, Ⓛ nostril better.

Information given to patient: NPⓁ. IVⒶ.

Anaesthesia details

Anaesthetist(s) name & grade: [illegible] Date: 3/11/16

Supervising Consultant: ....

Machine check ☐ Trained assistant ☑ Prelist brief / Surgical pause ☐

Vascular access (site / device / size)

20G R DH. Pred L

Induction 200 Propofol mg
Fent 100 + 150ug
Atrac 25mg
Air/O$_2$ / Sevo -> Des

Maintenance

Airway / Circuit / Machine
Ⓛ NETT 6.0
IPPV on Ⓛ
Throat pack

Easy to hand ventilate? Yes ☑

Laryngoscopy grade 1

Monitors:
Minimal monitoring ☑
Others
Lig + phenyl to Ⓛ nasal

Eye care	Tape	☑
	Lubricant	☐
	Padded	☐
Pressure care		☐
Fluid warmer		☐
Warming blanket		☐
DVT prophylaxis		☐ n/a ☐
Post Op DVT prophylaxis		☐ n/a ☐
Antibiotics		☐ n/a ☐

Patient / Limb position

Significant issues or events

Ⓛ epistaxis

St John's Hospital Day Surgery Booklet

NHS Lothian

MAT FAX

700047474K F 18/08/1972
McPherson, Cindy ✓
Pat 47 Redcraig Road,
East Calder,
Livingston,
West Lothian, EH53 0QX
CHI 1808721349 ✓
78024 GE MacKie

Date: 3/11/16 Time patient arrived: 0800

Consultant: UIM

Theatre no: (1)

Next of kin details

Name: Taylor McPherson Relationship: Daughter

Address: 10/1 Crewe Road

Phone no: 07825 84872

Escort details

Name: Stuart Kilgour (Partner) Phone no: 07948915318.

Pre-op checks

	Ward	Theatre Reception	Anaesthetic Room
• Patient ID: ~~bracelets x2~~ / Allergy band	☑	☑	☑
• Consent form signed	☑	☑	☑
• Operation site marked or obvious	☑ / n/a	☑ / n/a	☑ / n/a
• Patient Hospital notes / ward charts (inc. results / kardex / anaesthetic chart)	☑	☑	☐
• Bladder emptied	☑	☑	
• Underwear: disposable / removed	☐ / n/a	☒ / n/a	☐ / n/a
• Contact lens removed	☐ / n/a	☒ / n/a	☐ n/a
• Prosthesis removed	☐ / n/a	☒ / n/a	☐ n/a
• Hearing aid / glasses with patient	☐ / n/a	☒ / n/a	☐ n/a
• Jewellery / piercings removed / taped	☐ / n/a	☐ / n/a	Taped ☑ n/a
• TEDS	☑ / n/a	☑ / n/a	X2 ☐ / n/a
• Pre-med / pre-op analgesia given	☐ / n/a	☒ / n/a	☐ / n/a

• Fasted from: food @ 2100 Fluid @ 0700 LMP

• Patient pregnant Yes ☐ No ☐

• Blood glucose level if required Value Time

• Patient temperature in anaesthetic room Value Time

Other issues including TRAK alerts: previous CVA 2010 (L) sided weakness. Penicillin allergy lungs taped.

Signatures: C McNaught L Paterson

Names: C McNaught L Paterson

Nurse led discharge

• Post op surgical visit	☐ / not needed	• IV access device removed	☑
• Post op anaesthetic visit	☐ / not needed	• Post op instructions understood	☑
• Observations stable and satisfactory	☑	• GP letter provided	☑
• Alert, orientated & ambulant	☑	• Follow up appointment made	☐ n/a
• Drinking and eating	☑	• Take home medicines	☐ n/a
• Analgesia satisfactory	☑	• Dressings provided	☐ n/a
• No nausea / vomiting	☑	• Physiotherapy organised	☐ n/a
• Passed urine	☑	• Community care organised	☐ n/a
• Operation site satisfactory	☑	• Sick absence note provided	☐ n/a

Discharge time: 1800 Date: 3/11/16

Signature of Nurse: M Shs Name:

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

Affix patient label

700047474K F 18/08/1972
McPherson, Cindy
47 Redcraig Road,
East Calder,
Livingston,
West Lothian, EH53 0QX
CHI 1808721349
78024 GE MacKie

Patient's r
Hospital n
Date of bi
CHI:

Consultant: Mowat

Planned procedure: DENTAL CLEARANCE

Common risks: PAIN, BLEEDING, INFECTION, BRUISE, SWELLING, STIFFNESS, DIFFICULTY TO EAT

Less common risks:

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature: Date:

Name and status of practitioner:

Re-confirmation of consent on the day of admission

Signature: Date: 03/11/16

Name and status of practitioner: MCALLISTER

Medical Students

• I agree to allow students to be present in theatre (tick box):	Yes ☐	No ☐
• I agree to be examined by a medical student whilst under general anaesthesia in theatre:	Yes ☐	No ☐

Medical Photography (I agree to being photographed)

• For my medical records for the purpose of diagnosis and treatment:	Yes ☐	No ☐
• For the purpose of teaching and education:	Yes ☐	No ☐
• For the purpose of publication:	Yes ☐	No ☐
• To be shown to other patients (as an example):	Yes ☐	No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☐ No ☐

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☐ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☐ That anaesthesia (general / regional / local) or sedation will be needed.
- ☐ That the procedure may not be done by the practitioner who has been treating me so far.
- ☐ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☐ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

.....

.....

Signature: E-McPherson. Name: .....

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

Medical History (refer to pre-admission documents if available)

Please list any allergies and describe nature of allergy

PENICILLIAN ALLERGIC

Please list current medications and tick those taken today

LISINOPROL ✓	Pregabalin —
PARACETAMOL ✓	nitrazepene
~~GASTRO~~ ✓	Tramadol x
~~LOSEPRAZOL~~	
OSTAIR.	

Please complete the following if you were NOT assessed by the pre-admission service

Have you had any problems with anaesthesia in the past? Yes ☐ No ☑

Please provide details of any problems:

Has anyone in your family had problems with anaesthesia? Yes ☐ No ☑

Please provide details of any problems:

Please provide any other information about your family medical history that you think we should know about:

Please list any operations you have had with their approximate dates:

Craniotomy & aspiration of haematoma

Stenusation.

Have you currently or ever had any of the following? If so please provide approximate dates and any other details you feel might be useful

	Yes	No		Yes	No
• High blood pressure	✓		• Current cold or cough		✓
• Heart attack		✓	• Diabetes		✓
• Angina / chest pains		✓	• Epilepsy		✓
• Stroke or transient ischaemic attack	✓	✓	• Anaemia or bleeding tendency		✓
• Heart murmur		✓	• Indigestion, heartburn or hiatus hernia	✓	✓
• Pacemaker (please indicate when last checked)		✓	• Muscle disease or weakness		✓
• Tendency to faint easily		✓	• Arthritis		✓
• Shortness of breath		✓	• If female, are you pregnant?		✓
• Asthma or bronchitis		✓			

Stroke.

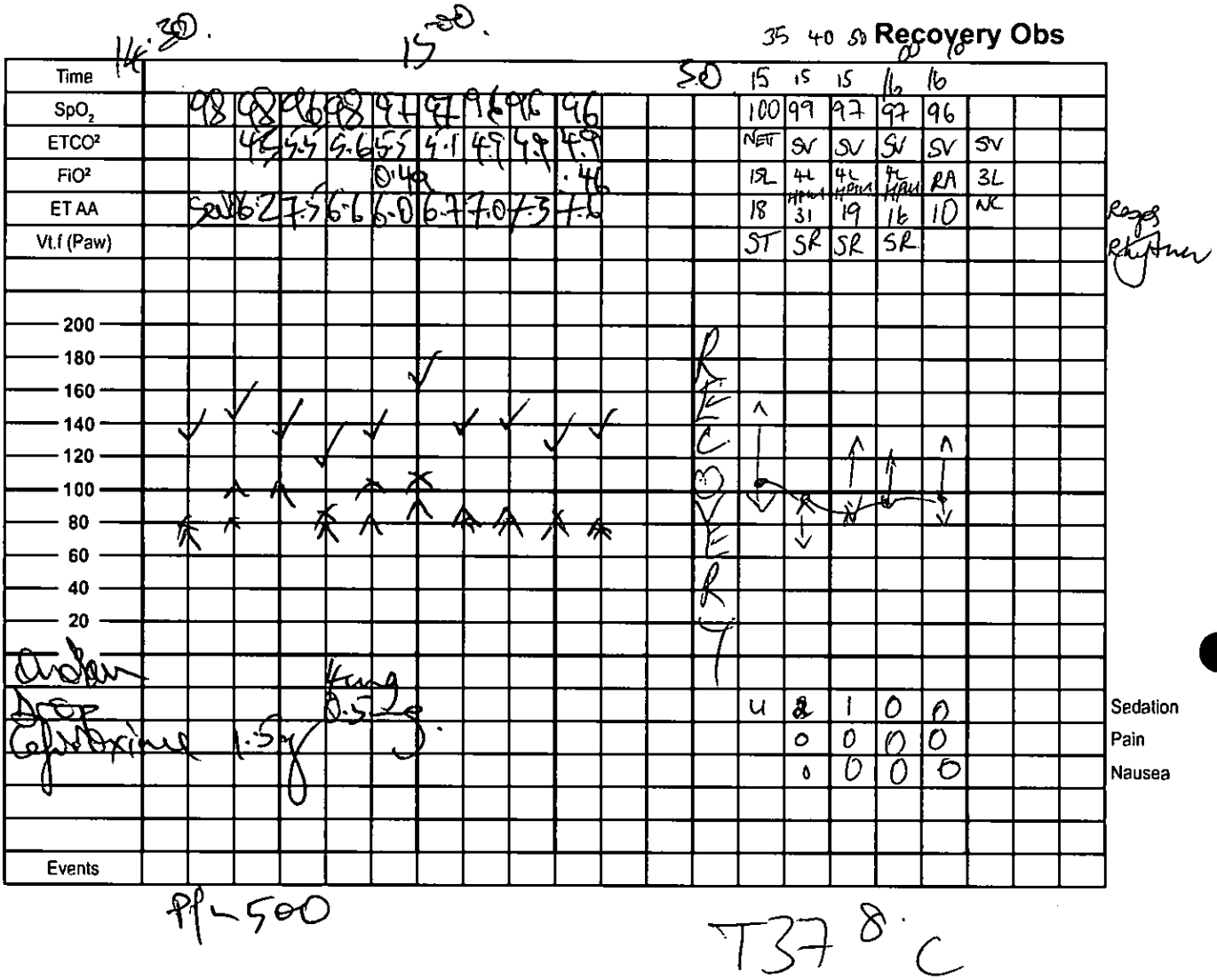
Asthma.

Do you smoke? Yes ☑ No ☐ If so, how much per day? 10 (Cannabis).

Do you drink alcohol? Yes ☑ No ☐

How much do you drink on average each week? (one bottle of wine = 9 units) 9

When did you last have an alcoholic drink? 2 weeks



Recovery

Anaesthetist instructions: Routine obs ☑ O_2 as needed to maintain SpO_2>93% ☐

Tick if you want to see patient before discharge ☐

Recovery comments: Nasal ETT pulled back (cuff down) to oropharyngeal position by anaesthetist + further oropharyngeal suctioning performed → patient coughing & expectorating fresh blood → anaesthetist suspects blood from nose bleed → fully extubated when patient awake + bleeding settled. Observations stable as charted. No further bleeding apparent. Incontinent of urine → gown + sheets changed.

Arrival time in recovery: 1535 Time discharged to ward: .....

Recovery nurse: SN HAZEL CRAWFORD Signature: .....

Capped pink cannula DRH. Sipping H2O in recovery & SpO2 on room air 90% Nasal cannula @ 3L/min O2 -

Prescription and administration record

If an additional prescription chart is in use tick this box ☐

Codes for non-administration of prescribed medicine

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as follows:

Patient refuses	1	Vomiting / nausea	8
Patient not present on ward	2	Time varied on Dr's instructions	9
Medicines not available (check ordered)	3	Once only / pm medication given	10
Instructions not clear or legal	4	Dose withheld on Dr's instructions	X
Nil by mouth	5	Possible drug reaction / side effect	12
Asleep / drowsy	6	Self administered by patient	13
Administration route not available (check for an alternative)	7	Other reasons	14

Pre-operative and once only medication

Date	Time	Drug / PGD No.	Dose	Route	Prescriber Signature / Name	Time given	Given by	Checked by
3/11/11	Theatre Recovery	FENTANYL	100 microg max total	IV				

Regular Therapy

Drug		Date				
PARACETAMOL		Time				
Dose	Route	6				
1g	Oral	(8)				
Signature / Name	Start Date	(12)				
		14				
Notes	Pharmacy	(18)				
		(22)				

Drug		Date				
		Time				
Dose	Route	8				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
IBUPROFEN		Time				
Dose	Route	6				
400mg	Oral	(8)				
Signature / Name	Start Date	(12)				
		14				
Notes	Pharmacy	(18)				
		(22)				

Drug		Date				
		Time				
Dose	Route	8				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

As Required Therapy

Drug		Date				
MORPHINE		Time				
Dose & Frequency	Route	Dose / Route				
10mg hourly	Oral	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date	3/11			
Paracetamol		Time	RW			
Dose & Frequency	Route	Dose / Route	1g			
1g 6h	PO	Initials	RW			
Signature	Start Date	Date				
	3/11.	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date	NOT TAKEN.			
TRAMADOL		Time				
Dose & Frequency	Route	Dose / Route				
50-100mg 4⁰	Oral / IV	Initials	SJ			
Signature / Name	Start Date	Date				
	3/11.	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
DIHYDROCODEINE		Time				
Dose & Frequency	Route	Dose / Route				
30mg 4⁰	Oral	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
CYCLIZINE		Time				
Dose & Frequency	Route	Dose / Route				
50mg 8⁰	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
	3/11	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
ONDANSETRON		Time				
Dose & Frequency	Route	Dose / Route				
4mg 6⁰	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
	3/11	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Surgeon's Operation Notes

Affix patient label

700047474K F 18/08/1972
McPherson, Cindy
47 Redcraig Road,
East Calder,
Livingston,
West Lothian, EH53 0QX
CHI 1808721349
78024 GE MacKie

Patient's n
Hospital n
Date of bi
CHI:.....

Consultant:.....

Surgeon	Assistants	Scrub Nurse	Operation

Surgeon's operation notes

Surgeon's operation notes - continued

Ward instructions

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: .....

Name: ..... Date: .....

Theatre Equipment Stickers

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

700047474K F 18/08/1972
Affix patient label McPherson, Cindy
Patient's 47 Redcraig Road,
Hospital East Calder,
Livingston,
Date of b West Lothian, EH53 0QX
CHI: CHI 1808721349
78024 GE MacKie

Consultant: [illegible]

Operator: [illegible]

GP:

Dear Doctor,

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation: [illegible]

Findings / Results: [illegible]

Further treatment is planned as follows:

Removal of sutures:

Follow up arrangements: No f/u

Sickness absence form has been issued for: / days / weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN	5	[illegible]	[illegible]	[illegible]
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	.... capsules .... capsules		
Morphine sulphate 10mg MR tablets	.... mg .... tabs	Twice daily	.... tablets .... tablets		
Morphine sulphate 10mg/5ml oral solution	.... mg	.... Hourly PRN Max........ times daily	.... millilitres .... millilitres		

Signature: [illegible] Date: [illegible]

Name: [illegible] Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

Affix patient label 700047474K F 18/08/1972
Patient's na McPherson, Cindy
Hospital nu 47 Redcraig Road,
Date of birtl East Calder,
CHI:..... Livingston,
West Lothian, EH53 0QX
CHI 1808721349
Dear Doctor 78024 GE MacKie

Consultant: .....
Operator: .....
GP: .....

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation: .....
.....
.....
Findings / Results: .....
.....
.....
Further treatment is planned as follows: .....
.....
.....
Removal of sutures: .....
Follow up arrangements: .....
.....
Sickness absence form has been issued for: ..... days / ..... weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN	5			
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	..... capsules ..... capsules		
Morphine sulphate 10mg MR tablets	.....mg .....tabs	Twice daily	..... tablets ..... tablets		
Morphine sulphate 10mg/5ml oral solution	.....mg	..... Hourly PRN Max..... times daily	..... millilitres ..... millilitres		

Signature: .....
Name: .....
Date: .....
Phone. no: .....

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

NHS Lothian

Intra-Operative Care Plan

Patie

700047474K F
MCPHERSON Cindy
18-Aug-72 CHI: 180 872 1349
78024 GE MacKie
47 Redcraig Road West Lothian
EH53 0QX

Consultant: Mr. Morrison

Theatre no: 1 (MAX-FAX)

Local Anaesthetic Patients

Observations	Sp02	HR
	O2 required	

Pre-list Briefing Yes ☑ No ☐

Surgical Pause Yes ☑ No ☐

Date: 3/11/16 Time: 14: Signature: P. Lamon.

Patient Position (tick all that apply)

Supine ☑	Prone ☐	Lloyd Davies ☐
Neck Extension ☐	Lateral Right Down ☐	Lateral Left Down ☐
Traction ☐	Other	

Table fitting and attachments (tick all that apply)

Mattress Type: MAQUET		
Anaesthetic Screen ☐	Arm Board ☐	Arm Rest ☐
Arm Retainer x2 ☑	Arm Table ☐	Head Ring ☑
Heel Pad ☐	Lateral Supports ☐	Oxford Help ☐
Pillow ☑	Sandbag ☐	Warming Blanket ☑
Other		

Ted Stockings		Pneumatic Boots	
On ☑	Off ☐	On ☑	Off ☐

Catheter			
Type: N/A	Indwelling: ☐ Temporary: ☐	Cath. Bag: ☐ Urometer: ☐	Prep:
Size:	Time inserted:	Lubricant:	Balloon Capacity:
Signature:			

Tourniquet (tick all that apply) N/A.

Site		Side		Time	
Ankle	☐	Right	☐		
Arm	☐	Right	☐	Time on:	
Thigh	☐	Left	☐	Time off:	
Digit	☐		☐	Total time	
Surgeon informed at:		1hr ☐	2hr ☐		

Diathermy Plate Position (tick all that apply) N/A.

Site		Side		Type	
Abdomen	☐		☐		
Back	☐		☐		
Buttock	☐	Left	☐	Monopolar	☐
Thigh	☐	Right	☐	Bi-Polar	☐
Other:					
Skin condition on plate removal:		Intact ☐		Broken ☐	

Skin Prep (tick all that apply)

Betadine	☐	Betadine Alcoholic	☐	Betadine Scrub	☐
Chloraprep	☐	Chlorhexidine 0.5% in spirit	☐	IPA	☐
Tisept	☑	Other	☐	None	☐

Peri-Operative Infiltration		Wound Lavage	
Type:	Amount:	Type:	Amount:
Lignospan special.	11mls		
Chirocaine 5mg/ml	10mls		

Prosthesis / Implants (put traceability labels on last page or back of consent form)	
Yes ✓	Details
No	

Procedure Performed

DENTAL CLEARANCE

Intraoperative Counts

Initial Count	Intraoperative	Intraoperative/ Handover	Final
Correct: Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Signature: P. Lucas			P. Lucas
Discrepancy: X			X
Action taken: X			X

Drains N/A

Type:
Site:
Sutured in Yes No

Skin Closure

Sutures: INTRA ORAL VICRYL
Staples:
Non Closure:

Packs

Dressings

SOFT PARAFFIN ON LIPS.

Splints N/A.

Type	Site
POP Backslab	
POP CAST	
Zimmer	
Nasal Splints	
Other	

Blood Loss

Swabs:
Suction:
Total:

Specimens N/A.

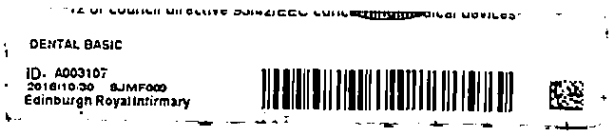
Pathology:
Microbiology:
Other:

Tissue uplift by Porter (as per protocol)

Handover to Recovery		
Yes ☐	No ☐	N/A ☐

	Print	Sign
Scrub Nurse	SN MOLLOY	

Traceability Labels



ROtrak
Dental basic

Pack Name
RMT4403-REVE

Cat No
W279285

Lot No
2016-10

Date
Expiry Date: 2019-10

Rocialle, Wales
Tel: +44 (0) 1443 471300
Fax: +44 (0) 1443 471301
www.rocialle.com

NEWS Chart

NEWS Key		0	1	2	3			

Parameter	Scale	Score	Obs 1	Obs 2	Obs 3	Obs 4	Obs 5
	Date		3/11		3/11	3/11	
	Time		0915		1655	1735	1800
Respiratory Rate	≥25	3					
	21-24	2					
	12-20		16	12	16	16	16
	9-11	1					
	≤8	3					
Sp02 (Chronic Hypoxia / Default)	≥88 / ≥96		96		96	96	96
	94-95	1		94			
Medical Signature required to use scale for patients with Chronic Hypoxia Sign	86-87 / 92-93	2					
	≤85 / ≤91	3					
	Unrecordable	3					
Inspired 02	% or litres	2	A	21	21	21	RA
Temperature	≥39°	2					
	38°	1		37.8			
	37°						
	36°	1					
	≤35°	3					
NEWS SCORE uses Systolic BP	230	3					
	220	3		RECOVERY			
	210–120						
If manual BP mark as M	130			128			
	110	1					
	100	1					
	90	2					
	80	3		80			
	70–50	3					
	Unrecordable	3					
Heart Rate	>140	3					
	130	3					
	120	2					
	110	2					
	100	1					
	90	1					
	80			77			
	70–50						
	40	1					
	30	3					
	Regular Y/N			Y	Y	Y	Y
Conscious Level	Alert		✓	✓	✓	✓	✓
	V / P / U	3					
	New Confusion	3					
Total NEWS score			0	(3)	2		
Urine output recorded Y/N				NPU		N	
Blood Glucose				NA			
Frequency of Observations							
Structured Response Tool Y/N							
Escalation Y/N							
Pain score (0-10)				8		4	
Nausea score (0-3)						0	
Motor Block score (0-4)							
Circulation							
Sensation							
Movement							
Initials			✓	AS	m		m

Patient Name: CHI:

Special Instructions - to be completed by Medical Team

A total NEWS score of ____ or individual parameter of ____ is acceptable for this patient because ____

Please escalate if ____

Print ____ Sign ____ Designation ____

Date ____ Time ____ (only valid if signed and dated)

***Regardless of NEWS always escalate if concerned about a patient's condition**

NEWS Score	Frequency of Observations	Clinical Response
Total 0*	Minimum 12 hourly / 4 hourly in admission areas	• Continue routine NEWS monitoring with every set of observations.
Total 1 - 4*	Minimum 4 hourly Consider Structured Response Tool Consider Fluid Balance Chart	• Inform registered nurse • Registered nurse assessment using ABCDE • Review frequency of observations • Inform Nurse in Charge • **If ongoing concern, escalate to Medical Team**
Total 5 - 6* or 3 in one parameter	Increase frequency to a minimum of 1 hourly Start Structured Response Tool Start Fluid Balance Chart	• Registered nurse assessment • Inform Nurse in Charge • Escalate to Medical Team as per local escalation • Urgent medical assessment • Management plan to be discussed with Senior Trainee or above • Consider level of monitoring required in relation to clinical care
Total 7* or more	Continuous monitoring of vital signs Start Structured Response Tool Start Fluid Balance Chart	• Registered nurse to assess immediately • Inform Nurse in Charge • Request immediate assessment by Senior Trainee or above • Case to be discussed with supervising Consultant • If appropriate contact Critical Care for review

NEWS ≥4 Think Sepsis

RECOGNISE

Are any 2 or more SIRS criteria present?

Temperature	<36°c or >38°c
Pulse	>90 beats/min
White Cell Count	<4 or >12
Respiratory Rate	> 20 bpm
Mental State	New confusion
Blood Sugar	>7.7mmol/L in non-diabetic

and clinical suspicion of infection = SEPSIS

Apply Sepsis 6 within 1 hour

RESUSCITATE

1. Give oxygen to target saturation >94% (NB COPD 88%-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output & start fluid chart

National Early Warning Score (NEWS) Chart

NHS Lothian

700047474K F
MCPHERSON Cindy
18-Aug-72 **CHI:** 180 872 1349
78024 GE MacKie
47 Redcraig Road West Lothian
EH53 0QX

Consultant: JIM   Date chart commenced: 3.11.16
This is chart number ______ this admission
Weight: Actual ______ kgs Estimated ______ kgs
ASU: ______ Ward: ______

Conscious Level Chart to be completed when clinically indicated

			Score	Notes
		Date		
		Time		
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	
		To speech	3	
		To pain	2	
		None	1	
	Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
		Confused	4	
		Inappropriate words	3	
		Incomprehensible sounds	2	
		None	1	
	Best Motor Response	Obey commands	6	Always record the best arm response
		Localise to pain	5	
		Flexion to pain	4	
		Abnormal flexion	3	
		Extension to pain	2	
		None	1	
		Total GCS Score		
Right Pupil		Size		+ reacts - no reaction c. eye closed
		Reaction		
Left Pupil		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		
		Extension		
		No response		
	LEGS	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
		Initials		

Pupil Scale mm 1 2 3 4 5 6 7 8

REMEMBER
- **Record all observations** on NEWS chart
- **Document any** deterioration in the notes - remember the Structured Response Tool
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • Patent • At Risk • Obstructed	→ Suction if indicated → Head tilt, chin lift/jaw thrust → Airway Adjuncts → Administer Oxygen → Call 2222 if at risk
BREATHING	• Respiratory rate • SpO2 • Accessory muscle use • Noises +/- percussion, palpation & auscultation • Position / posture	→ Administer prescribed Oxygen to maintain saturations 94%-98% (NB COPD 88%-92%) → Monitor SpO2 / ABGs → Consider chest x-ray → Treat underlying cause → Call 2222 if not breathing
CIRCULATION	• Pulse • Blood Pressure • Capillary refill time • Core temperature / colour • Urine output • Consider 4 body cavities for fluid & blood loss (4 + on the floor) • Monitor drain losses	→ Obtain IV access → Obtain blood samples → Prepare fluid challenge → Initiate Fluid Balance Chart → Call 2222 if no circulation → Consider initiating Major Haemorrhage Protocol → Monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • Blood Glucose • Drugs	→ Re-assess GCS → Check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol → Check Drug Chart → Remember accurate documentation
EXPOSURE	• Top to toe examination • Look for evidence of blood loss / rashes / drains / wounds etc	→ Control bleeding → Treat any underlying conditions identified → Reassess → Maintain patient's dignity → Evaluate actions

Pain Assessment and Management Guidelines

Cancer-related pain: Always score worst pain in the last 24 hours or since last assessment: refer to Palliative Care Guidelines

Acute Pain: Score current pain on movement, e.g. deep breathing: refer to Acute Pain Guidelines

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	PALLIATIVE
Mon-Fri: Bleep Acute Pain Team Out of Hours: On-call Anaesthetist	Mon-Fri: Bleep Palliative Care Team Out of Hours: Via Switchboard

Pain Score	Nausea Score 0-3	Epidural Motor Block Score please do not √ motor block column
0 None Continue to assess pain at least daily	**0 - No Nausea**	**0 - Full Power**
1-3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs**
		2 - Able to bend knees
4-5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**3 - Minimal movement**
6-10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or On-Call Anaesthetist if out of hours