R1H WHIPPSCROSS,Whipps Cross Univer,E11 1NR,Tel:

PATIENT INFORMATION

A+E Arrival: 27-JUL-2020 12:08

HOSPITAL NUMBER: WH1317864

NHS NUMBER: 624-191-1090

Name: KERR, COLIN

Title:

Date of Birth: 29-NOV-1979 (40 Years)

Gender: Male

Ethnic Group: Patient Refused
Language:
Overseas Visitor (Y/N): N

Marital Status:
Religion:
Interpreter Required (Y/N):
A&E Attendance No. (24 Months): 0

PATIENT ADDRESS

NK
NK,
ZZ99

NEXT OF KIN

N.O.K.:

HOME PHONE:
MOBILE PHONE:

N.O.K Home Phone:
N.O.K Mobile Phone:

GENERAL PRACTITIONER

GP: Not Known , No Registered GP
None
None
N ONE

GP Tel:

DETAILS NOT CHECKED

CURRENT VISIT: New Problem/First Attendance

Referral Source: Self/family/work/education
Arrival Method: Ambulance
Incident Location: Other
Reason For Visit: SEIZURE
Episode Number: 189344388

Diagnosis:
Treatment:
Disposal:
Discharge Date/Time:

PREVIOUS A+E ENCOUNTERS (Max 5)

Arrival Date	Reason for Visit	Diagnosis	Disposition

WH1317864

Patient Sticker Here

NHS 621-191-1090 MRN WH131786H
KERR, Colin 29-NOV-1979
Male Nk Nk ZZ99

8

Barts Health NHS
NHS Trust
Whipps Cross Emergency Department

Allergies: (Remember to Document on EHR)

NKDA

Emergency Department Prescription

Time	Drugs	Dose	Route	Batch No	Prescribed by	Time given	Given by
	Oxygen						
12:26	PARACETAMOL	2(1+1)	IV			1245	
12:26	CEFUROXIME	40mg	PO			1245	
1450	METOCLOPRAMIDE	10mg	IV			1515	
1450	OMEPRAZOLE	40mg	IV				
1450	PANTOPRAZOLE	40mg	IV			1520	

Fluid Prescriptions

Time	Fluids	Volume	Drug Added	Dose	Duration	Dr Signature	Batch No	Time Started	Time Ended	Nurse Signature
12:26	Plasmalyte	1L	-	-	1hr			1245		
1450	Plasmalyte	1000ml			5hrs			1520		
1515	CHLORHEXIDINE	PO	40mg					1600		

TTA Prescriptions (Remember to document on EHR)

	Drug	Route	Dose	Frequency	Duration	Signed	Dispensed

Exemption Declaration (Warning To Give False Information May Lead to Prosecution)

I am the Patient/Guardian/Representative:		Have paid the sum of £____ for the above medications	
Signed		Understand I will receive an invoice for £____ relating to the above	
Date			

I do not have to pay because the patient (Tick any that apply)

Is Exempt on Age grounds	Is under 16 years of age		Holds an exemption card	Maternity or Medical Exemption (FP92)	
	Is between 16 & 18 years of age and in full time education			Prepayment Certificate (FP96)	
	Is aged 60 or over			War/MOD Pensioner Exemption Certificate ref No:	
Receives or is the partner of someone receiving:	Income support		Receives or is the partner of someone receiving:	Income Based Jobseekers Allowance	
	Family Credit			A current NHS Charges Certificate for Full Help HC2/AG2 No:	
	Disability Working Allowance			No-Charge Contraceptives	
Signed			Date		
Full Address					

East of England Ambulance Service NHS
NHS Trust

NHS CONFIDENTIAL: PERSONAL DATA ABOUT A PATIENT	FINALISED: NO	Incident Number: 270720-0996 Patient of
Batch No: 27/07/2020 10:50:53		EPRF Number: 2641454

PATIENT

Kerr , Collin 40 Years (Actual) Male **Religious Affiliation:** Patient Religion Unknown

Patient Presenting With

Complaint	Complaint Type : Chief Complaint; Complaint : Non-Specifically Unwell

IMPRESSIONS

Assessment Time	Item	Details
27/07/2020 11:00:51	Other Medical Problem	Type: Primary Details: alcohol withdrawal

COMMENTS

PC: Seizure in public place

OA: Crew met by ground workers who escorted crew to pt, pt was found seated on floor shaking and anxious awaiting crew.

HPC: Workers found pt ?seizing/shaking calling for help, called 999.

OE: Primary survey carried out with no concerns or intervention required.
Pt stated to crew he has no history of epilepsy but is alcohol dependent and had these seizures before which led to admission, pt is currently detoxing so he can go to rehab in chelmsford. pt also states he was a former heroin addict but has not touched it for 7 years, now goes to pharmacy for subtec.
pt states he was sick last night and spilled the sick on his warm kit. pt states he has not a drink for appx 24 hours, would normally drink 3 bottles of port or 15 cans of beer.
no seizure with crew but a continuous shake in limbs, temperature within normalrange and pt tachycardic but all other obs within normal range.

Sx: No fixed abode, no mobile phone, no NOK - sister lives in loughton but refuses to help or speak to pt. Sleeps in tent just off from public footpath.

Impression: Withdrawal

Plan: pt states he does not feel well enough or safe enough to stay, pt conveyed to nearest ED for further investigation, IV access attempted in bilateral hands but failed, pt given 4mg of ondansetron IM for sickness.

VITAL SIGNS

Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	RASS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
M-27/07/2020 10:53:19	116 BPM	20 BPM	155 mmHg	100 mmHg	97 %	36.8 Celsius	8.6 mmol/L			E 4 V 5 M 6 = 15	0				Sitting	James Howley
M-27/07/2020 11:07:04	123 BPM	20 BPM	145 mmHg	94 mmHg	97 %					E 4 V 5 M 6 = 15	0		0		Sitting	James Howley
M-27/07/2020 11:31:29	110 BPM - Regular;	16 BPM - Normal;	133 mmHg - LT;	92 mmHg	98 % - RA;	36 Celsius				E 4 V 5 M 6 = 15	0		0		Lying	James Howley

ECG / MONITOR

Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp - 27/07/2020 10:59:14					Sinus Tachycardia;				James Howley

ABCD - PHYSICAL EXAM

Primary Survey	Start time: 27/07/2020 10:56:08 Done by: James Howley Airway: Patent

	C-Spine: C-Spine Cleared **Breathing:** Adequate **Circulation:** Pulse Present **Bleeding:** No Bleeding **Disability:** Alert to Time; Alert to Person; Alert to Situation; Alert to Place

STROKE SCALE

Start Time	Done By	Item	Description	Stop Time
27/07/2020 10:57:12	James Howley	**FAS Test**	**Facial Droop:** Normal **Speech:** Normal **Result:** Negative	

TREATMENT

Start Time	Stop Time	Section	Item	Description	Done By
27/07/2020 10:56:30		Assessments	**AVPU**	**AVPU:** Alert to Person; Alert to Place; Alert to Time; Alert to Situation	James Howley
27/07/2020 10:56:44		Assessments	**Breathing Quality**	**Rate (BPM):** 20 **Regularity:** Regular **Effort:** Easy / Normal **Depth:** Normal	James Howley
27/07/2020 10:57:00		Assessments	**Airway Status**	**Status:** Clear **Airway Self Maintenance:** Normal	James Howley
27/07/2020 10:57:08		Assessments	**Pulse Status**	**Site:** Left Radial **Rate:** Normal **Rhythm:** Regular **Strength:** Strong	James Howley
27/07/2020 10:57:12		Assessments	**FAS Test**	**Facial Droop:** Normal **Speech:** Normal **Result:** Negative	James Howley
27/07/2020 10:57:15		Assessments	**Skin Assessment**	**Temperature:** Normal **Moisture:** Normal **Colour:** Normal **Capillary Refill:** Less Than 2 Seconds **Turgor:** Normal	James Howley
27/07/2020 10:57:21		Assessments	**Mental Status**	**Status:** Anxious	James Howley
27/07/2020 10:57:28		Assessments	**Mental Capacity Assessment**	**Is the patient able to understand the information relevant to the decision?:** Yes **Can the patient retain the information - can they accurately describe it to you?:** Yes **Can the patient use, or weigh the information, as part of the decision making process?:** Yes **Can the patient communicate their decision to you?:** Yes **Is there a temporary or permanent disturbance of mind or brain?:** No **Mental Health Act Status:** **Patient detained under the Mental Health Act?:** No	James Howley
27/07/2020 10:57:39		Assessments	**Eye Assessment**	**Left:** **Left Size (mm):** 4 **Left Reactivity:** Brisk **Left Quality:** Normal **Right:** **Right Size (mm):** 4 **Right Reactivity:** Brisk **Right Quality:** Normal	James Howley
27/07/2020 11:33:13		Assessments	**Breath Sounds**	**Left Upper:** Normal / Clear **Left Lower:** Normal / Clear **Right Upper:** Normal / Clear **Right Lower:** Normal / Clear	James Howley
27/07/2020 11:48:39		Treatments	**Drug**	**Drug Name:** Ondansetron **Route:** Intra Muscular **Amount:** 4 mg **Batch No.:** 05528619A **Expiry Date:** 27/06/2022 11:49:07	James Howley

PAST MEDICAL HISTORY

Medication Allergies	**No Known Allergy**

Past Medical History

Medical / Surgical History	**Alcohol Misuse** **Other** : Previous heroin addict

Symptoms	**General:** General Weakness; Nausea; Vomiting; Abdominal Pain; **Cardiovascular :** Chest Pain; **Pertinent Negatives:** **General:** No Thirst; No Dizziness; No Sweating; **Respiratory:** No Shortness of Breath; No Cough (Non-Productive); No Cough (Productive); No Painful Breathing; **Cardiovascular :** No Palpitations; No Symptoms of DVT; **Neuro:** No Headache; No Neck Stiffness; No Visual Disturbance; No Facial Droop; No Arm Weakness (Left); No Arm Weakness (Right); No Leg Weakness (Left); No Leg Weakness (Right); No Confusion; No Unconsciousness; No Abnormal Speech; No Altered Levels of Consciousness; **EYE/ENT:** No Blurred Vision; No Double vision; No Sore Throat; No Visual Loss; **GU / GI:** No Constipation; No Diarrhoea; No Dysuria; No Frequency of Urine; **Musculoskeletal:** No Back Pain; No Joint Pain; No Joint Swelling; No Neck Pain; No Muscle Pain; No Stiffness; No Leg Pain; No Arm Pain; No Upper Limb Pain; No Lower Limb Pain;

SOCIAL AND FAMILY HISTORY

Activities of Daily Living	**Normally Self Caring; Mobile**

Current Medications

Item	Details
See patient bag/list	

PATIENT OUTCOMES

General	**Patient Outcome:** Treated and Transported **Condition of Patient at Destination:** Improved

Demographics

Last Name: Kerr
First Name: Collin
Middle Name:
Date of Birth: 29/11/1979
NHS No:
Preferred Contact Method:
MedicAlert #:
Address 1: NFA
Address 2:
City:
County:
Post Code:
Country:
Census Tract:
Home:
Mobile:
Tel3:
Email:
Email 2:

Contacts

Contact	Address	Details
Physician Office Organisation Name: Allan Park	Email: N/A Email 2: N/A	Person Accompanying Patient: No

INCIDENT

	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	27/07/2020 10:37:33		Address 1: 23 O/s Near Woods,Stony Path City / Town: Loughton Postal Code: IG10 1SJ Tel1: 07561844261	
Assigned:	27/07/2020 10:38:17		Call Type: Emergency Reported Condition: Other: 200020 Code: AB Address 1: 546047 ,196661 ,894 ,894,90 ,0 ,OSGB36 Tel1: 07561844261	
Mobile:	27/07/2020 10:38:21		Incident Number: 270720-0996 Response Priority: Red 1	
Arrive Scene:	27/07/2020 10:44:11			
At Patient Side:	27/07/2020 10:45:09			
Depart Scene:	27/07/2020 11:30:54			
Arrive Destination:	27/07/2020 11:54:49		Receiving Facility: Whipps Cross Hospital	

Created: 27/07/2020 10:50:53 (BST)
Incident Number: 270720-0996
All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

VEHICLE

Vehicle Call Sign: BA341; **Vehicle Type:** Emergency Ambulance; **Vehicle Base Station:** Ongar;

CREW MEMBERS

Name	Crew Role	Crew Role Details	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Howley James	Other		Other	Primary Crew		25970595		Yes
Cousins Hannah	Other		Paramedic	Unspecified Crew		27000422		Yes

SIGNATURE

Primary Crew

Name of signer: Howley, James

Created: 27/07/2020 10:50:53 (BST) Incident Number: 270720-0996

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

PROCEDURES ... IONS

PLEASE STICK ALL DO ... HERE

NHS 624-191-1090 MRN WH1317864

KERR, Colin
Male Nk
Nk
ZZ99
29-NOV-1979

RADIOMETER ABL800 FLEX

ABL837 Whipps X Majors BGA 12:37 27/07/2020
PATIENT REPORT Syringe - S 250uL Sample # 220347

Identifications

Patient ID	1317864
Date of birth	
Patient Last Name	KERR
Patient First Name	COLIN
Sex	Male
Sample type	Venous
Operator	DIDINE TSHIAMA KABAMBA
Note	

Blood Gas Values

pH	7.487	
pCO_2	3.17	kPa
pO_2	10.9	kPa

Oximetry Values

ctHb	154	g/L
sO_2	96.6	%
FO_2Hb	94.0	%
FCOHb	1.7	%
FHHb	3.3	%
FMetHb	1.0	%

Electrolyte Values

cK^+	3.1	mmol/L
cNa^+	135	mmol/L
cCa^{2+}	1.12	mmol/L
cCl^-	96	mmol/L

Metabolite Values

cGlu	7.3	mmol/L
cLac	2.5	mmol/L
cCrea	60	µmol/L
ctBil	34	µmol/L

Acid Base Status

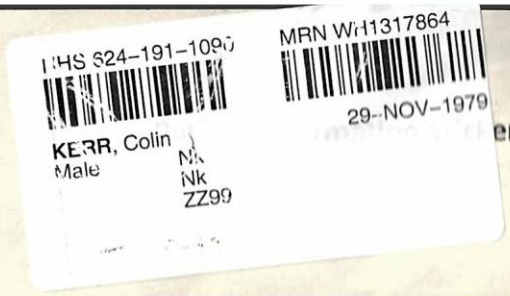
cBase(Ecf)c	-5.1	mmol/L
$cHCO_3^-$(P,st)c	21.6	mmol/L
cBase(B)c	-3.4	mmol/L

Notes

c Calculated value(s)

Printed 12:38:49 27/07/2020

NHS
Barts Health
NHS Trust



er:

Emergency Department - Whipps Cross

Nursing Booklet

To be completed within 30 minutes of patients arrival to your area.

Escalate concerns to the Nurse in Charge or Matron if you are unable to complete this within 30 minutes.

Cubicle Checks

Has your cubicle has a room check today?	
Has the trolley been cleaned down/linen changed?	
Has the observation machine and BP cuff been cleaned?	
Is Sharps/Blue bin empty/changed?	

Patient Safety Checks

Observations taken & on computer within 30 minutes of arrival to your area?	✓
A-G Assessment Note Area Write on Computer Please.	
Property Note Area Write on Computer Please.	
Is the patient call bell in reach?	
Are the rails up as appropriate?	
Can the patient eat and drink? - If Yes – Offer them Food & Drink.	Yes
Discussed Journey Expectations in ED	
Discussed potential plan from nurse triage in ED	

Falls Risk Assessment

Patient over 65	No 60-70
History of Falls?	Yes
GCS? - If below 13 then at risk of falls.	15/15
Patients Mobility? - Wheelchair - Bed Bound - Waling Aid - Independent	(nol Yes
Risk factors?	
If **YES** to any of the above then patient is at risk of falls. - Trolley at lowest level - High visibility cubicle - Nurse in Charge/Board Nurse made aware - Falls Wrist Band - Non-Slip footwear - 1-1 Required	Trolley low Bed rails up White cubicle

Patient MRN:

Hourly Safety & Comfort Checks

	ACTION	TIME	SIGN	COMMENTS
1 HOUR GOAL	Initial assessment	✓		
	Vital signs measured and NEWS recorded	✓		
	Wristband/ allergy noted	✓		
	Pain score assessment	✓		
	Analgesia administered	N/a		12.K (IV)
	ECG recorded within 15 minutes	✓		
	ECG seen and signed by Dr	✓		
	THINK SEPSIS	N/a		
	DO THE SEPSIS 6			
	Blood test ordered and completed	✓		
	Falls risk assessment			
	Pressure ulcer screening			Moved to Hyes
2ND HOUR GOAL	ECG repeated and signed – if indicated			
	IV access			
	Imaging ordered and completed			
	Vital signs repeated			
	Hospital passport available			
3RD HOUR GOAL	Infection control screening			
	Vital signs repeated			
	Specialty referral made			
	DTA – if indicated			
	Seen by specialist in 30 minutes			
4th Hour	Next of kin aware			
	Regular medication administered			
	Refreshments offered – if not NBM			
Over 4 Hours	Hourly Rounding – Hour 4			
	Hourly Rounding – Hour 5			Patient Now Needs Hospital Bed
	Hourly Rounding – Hour 6			
	Hourly Rounding – Hour 7			
	Hourly Rounding – Hour 8			
	Hourly Rounding – Hour 9			
	Hourly Rounding – Hour 10			
	Hourly Rounding – Hour 11			

Hourly Rounding is a minimum of:
Observations, Hydration & Nutrition, Safety Checks, Toileting, Pain Relief, Comfort

Patient MRN:

SEPSIS FORM

Needs to be completed for all patients within 15 minutes of arrival.

Nursing Note Area:
Please use this area to fill out your A-G Assessment, description of patient, document actions taken, safeguarding/vulnerable adult concerns and if you have escalated your concerns. Please write up on the computer.

Time	Log	Initial

Family and Friends Test Survey – Ask Patient to fill out form

ED Matron Alice Green (Bleep 992) & Matron Fiona McCreesh (Bleep 654) Barts Health NHS

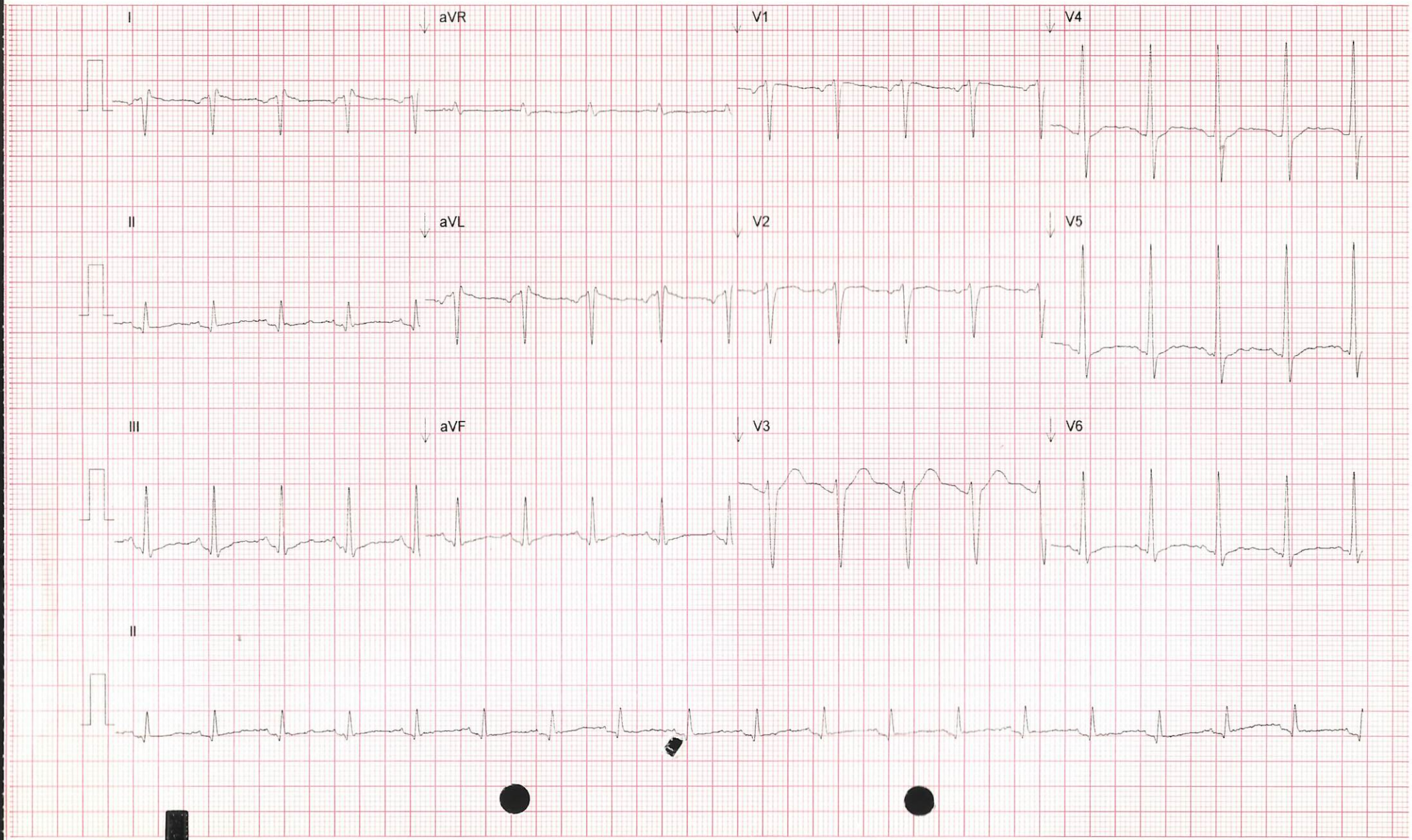
ID: STAT_4E1937C0 Name:
DOB: Colin Kerr
Gender: Male

Bed 3

30/7/2020 15:29:40

P/PR:	84/116 ms
QRS:	108 ms
QT/QTc:	330/448 ms
P/QRS/T Axis:	123/125/113 deg
Heart Rate:	111 BPM

Unconfirmed Report



25 mm/s 10 mm/mV Frequency Response [0.5-35] Hz 50 Hz

70.345

Simultaneous Version 2.6.0

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		JRe. 13/8

Condition(s) where medications are contraindicated? _____

HOSPITAL NO. WH1317864
SURNAME KERR
FORENAME COLIN
DATE OF BIRTH 29/11/79 SEX M ☑ F ☐
Weight (kg) 66.8 Height (cm) BSA (m²)

IN-PATIENT MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD

= Reboard =

NHS Barts Health NHS Trust

Consultant	Trainee Dr. Name and Bleep no.	Date of admission	Date chart reboarded	Estimated date of discharge
DR SINHA		27/7/20	13/8/20.	

This chart is no. 1 of 1

Transcribing Check by Pharmacy Sign. CH Date. 13/8

Ward 1. SYRINGA. 2.

Supplementary Medication charts in use: Other (please specify): 1 ..... 2 .....

Syringe driver ☐ TPN ☐ Chemotherapy ☐ Diabetic treatment chart ☐

Once only medications - loading doses, pre-medication, PGDs or surgical antibiotic prophylaxis

Date	Time to be given	Medicine (approved name)	Dose	Route	Signature and bleep no.	Pharmacy	Time given	Given by	Checked by

Guidance for prescribers

a) Write prescriptions legibly
b) When prescribing medication sign & print your name/use name stamp
c) Ensure demographic details have been completed
d) Use approved names unless brand name essential
e) Avoid decimal points e.g. 500 micrograms not 0.5mg. Write doses less than 1mg in micrograms, and less than 1 microgram in nanograms
f) Discontinue medicine(s) with a vertical line through the prescribing and administration records. Sign and date the discontinuation
g) All intravenous flush solutions must be prescribed, administered and recorded according to local policy
h) Prescribe antifungals, antibiotics and antivirals in the anti-infectives section, stating the duration of the prescription. Prescribe long-term antibiotic prophlaxis and antituberculosis medications in the regular medications section

Guidance for recording administration

Nurse initials to indicate medicine administered. When medicine(s) are not given as prescribed, record the appropriate code in the administration box and initial. Ensure appropriate action is taken as a result of drug delay/omission to promote continuity.

X. Omitted on instruction of doctor or pharmacist
1. Patient away from ward
2. Patient unable to receive e.g. vomiting, NBM (see Trust policy)
3. Patient refused
4. Self medicating: witnessed
6. Self medicating: not witnessed
7. Other - state reason in 'Drugs not administered/delayed administration' section
8. Delayed administration - state reason in 'Drugs not administered/delayed administration' section

Routes of administration

IV = intravenous PV = vaginal IM = intramuscular PR = rectal SC = subcutaneous INH = inhalation PO = oral NEB = nebulisation TOP = topical SL = sublingual
All other routes must be written in full

MR by Monique 28/7/20

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	Reconciled by Dr		14/07/20
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)	Scr		
Medication history charted correctly ☐	No regular medication prior to admission ☑		
Details of discrepancies:			

2

THROMBOPROPHYLAXIS ASSESSMENT IS REQUIRED ON ADMISSION AND AT 24hrs

1

PROPHYLAXIS REQUIRED IF

☐ ONGOING REDUCED MOBILITY RELATIVE TO NORMAL STATE OR ☐ SURGICAL PATIENT } **+ ONE OR MORE OF THE FOLLOWING RISK FACTORS**

- ☐ Age > 60
- ☐ Significantly reduced mobility for ≥ 3days
- ☐ BMI > 30kg/m²
- ☐ Active Cancer or Cancer treatment
- ☐ Previous PE / DVT
- ☐ Known thrombophilia / family history of DVT
- ☐ Significant medical comorbidity
- ☐ Acute illness / infection / inflammation
- ☐ Dehydration
- ☐ Surgical procedure, anaesthesia time > 60 mins
- ☐ Varicose veins with phlebitis
- ☐ Oestrogen therapy (HRT, OCP)
- ☐ Pregnant / post partum (see pregnancy booklet)
- ☐ **No risk factors. No prophylaxis required.**

2 IF PROPHYLAXIS REQUIRED PRESCRIBE LMWH (OR SUITABLE ANTICOAGULANT) UNLESS CONTRA-INDICATED:

Contra-indications to LMWH/other anticoagulants

- ☐ Active bleed (if intracranial liaise with consultant)
- ☐ On anticoagulants (caution with dual antiplatelets)
- ☐ Significant procedure related bleeding risk
- ☐ Acute stroke: haemorrhagic or large infarct
- ☐ Inherited bleeding disorder eg. haemophilia
- ☐ Severe / acute liver disease / caution if CrCl < 30ml/min
- ☐ Platelets < 75 or abnormal clotting screen
- ☐ BP > 230 systolic, or > 120 diastolic
- ☐ Lumbar puncture / epidural / spinal in previous 4 hours or within next 12 hours (for anticoagulants other than LMWH contact haematology SpR)
- ☐ Heparin induced thrombocytopenia
- ☐ **None. Prescribe LMWH / other anticoagulant**

3 ALL AT RISK SURGICAL PATIENTS REQUIRE GRADUATED COMPRESSION STOCKINGS (GCS) AND / OR INTERMITTENT PNEUMATIC COMPRESSION (IPC) UNLESS CONTRA-INDICATED:

For medical patients in whom LMWH is Contraindicated consider GCS and / or IPC.
Contra-indications to GCS

- ☐ Peripheral arterial disease, suspected/proven
- ☐ Previous / planned revascularisation surgery
- ☐ Severe leg or pulmonary oedema
- ☐ Leg conditions worsened by stockings eg dermatitis, recent skin graft, gangrene, fragile skin, wounds, ulcers, cellulitis
- ☐ Major limb deformity / unusual leg shape or size
- ☐ Acute stroke
- ☐ Peripheral neuropathy / sensory impairment
- ☐ Allergy to GCS material
- ☐ **None of the above. Prescribe GCS.**

The VTE assessment is not complete until it is registered within the patient's record on CRS.

On admission
Sign ..... Date.....
At 24 hrs and clinical situation change
Sign ..... Date.....

Mechanical Thromboprophylaxis

Choice of mechanical prophylaxis and leg(s) to be applied to					Enter times	Enter dates below
Graduated elastic compression stockings	Intermittent pneumatic compression device (IPC)	Leg: Left	Right	Both		
☐	☐	☐	☐	☐		
Start date:	End Date	Signature & bleep no.				
☐	☐	☐	☐	☐		
Start date:	End Date	Signature & bleep no.				

Low Molecular Weight Heparin (LMWH) or Unfractionated Heparin (UFH) – Prescribe Prophylaxis OR treatment here if required

	DOSE START	DOSE Change	DOSE Change	Date	Medication	Indication:	Signature and bleep no.	Pharmacy
Date	27/7				16 ~~ENOXA~~		me.	☐
Route	SC							
Signature								
~~18 00~~ 40mg								

Non-vitamin K Oral Anticoagulants (NOACs) - RIVAROXABAN, DABIGATRAN, APIXABAN, EDOXABAN

IF SWITCHING FROM LMWH TO A NOAC PLEASE GIVE FIRST NOAC DOSE WHEN NEXT LMWH DOSE DUE & (VICE-VERSA)

DO NOT PRESCRIBE ANY OTHER ANTICOAGULANTS WITH THESE MEDICATIONS (INCLUDING PROPHYLACTIC LMWH)

	DOSE START	DOSE Change	DOSE Change	Date	Medication	Checklist (new patients): Indication: • Refer to anticoagulant clinic ☐ • Counsel patient ☐ • Provide alert card ☐	Signature and bleep no.	Pharmacy
Date					16			☐
Route								
Signature								

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		[initials] 13/8

Condition(s) where medications are contraindicated? ____

HOSPITAL NO.	WH1317864
SURNAME	KERR
FORENAME	COLIN
DATE OF BIRTH	29/11/79. SEX M ☑ F ☐
Weight (kg) 66.8	Height (cm) BSA (m²)

3

Regular prescriptions continued

Anti-infectives prescription

prescribe long term prophylaxis and anti-tuberculosis medications in regular medications section

Medication 8: DOXYCYCLINE | **Indication:** HAP

For 7 days | Signature | Pharmacy: stock [initials] ☑

Date: 10/8. | Bleep

Route: ORAL | Enter dates below

Times	Dose	13/8	14/8/20	15/8/20	72hr Abx Review Choose, sign, document	16/8/20	17
06					IV → oral		
(09)	100mg	—	DOAAS	[initials]	Change	[initials]	[initials]
12							
18					Stop		
(22)	100mg	[initials]	[initials]	DOAAS	Continue	DOAAS	
24					Consider OPAT		

Medication 9 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medication 10 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medication 11 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medication 12 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medication 13 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medication 14 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medication 15 | **Indication**

For .... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below

Times	Dose				72hr Abx Review Choose, sign, document		
06					IV → oral		
09					Change		
12							
18					Stop		
22					Continue		
24					Consider OPAT		

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	Recorded by Dr		
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)	Scr		
Medication history charted correctly ☐	No regular medication prior to admission ✓		
Details of discrepancies:			

Vitamin K Antagonists

follow the anticoagulation guidelines available on the intranet

Indication	Target INR	Baseline INR (if applicable)	Duration of therapy / Date therapy started	Date of anticoagulation follow-up appointment (clinic or other)*	Anticoagulant record book given or updated. Sign & date	Date patient counselled & sign

*A follow-up appointment must be booked with the anticoagulant clinic or enhanced provider of primary care services. If not, the TTA will **not** be dispensed

Initiating warfarin: Perform baseline coagulation screen, LFTs, U&Es and FBC ⇒ Prescribe initiation dose as per guidelines ⇒ CHECK INR DAILY ⇒ FOLLOW DOSING ALGORITHM IN GUIDELINE

Continuing warfarin: Maintenance therapy ⇒ FOLLOW MAINTENANCE DOSING ALGORITHM IN GUIDELINE

Do not use the initiation protocol for patients already on warfarin. More frequent INR monitoring may be required for patients on interacting drug(s)

Medication 1				Date													
Route	Frequency OD	Time 18:00	Start date / Stop date	INR													
				Dose													
Signature	Bleep no.	Pharmacy ☐		Dr sign													
				Given													

Initiating Warfarin – please contact haematology team for advice outside of these parameters

Day	One	Two	Three					Four								
INR	< 1.3	No Test	< 1.5	1.5 - 2.0	2.1 - 2.5	2.6 - 3.0	> 3.0	< 1.6	1.6 - 1.7	1.8 - 1.9	2.0 - 2.3	2.4 - 2.7	2.8 - 3.0	3.1 - 3.5	3.6 - 4.0	> 4.0
Dose mg	5	5	10	5	3	1	0	10	7	6	5	4	3	2	1	0

Prescriptions in Diabetes Mellitus

Please See Separate Adult Diabetes Chart

Medications requiring frequent regular administration e.g. nebulisers, eye drops, nimodipine, emolients etc.

Medication 6				Enter times	Enter dates below
Dose	Route	Frequency	Start date / Stop date		
Signature			Bleep no.		
Instructions			Pharmacy ☐		

Oxygen

Target saturation ☐ 88-92% ☐ 94-98%

Other (specify) _____

Target saturation not applicable ☐

If oxygen saturation falls below target range on prescribed oxygen, patient needs urgent clinical review.
If oxygen saturation is above target range on prescribed oxygen, ask for review.

*Device : N = nasal cannula, SM = Simple face mask, V = venturi, H = humidified, RM = reservoir mask, OTH = other eg. NCPAP/NIPPV

Pharmacy ☐

	Date started	Date changed	Date changed	Enter times	Enter dates below
*Device					
% or L/min (specify a range e.g. 1-21 L/min)					
Signature & bleep no.					

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		JRe. 13/8

Condition(s) where medications are contraindicated? ____________

HOSPITAL NO.	WH1317864
SURNAME	KERR
FORENAME	COLIN
DATE OF BIRTH	29/11/79 — SEX M ☑ F ☐
Weight (kg) 66.8	Height (cm) — BSA (m²)

Regular prescriptions continued

Regular medications

Dates: 13/8, 14/08/20, 15/8/20, 16, 17

Date	31/7	Medication	Instructions	Signature and bleep no.	Pharmacy
Route	ORAL	16 SUBOXONE	DHx	JRe.	CD, 14/8
Dose (START)	18mg at 18	18: [initials], DDAAS, [initials], [initials], [initials]			

Date	2/8	Medication	Instructions	Signature and bleep no.	Pharmacy
Route	ORAL	17 THIAMINE		JRe.	TTO (28) 14/8, stock 14/8
Dose (START)	09: 100mg; 18: 100mg	09: —, DDAAS, [initials], [initials], [initials]; 18: [initials], DDAAS, [initials], [initials]			

Date	3/8	Medication	Instructions	Signature and bleep no.	Pharmacy
Route	ORAL	18 VIT B CO STRONG		JRe.	TTO (28) 14/8, stock 14/8
Dose (START)	09: i	09: —, DDAAS, [initials], [initials], [initials]			

Date	3/8	Medication	Instructions	Signature and bleep no.	Pharmacy
Route	ORAL	19 FERROUS FUMARATE		JRe.	TTO (84) 14/8, stock 14/8
Dose (START)	09: 210mg; 18: 210mg	09: —, DDAAS, [initials], [initials], [initials]; 18: [initials], DDAAS, [initials], [initials]			

Date	10/3	Medication	Instructions	Signature and bleep no.	Pharmacy
Route	ORAL	20 PROMETHAZINE	25mg BD for 10 days on d/c. ASD (12/8, CRS)	JRe.	14/8, IP (36) 8/8
Dose (START)	18: 50mg; 24: 50mg	18: [initials], DDAAS, [initials], [initials]; 24: [initials], [initials], DDAAS, DDAAS			

Times: 06, 09, 12, 18, 22, 24

MR by [illegible] 29/7/[illegible]

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	Reconciled by Dr		[illegible]
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)	SCR		
Medication history charted correctly ☐	No regular medication prior to admission ✓		

Details of discrepancies:

Regular prescriptions continued

Regular medications continued

	DOSE START	Change	Change	13/8	14/08/20	15/8	16	17
21 Medication: DIAZEPAM	Date: 13/8	Route: ORAL		Instructions: wean by 2.5mg daily regular		Signature: me.	Pharmacy: 14/8 IP 5mg on 14/8	
09	~~7.5mg~~	7.5mg		—	ODNAS	~~5mg~~ ☒	—	—
~~18~~ 19	~~7.5mg~~	5mg		O	ODNAS Give.	☒	—	—
22 Medication: MIRTAZEPINE	Date: 7/8	Route: ORAL		Instructions: NEW		Signature: me.	Pharmacy: 14/8 TTA [illegible]	
22	30mg			[illegible]	[illegible]	ODNAS	ODNAS	
23 Medication: SODIUM DOCUSATE	Date: 10/8	Route: ORAL		Instructions:		Signature: me.	Pharmacy: Stock 14/8	
09	100mg			—	ODNAS	[illegible]	[illegible]	[illegible]
22	100mg			[illegible]	[illegible]	ODNAS	ODNAS	
24 Medication: OMEPRAZOLE	Date: 12/8	Route: ORAL		Instructions:		Signature: me.	Pharmacy: Stock 14/8	
09	20mg			—	ODNAS	[illegible]	[illegible]	[illegible]
25 Medication: DIAZEPAM	Date: 14/8.	Route: ORAL		Instructions: weaning plan ↓2.5mg daily.		Signature: me.	Pharmacy:	
09	5mg			—	—	[illegible]	—	—
~~18~~ 19	5mg			—	—	[illegible]	—	—

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		JRe. 13/8

Condition(s) where medications are contraindicated? _____

HOSPITAL NO. WH1317864
SURNAME KERR
FORENAME COLIN
DATE OF BIRTH 29/11/79. SEX M ☑ F ☐
Weight (kg) 66.8 Height (cm) BSA (m²)

7

Regular prescriptions continued

Regular medications continued

Date 14/8 15/8 16/8 17/8

	DOSE START	Change	Change	Medication	Instructions	Signature and bleep no.	Pharmacy
Date	14/8			26 DIAZEPAM		JRe.	
Route	ORAL						
Signature							
06							
09	5mg						
12							
~~18~~ 19	2.5mg						
22							
24							
Date	14/8			Medication	Instructions	Signature and bleep no.	Pharmacy
Route	ORAL			27 DIAZEPAM		JRe	
Signature							
06							
09	2.5mg						
12							
~~18~~ 19	2.5mg						
22							
24							
Date				Medication	Instructions	Signature and bleep no.	Pharmacy
Route				28			
Signature							
06							
09							
12							
18							
22							
24							
Date				Medication	Instructions	Signature and bleep no.	Pharmacy
Route				29			
Signature							
06							
09							
12							
18							
22							
24							
Date				Medication	Instructions	Signature and bleep no.	Pharmacy
Route				30			
Signature							
06							
09							
12							
18							
22							
24							

MR by Monique 28/7/20

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	Reconciled by Dr		14/08/20
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)	SCR		
Medication history charted correctly ☐	No regular medication prior to admission ☑		

Details of discrepancies:

As required medications

Medication 31	PARACETAMOL			
Indication	~~Seizures~~ Pain/fever			
Dose	Route	Maximum frequency/dose	Start date	Stop date
500mg	ORAL	TDS	27/7	
Signature	ml.		Bleep no.	
Additional instructions:		Pharmacy	SBCU	14/8

Date						
Time						
Dose						
Route						
Given						

Medication 32	DIAZEPAM			
Indication	WITHDRAWAL CIWA >10			
Dose	Route	Maximum frequency/dose	Start date	Stop date
5mg	ORAL	BD.		
Signature	ml.		Bleep no.	
Additional instructions:		Pharmacy	SBCU	14/8

Date	13/8	14/08/20	15/8	16/08/20	16/8	17/08/20
Time	2301	1310 H	01:20	0030 H	1330	0631 H
Dose	5mg	5mg	5mg	5mg	5mg	5mg
Route	PO	PO	PO	PO	PO	PO
Given	[illegible]	DOMAS	[illegible]	DOMAS	[illegible]	DOMAS

Medication 33	GAVISCON			
Indication	dyspepsia			
Dose	Route	Maximum frequency/dose	Start date	Stop date
15ml	ORAL	QDS.	12/8	
Signature	ml.		Bleep no.	
Additional instructions:		Pharmacy	SBCU	14/8

Date						
Time						
Dose						
Route						
Given						

Medication 34				
Indication				
Dose	Route	Maximum frequency/dose	Start date	Stop date
Signature			Bleep no.	
Additional instructions:		Pharmacy	☐	

Medication 35				
Indication				
Dose	Route	Maximum frequency/dose	Start date	Stop date
Signature			Bleep no.	
Additional instructions:		Pharmacy	☐	

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		JCe 13/6

Condition(s) where medications are contraindicated? _____

HOSPITAL NO. WH1317864
SURNAME KERR
FORENAME COLIN
DATE OF BIRTH 29/11/79. SEX M ☑ F ☐
Weight (kg) 66.8 Height (cm) BSA (m²)

9

As required medications continued

Medication 36
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 37
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 38
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 39
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medications not administered (code 7 'other') or delayed administration (code 8)

Date	Time	Medication	Circle code	Reason for omission / delay	Action taken	Nurse's signature
			7 8			
			7 8			
			7 8			
			7 8			
			7 8			
			7 8			

Infusion prescriptions

SC = subcutaneous

IVC = intravenous central
IVP = intravenous peripheral

Date & time	Route	Infusion Fluid		Medication		Duration	Rate	Prescriber's signature & bleep no.	Date Given	Given by/ Added by	Check by	Start time	Finish time	Pharmacy
		Name & strength	Volume	Approved name with expiry and batch / unit number	Dose									
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												

Medicines management

Medicines reconciliation

Medication history checked on admission

Medication history source (circle all that apply)

Relevant contact details (e.g. GP/comm.pharm)

Medication history charted correctly

No regular medication prior to admission

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		JRe.13/8

Condition(s) where medications are contraindicated? ______

HOSPITAL NO.	WH1317864
SURNAME	KERR
FORENAME	COLIN
DATE OF BIRTH	29/11/79. SEX M ☑ F ☐
Weight (kg) 66.8	Height (cm) BSA (m²)

Infusion prescriptions continued

SC = subcutaneous

IVC = intravenous central
IVP = intravenous peripheral

Date & time	Route	Infusion Fluid: Name & strength	Infusion Fluid: Volume	Medication: Approved name with expiry and batch / unit number	Medication: Dose	Duration	Rate	Prescriber's signature & bleep no.	Date Given	Given by/ Added by	Check by	Start time	Finish time	Pharmacy
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												

MR by Monique 28/7/20

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	Reloaded by Dr		14/08/20
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)	SCR		
Medication history charted correctly ☐	No regular medication prior to admission ☑		

Details of discrepancies:

Medicine	Dose	Strength	Route	Directions	Pharmacy comments	Doctor's comments
✓Suboxone		18mg	OD		collected some last week from Scotland - Pt is in Scotland; Patient came to London for short trip confirmed w comm pharmacy	

Monitoring Parameters e.g. Creatinine Clearance, potassium etc.

Date	Parameter	Comment	Date	Parameter	Comment
	Pregnant?	Y / N Trimester 1 / 2 / 3			

Multidisciplinary Communications e.g. details of changes/additions to medications or recommendations during in-patient stay

Date	Medicine	Dose & Directions	Changes in therapy				Comment	Signature
			New	Dose change	Witheld	Stopped		
	Sterling comm. hospital (CHDS)							

Take Home Medicines (TTAs)

Date & time	Line numbers (Whipps Cross use only)	TTAs verified by - Signature	Date & time
		dta	14/8/20

Pharmaceutical needs assessment

Communication concern (eg visual/hearing/ language/dementia)	Signature: Designation: Date:	Counselling required	Signature: Designation: Date:	Compliance aids needed or used	Signature: Designation: Date:

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medicines are contraindicated

HOSPITAL NO NHS 624-191-1090 MRN W 1317864

SURNAME KERR, Colin

FORENAME Male Nk Nk ZZ99

DATE OF BIRTH 2?-NOV-1979

(3)

Weight (kg) Height (cm) BSA (m²)

IN-PATIENT MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD

NHS Barts Health NHS Trust

Consultant	Trainee Dr. Name and Bleep no.	Date of admission	Date chart reboarded	Estimated date of discharge
Sinha	Sweetman		28/7/20	

This chart is no.	Transcribing Check by Pharmacy	Ward
2 of 2	Sign..... Date.....	1 Surgery 2.....

Supplementary Medication charts in use: Other (please specify): 1..... 2.....

Syringe driver ☐ TPN ☐ Chemotherapy ☐ Diabetic treatment chart ☐

Once only medications - loading doses, pre-medication, PGDs or surgical antibiotic prophylaxis

Date	Time to be given	Medicine (approved name)	Dose	Route	Signature and bleep no.	Pharmacy	Time given	Given by	Checked by
						Rewritten 13/8.			

Guidance for prescribers

a) Write prescriptions legibly
b) When prescribing medication sign & print your name/use name stamp
c) Ensure demographic details have been completed
d) Use approved names unless brand name essential
e) Avoid decimal points e.g. 500 micrograms not 0.5mg. Write doses less than 1mg in micrograms, and less than 1 microgram in nanograms
f) Discontinue medicine(s) with a vertical line through the prescribing and administration records. Sign and date the discontinuation
g) All intravenous flush solutions must be prescribed, administered and recorded according to local policy
h) Prescribe antifungals, antibiotics and antivirals in the anti-infectives section, stating the duration of the prescription. Prescribe long-term antibiotic prophlaxis and antituberculosis medications in the regular medications section

Guidance for recording administration

Nurse initials to indicate medicine administered. When medicine(s) are not given as prescribed, record the appropriate code in the administration box and initial. Ensure appropriate action is taken as a result of drug delay/omission to promote continuity.

X. Omitted on instruction of doctor or pharmacist
1. Patient away from ward
2. Patient unable to receive e.g. vomiting, NBM (see Trust policy)
3. Patient refused
4. Self medicating: witnessed
6. Self medicating: not witnessed
7. Other - state reason in 'Drugs not administered/delayed administration' section
8. Delayed administration - state reason in 'Drugs not administered/delayed administration' section

Routes of administration	IV = intravenous	IM = intramuscular	SC = subcutaneous	PO = oral	TOP = topical	SL = sublingual
	PV = vaginal	PR = rectal	INH = inhalation	NEB = nebulisation	All other routes must be written in full	

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission			
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)			

Medication history charted correctly ☐ No regular medication prior to admission ☐

Details of discrepancies:

THROMBOPROPHYLAXIS ASSESSMENT IS REQUIRED ON ADMISSION AND AT 24hrs

1 PROPHYLAXIS REQUIRED IF

☐ **ONGOING REDUCED MOBILITY RELATIVE TO NORMAL STATE OR** } **+ ONE OR MORE OF THE FOLLOWING RISK FACTORS**

☐ **SURGICAL PATIENT**
☐ Age > 60
☐ Significantly reduced mobility for ≥ 3days
☐ BMI > 30kg/m²
☐ Active Cancer or Cancer treatment
☐ Previous PE / DVT
☐ Known thrombophilia / family history of DVT
☐ Significant medical comorbidity
☐ Acute illness / infection / inflammation
☐ Dehydration
☐ Surgical procedure, anaesthesia time > 60 mins
☐ Varicose veins with phlebitis
☐ Oestrogen therapy (HRT, OCP)
☐ Pregnant / post partum (see pregnancy booklet)
☐ **No risk factors. No prophylaxis required.**

2 IF PROPHYLAXIS REQUIRED PRESCRIBE LMWH (OR SUITABLE ANTICOAGULANT) UNLESS CONTRA-INDICATED:

Contra-indications to LMWH/other anticoagulants
☐ Active bleed (if intracranial liaise with consultant)
☐ On anticoagulants (caution with dual antiplatelets)
☐ Significant procedure related bleeding risk
☐ Acute stroke: haemorrhagic or large infarct
☐ Inherited bleeding disorder eg. haemophilia
☐ Severe / acute liver disease / caution if CrCl < 30ml/min
☐ Platelets < 75 or abnormal clotting screen
☐ BP > 230 systolic, or > 120 diastolic
☐ Lumbar puncture / epidural / spinal in previous 4 hours or within next 12 hours (for anticoagulants other than LMWH contact haematology SpR)
☐ Heparin induced thrombocytopenia
☐ **None. Prescribe LMWH / other anticoagulant**

3 ALL AT RISK SURGICAL PATIENTS REQUIRE GRADUATED COMPRESSION STOCKINGS (GCS) AND / OR INTERMITTENT PNEUMATIC COMPRESSION (IPC) UNLESS CONTRA-INDICATED:

For medical patients in whom LMWH is Contraindicated consider GCS and / or IPC.
Contra-indications to GCS
☐ Peripheral arterial disease, suspected/proven
☐ Previous / planned revascularisation surgery
☐ Severe leg or pulmonary oedema
☐ Leg conditions worsened by stockings eg dermatitis, recent skin graft, gangrene, fragile skin, wounds, ulcers, cellulitis
☐ Major limb deformity / unusual leg shape or size
☐ Acute stroke
☐ Peripheral neuropathy / sensory impairment
☐ Allergy to GCS material
☐ **None of the above. Prescribe GCS.**

The VTE assessment is not complete until it is registered within the patient's record on CRS.

On admission
Sign ..... Date.....
At 24 hrs and clinical situation change
Sign ..... Date.....

Mechanical Thromboprophylaxis

Choice of mechanical prophylaxis and leg(s) to be applied to					Enter times	Enter dates below
Graduated elastic compression stockings	Intermittent pneumatic compression device (IPC)	Leg: Left	Right	Both		
☐	☐	☐	☐	☐		
Start date:	End Date	Signature & bleep no.				
☐	☐	☐	☐	☐		
Start date:	End Date	Signature & bleep no.				

Low Molecular Weight Heparin (LMWH) or Unfractionated Heparin (UFH) – Prescribe Prophylaxis OR treatment here if required

	DOSE START	DOSE Change	DOSE Change	Date	Medication	Indication:	Signature and bleep no.	Pharmacy
Date					16			☐
Route								
Signature								

Non-vitamin K Oral Anticoagulants (NOACs) - RIVAROXABAN, DABIGATRAN, APIXABAN, EDOXABAN

IF SWITCHING FROM LMWH TO A NOAC PLEASE GIVE FIRST NOAC DOSE WHEN NEXT LMWH DOSE DUE & (VICE-VERSA)

DO NOT PRESCRIBE ANY OTHER ANTICOAGULANTS WITH THESE MEDICATIONS (INCLUDING PROPHYLACTIC LMWH)

	DOSE START	DOSE Change	DOSE Change	Date	Medication	Checklist (new patients): Indication: • Refer to anticoagulant clinic ☐ • Counsel patient ☐ • Provide alert card ☐	Signature and bleep no.	Pharmacy
Date					16			☐
Route								
Signature								

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated?

HOSPITAL NO NHS 624-191-1090 MRN W[illegible]1317864

SURNAME KERR, Colin

FORENAME Male Nk Nk ZZ99

DATE OF BIRT 2[illegible]-NOV-1979 (3)

Weight (kg) Height (cm) BSA (m²)

3

Regular prescriptions continued

Anti-infectives prescription *prescribe long term prophylaxis and anti-tuberculosis medications in regular medications section*

Medication 8 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 9 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 10 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 11 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 12 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 13 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 14 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medication 15 | Indication

For ..... days | Signature | Pharmacy ☐

Date | Bleep

Route | Enter dates below | 72hr Abx Review Choose, sign, document

Times | Dose

06 | 09 | 12 | 18 | 22 | 24

IV → oral | Change | Stop | Continue | Consider OPAT

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission			
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)			
Medication history charted correctly ☐	No regular medication prior to admission ☐		
Details of discrepancies:			

Vitamin K Antagonists

follow the anticoagulation guidelines available on the intranet

Indication	Target INR	Baseline INR (if applicable)	Duration of therapy / Date therapy started	Date of anticoagulation follow-up appointment (clinic or other)*	Anticoagulant record book given or updated. Sign & date	Date patient counselled & sign

*A follow-up appointment must be booked with the anticoagulant clinic or enhanced provider of primary care services. If not, the TTA will **not** be dispensed

Initiating warfarin :	Perform baseline coagulation screen, LFTs, U&Es and FBC	⇒ Prescribe initiation dose as per guidelines	⇒ CHECK INR DAILY	⇒ FOLLOW DOSING ALGORITHM IN GUIDELINE
Continuing warfarin :	Maintenance therapy	⇒ FOLLOW MAINTENANCE DOSING ALGORITHM IN GUIDELINE		

Do not use the initiation protocol for patients already on warfarin. More frequent INR monitoring may be required for patients on interacting drug(s)

Medication 1				Date														
Route	Frequency OD	Time 18:00	Start date / Stop date	INR														
				Dose														
Signature	Bleep no.	Pharmacy ☐		Dr sign														
				Given														

Initiating Warfarin – please contact haematology team for advice outside of these parameters

Day	One	Two	Three					Four								
INR	< 1.3	No Test	< 1.5	1.5 - 2.0	2.1 - 2.5	2.6 - 3.0	> 3.0	< 1.6	1.6 - 1.7	1.8 - 1.9	2.0 - 2.3	2.4 - 2.7	2.8 - 3.0	3.1 - 3.5	3.6 - 4.0	>4.0
Dose mg	5	5	10	5	3	1	0	10	7	6	5	4	3	2	1	0

Prescriptions in Diabetes Mellitus

Please See Separate Adult Diabetes Chart

Medications requiring frequent regular administration e.g. nebulisers, eye drops, nimodipine, emolients etc.

Medication 6				Enter times	Enter dates below
Dose	Route	Frequency	Start date / Stop date		
Signature			Bleep no.		
Instructions			Pharmacy ☐		

Oxygen

Target saturation ☐ 88-92% ☐ 94-98%

Other (specify) _____

Target saturation not applicable ☐

If oxygen saturation falls below target range on prescribed oxygen, patient needs urgent clinical review.
If oxygen saturation is above target range on prescribed oxygen, ask for review.

*Device : N = nasal cannula, SM = Simple face mask, V = venturi, H = humidified, RM = reservoir mask, OTH = other eg. NCPAP/NIPPV

Pharmacy ☐

	Date started	Date changed	Date changed	Enter times	Enter dates below
*Device					
% or L/min (specify a range e.g. 1-21 L/min)					
Signature & bleep no.					

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated?

HOSPITAL NO: NHS 624-191-1090 MRN W11317864
SURNAME: KERR, Colin
FORENAME: Male Nk Nk ZZ99
DATE OF BIRTH: 27-NOV-1979
(3)
Weight (kg) Height (cm) BSA (m²)

Regular prescriptions continued

Regular medications

Date	7/8	8/8	9/8	10/8	11/8	12/8	12/8

16 Mirtazepine — NEW

	START	Change	Change
Date	7/8	12/8	
Route	PO	po	
Signature		[signature]	

Instructions: increase to 30mg

Signature and bleep no.: [signature] STOP RX
Pharmacy: 10/8

Time	START dose	Change	Change	7/8	8/8	9/8	10/8	11/8	12/8
06									
09									
12									
18									
(22)	15mg	30mg		[initials]	[initials]	[initials]	[initials]	[initials]	M
24									

17 SODIUM DOCUSATE

	START	Change	Change
Date	10/8		
Route	po		
Signature			

Signature and bleep no.: [signature]
Pharmacy: 10/8

Time	START dose	Change	Change	7/8–10/8	11/8	12/8	12/8
06							
(09)	100mg			———	[initials]	[initials]	D
12							
18							
(22)	100mg			———	[initials]	[initials]	[initials]
24							

18 OMEPRAZOLE

	START	Change	Change
Date	12/8		
Route	po		
Signature			

Signature and bleep no.: [signature]
Pharmacy: 13/8

Time	START dose	Change	Change	12/8
06				
(09)	20mg.			D
12				
18				
22				
24				

19

	START	Change	Change
Date			
Route			
Signature			

Medication | Instructions | Signature and bleep no. | Pharmacy

Time			
06			
09			
12			
18			
22			
24			

20

	START	Change	Change
Date			
Route			
Signature			

Medication | Instructions | Signature and bleep no. | Pharmacy

Time			
06			
09			
12			
18			
22			
24			

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission			
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)			
Medication history charted correctly ☐	No regular medication prior to admission ☐		
Details of discrepancies:			

16

Regular prescriptions continued

Regular medications continued

	DOSE START	DOSE Change	DOSE Change	Date													
Date				Medication 21					Instructions				Signature and bleep no.			Pharmacy	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 22					Instructions				Signature and bleep no.			Pharmacy	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 23					Instructions				Signature and bleep no.			Pharmacy	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 24					Instructions				Signature and bleep no.			Pharmacy	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 25					Instructions				Signature and bleep no.			Pharmacy	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated?

HOSPITAL NO

NHS 624-191-1090

MRN W[illegible]1317864

SURNAME

KERR, Colin

2[illegible]-NOV-1979

FORENAME

Male

Nk

Nk

ZZ99

3

DATE OF BIRT

Weight (kg) Height (cm) BSA (m²)

7

Regular prescriptions continued

Regular medications continued

	DOSE START	DOSE Change	DOSE Change	Date													
Date				Medication 26					Instructions				Signature and bleep no.			Pharmacy ☐	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 27					Instructions				Signature and bleep no.			Pharmacy ☐	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 28					Instructions				Signature and bleep no.			Pharmacy ☐	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 29					Instructions				Signature and bleep no.			Pharmacy ☐	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	
Date				Medication 30					Instructions				Signature and bleep no.			Pharmacy ☐	
Route																	
Signature																	
06																	
09																	
12																	
18																	
22																	
24																	

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission			
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)			

Medication history charted correctly ☐ No regular medication prior to admission ☐

Details of discrepancies:

8

As required medications

Medication 31 Methadone
Indication
Dose 10mg **Route** Po **Maximum frequency/dose** Q2H **Start date** 30/7 **Stop date** **Bleep no.**
Signature [signature]

Date	30/7	30/7	31/7	31/7
Time	14:10	23:00	06:30	12:40
Dose	10mg	10mg	10mg	10mg
Route	PO	Po	Po	P.O
Given	EG	[illegible]	[illegible]	MO

Additional instructions:
Pharmacy [initials] 31/7

Medication 32 DIAZEPAM
Indication WITHDRAWAL CIWA>10
Dose 5mg **Route** Po **Maximum frequency/dose** BD **Start date** **Stop date** **Bleep no.**
Signature [signature]

Date	8/8	9/8	11/8	12/8	12/8	13/8	13
Time	13:00	1450		0120	1500	0145	1330
Dose	5mg	5mg		5mg	5mg	5mg	5mg
Route	PO	PO		PO	PO	PO	PO
Given	EG	[signature]		[signature]	[signature]	[signature]	[signature]

Additional instructions: INBETWEEN REGULAR DIAZEPAM
Pharmacy [signature] 10/8

Medication 33 GAVISCON
Indication Dyspepsia
Dose 15ml **Route** Po **Maximum frequency/dose** QDS **Start date** 12/8 **Stop date** **Bleep no.**
Signature [signature]

Date	12/8	13/8
Time	1500	1330
Dose	15ml	15
Route	Po	Po
Given	[signature]	[signature]

Additional instructions:
Pharmacy [signature] 13/8

Medication 34
Indication
Dose **Route** **Maximum frequency/dose** **Start date** **Stop date** **Bleep no.**
Signature

Date	
Time	
Dose	
Route	
Given	

Additional instructions:
Pharmacy ☐

Medication 35
Indication
Dose **Route** **Maximum frequency/dose** **Start date** **Stop date** **Bleep no.**
Signature

Date	
Time	
Dose	
Route	
Given	

Additional instructions:
Pharmacy ☐

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☑	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? _____

HOSPITAL NO NHS 624-191-1090 MRN W[illegible]1317864

SURNAME KERR, Colin

FORENAME Male Nk Nk ZZ99

DATE OF BIRT 2[illegible]-NOV-1979 (3)

Weight (kg) Height (cm) BSA (m²)

7

As required medications continued

Medication 36
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 37
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 38
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 39
Indication
Dose | Route | Maximum frequency/dose | Start date | Stop date | Bleep no.
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medications not administered (code 7 'other') or delayed administration (code 8)

Date	Time	Medication	Circle code	Reason for omission / delay	Action taken	Nurse's signature
			7 8			
			7 8			
			7 8			
			7 8			
			7 8			
			7 8			

Infusion prescriptions

SC = subcutaneous

IVC = intravenous central
IVP = intravenous peripheral

Date & time	Route	Infusion Fluid		Medication		Duration	Rate	Prescriber's signature & bleep no.	Date Given	Given by/ Added by	Check by	Start time	Finish time	Pharmacy
		Name & strength	Volume	Approved name with expiry and batch / unit number	Dose									
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission			

Medication history source (circle all that apply) GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):

Relevant contact details (e.g. GP/comm.pharm)

Medication history charted correctly ☐ No regular medication prior to admission ☐

Details of discrepancies:

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? ____________________

HOSPITAL NO	NHS 624-191-?090	MRN W?1317864	
SURNAME	KERR, Colin	2?-NOV-1979	
FORENAME	Male	Nk	③
DATE OF BIRT		Nk ZZ??	
Weight (kg)	Height (cm)	BSA (m²)	

Infusion prescriptions continued

SC = subcutaneous   IVC = intravenous central   IVP = intravenous peripheral

Date & time	Route	Infusion Fluid: Name & strength	Infusion Fluid: Volume	Medication: Approved name with expiry and batch / unit number	Medication: Dose	Duration	Rate	Prescriber's signature & bleep no.	Date Given	Given by/ Added by	Check by	Start time	Finish time	Pharmacy
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												

12

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission			
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)			

Medication history charted correctly ☐ No regular medication prior to admission ☐

Details of discrepancies:

Medicine	Dose	Strength	Route	Directions	Pharmacy comments	Doctor's comments

Monitoring Parameters e.g. Creatinine Clearance, potassium etc.

Date	Parameter	Comment	Date	Parameter	Comment
	Pregnant?	Y / N Trimester 1 / 2 / 3			

Multidisciplinary Communications e.g. details of changes/additions to medications or recommendations during in-patient stay

Date	Medicine	Dose & Directions	Changes in therapy				Comment	Signature
			New	Dose change	Witheld	Stopped		

Take Home Medicines (TTAs)

Date & time	Line numbers (Whipps Cross use only)	TTAs verified by -
		Signature Date & time

Pharmaceutical needs assessment

Communication concern (eg visual/hearing/ language/dementia)	Signature: Designation: Date:	Counselling required	Signature: Designation: Date:	Compliance aids needed or used	Signature: Designation: Date:

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? _____

HOSPITAL NO.
NHS 624-191-1090 MRN WH1317864
KERR, Colin 29-NOV-1979
Male Nk Laughton
Nk
ZZ99 3 F ☐
66.8kg

IN-PATIENT MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD

NHS Barts Health NHS Trust

Bleep 2439

Consultant	Trainee Dr. Name and Bleep no.	Date of admission	Date chart reboarded	Estimated date of discharge
DR. SINHA ~~TANEJA~~		27/7/2020		
This chart is no. 1 of 11	Transcribing Check by Pharmacy Sign..... Date.....	Ward 1 ~~AAU~~ Symons 2 ~~C5~~ A3		

Supplementary Medication charts in use: Other (please specify): 1 ..... 2 .....

Syringe driver ☐ TPN ☐ Chemotherapy ☐ Diabetic treatment chart ☐

Once only medications - loading doses, pre-medication, PGDs or surgical antibiotic prophylaxis

Date	Time to be given	Medicine (approved name)	Dose	Route	Signature and bleep no.	Pharmacy	Time given	Given by	Checked by
~~27/7~~	~~STAT~~	CHLORDIAZEPOXIDE	40mg	PO			1740		
31/7	STAT	Sando K	TTT	PO			1550		

REWRITTEN 13/8. mc.

Guidance for prescribers

a) Write prescriptions legibly
b) When prescribing medication sign & print your name/use name stamp
c) Ensure demographic details have been completed
d) Use approved names unless brand name essential
e) Avoid decimal points e.g. 500 micrograms not 0.5mg. Write doses less than 1mg in micrograms, and less than 1 microgram in nanograms
f) Discontinue medicine(s) with a vertical line through the prescribing and administration records. Sign and date the discontinuation
g) All intravenous flush solutions must be prescribed, administered and recorded according to local policy
h) Prescribe antifungals, antibiotics and antivirals in the anti-infectives section, stating the duration of the prescription. Prescribe long-term antibiotic prophlaxis and antituberculosis medications in the regular medications section

Guidance for recording administration

Nurse initials to indicate medicine administered. When medicine(s) are not given as prescribed, record the appropriate code in the administration box and initial. Ensure appropriate action is taken as a result of drug delay/omission to promote continuity.

X. Omitted on instruction of doctor or pharmacist
1. Patient away from ward
2. Patient unable to receive e.g. vomiting, NBM (see Trust policy)
3. Patient refused
4. Self medicating: witnessed
6. Self medicating: not witnessed
7. Other - state reason in 'Drugs not administered/delayed administration' section
8. Delayed administration - state reason in 'Drugs not administered/delayed administration' section

Routes of administration	IV = intravenous	IM = intramuscular	SC = subcutaneous	PO = oral	TOP = topical	SL = sublingual
	PV = vaginal	PR = rectal	INH = inhalation	NEB = nebulisation	All other routes must be written in full	

12 CADS STERLING . HARROGATE

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	MA		28/7/2020
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):		
Relevant contact details (e.g. GP/comm.pharm)	SCR		

Medication history charted correctly ☐ No regular medication prior to admission ☑

Details of discrepancies:

2

THROMBOPROPHYLAXIS ASSESSMENT IS REQUIRED ON ADMISSION AND AT 24hrs

1

PROPHYLAXIS REQUIRED IF

- ☐ **ONGOING REDUCED MOBILITY RELATIVE TO NORMAL STATE OR**
- ☐ **SURGICAL PATIENT**

+ ONE OR MORE OF THE FOLLOWING RISK FACTORS

- ☐ Age > 60
- ☐ Significantly reduced mobility for ≥ 3days
- ☐ BMI > 30kg/m²
- ☐ Active Cancer or Cancer treatment
- ☐ Previous PE / DVT
- ☐ Known thrombophilia / family history of DVT
- ☐ Significant medical comorbidity
- ☐ Acute illness / infection / inflammation
- ☐ Dehydration
- ☐ Surgical procedure, anaesthesia time > 60 mins
- ☐ Varicose veins with phlebitis
- ☐ Oestrogen therapy (HRT, OCP)
- ☐ Pregnant / post partum (see pregnancy booklet)
- ☐ **No risk factors. No prophylaxis required.**

2

IF PROPHYLAXIS REQUIRED PRESCRIBE LMWH (OR SUITABLE ANTICOAGULANT) UNLESS CONTRA-INDICATED:

Contra-indications to LMWH/other anticoagulants

- ☐ Active bleed (if intracranial liaise with consultant)
- ☐ On anticoagulants (caution with dual antiplatelets)
- ☐ Significant procedure related bleeding risk
- ☐ Acute stroke: haemorrhagic or large infarct
- ☐ Inherited bleeding disorder eg. haemophilia
- ☐ Severe / acute liver disease / caution if CrCl < 30ml/min
- ☐ Platelets < 75 or abnormal clotting screen
- ☐ BP > 230 systolic, or > 120 diastolic
- ☐ Lumbar puncture / epidural / spinal in previous 4 hours or within next 12 hours (for anticoagulants other than LMWH contact haematology SpR)
- ☐ Heparin induced thrombocytopenia
- ☐ **None. Prescribe LMWH / other anticoagulant**

3

ALL AT RISK SURGICAL PATIENTS REQUIRE GRADUATED COMPRESSION STOCKINGS (GCS) AND / OR INTERMITTENT PNEUMATIC COMPRESSION (IPC) UNLESS CONTRA-INDICATED:

For medical patients in whom LMWH is Contraindicated consider GCS and / or IPC.
Contra-indications to GCS

- ☐ Peripheral arterial disease, suspected/proven
- ☐ Previous / planned revascularisation surgery
- ☐ Severe leg or pulmonary oedema
- ☐ Leg conditions worsened by stockings eg dermatitis, recent skin graft, gangrene, fragile skin, wounds, ulcers, cellulitis
- ☐ Major limb deformity / unusual leg shape or size
- ☐ Acute stroke
- ☐ Peripheral neuropathy / sensory impairment
- ☐ Allergy to GCS material
- ☐ **None of the above. Prescribe GCS.**

The VTE assessment is not complete until it is registered within the patient's record on CRS.

On admission
Sign .... Date..............
At 24 hrs and clinical situation change
Sign .... Date..............

Mechanical Thromboprophylaxis

Choice of mechanical prophylaxis and leg(s) to be applied to					Enter times	Enter dates below
Graduated elastic compression stockings	Intermittent pneumatic compression device (IPC)	Leg Left	Right	Both		
☐	☐	☐	☐	☐		
Start date:	End Date	Signature & bleep no.				
☐	☐	☐	☐	☐		
Start date:	End Date	Signature & bleep no.				

Low Molecular Weight Heparin (LMWH) or Unfractionated Heparin (UFH) – Prescribe Prophylaxis OR treatment here if required

	DOSE START	Change	Change	Date 27/7	28/7	29/7
Date	27/7					
Route	SC					
Signature	[signature]					
18.00	40mg			[initials]	[initials]	

Medication: 16 INHIXA
Indication:
Signature and bleep no.: [signature]
Pharmacy: [signature] 29/7

E6

Non-vitamin K Oral Anticoagulants (NOACs) - RIVAROXABAN, DABIGATRAN, APIXABAN, EDOXABAN

IF SWITCHING FROM LMWH TO A NOAC PLEASE GIVE FIRST NOAC DOSE WHEN NEXT LMWH DOSE DUE & (VICE-VERSA)

DO NOT PRESCRIBE ANY OTHER ANTICOAGULANTS WITH THESE MEDICATIONS (INCLUDING PROPHYLACTIC LMWH)

	DOSE START	Change	Change	Date
Date				
Route				
Signature				

Medication: 16

Checklist (new patients):
Indication:
- Refer to anticoagulant clinic ☐
- Counsel patient ☐
- Provide alert card ☐

Signature and bleep no.
Pharmacy ☐

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain (Confirm ASAP) ☐		

Condition(s) where medications are contraindicated? _____

HOSPITAL NO.
NHS 624-191-1090 MRN WH1317864
KERR, Colin 29-NOV-1979
Male Nk
Nk
ZZ99
66.8kg
F ☐

3

Regular prescriptions continued

Anti-infectives prescription *prescribe long term prophylaxis and anti-tuberculosis medications in regular medications section*

Medication 8: DOXYCYCLINE **Indication:** HAP

For 7 days | Signature | Pharmacy

Date 10/8 | Bleep

Route PO | Enter dates below: 10/8 11/8 12/8

Times	Dose
06	
09	100 mg
12	
18	
22	100 mg
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 9: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 10: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 11: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 12: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 13: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 14: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medication 15: **Indication:**

For ..... days | Signature | Pharmacy

Date | Bleep

Route | Enter dates below

Times	Dose
06	
09	
12	
18	
22	
24	

72hr Abx Review — Choose, sign, document: IV → oral | Change | Stop | Continue | Consider OPAT

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	MH		28/10/22
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify)		
Relevant contact details (e.g. GP/comm.pharm)	SGP		
Medication history charted correctly ☐		No regular medication prior to admission ☑	
Details of discrepancies:			

Vitamin K Antagonists

follow the anticoagulation guidelines available on the intranet

Indication	Target INR	Baseline INR (if applicable)	Duration of therapy / Date therapy started	Date of anticoagulation follow-up appointment (clinic or other)*	Anticoagulant record book given or updated. Sign & date	Date patient counselled & sign

*A follow-up appointment must be booked with the anticoagulant clinic or enhanced provider of primary care services. If not, the TTA will **not** be dispensed

Initiating warfarin: Perform baseline coagulation screen, LFTs, U&Es and FBC ⇒ Prescribe initiation dose as per guidelines ⇒ CHECK INR DAILY ⇒ FOLLOW DOSING ALGORITHM IN GUIDELINE

Continuing warfarin: Maintenance therapy ⇒ FOLLOW MAINTENANCE DOSING ALGORITHM IN GUIDELINE

Do not use the initiation protocol for patients already on warfarin. More frequent INR monitoring may be required for patients on interacting drug(s)

Medication 1	Route	Frequency	Time	Start date / Stop date	Signature	Bleep no.	Pharmacy ☐
		OD	18:00				

Date																
INR																
Dose																
Dr sign																
Given																

Initiating Warfarin – please contact haematology team for advice outside of these parameters

Day	One	Two	Three					Four							
INR	< 1.3	No Test	< 1.5	1.5 - 2.0	2.1 - 2.5	2.6 - 3.0	> 3.0	< 1.6	1.6 - 1.7	1.8 - 1.9	2.0 - 2.3	2.4 - 2.7	2.8 - 3.0	3.1 - 3.5	3.6 - 4.0	> 4.0
Dose mg	5	5	10	5	3	1	0	10	7	6	5	4	3	2	1	0

Prescriptions in Diabetes Mellitus

Please See Separate Adult Diabetes Chart

Medications requiring frequent regular administration e.g. nebulisers, eye drops, nimodipine, emolients etc.

Medication 6	Dose	Route	Frequency	Start date / Stop date	Signature	Bleep no.	Instructions	Pharmacy ☐	Enter times	Enter dates below

Oxygen

Target saturation ☐ 88-92% ☐ 94-98%

Other (specify) _____

Target saturation not applicable ☐

If oxygen saturation falls below target range on prescribed oxygen, patient needs urgent clinical review.
If oxygen saturation is above target range on prescribed oxygen, ask for review.

*Device : N = nasal cannula, SM = Simple face mask, V = venturi, H = humidified, RM = reservoir mask, OTH = other eg. NCPAP/NIPPV

Pharmacy ☐

	Date started	Date changed	Date changed	Enter times	Enter dates below
*Device					
% or L/min (specify a range e.g. 1-2 L/min)					
Signature & bleep no.					

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? _____

HOSPITAL NO.

NHS 624-191-1090 MRN WH1317864

KERR, Colin 29-NOV-1979

Vale Nk Laughton

Nk

ZZ99

66.8KG

3

F ☐

Height (cm) BSA (m²)

S

Regular prescriptions continued

Regular medications

Date 27/7 28/7 29/7 30/7 31/7 1/8 2/8 3

16 PABRINEX

	DOSE START	Change	Change
Date	27/7		
Route	IV		
Signature			
06			
09	1+1+1 x 2 (2 pairs)		
12			
18			
22	1+1+1 x 2 (2 pairs)		
24			

Instructions:

Signature and bleep no.:

Pharmacy:

17 PABRINEX

	DOSE START	Change	Change
Date	27/7		
Route	IV		
Signature			
06	1+1+1	2 pairs	
09			
12	1+1+1	2 pairs	
18			
22	1+1+1	2 pairs	
24			

Instructions: (2 pair) . S/D daily

Signature and bleep no.:

Pharmacy:

18 SANDO K

	DOSE START	Change	Change
Date	28/7		
Route			
Signature			
06			
09			
12			
18			
22			
24			

Instructions:

Signature and bleep no.:

Pharmacy:

19 OXAZEPAM

	DOSE START	Change	Change
Date	28/7	31/7	1/8
Route	PO	PO	PO
Signature			
06			
09	15mg	40mg	35mg
12			
18	15mg	40mg	35mg
22	15mg	40mg	35mg
24			

Instructions: 31/7 → 40mg; 01/8 → 35mg

Signature and bleep no.:

Pharmacy: DA 1P 29/7 1P x 10mg + 15mg OP 01/8

20 Sando-K

	DOSE START	Change	Change
Date	29/7		
Route	oral		
Signature			
06			
09	11		
12			
18			
22	11		
24			

Instructions:

Signature and bleep no.:

Pharmacy: DA 29/7

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	MH		28/7/2020
Medication history source (circle all that apply)	GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify)		
Relevant contact details (e.g. GP/comm.pharm)	SGP		
Medication history charted correctly ☐		No regular medication prior to admission ☑	

Details of discrepancies:

6

Regular prescriptions continued

Regular medications continued

	DOSE START	DOSE Change	DOSE Change	Date	Medication	Instructions	Signature and bleep no.	Pharmacy
Date	30/7	31/7	02/8	30/7 31/7 1/8 2/8 3/08 04/08 5/8 6/8 7/8 8/8 9/8 10/8 11/8 12	21 Suboxone	01/08 → 4mg 02/08 → 8mg		
Route	PO	PO	~~PO~~					
Signature								
06								
09								
12								
18	18mg	4mg	8mg		4mg 8mg			
22								
24								
Date	31/7	31/7			22 Subutex	03/08 → 16mg 04/08 → 18mg From 05/08 → Continue regular 18mg.		
Route	~~PO~~	~~PO~~ PO						
Signature								
06								
09								
12								
18	16mg	18mg			16mg 18mg →			
22								
24								
Date	31/7				23 Phosphate Sandoz	Stop Level 1.57.		
Route	PO							
Signature								
06	TT							
09								
12 (14)	TT							
18								
22	TT							
24								
Date	31/7	31/7	31/7		24 Oxazepam	2/8/20 → 30mg 3/8/20 → 25mg 4/8/20 → 20mg		
Route	PO	PO	PO					
Signature								
06								
09	30mg	25mg	20mg					
12 (14)	30mg	25mg	20mg					
18								
22	30mg	25mg	20mg		30mg 25mg 20mg			
24								
Date	2/8				25 Thiamine			
Route	PO							
Signature								
06								
09	100mg							
12								
18	100mg							
22								
24								

Attach ALLERGY Sticker	ALLERGIES & ADVERSE DRUG REACTIONS (ADR)			
	DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
	Nil Known Drug (or other) ☐ ✓	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? ______

HOSPITAL NO.
NHS 624-191-1090 MRN WH1317864
KERR, Colin 29-NOV-1979
Male Nk Nk ZZ99 Laughton (3)
66.8KG
F ☐

7

Regular prescriptions continued

Regular medications continued

	DOSE START	Change	Change	Date: 3/8	04/08	5/8	6/8	7/8	8/8	9	10/8	11/8	12/8	13/8			
Date	3/8			Medication: 26 Vit B co strong (Vitamin B compound)					Instructions				Signature and bleep no.		Pharmacy 4/8		
Route	PO																
Signature																	
06																	
(09)	1				LS	WA		EG	EG		EG						
12																	
18																	
22																	
24																	
Date	3/8/08			Medication: 27 Ferrous fumarate					Instructions				Signature and bleep no.		Pharmacy 4/8		
Route																	
Signature																	
06																	
(09)	210mg				LS	WA		EG	EG		EG						
12																	
(18)	210mg				LS	WA		EG	EG		EG						
22																	
24																	
Date	5/8	6/8	7/8	Medication: 28 Oxazepam					Instructions				Signature and bleep no.		Pharmacy 4/8 10 x 10mg 7/8		
Route	PO	PO	PO														
Signature																	
06																	
(09)	15mg	10mg	5mg	X	X	WA		7									
12 (14)	15mg	10mg	5mg	X	X	WA		EG									
(18)	15mg	10mg	5mg														
(22)	15mg	10mg	5mg	X	X												
24																	
Date	7/8	10/8		Medication: 29 Promethazine					Instructions				Signature and bleep no. (sign Rx)		Pharmacy		
Route	PO	PO															
Signature		(sign)															
06																	
09																	
12																	
(18)	25mg	50mg						7	EG		EG						
22																	
(24)	25mg	50mg															
Date	7/8	13/8		Medication: 30 DIAZEPAM					Instructions				Signature and bleep no. (sign Rx)		Pharmacy		
Route	PO	PO															
Signature																	
06																	
(09)	10mg	7.5mg						X	EG		EG (continue)						
12														(Decrease to 7.5mg)			
18 (19)	~~10mg~~	7.5mg						EG	EG		EG						
22																	
(24)	5mg																

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	MH		28/7/2020

Medication history source (circle all that apply): GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):

Relevant contact details (e.g. GP/community pharm): Ser

Medication history charted correctly ☐ No regular medication prior to admission ☑

Details of discrepancies:

As required medications

31 Medication: CHLORDIAZEPOXIDE
Indication: As per CIWA
Dose: 10-50mg | Route: PO | Maximum frequency/dose: PRN | Start date: 27/7 | Stop date: | Bleep no.: 2111 | Signature:

Date	Time	Dose	Route	Given
29/7	1340	50mg	PO	

Additional instructions:

Pharmacy ☐

32 Medication: ONDANSETRON 1st Line
Indication: four to eight mg
Dose: 4-8mg | Route: PO/IV | Maximum frequency/dose: TDS | Start date: 27/7 | Stop date: | Bleep no.: 2111 | Signature:

Date	Time	Dose	Route	Given
30/7	9:45H	4mg	PO	EG

Additional instructions:

Pharmacy STRW 2912

33 Medication: OXAZEPAM
Indication: As per CIWA ≥ 10
Dose: 10-30mg | Route: PO | Maximum frequency/dose: PRN | Start date: 27/7 | Stop date: 7/8 | Bleep no.: 2111 | Signature:

Date	Time	Dose	Route	Given
27/7	2315	30mg	PO	EG
28/7	02:35	20mg	PO	EG
29/7	12:55H	30mg	PO	EG
29/7	16:40H	30mg	PO	EG
29/7	23	30mg	PO	EG
30/7	04:30	30mg	PO	EG
30/7	9:45H	30mg	PO	EG
30/7	12:24H	30mg	PO	EG
30/7	20:00	30mg	PO	EG
31/7	05:35	30mg	PO	EG

Additional instructions: Maximum dose 200mg in 1st 24hrs.

Pharmacy STRW 2912

34 Medication: PARACETAMOL
Indication: Pain/fever
Dose: 1g | Route: PO | Maximum frequency/dose: TDS | Start date: 27/7 | Stop date: | Bleep no.: 2111 | Signature:

Date	Time	Dose	Route	Given
28/7	1550	1g	PO	EG
29/7	10:20H	500mg	PO	EG
29/7	15:10H	500mg	PO	EG
29/7	19:30H	500mg	PO	EG
30/7	05:40	500mg	PO	EG
30/7	12:15	500mg	PO	EG
30/7	23:00H	500mg	PO	EG
31/7	05:45	500mg	PO	EG

Additional instructions:

Pharmacy STRW 2912

35 Medication: CLARITHROMYCIN
Indication: Pneumonia
Dose: 500mg | Route: PO | Maximum frequency/dose: 12-hourly | Start date: 29/7 | Stop date: | Bleep no.: 2111 | Signature:

Date	Time	Dose	Route	Given

Additional instructions:

Pharmacy LOD 2913

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? _____

HOSPITAL NO.
NHS 624-191-1090 MRN WH1317864
KERR, Colin 29-NOV-1979
Male Nk Laughton
Nk
ZZ99
66.8KG
F ☐

9

As required medications continued

Medication 36 ORAM
Indication
Dose | **Route** | **Maximum frequency/dose** | **Start date** | **Stop date** | **Bleep no.**
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 37 ONDANSETRON
Indication
Dose | **Route** | **Maximum frequency/dose** | **Start date** | **Stop date** | **Bleep no.**
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐

Medication 38 METOCLOPRAMIDE
Indication Nause/vomiting 2nd line
Dose 1amp | **Route** IV/PO | **Maximum frequency/dose** TDS | **Start date** 30/7 | **Stop date** | **Bleep no.**
Signature
Date / Time / Dose / Route / Given
Additional instructions:
Pharmacy ☐ Stock 30/7

Medication 39 LORAZEPAM
Indication Insomnia
Dose 0.5mg | **Route** PO | **Maximum frequency/dose** ON | **Start date** 30/7 | **Stop date** | **Bleep no.**
Signature
Date / Time / Dose / Route / Given
Additional instructions: Stop on N21B as per D&A team.
Pharmacy ☐ Stock 30/7

Medications not administered (code 7 'other') or delayed administration (code 8)

Date	Time	Medication	Circle code	Reason for omission / delay	Action taken	Nurse's signature
30/7	1800	Suboxone Line 21	(7) 8	not available @ WMH	ordered Pharmacy aware	NG
			7 8			
			7 8			
			7 8			
			7 8			
			7 8			

Infusion prescriptions

SC = subcutaneous

IVC = intravenous central
IVP = intravenous peripheral

Date & time	Route	Infusion Fluid: Name & strength	Infusion Fluid: Volume	Medication: Approved name (with expiry and batch / unit number)	Medication: Dose	Duration	Rate	Prescriber's signature & bleep no.	Date Given	Given by/ Added by	Check by	Start time	Finish time	Pharmacy
27/7	IV	Plasmalyte Exp: 07-2022 Batch/unit no: 20D0G T3H	1L	—			8hrs		27/7			1730		STOP
27/7	IV	Plasmalyte Exp: Batch/unit no:	1L	—			10hrs							
① 27/7	IV	N. Saline Exp: 01-2023 Batch/unit no: 20B77T2G	1L	KCl 40mmol		-	8hrs		27/7			1840		
③ 27/7	IV	N. Saline Exp: Batch/unit no:	1L	KCl 40mol		-	8hrs		28/7/21	RF		0530		
② 27/7	IV	N. Saline Exp: Batch/unit no:	100mls	8 mmol Magnesium sulphate		-	2hrs		28/7/20	RF		0245		
31/7	IV	N. Saline Exp: 2/23 Batch/unit no: 20C271 7C	1L	KCl 40mmol			6		31/7			1540		
31/7	IV	N. Saline Exp: Batch/unit no:	1L	KCl 40mmol			6		31/7		DDAAS	22:30		
1/8	IV	N. Saline Exp: 01/2023 Batch/unit no: 20B2 8T 2C	1L	KCl 20mmol			8		1/8			05:10		
1/8	IV	N. Saline Exp: 03/2023 Batch/unit no: 20D22T3D	1L				8		01/08			15:30		
2/8	IV	N. Saline Exp: 03/2023 Batch/unit no: 20D22T3D	1L				10		2/8		EG	24:00		

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	MH		28/7/2020

Medication history source (circle all that apply): GP / Pts own medicines / eTTA / Patient / Carer / Community pharmacist / Other (specify):

Relevant contact details (e.g. GP/comm.pharm): SCR

Medication history charted correctly ☐ No regular medication prior to admission ☑

Details of discrepancies:

Attach ALLERGY Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

DRUG / OTHER ALLERGENS	REACTION	SOURCE	INITIAL & DATE
Nil Known Drug (or other) ☐ ✓	Not Possible to Ascertain ☐ (Confirm ASAP)		

Condition(s) where medications are contraindicated? ___

HOSPITAL NO
NHS 624-191-1090 MRN WH1317864
KERR, Colin 29-NOV-1979
Male Nk Laughton
Nk
ZZ99
③
66.8KG
F ☐

Infusion prescriptions continued

SC = subcutaneous

IVC = intravenous central
IVP = intravenous peripheral

Date & time	Route	Infusion Fluid: Name & strength	Infusion Fluid: Volume	Medication: Approved name with expiry and batch / unit number	Medication: Dose	Duration	Rate	Prescriber's signature & bleep no.	Date Given	Given by/ Added by	Check by	Start time	Finish time	Pharmacy
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												
		Exp: Batch/unit no:												

CADS STERLING . MARGOLIGATE

Medicines management

Medicines reconciliation	Signature	Bleep or extension	Date
Medication history checked on admission	MA		28/7/2020

Medication history source (circle all that apply) (GP) / Pts own medicines / eTTA / (Patient) / Carer / Community pharmacist / Other (specify):

Relevant contact details (e.g. GP/comm.pharm) SCR

Medication history charted correctly ☐ No regular medication prior to admission ☑

Details of discrepancies:

Medicine	Dose	Strength	Route	Directions	Pharmacy comments	Doctor's comments
	Suboxone	18mg	OD		Last collected supply last week from Scotland – keyworker is in Scotland – came to London for short trip confirmed c̄ comm pharmacy below	

Monitoring Parameters e.g. Creatinine Clearance, potassium etc.

Date	Parameter	Comment	Date	Parameter	Comment
	Pregnant?	Y / N Trimester 1 / 2 / 3			

Multidisciplinary Communications e.g. details of changes/additions to medications or recommendations during in-patient stay

Date	Medicine	Dose & Directions	Changes in therapy: New	Dose change	Witheld	Stopped	Comment	Signature
	Sterling cross comm. hospital · (CADS)							
*	Suboxone	TBC with chemist	Day Lewis, Loughton Pittys Line 020 85084929				☐	→ called, No answer 29/7/20 M
		TBC ☐ (Pt states takes 18mg every day) Last used on Sat 25/7						

Take Home Medicines (TTAs)

Date & time	Line numbers (Whipps Cross use only)	TTAs verified by - Signature	Date & time

Pharmaceutical needs assessment

Communication concern (eg visual/hearing/ language/dementia)	Signature: Designation: Date:	Counselling required	Signature: Designation: Date:	Compliance aids needed or used	Signature: Designation: Date:

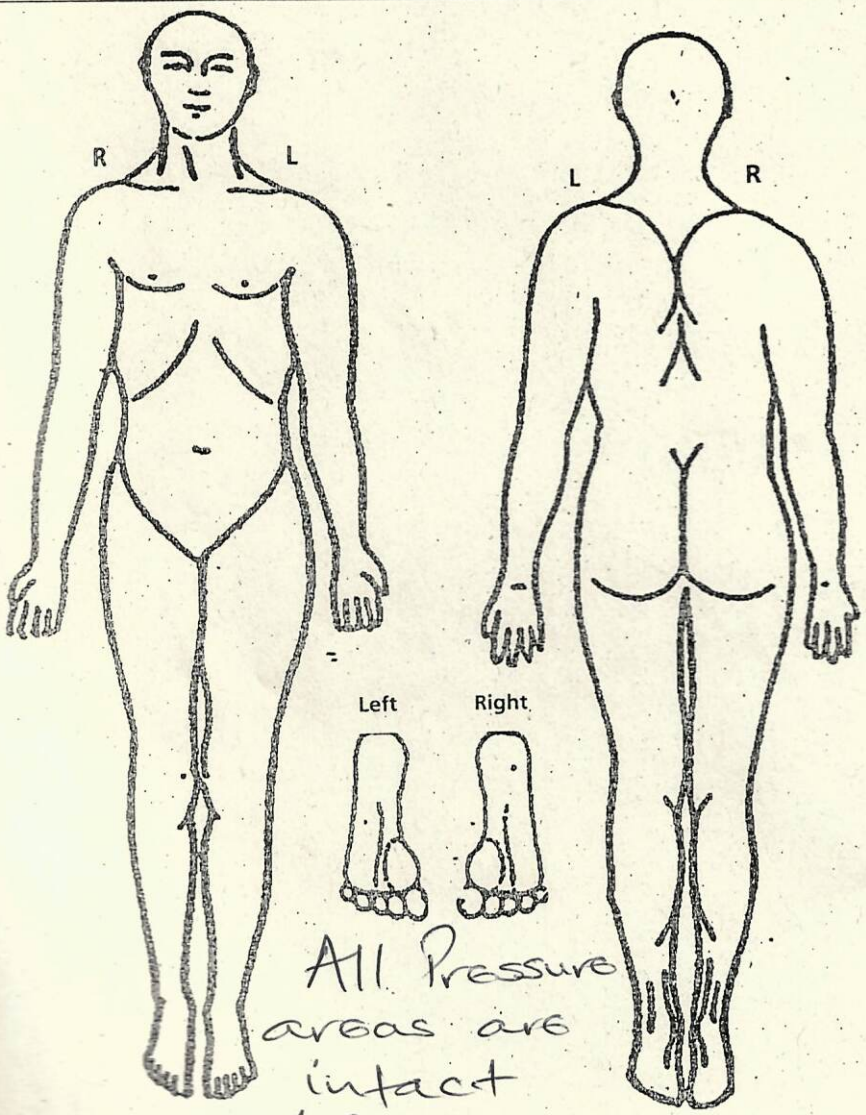
Barts Health NHS
NHS Trust

ADULT HOSPITAL BODY MAPPING AND SKIN ASSESSMENT

Complete the Body Map within 6 hours of admission and when a new skin change is found.

Patient's Name: Colin Kerr	**Date of Initial Assessment:** 28/07/20
Ward: Syringa	**Hospital Number:** WH13178 64

Mark location with "x" and number each wound/skin condition



Common sites of pressure ulcers over bony prominences

- Occiput (Back of head)
- Ears
- Scapula (Shoulder)
- Spine
- Elbow
- Lower Back
- Sacrum/Coccyx
- Ischial Tuberosity (Buttock)
- Trochanter (Hip)
- Between knees
- Malleoli (Ankle)
- Heel
- Foot (Lateral aspect)

Common sites of pressure ulcers related to equipment

- Over ear – due to oxygen tubing
- Bridge of nose – CPAP mask
- Limbs – plaster casts
- Lower limb – Anti-embolic stockings

Reference Terms	Description
Grade 1 pressure ulcer	Intact, red non-blanchable discolouration or warmth, coolness, hardness or oedema.
Grade 2 pressure ulcer	Superficial abrasion. Intact or open/ruptured serum filled blister.
Grade 3 pressure ulcer	Shallow or deep crater. May be obscured by thick slough layer or black necrotic tissue. Does not expose bone, tendon or muscle.
Grade 4 pressure ulcer	Deep cavity with exposed bone, tendon or muscle.
Other wound type	Leg ulcer, surgical wound, traumatic wound.
Other skin condition	Rash, excoriation, bruises.

PATIENT PROPERTY LIST

SYRINGA WARD

PATIENTS NAME: Colin Kerr

HOSPITAL No: WH13178G4

Date: 28/07/2020

- 1 White long sleeved T-Shirt
1 pr of ~~jeanes~~ jeans
1 pr Black & white trainers
1 Black belt

SIGNED BY: Wilnzira

28/07/2020

Bed 7

PATIENT PROPERTY LIST

SYRINGA WARD

PATIENTS NAME: Calin Kerr
HOSPITAL No: 131764
DATE: 17-08-20

1 mobile phone + charger, ear phone

- Driving licence
  Barclays visa
  allpay prepaid
  Capital one
  jeans + belt
  pair of trainers shoes
  1 T-shirt
- 1 underpants

SIGNED BY: [signature]
17-08-20

NHS
Barts Health
NHS Trust

Report Status: Preliminary Report

Discharge Information Summary

GP Practice
GP name : Dr
GP Address :

Patient Demographics
[redacted]ient Name : Colin KERR
NHS Number : 624 191 1090
MRN : WH1317864
Date Of Birth : 29-NOV-1979
Age : 40 Years
Patient Sex : Male
Patient Address :

Admission Details
Date of Admission : 27-JUL-2020
Ward : R1H Syringa

Discharge Details
Discharging Consultant : . (Geriatric Medicine)
Phone :
Date of Discharge : 17-AUG-2020
Discharge Method : Discharged with Consent

Diagnosis
Acute Problem(s) :
Alcohol withdrawal-induced seizure
Delirium tremens
Generally unwell
Hospital acquired pneumonia

Procedures
Procedure : none recorded

Problems
Chronic Problem(s) : At risk of falls

Allergies and Adverse Reactions
Allergies : No known allergies;

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rified by: Rigbye , Joanna

inted by: Shelley , Diana
inted on: 24/Aug/2020 10:49 BST

Plan and Requested Actions

Specific GP Follow UP/Advice : Recheck FBC, LFTs and gGT in 3 months time please.

Medication and Medical Devices

Drugs on Discharge:

Current Medication and Route	Dose	Frequency	No. Days	Cont.	Pharm Verify	Pharmacy Comments
Vitamin B co-strong (oral)	1 tablet	Daily	14	Yes	Yes	*New* GP to review. patient supply on ward.
Ferrous Fumarate (oral)	210mg	Twice Daily	14	Yes	Yes	*New* GP to review. patient supply on ward.
Thiamine (oral)	100mg	Twice Daily	14	Yes	Yes	*New* GP to review. patient supply on ward.
Suboxone (oral)	18mg	Daily	0	Yes	Yes	*Drug History* prescription/prescriber to be arranged by A&D team.
Mirtazepine (oral)	30mg	Daily	14	Yes	Yes	*New* GP to review. patient supply on ward.
Promethazine (oral)	25mg	Twice Daily	10	No	Yes	*New* as per A&D team fro 10 days only. patient supply on ward.
Docusate sodium (oral)	100mg	Twice Daily	14	No	Yes	*Acute* when required for constipation. patient supply on ward.
Omeprazole (oral)	20mg	Daily	14	Yes	Yes	*New* GP to review. patient supply on ward.
Diazepam (oral)	5mg daily	When Required	7	No	Yes	*Acute* for 7 days and then to stop. [SUPPLY]

Medication Changed During This Admission (Reasons) : Dear GP; discharged on above medicines. Please review, KR, Serj Akhtar (Pharmacist, blp 2731)

Medication Discussed With Patient : URGENT RING WHEN READY - 4295 - SISTER TEEre-validated for addition of diazepam. S.Akhtar (Pharmacist, blp 2731)

Discharge Medicine verified by Pharmacist: Shurjeel AKHTAR *Date:* 17-AUG-2020

Clinical summary

Clinical Presentation : Mr Kerr was admitted to Whipps Cross Hospital presenting with a seizure, he was BIBA with a reported 3 seizures, of unknown duration. There was no evidence of tongue biting/incontinence. This is on a background of chronic alcoholism and ex IVDU.
On admission he was tremulous, hallucinating and reported intermittent abdominal pain.

Clinical Course : Given his high risk of further seizures, he was admitted and managed with Oxazepam following scoring highly on CIWA.
He was reviewed by the alcohol and drug liaison team who arranged for local follow up. They recommended CT head due to head injury and this was arranged, showing no evidence of ICB.
During admission Mr Kerr developed a temperature and CRP was raised so he was treated with a course of oral doxycycline for a hospital acquired pneumonia.
Mr Kerr will be discharged MSFD with this community f/u under alcohol service.

Advice from alcohol liason nurse:
- New GP please check FBC, LFT and gGT in 3 months time

Information Given To Patient : Patient to self present to local alcohol and drug service

Investigations and Results

Significant Investigations : VBG- pH 7.487, pCO2 3.17, pO2 10.9, lactate 2.5, glucose 7.3, BE -5.1, HCO3 21.6

Bloods- K 3.1, Bili 27, ALT 51, ALP 154, GGT 304, Lipase 148, no CRP

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CXR- nil acute/focal

US: Focused gallbladder scan only.
The gallbladder was again inadequately distended as patient had not fasted prior to scan. The gallbladder wall appears generally mildly thickened. Within the posterior wall of the gallbladder, towards the fundus, there is a 2 mm echogenic immobile focus, which may indicate adenomyomatosis. No obvious gallstones.
The CBD measures 6 mm in the porta hepatis, which is at the upper end of normal for patient's age.

Investigations Done:
US Abdomen (Completed: 29-JUL-2020 13:42)
XR Chest (Completed: 30-JUL-2020 11:55)
US Abdomen (Completed: 04-AUG-2020 16:29)
XR Chest (Completed: 05-AUG-2020 14:10)
XR Chest (Completed: 13-AUG-2020 10:56)
CT Head (Completed: 13-AUG-2020 11:25)

Distribution list
Copy : GP, Patient, Pharmacy, Coding

[redacted]erson Completing Record
[redacted]ummary Completed By : Rigbye , Joanna

[redacted]mpleted Action List:
VERIFY by Rigbye , Joanna
Perform by Rigbye , Joanna

[redacted]rformed by: Rigbye , Joanna
[redacted]rified by: Rigbye , Joanna

[redacted]inted by: Shelley , Diana
[redacted]inted on: 24/Aug/2020 10:49 BST

(End of Report)

WALTHAM FOREST DRUG & ALCOHOL INTER-AGENCY REFERRAL FORM

DAAT FORM 3 Updated December 2018

SYRINGA

NHS

Outer North East London Community Services

1. REFERRER'S DETAILS

Name of person making the referral: Innocent	Date of referral: 7.8.20
Referring agency: Alcohol Liaison Nurse, WXUH	Tel: 07714 138255
	Fax:
Post code: E11 1NR	Email:innocent.nyathi@bartshealth.nhs.uk
Primary reason for referral: Drug ☒ Please state / Alcohol ☒ Please state	Date of last appointment attended?
Agency to which client is being referred: Essex Stars / Open Road Daylews Loughton CDAS Stirling Scotland	
Triage / comprehensive assessment attached? Yes ☐ No ☐	

2. CLIENT DETAILS

Forename(s)	(also known as)
Surname: KERR, Colin	Gender Male ☑ Female ☐
Date of birth: 29-NOV-1979	Age (at time of referral) 40 years
Address: Male Nk Nk ZZ99	Postcode:
Telephone:	Mobile: Currently
PCT/Borough of residence: Waltham Forest ☐	Other ☐ STERLING (West Essex)

NHS 624-191-1090 MRN WH1317864

3. BRIEF RISK ASSESSMENT

History of violence or threatening behaviour	Yes ☐	No ☑	Not known ☐
Previously excluded from treatment service	Yes ☐	No ☑	Not known ☐
Mental health problems Depression	Yes ☑	No ☐	Not known ☐
History of previous suicide attempts/self harm	Yes ☐	No ☑	Not known ☐
Has dependent children (under 18 years old)	Yes ☐	No ☐	Not known ☐ No contact
In contact with Social Services	Yes ☐	No ☑	Not known ☐
Homeless, NFA or living in unstable housing	Yes ☑	No ☐	Not known ☐
In criminal justice system – DIP/Probation/recently left prison	Yes ☐	No ☐	Not known ☐
Pregnant	Yes ☐	No ☐	Not known ☐
Injecting drugs/sharing injecting equipment	Yes ☐	No ☑	Not known ☐
Heavy / binge drinker	Yes ☑	No ☐	Not known ☐
History of overdose	Yes ☑	No ☐	Not known ☐
Experiencing domestic violence	Yes ☑	No ☐	Not known ☐
Other risk (please specify)			
Risk assessment attached? Yes ☐ No ☐			

4. CLIENT CONSENT FOR REFERRAL

I consent to the details of this referral being sent to the relevant service to meet my treatment needs. I understand that information about dates and times of appointments will be given to the referrer and outcomes of the appointments and proposed treatment care plans will be shared with the referring agency.

Print name:	Colin Kerr.	
Signature:		Date: 7.8.20

Consent for referral to Waltham Forest Outreach Service previously given? Yes ☐ No ☐