NHS Lothian
University Hospital Services
Department of Emergency Medicine

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THE ROYAL INFIRMARY OF EDINBURGH
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NHS Lothian

PLOT1371

A/E no. E3907137
Previous no. E3263009
UHPI no. 700168111M
CHI no. 2601901187

PATIENT INFORMATION

Surname Williamson
Forenames Isa
Address 9/7 Tytler Gardens
Edinburgh
Postcode EH8 8HS
Contact
Address

Date of Birth 26/01/1990
Age 28 Yrs Sex F
Telephone 07548512239
Telephone H
W

Complaint APPENDIX, HR 70, AFEBRIEL, VERY TENDER
Allergies
Attendances in last 12 months: 0
School:

General Practitioner

AR MacKay
Address
St Triduana's Medical Practice
54 Moira Park
EH7 6RU
Telephone 0131 657 3341

Date and Time of Attendance
19/07/2018 18:45
Incident Date & Time: 19/07/2018 17:43
Mode of Arrival
Private Transport
Source of Referral
Flow Centre

INITIAL ASSESSMENT

Presenting Complaint	
History of PC	28 Yrs F
Assessment	07548512239 0131 657 3341

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	ONSET TIME

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	BM (BEST OF 3)
°C	APPENDIX, HR 70, AFEBRIEL			%		Private Transport	E3263009	

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN)
TRIAGED BY (PRINT)

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO		POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED		SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER
BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5 6 7
			TRIAGED TO	W/RM	RESUS	HD	IC	EXAM	

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Infection Screen

Have you been an in-patient in a hospital outwith Scotland in the past 12 months.

YES [ ] NO [ ]

Care Providers Name:..... Signature:.....

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

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 shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → 19/7 | 20/07 | 21/07

Time ↓ 18 | 16 | 18

Medicine (Approved Name): DALTEPARIN

Dose: 2500units | Route: S/C | Start Date: 19/7 | Stop Date | For Use Date | Quantity | Pharmacy | Prescriber - sign + print

Time			
6			
8			
12			
14			
18			
22	NCW		

Medicine (Approved Name): CO-CODAMOL 30/500

Dose: 2tabs | Route: ORAL | Start Date: 19/7 | Stop Date | For Use Date | Quantity | Pharmacy | Prescriber - sign + print

Time			
6			
8		NC	NC
12		NC	NC
14			
18		NC	
22	(8)	NC	

Medicine (Approved Name): IBUPROFEN

Dose: 400mg | Route: ORAL | Start Date: 19/7 | Stop Date | For Use Date | Quantity | Pharmacy | Prescriber - sign + print

Time			
6			
8		(10)	NC
12		(10)	NC
14			
18		(10)	
22			

Medicine (Approved Name):

Dose | Route | Start Date | Stop Date | For Use Date | Quantity | Pharmacy | Prescriber - sign + print

Time			
6			
8			
12			
14			
18			
22			

Neo dest ETI/SPB/GC/RG.

PRESCRIPTION AND ADMINISTRATION RECORD

NHS Lothian

Standard Chart

700168111M/E3907137 F 26/01/1990

Hospital/Ward: PICU Consultant: SPB

Weight: 57 Height: 5ft 5

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed: Completed by:

Name of Patient: **Williamson, Lisa**
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI Number:

D.O.B.

CHI 2601901187

70785 AR MacKay

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☑			
		Medicine / Agent	Description of reaction		

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**
  The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**
  - **The only acceptable abbreviations are:**
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
  - Write units as 'units' not 'iu'

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By

Risk Factors for venous thromboembolism:

Age >70yrs	☐	Malignancy	☐
BMI>30	☐	Pregnancy/puerperium	☐
Poor Mobility	☐	Oestrogen Rx	☐
Surgery >1hr	☐	Heart Failure	☐
Thrombotic states	☐	Severe COPD	☐
Previous DVT/PE	☐	Severe Infection	☐
Emergency admission	☐		

☐ 1 factor: sc dalteparin 2,500u
☐ >1 factor: sc dalteparin 5,000u & TEDS ☐ Vasc NO TEDS
(if weight less than 46kg / BMI less than19, age greater than 70yrs: 2,500 dalteparin maximum. & TEDS if appropriate)
(if eGFR is less than 30: sc heparin 5,000u BD)

Name: Signature:

Date: Prescribed Rx: ☐

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For Use Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine														
Medicine (Approved Name)		For Use	Date	20/7	20/07	20/07	21/7	21/7								
ORAMORPH			Time	0410	1000	1715	0530	1000								
Dose + frequency + max	Route	Quantity	Dose	10mg / PO	10mg / oral	10mg / ~~[illegible]~~	10 / O	10 / O								
10mg 1°	ORAL		Initials	KO	[illegible]	[illegible]	EW	[illegible]								
Indication + notes	Start Date	Date	Date													
Pain	19/7		Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For Use	Date	20/7	20/7	21/7										
CYCLIZINE			Time	0410	1745	1230										
Dose + frequency + max	Route	Quantity	Dose	50mg / PO	50mg / IM	50 / O										
50mg 8°	ORAL / IM		Initials	KO	[illegible]	me										
Indication + notes	Start Date	Date	Date													
N/V	19/7		Time													
Prescriber - sign + print		Pharmacy	Dose													
[illegible]			Initials													
Medicine (Approved Name)		For Use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For Use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For Use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For Use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													

700168111M/E3907137 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Date 2d7/18 | Sheet no ①

Ward 10

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____ Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless $K^+ > 5.0$)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe ***Maintenance fluids and diabetic fluids*** *here.* ***Max rate is 100ml/hr.***

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark as 'Sheet 2'*

Type + Additions	***Vol (ml)***	***IV/ SC***	***Rate (ml/hr)***	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for ***Replacement*** *or* ***Resuscitation***

PLASMALYTE	1000	IV	STAT			WD Millar	

Resuscitation: *give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient*

Date___/___/___

Name: _____

CHI/Unit No.

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00								/			
07.00								/			
08.00								/			
09.00								/			
10.00								/			
11.00								/			
12.00								/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00	Normal (1000)	1000						/			
14.00								/			
15.00								/			
16.00								/			
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00								/			
18.00								/			
19.00								/			
20.00								/			
21.00								/			
22.00								/			
23.00								/			
24.00								/			
01.00								/			
02.00								/			
03.00								/			
04.00								/			
05.00								/			
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

See NHS Lothian Guidance for Intravenous Fluid and Electrolyte prescribing (on Intranet)

Ward: SOU Site: RIE Date: 19/7/18

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly (2 hrly) 3 hrly ____hrly (please circle/complete)

Print name and sign N CLARK SIN

Addressograph, or

700168111M /E3907137 F
WILLIAMSON Lisa
26-Jan-90 CHI: 260 190 1187
70785 AR MacKay
9/7 Tytler Gardens
EH8 8HS

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	2155	24[00]	02	05									
	08.00 am ←		24 hour period		→								07.00 am
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	4												
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H	4	4									
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	4	4	4	4									
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B	B									
Mattress type / Cushion type	*please state type:* Pentaflex												
Elimination — Do you need the toilet?	N	I	I	I									
Is the patient continent of urine? (at time of Care Rounding)	4	4	4	4									
Continence product changed/offered?	NA	N	N	N									
Catheter care performed?	NA	NA	NA	NA									
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	4	4	4	4									
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	W	N	W	NBM									
Fluid Balance Chart (if clinically indicated)	N	N	N	4									
When did you last eat?	4[00]	4[00]	14[00]	/									
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)		N	N	N									
Falls — Appropriate Footwear?	4	4	4	4									
Walking aid available(and within reach)	4	NA	NA	NA									
Area de-cluttered?	NA	4	4	4									
Chair and bed height assessed?	4	4	4	4									
Falls alarm in use and attached?	4	NA	NA	NA									
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NA	NA	NA	NA									
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☑													
Pain — Are you in pain?	4	N	N	4									
Analgesia Given?	4	N	N	4									
General — Peripheral Venous Cannula observed?	NA	NA	NA	NA									
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	4	4	4	4									
Anything else I can do for you?	N	N	N	N									
Buzzer within easy reach	4	4	4	4									

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery	NC	el	Ke	Ce									

Ward: 106 Site: 12E Date: 20/7/18

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly (3 hrly) ____ hrly (please circle/complete)

Print name and sign

Addressograph or
700168111M/E3907137 F 26/01/1990
Name Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS
DOB
CHI 2601901187
Unit n 70785 AR MacKay

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	20/7/18	15/2	20	00	04								
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)	24 Y	N8	N	N	N								
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	24		NB	NS	NS								
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	N	Y	Y	Y	N								
Positioning (R) or (L) side (B) Back (C) Chair	B	C	B	B	B								
Mattress type / Cushion type	*please state type:*												
Elimination — Do you need the toilet?	N	I	I	IND	IND								
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y								
Continence product changed/offered?	NA	NA	NA	NA	NA								
Catheter care performed?	NA			NA	NA								
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y								
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	fluid	fluid	W	NC	NC								
Fluid Balance Chart (if clinically indicated)	N	N	N	N	N								
When did you last eat?	fluid	fluid	W	?	?								
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	IND	I	I	IND	IND								
Falls — Appropriate Footwear?	Y	Y	Y	Y	Y								
Walking aid available(and within reach)	NA	NA	NA	NA	NA								
Area de-cluttered?	Y	Y	Y	Y	Y								
Chair and bed height assessed?	Y	Y	Y	N	N								
Falls alarm in use and attached?	N	N	N	N	N								
Glasses available for use? (if worn) Hearing aid available for use? (if worn)				NA	NA								
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain — Are you in pain?	Y	N	N	N	N								
Analgesia Given?	Y	N	N	N	N								
General — Peripheral Venous Cannula observed?		Y	Y	Y	Y								
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	Y	Y	Y	AS	AS								
Anything else I can do for you?	N	N	N	AS	AS								
Buzzer within easy reach	Y	Y	Y	Y	Y								

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery.													

Ward: 166 Site: RIE Date: 21/7/18

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly 4 **hrly** (please circle/complete)

Print name and sign

Addressograph, or

NHS ...thian

700168111M/E3907137 F 26/01/1990
Name Williamson, Lisa
9/7 Tytler Gardens,
DOB Edinburgh,
EH8 8HS

Unit no CHI 2601901187
70785 AR MacKay

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)												
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	W											
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y											
	Positioning (R) or (L) side (B) Back (C) Chair	C											
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	Y											
	Is the patient continent of urine? (at time of Care Rounding)	Y											
	Continence product changed/offered?	N											
	Catheter care performed?	N											
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y											
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y											
	Fluid Balance Chart (if clinically indicated)	N											
	When did you last eat?	B											
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	H											
Falls	Appropriate Footwear?	Y											
	Walking aid available(and within reach)	Y											
	Area de-cluttered?	Y											
	Chair and bed height assessed?	Y											
	Falls alarm in use and attached?	/											
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	/											
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N											
	Analgesia Given?	N/A											
General	Peripheral Venous Cannula observed?	N/A											
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y											
	Anything else I can do for you?	Y											
	Buzzer within easy reach	Y											

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery												

Continuation

Ward:	Site:	Date:	Addressograph, or
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. **1hrly 2 hrly 3 hrly _____hrly** (please circle/complete) **Print name and sign** _____			Name DOB Unit no. / CHI

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

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	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister												
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	Positioning (R) or (L) side (B) Back (C) Chair												
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Elimination	Do you need the toilet?												
	Is the patient continent of urine? (at time of Care Rounding)												
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	Catheter care performed?												
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
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	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach												
	Fluid Balance Chart (if clinically indicated)												
	When did you last eat?												
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**												
	Oral Hygiene Performed (ref to risk assessment)												
Falls	Appropriate Footwear?												
	Walking aid available(and within reach)												
	Area de-cluttered?												
	Chair and bed height assessed?												
	Falls alarm in use and attached?												
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)												
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
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	Analgesia Given?												
General	Peripheral Venous Cannula observed?												
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N												
	Anything else I can do for you?												
	Buzzer within easy reach												

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery													

Ward:	Site:	Date:	Addressograph, or
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NHS Lothian

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Falls	Appropriate Footwear?												
	Walking aid available(and within reach)												
	Area de-cluttered?												
	Chair and bed height assessed?												
	Falls alarm in use and attached?												
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	Analgesia Given?												
General	Peripheral Venous Cannula observed?												
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N												
	Anything else I can do for you?												
	Buzzer within easy reach												

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery													

Royal Infirmary of Edinburgh
Emergency Department

Drug and Prescription Record

NHS Lothian

700168111M/E3907137 F 26/01/1990
Williamson, Lisa
N 9/7 Tytler Gardens,
Edinburgh,
D EH8 8HS

C **CHI** 2601901187
70785 AR MacKay

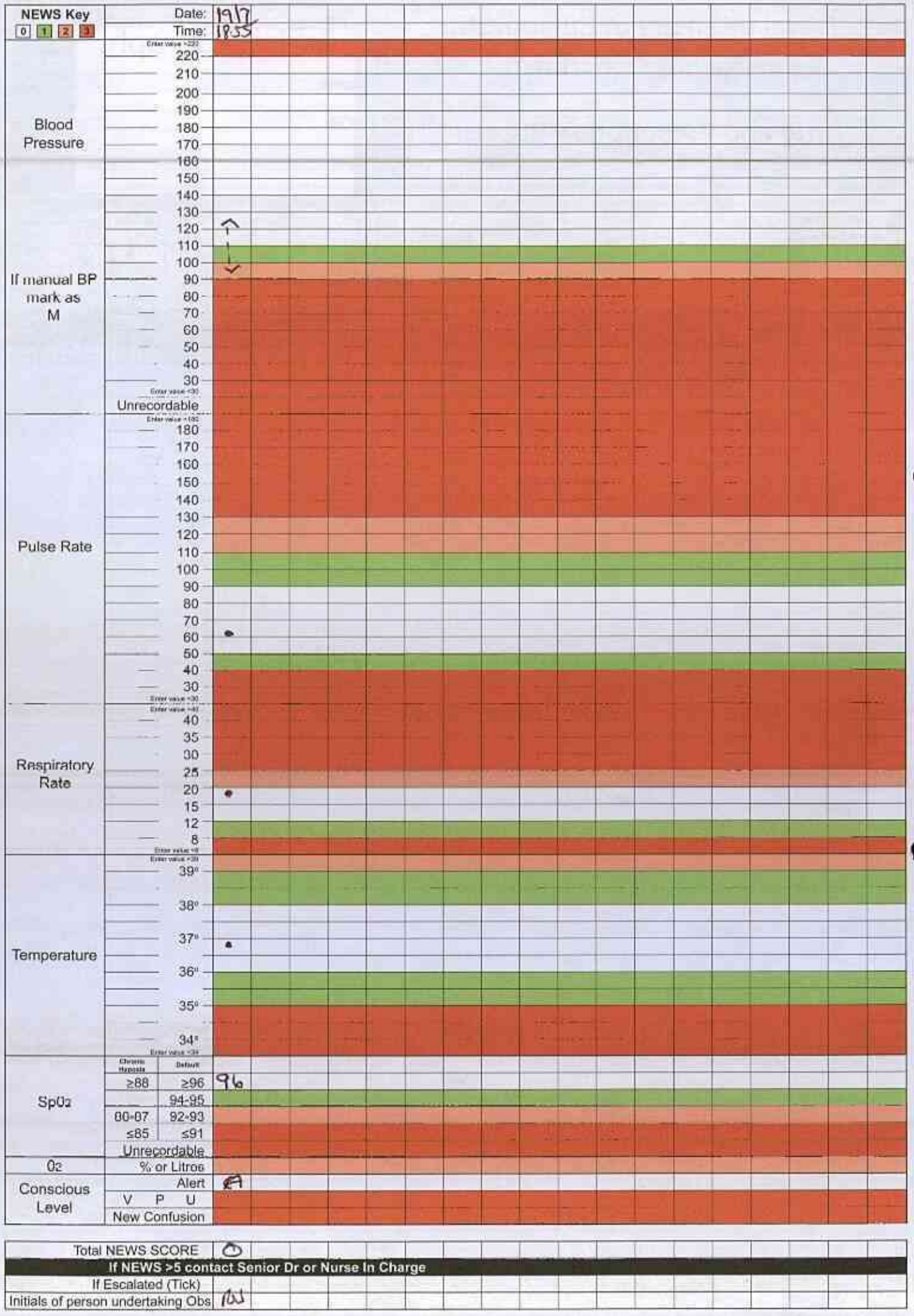
Previous Adverse Reactions	Weight	Date
NKDA	kgs Actual / Estimate	19/7/18

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Oxygen (NP/MASK/NRB)	% / L					
19/7	21:23	CO-CODAMOL 30/500	2 TABS	ORAL		2130	RL	
19/7	22:27	ORAMORPH	10mg	ORAL		2230	RL	
19/7	2230	IBUPROFEN	400mg	ORAL		2230	NC	
19/7	2230	ORAMORPH	5mg	ORAL		2230	NC	

Discharge Medication to Take Away

Drug (Approved Name)	Dose	Frequency	Duration	Prescribers Signature	Given by (initials)	Checked by (initials)


NEWS Key
0 1 2 3
Date: 19/7
Time: 1855
Blood Pressure
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Unrecordable
If manual BP mark as M
Pulse Rate
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Respiratory Rate
40
35
30
25
20
15
12
8
Temperature
39°
38°
37°
36°
35°
34°
SpO2
Chronic Hypoxia
Default
≥88
≥96
94-95
88-87
92-93
≤85
≤91
Unrecordable
96
O2
% or Litres
Conscious Level
Alert
V P U
New Confusion
Total NEWS SCORE
If NEWS >5 contact Senior Dr or Nurse In Charge
If Escalated (Tick)
Initials of person undertaking Obs

THINK SEPSIS

NEWS SCORE

SCORE MORE THAN 4

Are any of the following Present?	
Clinical signs of infection	

Plus 2 of these:	
Temperature <36°c or >38°c	
Heart rate >90 bpm	
Respiratory rate > 20bpm	
New confusion	
WCC <4 or >12	
Blood sugar > 7.7 in non-diabetic	

*If hypo tensive or raised lactate with above indicators discuss with Consultant

Start Sepsis 6 - complete within 1 hour	
Oxygen to achieve saturations >94% (NB COPD 88-92%)	
Measure lactate and FBC	
Blood cultures	
IV Antibiotics (start time _____)	
IV Fluids (up to 20ml/kg)	
Measure urine output and start fluid balance chart	

*please tick box i.e Yes or No (do not require time)

Neurological Observations

GLASGOW COMA SCALE

			Time:							
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	14-15									
	12-13									
	9-11									
	<8									

		Time:						
Blood Sugar	>25							
	15-25							
	4-15							
	<4							

Think Analgesia

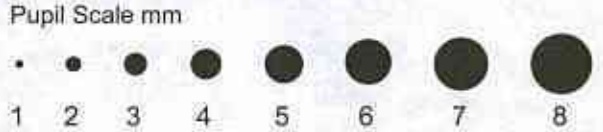
		Time:						
Pain Score	Very Severe 9 -10							
	Severe 6 - 8							
	Moderate 4 - 5							
	Mild 1 - 3							
	None 0							

NEWS Score	Structured Response	Escalation Plan
NEWS 0 - 1	Commence on 1hrly observations	Report to Area Co-ordinator if score increases
NEWS 2 - 4*	Commence on 30mins observations	Report to Area Co-ordinator if score increases
NEWS 5 - 7	Commence on 15mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
NEWS >7	Commence on 10mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
* score of 3 in one parameter	Commence on 30mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

Right Pupil	Size								+ reacts - no reaction c. eye closed
	Reaction								
Left Pupil	Size								
	Reaction								
Initials of person taking GCS									

Pupil Scale mm



IV Fluid Prescription

Time Prescribed	Fluid	Volume	Duration	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time														
	Rate (ml/hr)														
	Volume in Syringe														
Pump No	Total amount Infused														

Drug Name:

	Time														
	Rate (ml/hr)														
	Volume in Syringe														
Pump No	Total amount Infused														

NEWS Key 0 1 2 3		Date: 19/7/17							Date
		Time: 2155	0008	1010	1525	20	0812	0818	Time
Respiratory Rate	≥25								≥25
	21-24								21-24
	12-20	16	16	16	16	16	17	16	16	12-20
	9-11								9-11
	≤8								≤8
Sp02	Chronic Hypoxia	Default								Default	Chronic Hypoxia
	≥88	≥96	99	98	96	96	96	98	97	96	≥96	≥88
Medical Signature required to use scale for patients with Chronic Hypoxia Sign:		94-95									94-95	
	86-87	92-93									92-93	86-87
	≤85	≤91									≤91	≤85
	Unrecordable										Unrecordable	
Inspired 02	% or litres										% or litres	
Temperature	≥39°										≥39°	
	38°										38°	
	37°	38	37.	.	.	.	.				37°	
	36°										36°	
	≤36°										≤35°	
NEWS SCORE uses Systolic BP	230										230	
	220										220	
	210										210	
	200										200	
	190										190	
	180										180	
	170										170	
	160										160	
	150										150	
	140										140	
If manual BP mark as M	130						116				130	
	120	^	113		^	^	^		110	^	120	
	110										110	
	100			98							100	
	90										90	
	80	v			v	v				v	80	
	70		70								70	
	60			V							60	
	50			57			75	65			50	
	Unrecordable										Unrecordable	
Heart Rate	>140										>140	
	130										130	
	120										120	
	110										110	
	100										100	
	90										90	
	80							a			80	
	70			66	.	70	.		.		70	
	60	~	58								60	
	50										50	
	40										40	
	30										30	
	Regular Y/N	✓	Y	Y	Y	Y	Y	Y	Y	Y	Regular Y/N	
Conscious Level	Alert	A	A	A	A	A	A	A	A	A	Alert	
	V / P / U										V / P / U	
	New Confusion										New Confusion	
Total NEWS score		0	0	2	0	0	0	0	0	0	Total NEWS score	
Urine output recorded Y/N		N									Urine output recorded	
Blood Glucose		NA									Blood Glucose	
Frequency of Observations		4*									Frequency of Obs.	
Structured Response Tool Y/N		N									SRT Y/N	
Escalation Y/N		N									Escalation Y/N	
Pain score (0-10)		0	0	0							Pain score (0-10)	
Nausea score (0-3)		0	0	0							Nausea score (0-3)	
Motor Block score (0-4)											Motor Block score (0-4)	
Circulation											Circulation	
Sensation											Sensation	
Movement											Movement	
Initials		NC	KC	[illegible]							Initials	

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

Are any 2 or more SIRS criteria present?

RECOGNISE

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

Addressograph

Name / DOB / CHI:

700168111M /E3907137 F
WILLIAMSON Lisa
26-Jan-90 CHI:260 190 1187
70785 AR MacKay
9/7 Tytler Gardens
EH8 8HS

Consultant: SPB Date chart commenced: 19/7/18

This is chart number (1) this admission

Weight: Actual 57 kgs Estimated kgs

ASU: Ward: RIE SOU

Conscious Level Chart to be completed when clinically indicated

		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

Ref: MPS NHS Lothian 2016 Date of Publication - April 2016 Review Date - April 2017 LOT367

accord
Academic and Clinical Central Office for Research and Development

NHS Lothian

CONSENT F RGE

Markers and Paracetamol Poisoning Study 2

Participant ID: 0233

	Please initial in box
1. I confirm that I have read and understand the information sheet (version 1 dated 28Mar2018) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.	Lisa W
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care and/or legal rights being affected.	Lisa W
3. I give permission for the research team to access my medical records for the purposes of this research study.	Lisa W
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh and/or NHS Lothian), from the NHS organisation or other regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data and/or medical records.	Lisa W
5. I agree to my anonymised data and/or blood samples being used in future approved studies.	Lisa W
6. I understand that the results of this study may be used for future commercial development of products/tests/treatments and I will not benefit financially from this.	Lisa W
7. I give permission to the research team to access and store my surplus blood samples	Lisa W
8. I agree to take part in the above study.	Lisa W

Name of Participant (print)	Signature	Date
LISA WILLIAMSON	Lisa Williamson	30·5·2019 Lisa W

Name of Person taking consent (print)	Signature	Date
AUSON WILLIAMS		30·5·2019

Original (x1) to be kept in site file. Copy (x1) to be included in patient notes. Copy (x1) to be kept by the participant.

ord NHS Lothian
Central Office for Research and Development
NHS Lothian
EMERGE

Participant Information Sheet

Markers and Paracetamol Poisoning Study

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it involves. Please take time to read this information carefully. Talk to others about the study if you wish. Contact us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

Paracetamol can cause damage to the liver when taken in overdose. We have developed new blood tests that can identify liver injury at first presentation to hospital. We hope that further development in this field will help us to identify earlier what treatment is best and safest for that person and allow patients to be discharged faster.

Why have I been invited to take part?

This study is recruiting patients who have taken too much paracetamol. We aim to recruit around 326 patients to this study.

Do I have to take part?

You do not have to take part; it is your decision whether or not to participate. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time, and without giving a reason. Deciding not to take part or to withdraw from the study, will not affect the healthcare that you receive, or your legal rights.

What will happen if I take part?

A member of the research team will ask you to read and sign a consent form to agree to participate. We will ask the laboratory for the surplus blood that has already been collected from you, and any future surplus blood that may be collected from you on this hospital admission. No extra blood taking will be performed for the study.

We will record information about you including your age, sex, amount of paracetamol taken, treatment details and routine blood test results. This information will be kept secure within the NHS. Your information will be linked to your blood sample by a unique code number, so it will not be possible for anyone to identify you.

What are the possible benefits of taking part?

There are no direct benefits to you taking part in this study, but the results might help to improve the healthcare of other people in the future.

The results of this study may be used for the future commercial development of a new medicinal product, treatment or test. Your participation will not entitle you to benefit financially from the commercial development of the product, treatment or test.

What are the possible disadvantages of taking part?

There are no known disadvantages to taking part as we are using blood samples that have already been taken. We will ensure that the blood sample cannot be identified.

What if there are any problems?

If you have a concern about any aspect of this study, please contact Dr James Dear on 0131 242 9214 for further information.
In the unlikely event that something goes wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against the NHS but you may have to pay your legal costs. The normal NHS complaints mechanisms will still be available to you. Please see contact details below.

What will happen if I don't want to carry on with the study

You can change your mind at any point during this study. If you subsequently decide that you no longer want to continue in this study, we would remove you from participating. Any samples and data already collected would remain in the study unless you would prefer the existing samples and data to be destroyed. For further information regarding withdrawal at any point then please email james.dear@ed.ac.uk

Will my taking part be kept confidential?

All the information we collect during the course of the research will be kept confidential, following strict laws which safeguard your privacy at every stage.
All identifiable records (for example your hospital number) will be kept exclusively within the NHS and will be protected by a password. Any information that leaves the NHS system will be anonymised to safeguard your identity.
To ensure that the study is being run correctly, we will ask your consent for responsible representatives from the study sponsor and NHS institution to access your records and data collected during the study, where it is relevant to your taking part in this research. The Sponsor is responsible for overall management of the study and providing insurance and indemnity.

What will happen to the results of the study?

The study will be written up in medical publications and shared at national and international meetings. You will not be identifiable in any published results.

Who is organising the research?

This study is being organised and sponsored by the University of Edinburgh and NHS Lothian.

Who has reviewed the study?

All research in the NHS is reviewed by an independent group of people called a Research Ethics Committee (REC). A favourable ethical opinion has been obtained from the London- South East REC. NHS management approval is also obtained.

Researcher Contact Details

If you have any further questions about the study, please contact Dr James Dear on 0131 242 9214 or email: james.dear@ed.ac.uk

Independent Contact Details

If you would like to discuss this study with someone independent of the study, please contact Dr Neeraj Dhaun on 0131 242 9100, bean.dhaun@ed.ac.uk

Complaints

If you wish to make a complaint about the study please contact:
Patient Experience Team
2-4 Waterloo Place, Edinburgh, EH1 3EG
feedback@nhslothian.scot.nhs.uk
0131536337

Pack 5

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

RIE ED Nursing Care Plan

Admission Nurse Signature ...

Admission Nurse Print Name ...

Date 30/4/20

Presenting History :

OD

Date/ Time	Progress Notes	Signature
0400	Commencement of NAC + AMU transfer	
0515	Obs monitored. Drink given. Aw AMU bed. NAC ongoing	
7.10	Refused obs. Very tearful and uncooperative. Says she 'doesn't feel right' but will not elaborate. NAC ongoing. C/o sore cannula site. VIP 0. Will continue to monitor	
0800	Observations recorded within [illegible] on	

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded		ECG completed	
Sews Score recorded		CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment Require / Complete	
Name band Attached		Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A	915	1030		
Clinical Area of ED	۴	IC	IC		
Initials of Care Round Leader	۷	SS	CY		
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	10	1°	1°		
Cardiac monitoring required	Y / (N)	Y / (N)	Y / (N)	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	0	0	0		
Mobility					
Fully weight bearing	✓	✓	✓		
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓	✓	✓		
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	✓	(P) / R	P / (R)	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	✓	✓	✓		
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
(PVC) /Arterial Line / Central Line / PVC	✓	✓	✓		
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)	✓				
Patient & Relatives present & made aware of any changes		✓	✓		
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction	✓	✓	✓		

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

Emergency Department (ED)
Royal Infirmary of Edinburgh

Clothing and Valuables Document

NHS Lothian

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

Affix Patient Addressograph

CHI 2601901187
70785 - AR MacKay

Date of Admission: ...../...../.....

Date of Transfer: ...../...../.....

Outer Wear	Tick	Cut (tick)
Trousers/Skirt		
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan		
Shoes		
Underwear		
Vest/Bra		
Pants		
Socks/Tights		
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	**Locked in ED Safe Y / N**
Valuables Receipt No:	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed X ..... (Patient)

Name of ED Nurse: ..... (PRINT)

Signature of ED Nurse: .....

Name of ED Nurse (2): ..... (PRINT)

Signature of ED Nurse (2): .....

Name of Receiving Ward Nurse: ..... (PRINT)

Signature of Receiving Ward Nurse: .....

*Delete as apporpriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

Ward: Amu6 Site: RIE Date: 30/05/19

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly **2 hrly** **3 hrly** _____**hrly** (please circle/complete)

Print name and sign _____

Addressograph, or

700168111M /E4171174 F
WILLIAMSON Lisa
26-Jan-90 CHI:260 190 1187
70785 AR MacKay
9/7 Tytler Gardens
EH8 8HS

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0800												
	08.00 am ← **24 hour period** → **07.00 am**												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	N											
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	N/S											
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Ind											
	Positioning (R) or (L) side (B) Back (C) Chair	EOB											
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	Ind											
	Is the patient continent of urine? (at time of Care Rounding)	Y											
	Continence product changed/offered?	—											
	Catheter care performed?	—											
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y											
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y											
	Fluid Balance Chart (if clinically indicated)	N											
	When did you last eat?	D											
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**												
	Oral Hygiene Performed (ref to risk assessment)	Ind											
Falls	Appropriate Footwear?	Y											
	Walking aid available(and within reach)	Ind											
	Area de-cluttered?	Y											
	Chair and bed height assessed?	—											
	Falls alarm in use and attached?	—											
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	—											
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N											
	Analgesia Given?	N											
General	Peripheral Venous Cannula observed?	Y											
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y											
	Anything else I can do for you?	N											
	Buzzer within easy reach	N/A											

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery	KB												

Ward: Site: RIE Date: 31/08/19

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly _____hrly (please circle/complete)

Print name and sign _____

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
Nam 9/7 Tytler Gardens,
Edinburgh,
EH8 8HS
DOB
CHI 2601901187
70785 AR MacKay
Unit

IHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830													
	08.00 am ← **24 hour period** → **07.00 am**												
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	Waterlow 10+ - Visual Skin Check (tick)												
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister												
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	Have you changed position since last CR?												
	Positioning (R) or (L) side (B) Back (C) Chair												
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?												
	Is the patient continent of urine? (at time of Care Rounding)												
	Continence product changed/offered?												
	Catheter care performed?												
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)												
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach												
	Fluid Balance Chart (if clinically indicated)												
	When did you last eat?												
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)												
Falls	Appropriate Footwear?												
	Walking aid available(and within reach)												
	Area de-cluttered?												
	Chair and bed height assessed?												
	Falls alarm in use and attached?												
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)												
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?												
	Analgesia Given?												
General	Peripheral Venous Cannula observed?												
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N												
	Anything else I can do for you?												
	Buzzer within easy reach												

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery												

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

Affix Photograph

MEDICINE CHART

Ward: CRAIGLOCKHART | Chart No: 1

Affix Patient Label

Forename: LISA	Consultant:
Surname: WILLIAMSON	Date of Admission: 27/5/19
CHI Number: 2601901187	Weight on Admission:
DoB: 26/01/90	Age:
Unit Number:	

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Mental H
Servic

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, then enter a code in the column with a circle drawn around the entry according to the reason, as follows:

Patient refuses	1	Vomiting/nausea	9
Patient not present on ward	2	Time varied on Dr's instructions	10
Medicine not available	3	Once only/PRN medication given	11
Instructions not clear or legal	4	Medicine not required	12
Patient Self-Administered Medicine	5	Pass medication given	13
Nil by mouth	6	Medicine spat out	14
Asleep/drowsy	7	Part dose only taken	15
Unable to swallow	8	Medicine Withheld	16

OTHER CHARTS IN USE

Please ✓ Box	
Detoxification	
Clozapine	
Anticoagulant	
Diabetic	
Other *(Specify)*	

MEDICINE SENSI

NKDA

Signature: Emily M
Date: 27/5/19

HIGH DOSE MONITORING APPLICABLE

YES / (NO)	Start Date:
	Stop Date:
Signature: Emily Mcnn.	Date:

Adults with Incapacity (Scotland) Act 2000 Applicable
YES / (NO)
Expiry Date:
Name of Welfare Guardian:

Mental Health (Care an Treatment) (Scotland)
Consent to Treatmen
T2 / T3? YES / (N
* If YES, check treatmer details before prescribin

ONCE ONLY

Date	Time	Pharmacy	Medicine (Approved Name)	Dose	Route	Prescriber sign + print	Time Given	Given by
30/5/19	0100		ZOPICLONE	7.5mg	PO	H. Wall	01.10	MK

DEPOT ADMINISTRATION See back page for Prescription details

AS REQUIRED PRESCRIPTIONS

Patient's Name:
CHI No:
DoB:

Medicine LORAZEPAM		Indication ANXIETY	
Dose 1mg	Route ORAL	Frequency 10	Max in 24h 4mg
Prescriber sign + print Emily Neem Neem		Date 27/5/19.	Pharmacy
Additional Information		Stop date & initials	

Date	27/5/19	28/5/19	28/5/19	28/5/19	29/5/19	29/5	29/5
Time	2100	0245	1425	1943	0615	1030	1545
Dose	1mg	1mg	1mg	1mg	1mg	1mg	1mg
Given by	MB	MB	AM.	MP	MB	JD	JD

Medicine		Indication	Date
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Time
Dose
Given by

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Date
Time
Dose
Given by

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Date
Time
Dose
Given by

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Date
Time
Dose
Given by

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Date
Time
Dose
Given by

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Date
Time
Dose
Given by

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy
Additional Information		Stop date & initials	

Date
Time
Dose
Given by

Medicine		Indication	
Dose	Route	Frequency	Max in 24h
Prescriber sign + print		Date	Pharmacy

Date
Time
Dose

NHS Lothian

NHS Lothian

Multi Disciplinary Care Pathway for

PARACETAMOL OVERDOSE

Ingested over a period of one hour or less - presenting 8-24 hours after acute ingestion

This care pathway includes the SNAP based regimen for acetylcysteine and is **ONLY** for use in the Emergency Department and Acute Medical Unit at the Royal Infirmary of Edinburgh

This version is not available on TOXBASE®. For advice contact the on-call toxicologist at the RIE (Monday – Friday 8.30am-6pm see RIE toxicologist rota or contact Base 6)

Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Hospital: Royal Infirmary of Edinburgh

ED presentation date: ..... Time .....
AMU admission date: ..... Time .....
Admitting Consultant: .....

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187 [redacted]
70785 AR MacKay

NHS Lothian

Expected length of stay: approx 24 hours

To be initiated once a PARACETAMOL overdose is suspected

Ingested over a period of one hour or less - presenting 8-24 hours after acute ingestion

PAT

*KEY TO INITIALS OF **ALL** STAFF COMPLETING THIS CARE PATHWAY*

Print name	Designation	Initials	Signature	Date
1 C. Williamson	ST4	CF	CF	
2				
3				
4				
5				
6				

PATIENT: This document is a supplement to your record of treatment for an admission with a suspected or confirmed paracetamol overdose.

STAFF: Should be completed in addition to the Inpatient Record (nursing admission, medical clerking, Toxicology Questionnaire), NEWS observation chart, ED shock chart, Infusion charts and Prescription & Administration Record.

SUMMARY	Initials & time

Ingestion date 29/5/17

Ingestion time 17⁰⁰

List all the drug(s) ingested

Co-codamol 8/500 x 10

Alcohol ingested? Yes ☐ No ☑

Was paracetamol bought for overdose: Yes ☐ No ☐

Total paracetamol ingested 8000 g

Patient's weight 59.6 kg

CALCULATE
The amount of paracetamol ingested 83 mg / kg

Notes	**For obese patients weighing more than 110 kg**, the toxic dose in mg/kg should be calculated using 110 kg, rather than the patient's actual weight. **For pregnant patients** the toxic dose in mg/kg should be calculated using the patient's pre-pregnancy weight.

There is a dosage calculator on TOXBASE® for calculating mg/kg.

This document represents the care expected for a majority of your patients. It is to be expected that some patients will need care other than that noted. This is referred to as a 'Variance' and should be noted as 'Var' in the appropriate space & explained fully on the 'Variance' sheet, page 8.
Clinicians are free to exercise their own professional judgements as appropriate.
However, any alteration to practice noted in this document should be noted as a 'Variance' in notes.

Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date:

Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

700168111M/E417174 F 26/01/1990
Williamson, Lisa
9/7 Tytler Gardens,
Edinburgh,
EH8 8HS

CHI 2601901187
70785 AR MacKay

IS Lothian

Please tick boxes as appropriate and initial / time in conjunction with the Inpatient record.

STAGE 1 - IMMEDIATE ASSESSMENT

Ingested over a period of one hour or less - presenting 8-24 hours after acute ingestion

Give acetylcysteine **IMMEDIATELY** to all patients if it is thought that more than **150 mg/kg** body weight paracetamol has been ingested. **DO NOT WAIT for the plasma paracetamol concentration.**

The efficacy of the antidote declines rapidly during this period and it must therefore be started **URGENTLY**

	Initial & time
Assessment for risk of liver damage **Paracetamol ingested.....83.....mg/kg (see calculation on page 2)** ☐	
Clinical priorities • Is it thought that **more than 150 mg/kg** has been ingested Yes ☐ No ☑	
If Yes, **START ACETYLCYSTEINE IMMEDIATELY** DO NOT WAIT FOR BLOOD RESULTS ☐ (Refer to SNAP based dosage table on page 5)	
If No, **Wait** for blood results before starting acetylcysteine ☐	
Blood sampling • Obtain urgent blood samples for paracetamol concentration, U&Es, TCO_2, LFTs, GGT, FBC and INR ☐	
On receipt of blood results assess the risk of liver damage: • by plotting the paracetamol concentration on the graph on page 4 ☑ • Date, time & blood results documented on page 4 ☐	
If treatment has not already been initiated: • Commence acetylcysteine if paracetamol concentration is plotted on or over the treatment line (Refer to SNAP based dosage table on page 5) ☐ • Consider the use of acetylcysteine if the patient has an ALT above the limit of normal even if the paracetamol concentration is below the treatment line ☐ • Acetylcysteine is not indicated if the plasma paracetamol concentration is under the treatment line, the INR and ALT are normal, and the patient is asymptomatic **AND** there is no doubt about the time of ingestion ☐ • If creatinine is abnormal and the above criteria are met acetylcysteine is not required but renal function should be monitored as an inpatient and if required, treated conventionally ☐	

Notes

A rise in ALT can suggest acute liver injury and in cases of severe poisoning the ALT rises rapidly and is commonly abnormal at first presentation to hospital

Haemodialysis may be indicated alongside acetylcysteine if the patient has a very high paracetamol concentration and an elevated lactate. For advice contact local toxicologist or the National Poisons Information Service. Tel 0344 892 0111 out of hours

	Initial & time
If treatment has already been initiated: • Continue acetylcysteine if paracetamol concentration is plotted over the treatment line ☐ • Discontinue acetylcysteine if paracetamol concentration is plotted below the treatment line; the INR and ALT are normal; patient is asymptomatic; **AND** there is no doubt about the time of ingestion ☐ • If creatinine is abnormal and the above criteria are met acetylcysteine is not required but renal function should be monitored as an inpatient and if required, treated conventionally ☐	

Medical staff of grade FY2 or above must review blood results prior to discontinuing therapy

Results reviewed by .....Date.....Time.....

If treatment with acetylcysteine is not indicated or discontinued and further blood tests are not required,

go to Stage 4 'Subsequent Management & Discharge' [p 8]

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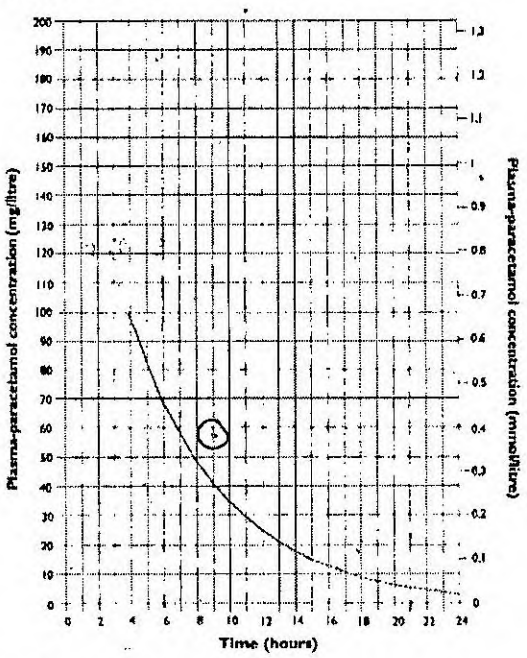
Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date:

Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

Initial as you complete each aspect of care then complete the 'KEY TO INITIALS' table on page 2.

Plot patient's paracetamol concentration on the graph to assess if patient is at risk of liver damage

WARNING: PLEASE CHECK THE UNITS CAREFULLY AND USE THE CORRECT SCALE



Graph taken from TOXBASE®

Initials	date / time

Blood Results	
Date/Time of sample	
Urea	
Sodium	
Potassium	
TCO_2	
Creatinine	
eGFR	
Bilirubin	
ALT	
Alk Phos	
GGT	
Albumin	
Hb	
MCV	
WCC	
Platelets	
INR	
Plasma paracetamol concentration..... at.....hours post ingestion	
Other	
Initials	date / time

Continuation

Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date:
Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

Please tick boxes as appropriate and initial / time in conjunction with the Inpatient record.

STAGE 2 – INITIATION OF TREATMENT WITH ACETYLCYSTEINE

FOR OBESE PATIENTS WEIGHING more than 110 kg
Calculate acetylcysteine dose using 110 kg rather than the patient's actual weight

FOR PREGNANT PATIENTS
Calculate acetylcysteine dose using the patient's actual pregnant weight

THIS SNAP BASED DOSAGE TABLE IS ONLY FOR USE IN THE ROYAL INFIRMARY OF EDINBURGH

Adult acetylcysteine prescription

(each ampoule = 200 mg/mL acetylcysteine)

Regimen	First Infusion		Second Infusion	
Infusion fluid	200 mL 5% glucose or sodium chloride 0.9%		1000 mL 5% glucose or sodium chloride 0.9%	
Duration of infusion	2 hours		10 hours	
Drug dose	100 mg/kg acetylcysteine		200 mg/kg acetylcysteine	
Patient Weight[1]	Ampoule volume[2]	Infusion Rate	Ampoule volume[2]	Infusion Rate
kg	mL	mL/h	mL	mL/h
30-39	18	109	35	104
40-49	23	112	45	105
50-59	28	114	55	106
60-69	33	117	65	107
70-79	38	119	75	108
80-89	43	122	85	109
90-99	48	124	95	110
100-109	53	127	105	111
≥110	55	128	110	111

[1] Dose calculations are based on the weight in the middle of each band

[2] Ampoule volume has been rounded up to the nearest whole number.

Extended treatment – continue acetylcysteine at the dose and infusion rate used in the 2nd treatment bag

Patient's weight ..59.6..... **kg**

Prescription and Administration record completed ☐ Infusion chart completed ☐

Date/time treatment commenced	Initial

REACTION to acetylcysteine				**COMPLICATIONS of paracetamol ingestion**			
None	☐	Wheeze	☐	Abnormal liver function	☐	Encephalopathy	☐
Flushing	☐	Hypotension	☐	Acute kidney injury	☐	Haemorrhage	☐
Vomiting	☐	Other	☐	Hypoglycaemia	☐	Other	☐
Rash	☐	Specify.....		Acidosis	☐	Specify.....	

Date and time of reaction	Initial	Date and time of reaction	Initial

Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date:
Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

Please tick boxes as appropriate and initial / time in conjunction with the Inpatient record.

STAGE 2 – INITIATION OF TREATMENT WITH ACETYLCYSTEINE

FOR OBESE PATIENTS WEIGHING more than 110 kg
Calculate acetylcysteine dose using 110 kg rather than the patient's actual weight

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Calculate acetylcysteine dose using the patient's actual pregnant weight

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Duration of infusion	2 hours		10 hours	
Drug dose	100 mg/kg acetylcysteine		200 mg/kg acetylcysteine	
Patient Weight[1]	Ampoule volume[2]	Infusion Rate	Ampoule volume[2]	Infusion Rate
kg	mL	mL/h	mL	mL/h
30-39	18	109	35	104
40-49	23	112	45	105
50-59	28	114	55	106
60-69	33	117	65	107
70-79	38	119	75	108
80-89	43	122	85	109
90-99	48	124	95	110
100-109	53	127	105	111
≥110	55	128	110	111

[1] Dose calculations are based on the weight in the middle of each band

[2] Ampoule volume has been rounded up to the nearest whole number.

Extended treatment – continue acetylcysteine at the dose and infusion rate used in the 2nd treatment bag

Patient's weight ..59.6..... **kg**

Prescription and Administration record completed ☐ Infusion chart completed ☐

Date/time treatment commenced	Initial

REACTION to acetylcysteine				**COMPLICATIONS of paracetamol ingestion**			
None	☐	Wheeze	☐	Abnormal liver function	☐	Encephalopathy	☐
Flushing	☐	Hypotension	☐	Acute kidney injury	☐	Haemorrhage	☐
Vomiting	☐	Other	☐	Hypoglycaemia	☐	Other	☐
Rash	☐	Specify.....		Acidosis	☐	Specify.....	

Date and time of reaction	Initial	Date and time of reaction	Initial

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Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date:
Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

STAGE 3 – END OF TREATMENT WITH ACETYLCYSTEINE

- **End bag 2 bloods** (10 hour bloods)
  U&Es, LFTs, FBC, INR & **PARACETAMOL CONCENTRATION**

		Initial/time
• **End of bag 2 bloods** (10 hour bloods) obtained 2 hours before the end of bag 2	☐	
• Bloods results documented in table below	☐	
• **Results reviewed by medical staff (of grade FY2 and above)**	☐	

END OF BAG 2 (10 hour) bloods review

- **Criteria for DISCONTINUING acetylcysteine after Bag 2 are:**
  INR 1.3 or less **AND**
  ALT less than 100 U/L **AND**
  ALT not more than double the admission measurement **AND**
  PARACETAMOL concentration less than 20 mg/L

- **Decision to continue or discontinue acetylcysteine documented on page 7** ☐

- **ALL PATIENTS SHOULD REMAIN IN HOSPITAL FOR 20 HOUR BLOOD SAMPLING see page 7**

Blood results

	Pre Treatment	End of bag 2 10 hour bloods	Discharge bloods 20 hour bloods	End of extended treatment bloods	End of extended treatment bloods
Notes	* Copy from page 4	Blood samples 2 hours before the end of bag 2	Blood samples 8 hours after the end of bag 2	Blood samples 2 hours before the end of the extended bag	Blood samples 2 hours before the end of the extended bag
	30/5/19 01:15	Date/time taken 30/5/19 Initial 20-11	Date/time taken Initial	Date/time taken Initial	Date/time taken Initial
Urea	1.8	1.8			
Sodium	140	139			
Potassium	* 4.1	4.2			
TCO_2	23	22			
Creatinine	* 51	48			
eGFR	>60	>60			
Bilirubin	21	33			
ALT	* 11	12			
Alk. Phos	74	60			
Hb	134	130			
WCC	5.3	6.4			
Platelets	211	187			
INR	* 0.9	1.1			
Paracetamol	* 57	5			
Reviewed by		Initial	Initial	Initial	Initial
Decision		Continue / stop	Restart / continue / stop	Continue / stop	Continue / stop

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Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date:

Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

STAGE 3 – END OF TREATMENT WITH ACETYLCYSTEINE

	Initial/time
If criteria for discontinuing acetylcysteine at end of Bag 2 are met: ☐	
• **Discontinue** acetylcysteine once bag 2 infusion is **complete** ☐	
• Acetylcysteine discontinued at	
• **The patient should remain in hospital for discharge bloods (20 hour bloods)** U&Es, LFTs, FBC, INR - 8 hours after the acetylcysteine was discontinued	
• Discharge (20 hour) bloods due at ..... Discharge (20 hour) bloods obtained at ..... ☐	
If criteria for discontinuing acetylcysteine at the end of Bag 2 are NOT met: ☐	
• **Continue** acetylcysteine treatment at the dose and infusion rate of bag 2 (page 5) ☐	
• Obtain discharge bloods (20hour bloods) 2 hours before the end of the extra bag of acetylcysteine U&Es, LFTs, FBC & INR ☐	
• Discharge (20 hour) bloods due at ..... Discharge (20 hour) bloods obtained at ..... ☐	
FOR ALL PATIENTS:	
• Discharge (20 hour) bloods documented in table on page 6 ☐	
• **Results reviewed by medical staff (of grade FY2 and above or specialist nurse trained in Nurse-Led Discharge)** ☐	

Discharge (20 hour) bloods review

- **Extended acetylcysteine is indicated if:**
  - INR is greater than 1.3 **OR**
  - ALT has more than doubled from admission bloods **OR**
  - ALT is 100 U/L or more.

This applies to patients who stopped treatment after bag 2 AND patients who continued treatment after bag 2.

- If criteria for extended acetylcysteine are not met, no further acetylcysteine is required
- If creatinine is abnormal or is 10% greater than at presentation, further acetylcysteine is not required but renal function should be monitored as an inpatient. Re-check 12 hours later.

Decision	Initial/time
• If further treatment or blood sampling is not required go to Stage 4 'Subsequent Management & Discharge'(page 8) ☐	
• If monitoring of renal function is required obtain blood samples 12 hours later and review by medical team ☐	
• **If extended acetylcysteine is indicated follow advice below** ☐	

If extended treatment is required:

	date/time
• Continue acetylcysteine at the dose and infusion rate used in the 2nd treatment bag (Page 5) ☐	
• Recheck U&Es, LFTs, FBC and INR every 10 hours to assess the course of liver injury (2 hours before the end of each extended bag) Document results on page 6 ☐	

Discontinue extended treatment when:

- INR 1.3 or less; OR falling towards normal on two consecutive blood tests, and less than 3.
- There is no clinical advantage to treating ALT rises after this normalisation in INR (indicating restoration of hepatic synthetic function)

	date/time
Extended treatment with acetylcysteine was required Yes ☐ No ☐	
If YES, number of extended bags required	

Once treatment with acetylcysteine is discontinued go to Stage 4 'Subsequent Management & Discharge' (page 8)

Multi Disciplinary Care Pathway for
PARACETAMOL OVERDOSE – 8-24 HOURS
Date

Hospital: Royal Infirmary of Edinburgh
Clinical area: ED ☐ AMU ☐

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Ho CHI 2601901187
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STAGE 4 – SUBSEQUENT MANAGEMENT & DISCHARGE

		Initial/time
Target		
Treatment with acetylcysteine tolerated	N/A ☐ Yes ☐ No ☐	
• Patient eating and drinking.	Yes ☐ No ☐	
• Seen by Psychiatry team member	N/A ☐ Yes ☐ No ☐	
Comment.....		
• Is the patient suitable for Nurse-Led-Discharge*	Yes ☐ No ☐	
If Yes, ensure Nurse Led Discharge documentation is initiated		
Notes	*Nurses must have achieved Nurse Led Discharge competences	

		Initial/time
Discharge		
• Treatment complete	N/A ☐ Yes ☐ No ☐	
• Criteria for discharge met	Yes ☐ No ☐	
Comment.....		
• Discharge advice given, **including paracetamol patient discharge sheet** (available on TOXBASE®)	☐	
• NOK informed	Yes ☐ No ☐	
Comment.....		
Left department Date..... Time.....		

		Initial/time
Follow-up		
• Has follow-up been arranged?	N/A ☐ Yes ☐ No ☐	
Comment.....		
Notes	Medical follow-up arrangements are not normally required if blood results are within acceptable range	

For additional information – not held anywhere else in the document	Date/time initial

VARIANCES: all staff to identify & record variances. Types of Variance - break down into types:
A - Patient/Relative, B - Clinician, C - Hospital System, D - Community/External.

Record of Variance

Date	Time	Description of issue	Reason	Action	Initials	Var. code
EXAMPLE 01.12.17	*17.15*	*Flushing*	*Reaction to acetylcysteine*	*Infusion stopped for 30 minutes Chlorphenamine administered*	*BS*	*A*

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Williamson Lisa	2601901187	26/01/1990	29	BAILEY, LOUISE	[redacted]duana's Medical Practice	70785

Allergies

Description	Date Recorded	Comments
No ECS data exists		

Sources: [1] ECS [ ] Patient [ ] Patient's Drugs [ ] Relative / Carer [ ] Referrer Kardex [ ] Referrer Letter [ ] GP Practice [ ] Comm Pharmacy [ ] TRAK [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Desogestrel	75 micrograms Tablets	ONE TO BE TAKEN EACH DAY		29/04/2019	29/04/2019	1						

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
No ECS data exists														

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**

RCH Lorazepam 1mg hourly max 4mg/24hrs.

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Williamson Lisa	2601901187	26/01/1990	29	BAILEY, LOUISE	St Triduana's Medical Practice	70785

Key Information Summary

No KIS data recorded

PRESCRIPTION AND ADMINISTRATION RECORD

including the Warfarin Chart

NHS Lothian

700168111M /E4171174 F

Hospital/Ward: Consultant:

Weight: Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed: Completed by:

WILLIAMSON Lisa
26-Jan-90 CHI: 260 190 1187
70785 AR MacKay
9/7 Tytler Gardens
EH8 8HS

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known *(tick box)* ☑			
		Medicine / Agent / Food / Other	Description of reaction		

Risk assessment for Venous Thromboembolism (VTE) has been completed ☐

Outcome: No action required ☐ TEDS ☐ LMWH/heparin (please prescribe) ☐

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**

The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL

Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**
  - **The only acceptable abbreviations are:**
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
  - Write units as 'units' not 'iu'

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

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 shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time
OXYGEN								

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
Notes/Indication for antibiotic	Start Date	Stop Date	12															
Prescriber - sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
Notes/Indication for antibiotic	Start Date	Stop Date	12															
Prescriber - sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
Notes/Indication for antibiotic	Start Date	Stop Date	12															
Prescriber - sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
Notes/Indication for antibiotic	Start Date	Stop Date	12															
Prescriber - sign + print		Pharmacy	14															
			18															
			22															

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
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Medicine (Approved Name)		For Use / Date	6															
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Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

AS REQUIRED THERAPY

70016811IM/E4171174 F 26/01/1990
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EH8 8HS
D.O.B.:

CHI 2601901187
70785 AR MacKay

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For Use	Date	30/5											
LORAZEPAM			Time	1630											
Dose + frequency + max	Route	Quantity	Dose	1mg											
1mg MAX QDS	PO		Initials	L											
Indication + notes	Start Date	Date	Date												
ANXIETY	30/5		Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

700168111M/E4171174 F 26/01/1990
Williamson, Lisa
N 9/7 Tytler Gardens,
Edinburgh,
EH8 8HS
D
CHI 2601901187
C 70785 AR MacKay

Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	NKDA		30/5/19.

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Oxygen (NP/MASK/NRB)	% / L					
		N-acetylcysteine	33ml	IV	CA	0420		RM.
30/5	0340	in 200ml 0.9% NaCl @ 117ml/h (over 2 hours)						
30/5	0340	N-acetylcysteine	65ml	IV	CA			
		in 1000ml 0.9% NaCl @ 107ml/h (over 10 hours)						
30/5	0825	Lorazepam	2mg	oral	CA.	0830	CH	

Discharge Medication to Take Away

Drug (Approved Name)	Dose	Frequency	Route	Duration	Prescribers Signature	Given by (initials)	Checked by (initials)

NEWS Key 0 1 2 3																							
	Date:	3/5																					
	Time:	3:32			7:10			08:10	19:10	30	11:30												
A+B Respirations Breaths/min	≥25																						
	21-24																						
	18-20																						
	15-17	17			16			16	15		17												
	12-14																						
	9-11																						
	≤8																						
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	99		97				99	98		99												
	94-95																						
	92-93																						
	≤91																						
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2																						
	95-96 on O_2																						
	93-94 on O_2																						
	≥93 on air																						
	88-92																						
	86-87																						
Tick box if using SpO_2 Scale 2 ☐ Sign	84-85																						
	≤83																						
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A		R				A	A		A												
	O^2 L/min or %																						
	Device																						
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220																						
	201-219																						
	181-200																						
	161-180																						
	141-160																						
	121-140																						
	111-120																						
	101-110	105	120					112	103		113												
	91-100																						
	81-90																						
	71-80	72									76												
	61-70		64					74		64													
	51-60																						
	≤50																						
C Pulse Beats/min Manual pulse	≥131																						
	121-130																						
	111-120																						
	101-110																						
	91-100								97														
	81-90							81															
	71-80	76	75								73												
	61-70																						
	51-60																						
	41-50																						
	31-40																						
	≤30																						
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A		A				A	A		A												
	New Confusion																						
	V																						
	P																						
	U																						
E Temperature °C	≥39.1°																						
	38.1-39.0°																						
	37.1-38.0°																						
	36.1-37.0°	36.5		36.4				37.0	36.9		36.8												
	35.1-36.0°																						
	≤35.0°																						
NEWS TOTAL		1						(1)	2		0												
Monitoring frequency																							
Escalation of care Y/N																							
Blood Glucose reading or N/A																							
Pain score (0-10)																							
Initials		GM						M.C			LC												

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Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 bpm
- Respiratory rate > 20bpm
- New confusion
- WCC <4 or >12
- Blood sugar > 7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

NEWS Total	Monitoring Frequency	Clinical Response
Total 0 - 1	Commence on 1hrly observations	Report to Area Co-ordinator if score increases
3 in one parameter *	Commence on 30mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 2 - 4	Commence on 30mins observations	Report to Area Co-ordinator if score increases
Total 5 - 6	Commence on 15mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 10mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

* or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date		
		Time		
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	Eyes closed by swelling = C
		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

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Duration	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

700168111M /E4171174 F
WILLIAMSON Lisa
26-Jan-90 CHI: 260 190 1187
70785 AR MacKay
9/7 Tytler Gardens
EH8 8HS

Date chart commenced: ....

This is chart number .... of this admission

Conscious Level Chart to be completed when clinically indicated

Section	Sub-section	Item	Score
		Date	
		Time	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Orientated	5
		Confused	4
		Inappropriate words	3
		Incomprehensible sounds	2
		None	1
	Best Motor Response	Obey commands	6
		Localise to pain	5
		Flexion to pain	4
		Abnormal flexion	3
		Extension to pain	2
		None	1
		Total GCS Score	
	Right Pupil	Size	
		Reaction	
	Left Pupil	Size	
		Reaction	
LIMB MOVEMENT	ARMS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
	LEGS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
		Initials	

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

REMEMBER
- **Record all observations** on NEWS2 chart
- **Document concerns/decisions in clinical notes**
- **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 • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / 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 and Symptom Assessment and Management

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish 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	SPECIALIST PALLIATIVE CARE
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	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

Ref: MPS NHS Lothian 2018 Printed January 2019 V1.1 Review December 2021 LOT 1651

Continuation

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NEWS of 5 or more?

Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Special Instructions:

Only to be completed under the direction of a senior member of the medical team

A total NEWS 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. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response (Document concerns/decisions in patients clinical notes)
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

Code	Meaning	Code	Meaning
A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other specify

Date / Time																
Circulation																
Sensation																
Movement																

NEWS Key: 0 1 2 3

Parameter	Range	Obs 1	Obs 2	Obs 3	Score
	Date:	30/5			
	Time:	12	153	20	
A+B Respirations Breaths/min	≥25				3
	21-24				2
	18-20				
	15-17	16	16	16	
	12-14				
	9-11				1
	≤8				3
A+B SpO2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	97	99	100	
	94-95				1
	92-93				2
	≤91				3
SpO2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O2				3
	95-96 on O2				2
	93-94 on O2				1
	≥93 on air				
* ONLY use Scale 2 under the direction of a qualified clinician	88-92				
	86-87				1
Tick box if using SpO2 Scale 2	84-85				2
Sign	≤83				3
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	A	RA	
	O2 L/min or %				2
	Device				
C Blood Pressure mmHg Score uses Systolic BP only	≥220				3
	201-219				
	181-200				
	161-180				
	141-160				
	121-140				
If manual BP mark as M	111-120	114			
	101-110		107	100	1
	91-100				2
	81-90				3
	71-80	78	76		3
	61-70				3
	51-60			70	3
	≤50				3
C Pulse Beats/min	≥131				3
	121-130				2
	111-120				2
	101-110				1
Manual pulse	91-100				1
	81-90		80	85	
	71-80	79			
	61-70				
	51-60				
	41-50				1
	31-40				3
	≤30				3
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A	
	New Confusion				3
	V				3
	P				3
	U				3
E Temperature °C	≥39.1°				2
	38.1-39.0°				1
	37.1-38.0°		37.1		
	36.1-37.0°	°		36.8	
	35.1-36.0°				1
	≤35.0°				3
NEWS TOTAL		0	1	2	
Monitoring frequency					
Escalation of care Y/N					
Initials		L	L	[illegible]	
Urine output recorded Y/N					
Blood Glucose level or N/A					
Pain score (0-10)					
Nausea score (0-3)					
Motor Block score (0-4) or N/A					

Date
Time
≥25
21-24
18-20
15-17
12-14
9-11
≤8
≥96
94-95
92-93
≤91
≥97 on O2
95-96 on O2
93-94 on O2
≥93 on air
88-92
86-87
84-85
≤83
A = Air
O2 L/min or %
Device
≥220
201-219
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161-180
141-160
121-140
111-120
101-110
91-100
81-90
71-80
61-70
51-60
≤50
≥131
121-130
111-120
101-110
91-100
81-90
71-80
61-70
51-60
41-50
31-40
≤30
Alert
New Confusion
V
P
U
≥39.1°
38.1-39.0°
37.1-38.0°
36.1-37.0°
35.1-36.0°
≤35.0°
Total
Monitoring
Escalation
Initials
Urine output
Blood Glucose
Pain
Nausea
Motor Block

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SM	simple mask	**CP**	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	**H**	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	**OTH**	Other specify

Date / Time															
Circulation															
Sensation															
Movement															

NEWS Key: 0 1 2 3

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	Time:		12	15	20
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	18-20				
	15-17		16	16	16
	12-14				
	9-11	1			
	≤8	3			
A+B SpO$_2$ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96		97	99	100
	94-95	1			
	92-93	2			
	≤91	3			
SpO$_2$ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure. * ONLY use Scale 2 under the direction of a qualified clinician. Tick box if using SpO$_2$ Scale 2 ☐ Sign:	≥97 on O$_2$	3			
	95-96 on O$_2$	2			
	93-94 on O$_2$	1			
	≥93 on air				
	88-92				
	86-87	1			
	84-85	2			
	≤83	3			
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air		A	A	RA
	O² L/min or %	2			
	Device				
C Blood Pressure mmHg Score uses Systolic BP only. If manual BP mark as M	≥220	3			
	201-219				
	181-200				
	161-180				
	141-160				
	121-140				
	111-120		114		
	101-110	1		107	100
	91-100	2			
	81-90	3			
	71-80	3	78	76	
	61-70	3			
	51-60	3			70
	≤50	3			
C Pulse Beats/min. Manual pulse	≥131	3			
	121-130	2			
	111-120	2			
	101-110	1			
	91-100	1			
	81-90			80	85?
	71-80		79		
	61-70				
	51-60				
	41-50	1			
	31-40	3			
	≤30	3			
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	New Confusion	3			
	V	3			
	P	3			
	U	3			
E Temperature °C	≥39.1°	2			
	38.1-39.0°	1			
	37.1-38.0°			37.1	
	36.1-37.0°		ø		36.8
	35.1-36.0°	1			
	≤35.0°	3			
NEWS TOTAL			0	1	2
Monitoring frequency					
Escalation of care Y/N					
Initials			L	L	W
Urine output recorded Y/N					
Blood Glucose level or N/A					
Pain score (0-10)					
Nausea score (0-3)					
Motor Block score (0-4) or N/A					

Date Time ≥25 21-24 18-20 15-17 12-14 9-11 ≤8 ≥96 94-95 92-93 ≤91 ≥97 on O$_2$ 95-96 on O$_2$ 93-94 on O$_2$ ≥93 on air 88-92 86-87 84-85 ≤83 A = Air O² L/min or % Device ≥220 201-219 181-200 161-180 141-160 121-140 111-120 101-110 91-100 81-90 71-80 61-70 51-60 ≤50 ≥131 121-130 111-120 101-110 91-100 81-90 71-80 61-70 51-60 41-50 31-40 ≤30 Alert New Confusion V P U ≥39.1° 38.1-39.0° 37.1-38.0° 36.1-37.0° 35.1-36.0° ≤35.0° Total Monitoring Escalation Initials Urine output Blood Glucose Pain Nausea Motor Block