National Mortality Case Record Review Programme

using the Structured Judgement Review Method

Case Note 3

Contents

Foreword:

These notes have been produced as training material for the National Mortality Case Record Review Programme. They have been developed and extrapolated from clinician's knowledge and experience to resemble actual case notes. They are not actual patient cases and do not contain any confidential patient information.

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Improvement Academy
Royal College of Physicians

NHS COUNTY TOWN HOSPITAL

NAME: Barbara Jones
DOB: 01/01/1920
NHS: 111 111 1111

ORTHOPAEDIC TRAUMA CLERKING SHEET

DATE: 15/4/16 TIME: 1205

Presenting complaint

left intracapsular NOF fracture

History of presenting complaint

remembers falling , unsure of mechanism, c/o left hip pain , unable to wt bear, graze left elbow, no HI, denies preceding symptoms, usually lives in own house but now in respite
Recent admission with fall, back pain and reduced mobility

Incident details

Mechanism of injury: RTA/Fall >2 metres (Fall< 2m) /sport/ stabbing /other assault

Events leading to any fall

- □ Clear history of trip, slip or accident √
- □ Aura, fit, tongue biting, incontinence
- □ Other associated medical symptoms
- □ Palpitations, chest pain, or sob
- □ Dizzy, light headed, pale, sweaty
- □ Unexplained loss of consciousness
- □ Other

Medical history

hypertension, diet controlled diabetes, previous right hemi arthroplasty hip, and osteoporosis

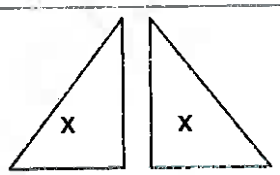
Drug history	Allergies
adcal, bendroflumethiazide, doxazosin, nitrazepam, omeprazole, quinine, simvastatin, hypromellose, paracetamol	aspirin, codeine, co-amoxiclav

Social history	Systemic enquiry
currently in respite, lives in own home, carers qds, regularly walked with frame, house bound	Nil

EXAMINATION

AIRWAY: (clear)/ blood/ vomit/ stridor

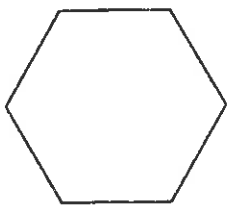
BREATHING:
Resp rate :16/min
Oxygen (% o2 /air) : 96%



Basal creps

CIRCULATION:
I + II +O
Peripheral pulses:
BP 142/65
Pulse 80
Cap refill <2 seconds
Temp 35.5
Peripheral oedema : nil

ABDOMEN



SNT

NEUROLOGICAL
GCS
E 4
V5
M6
TOTAL 15/15

AMT
Age √
DOB√
Year√
Place√
Time√
Monarch√
WW1√
Recognise 2 people√
Count 20-1 backwards√
Recall address X

TOTAL 9/10

Pupils
Right Size
Reaction
Left Size
Reaction

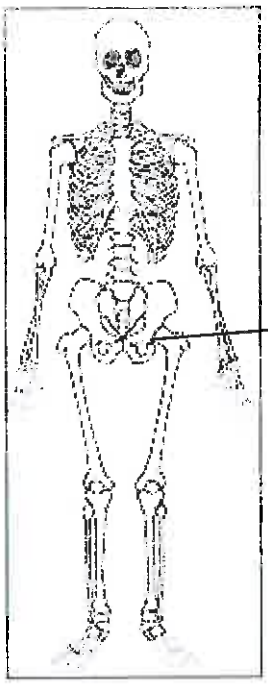
CRANIAL NERVES:

Hand dominance: R L

Nottingham Hip Fracture Score (NHFS)		
Table	Value	Points
	66-85 years	11
	>86 years	14 √
	Male	4
	Female	0 √
Admission HB	≥10	3
	>10	0 √
Admission AMT	≤6 out of 10	4
	>6 out of 10	0 √
Living in an institution	Yes	4 √
	No	0
Number of comorbidities*	0	0
	1	2
	2	5 √
	3	8
	4	11
	5	20
Total points		23

*Comorbidities :CV disease, Malignancy, Stroke, Paget's ,Respiratory disease, Smoking, Renal Disease, Steroids, Diabetes, Warfarin, Rheumatoid Disease, Clopidogrel, Parkinson's disease, 4 or more medications

Predicted 30 day mortality = 15%



Ulcer medial left ankle. NV intact left foot

ECG: SR 78/MIN, LAD	**MUSCULOSKELETAL XRAYS:**
CXR :clear	Left IC NOF #, undisplaced

BLOODS

HB 11.2 Wcc 10.4 Plt 370 Pt 10.9 APTT 24.2	Urea 16.0 (11.5 on 17/3/16) Creatinine 179 (100 on 17/3/16) Egfr 23 Albumin 35 Fasted Glucose 3.7 Normal LFT

Impression – left IC NOF#

Plan – analgesia, E+D today, **NBM midnight, IVI,** Catheter, c+m, repeat u&e, weigh

Initial treatment regime prompt

□Analgesia, Antiemetic, Aperients
Thromboprophylaxis prescribed yes□ no □
□Secondary fracture prevention □iv fluids □skin marking
□antibiotic cover □consent □trauma conference
□inform relatives if indicated

Dr Cross, CT2, 15/4/16 1230

Review SPR Mr Circle, 15/4/16 1510

Left NOF
Foot N/V intact
No other issues

Plan- for hemiarthroplasty tomorrow

circle

NHS COUNTY TOWN HOSPITAL

Patient's surname /family name: Jones
Patient's first name: Barbara
Date of birth: 01/01/1920
NHS number (or other identifier): 111 111 1111
Special requirements.....

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

LEFT HIP HEMIARTHROPLASTY /CANNULATED SCREWS

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained benefits: RESTORE MOBILITY /ANALGESIA

Serious or frequently occurring risks:
PAIN/SCAR/INFECTION/BLEEDING/DVT/PE/LIMB LENGTH DISCREPANCY/ ANEATHETIC RISKS

Any extra procedures which may become necessary during the procedure, e.g.:
□ Blood transfusion .....
□ Other procedure (please specify).....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns for this patient.

The following leaflet/tape has been provided .....

This procedure will involve pre-operative assessment to determine the appropriate type of anaesthesia required.
YES/NO
√ General and/or regional anaesthesia □local anaesthesia □sedation

Healthcare professional signature .....cross..... Date 15/4/16
Name: Dr Cross Job Title: CT2

Contact details (if patient wishes to discuss any issues related to the procedure/treatment)
.....

Statement of interpreter (where appropriate) .....
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed ..... Date.....
Name (PRINT) .....

WHITE COPY ACCEPTED BY PATIENT: YES/ NO (PLEASE CIRCLE) PINK COPY RETAINED IN NOTES

NHS COUNTY TOWN HOSPITAL

Name Barbara Jones
DOB
NHS number

NURSING RECORD OF OPERATING DEPARTMENT CARE

SECTION 1. PRE OPERATIVE ASSESSMENT

Date of assessment 16/4/16

(This section to be completed by appropriate ward or theatre nurse)

Patient's Height .....
Weight .....

Temp 36.9, Pulse 70, RR 16, BP 159/70 Sats 96 air BM 5.5 at 6am

Any special requests by patient? **DNAR*PT DEAF**

Assessed by: S Square	Designation: student nurse	Signature :sig

SECTION 2. PRE OPERATIVE CHECKLIST

Date 16/4/16 Time 0800

(This section to be completed by ward nurse prior to pre- medication)

	(Tick when checked) Comments
ANGIOS (cardio/vascular use)	☐
WRIST LABEL WORN & CORRECT	√
SITE/SIDE/LIMB OP.SITE MARKED	✕
CONSENT FORM	√
PREMEDICATION GIVEN (if prescribed)	✕
SHAVED (if necessary)	✕
ANY PROSTHESIS REMOVED (if necessary)	✕
JEWELLERY REMOVED OR TAPED	√ wedding ring
HEARING AID REMOVED (unless directed otherwise)	☐
DENTURES REMOVED (unless directed otherwise)	√ please remove in theatre (pot sent)
NOTES AND XRAYS READY	√
SKIN PREP COMPLETED (if required)	✕
INHALERS/ SPRAYS TAKEN TO THEATRE IF APPLICABLE	☐
ANY CAPPED OR CROWNED TEETH	✕ state which none
IS PATIENT WEARING ANY OF OWN CLOTHING	✕ state what none
BEDSIDES/WEDGES	√

TIME & NATURE OF LAST ORAL INTAKE.....
ALLERGIES Aspirin, codeine phosphate, co-amoxiclav

Ward nurse	Name :S SQUARE	Signature :*square*
Theatre reception nurse	Name:	

NHS COUNTY TOWN HOSPITAL

SECTION 4. POST OPERATIVE RECOVERY CARE

Spinal

Time arrived in recovery 1105

Time regained consciousness o/a

STATUS No.	STATUS No.
1.LEVEL OF CONSCIOUSNESS Awake &alert	7.FLUID IN (1L hartmann from theatre) Crystalloids √ Colloids (further fluids prescribed) Blood Blood products Refer to intake & output chart √
2.AIRWAY Clear and self-maintained	
3.BREATHING Spontaneous and normal (RR16. SATS 02 100% AIR 85%)	8. FLUIDS OUT Drain type√ amount comment
4.CIRCULATION Central pink (Temp 35.0 axilla) Periphery pink (Blankets in situ) Periphery warm	
5. DRUGS O2 therapy 2-4l	Urine- CBD -1100mls Per vagina Per rectum Wound site√ L thigh -cleaned Nasogastric Other –specify ..... Spinal site –clean +dry NV's R+L foot ,warm, feet mobile and sensitive
6.OBSERVATIONS Refer to TPR chart √ (cannula√ NM √)	9.SKIN CONDITION/HYGIENE Intact , heels , back Redness spine , buttock Broken Mouth care Other –specify pink cannula x1

10. SPECIAL POST OP.INSTRUCTIONS

See operative notes BM 5.7 @ 12 10

Dressing – clean and dry

NEWS= zero at 1225

11. OUTCOME – Surgery performed√ Cancelled Abandoned Died Returned to ward√ ITU CCU

12. HANDOVER CHECKLIST –Notes√ Operation notes√ Drug kardex√ Fluids√ Xrays× Sprays× Inhalers×

hearing aid –left ear in situ

Recovery Nurse	Name:TTriangle	triangle
Ward nurse	Name: SSquare	square

NHS COUNTY TOWN HOSPITAL

OPERATION SURGEON REPORT

SURNAME Jones
FORENAME Barbara
ADDRESS
NHS 111 111 1111

Consultant	Surgeons	Anaesthetists	Date of operation
Remus Rectangle	Carl Circle Donald Diagonal	Paul Parallel Harry Hexagon	16 APR 2016

OPERATION
Left intracapsular NOF# hemiarthroplasty

INDICATION
Displaced intracapsular #NOF

ANEASTHETIC & ANTIBIOTICS
IV ANTIBIOTICS

OPERATION DETAILS
Routine arthroplasty prep in anaesthetic room, paper gowns, necklaces, Charnley air enclosure

Patient re-prepped and draped in theatre

Standard trans gluteal approach to the hip

Neck cut formalised with power saw
Femoral head removed and sized at 46mm
Posterior neck removed with box chisel to allow femoral preparation via piriform fosa with pin reamer and sequential broach to ETS broach

Trial=Stable

Hardinge cement restrictor

Stryker Trauma stem with centraliser
Head size 46mm
Cement heraus double mix pressurised
Stability, leg length and ROM confirmed

Washout without saline

Closure: Vicryl in layers
Subcut Monocryl to skin

POST OP INSTRUCTIONS
Check bloods
Check xrays
Thromboprophylaxis
Mobilise fully wt bearing as pain allows

Signature of medical officer *circle*..... Date 16/4/16
Print name CARL CIRCLE

**END OF REPORT **

NHS COUNTY TOWN HOSPITAL

PATIENT PROGRESS RECORDS
Hospital:
Ward:

Expected date of discharge:

Name Barbara Jones
NHS No 111 111 1111
Consultant

15.4.16 10.08	NURSING Admitted to SAC Observations stable NEWS-O Swabbed for MRSA NBM IVI maintained .Mepore to left elbow on arrival .Bottom slightly red. Very deaf and hard to get history. *Dona Diamond*
15.4.16 10.45	NURSING The home that Barbara is from has phoned .If we need to speak to anyone we can phone senior nurse at Everest Lodge. *Dona Diamond*
15.4.16 13.55	NURSING Care taken over by SN Olga Oval Patient catheterised 150ml residual Urine dip obtained MSU sent MC+S *Olga Oval* **Urine dip** Glu –neg Ket-trace Blo- neg Ph 5.0 Pro- trace Nit-neg Leu-neg **Catheter A310114** LOT 11LE49 Indication-#NOF Residual -150ml Colour of urine-dark Easy insertion- yes Date-15.4.16
16.4.16 0540	H@N F1 P Pentagon Bloods NA 141 K 3.6 UREA 12.2 CR 111 Improving Plan- continue IVI *Ppentagon* bleep 111
16.4.16 0615	Nursing Appears to have settled and slept for good periods IVI running Regular pressure area care given sacrum red needs mattress ordering ASAP hearing aid present in left ear only phlebitis grade 0. NEWS 0 apyrexial *SIG*
16.4.16 0820	S/B Orthogeriatrician cons Ortho notes√ GP sum sheet√ Com DNAR in place Frail ++++ Pleasantly confused ?ccf Heel ulcer notes reviewed 14.3.16 to18.3.16:W5 admission ↓CAA with fall MMSE 17/30

	HIGH risk group in view of age and frailty –are family aware? →Post op monitor NEWS/nutrition please Monitor for cardiac/resp/CNS complication Speak to family Pt explained all above See drug chart PMHX CKD osteoporosis HT DM Fibula # 94 Colles 97 Ulna # 98 # lumbar vertebra Sig *Simon Star*
16.4.16 1pm	NURSING –STUDENT NURSE Barbara returned to SAC from theatre after having a left hemiarthroplasty for #NOF. On return spo2 low at 82% -put on 4l of o2 as prescribed –sats now 96%. All other observations within normal limits and neurovascular obs satisfactory. Now taking sips of water, diet allowed but not taken yet. Mattress ordered for Barbara. Has had medication as prescribed and is pain free at present. *SS2UARE*
1.40pm	Mattress ordered .may take 2 days –need to go through tissue viability nurses if concerned and need it sooner. *SSquare*
16.4.16 1555	F1 Cuboid obs stable apyrexial Mrs Jones has returned from theatre – left hemi under spinal anaesthesia Currently alert and orientated Comfortable ▫CP but some discomfort in back Has 1L bag hartmann running through currently O/E left leg neurovascularly intact Warm peripheries Plan- bloods tomorrow CXR weds? Push PO fluids .for further Hartmann's if↓UO *cuboid*
1655	Bed available on Rose ward, for transfer .family aware. *S. sphere* S/N
16.4.16 1855	NURSING Received from SAC post hemiarthroplasty under spinal. Came in, catheter in situ -need encouragement with fluid -wound site intact.no leakage

	-vital signs and neurovascular stable -oxygen on 2l/minutes .no concern at reporting *Sig*
0600	NEWS score 3 at start of the night rechecked later and now resolving .urine output adequate. Rolled for pressure care. Oxygen in situ. Fluids discontinued .no further concerns at this time *sig*
17.4.16 0930	PHYSIOTHERAPY Patient consent to Rx though struggling with pain. Consented to try at edge of bed. Actively moving toes/ankles. obs stable Transferred to edge of bed with assistance of 2. c/o pain +++ .unable to continue .returned to lying plan- review when pain improved *physio*
17.4.16 1135	<u>WR Mr Pyramid</u> Pt comfortable Obs stable Apyrexial NV intact Wound clean and dry Plan- Chase bloods Check xray Mobilise SHO *Cylinder* bleep 007
17.4.16 1600	NURSING Assisted with hygiene needs .news 0. Eating and drinking fairly well. Catheter draining well. Wound dressing intact. *sig*
17.4.16 16.20	<u>FI Cuboid</u> Post op <u>Bloods</u> ↓HB 8.6 (11.2) NA 136 ↑WCC 12.6 (10.4) K 3.8 ↑PLT 255 ↑U 9.9 (12.2) NEUT 11.2 (8.9) ↑CR 108(111) PT 11.7 APTT 29.6 FIB 6.4 P-recheck tomorrow(cards out)

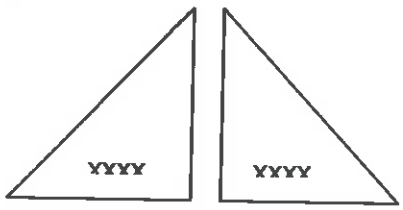
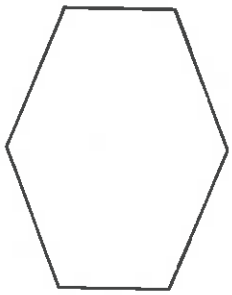
18.4.16	Nursing No issues *signature*
18.4.16	<u>S/B Orthogeriatrician cons and Dr Cone</u> c/o back pain tachycardic+ renal fx improving d/w pt explained how she fell forward remembers fall ???not sure if collapsed Aware-in respite home Keen to go back to home Bungalow Carers and cleaners Neighbours and family help with shopping o/e chest clear, wound ok explained to pt -rehab –decide discharge option -Stop statins, doxazosin -Withhold diuretics Sig Dr Star *Star*
18.4.16 1100	<u>Physio</u> Obs stable , catheter in situ Moving left leg better today Pain better p- continue to increase mobility as able sig *Pearl*
18.4.16 14.10	<u>Patient flow</u> Spoken with Everest Lodge – pt admitted herself privately for respite as neighbour who helped was away. Still has a bed available. *flow*
18.4.16 15.00	NEWS 1 for BP. Encouraged to drink. Butrans patch changed today.satisfactory intake of diet and fluids s/c morphine 5mg/0.5mls given for pain this am sat out in chair dressing wound clean /dry and intact No other changes to note.

AMT 10/10
Age √
DOB√
YR√
RECALL√
RECOG√
TIME√
PLACE√
20-1√
WW1√
QUEEN √

18.4.16 15.45	Occupational therapy Initial interview done.(see separate OT sheet) *ot*
19.4.16	No problem overnight *sig*
19.4.16 10.10	<u>WR C Cone SHO</u> Pt sat out c/o a lot of back pain today longstanding back pain from previous # in lumbar spine obs stable apyrexial p- continue to sit out of pain controlled - readjust chair so more comfortable √ *cone* bleep 009
19.4.16 1130 Seen @930	<u>Physio</u> In pain .N/S aware to give more pain relief. To increase mobility with rollator as able.
19.4.16 1230	Assistance given with hygiene needs Obs stable Medications as prescribed Morphine 5mg s/c x2 for pain Sat out in chair O2 in situ Catheter draining *sig*
20.4.16 1055	<u>WR C Cone SHO</u> Sat up in bed, having a wash Problem- pain in left hip o/e- does appear to be internally rotated ,not shortened, very painful on external rotation otherwise feels well obs stable plan- xray left hip, ↑analgesia, pain team r/v please
20.4.16 1215	<u>Acute Pain team</u> s/c morphine helps pain but makes pt woozy and sleepy advise Stop regular tramadol. Utilise PRN Increase Butrans patch to 15 mcgs/hr Do not advocate nitrazepam due to patient age. Nitrazepam crossed off. *pain* bleep 100

20.4.16 1215	Physiotherapy Patient in bed unwell and in pain .not seen by physio today. Review when able .a/w re x-ray *physio*
20.4.16 1230	Assistance given with hygiene needs. NEWS 1 for pulse 101. Medication as prescribed. Referred to pain team –see above. Will bleep Dr and get him to change meds. Bowels opened.no other changes to note. *Sig*
20.4.16 1300	Refused lunch but had around 50mls of tea Has gone down to x-ray
20.4.16 pm	Returned from x-ray .in a lot of pain. S/c morphine given .family has expressed how much pain she is in. settled now. No further vomiting.
20.4.16 1510	Cone s/w NOK niece Happy with current plans/ treatment .obviously concerned about her pain as are we. I explained the procedure and plans for therapy. There was concern about her privately funded N/H and if they would keep it. Awaiting OT/PT input. *cone*
20.4.16 1535	Cone SHO Left hip xray –no abnormalities/no #seen a/w formal report *cone*
21.4.16	settled night *sig*
21.4.16	WR Spr Rhombus Pt seen by pain team yesterday due to pain issues → analgesia increased X-ray yesterday –in joint Plan → continue *Rhombus* /bleep 202

21.4.16 1430	Full assistance given with hygiene NEWS 1 for pulse 102 O2 on 2L in situ Loose stools this am –sample sent Satisfactory intake of diet and fluid Patch change today but no 5 mcg butrans patch in stock –ordered Has had PRN tramadol *nurse*
21.4.16 1400	Has community DNR in situ .documented by Dr Star on 16.4.16 –to continue *H.Heart*
22.1.16	Good night .sleeping for long period O2 continued overnight. Observation stable. Bowel opened –loose stool Vomited x1 –bile stained fluid. butrans patch applied at 0030. *Sig*
22.4.16 1500	Vomited x2 this morning –large amounts Managed oral meds Obs stable Loose stoolsx1 –incontinent Poor diet intake but encouraged oral fluids
22.4.16 1800	Kite FY1 bleep Na 146 K 4.2 U 22.7 ↑ Imp- dehydrated Cr 145 ↑ ?Norovirus Hb 9.4 ↑ Wcc 9.9 Neut 9.3 Plan- slow IVI Plt 328 *kite*
23.4.16 0400	NEWS 0. Refused medications Vomit x2, ondansetron given .BO x1 –loose Cannula inserted and IVI started. Slept overnight .PAC ensured *sig*
23.4.16 1010	WR Dr Star Day 7 post hemiarthroplasty , left #NOF Pt in bed at present Feeling SOB today, generally unwell Norovirus +

	Had IVI –pulled canula out O/E appears weak ,looks tired T-36.2, HR 104, BP153/106, RR16, SATS 92% on 2l NC Appears more confused today – thinks should be at home Bibasal crackles   SNT Plan -CXR -ECG -Bloods -Urine dip +/- MC+S - IVI slow -DNAR Star
23.11.16 1110	Acute pain team Staff report pain much improved. For review PRN. Pain bleep 356
23.4.16 1110	Full assistance with hygiene. loose stoolsx1-incontinent IVI down as canula out Dr to come back for 2nd attempt. Poor oral intake, NEWS 0 sig
23.4.16 1230	PT Unwell, loose stools. r/v and continue with pt as able. pt

23.4.16 1415

Cone
ECG-sinus tachy. Slight LAD.

cone

23.4.16

F1 Oblong
HB 9.8 NA 148↑
WCC 10.9 K4.2
Neut 10.2 Ur 29.9↑
PLT 337 Cr 188↑

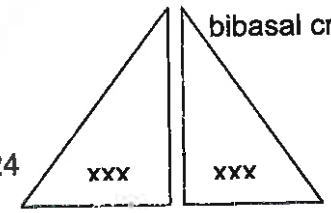
Pt dehydrated - ↑rate IVI to 10hourly
Slight ↑wcc - ? 2dary to norovirus
- CXR & urine dip awaited

Rpt bloods mane
To r/w fluid status later

oblong/bleep 565

23.4.16 16.00

Cone r/v
Dehydrated
↑Ur ↑Cr
↑rate of fluid to 10 hourly
↑o2 to 4L .now sats 92%
Awaits CXR-booked
No sx of SOB/cough but is working hard @RR24
Temp 34.BP coming down. HR↑
Cool peripherally and cyanosed
Likely dehydrated, may well be developing LRTI. A/W CXR- will handover
Plan
Chase CXR-handed over
Monitor U/O
Repeat bloods mane
Bear hugger
If signs on CXR-start abx

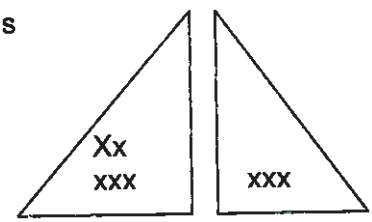


cone

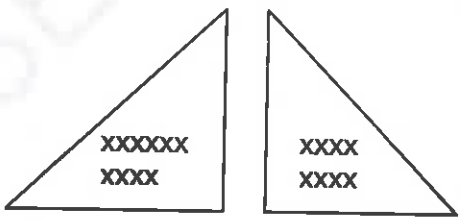
23.4.16 1915

F1 Oblong (cover)
Pt r/v
On IVI for dehydration
a/w CXR
pt says feeling alright and denies any symptoms
o/e sats 975 on 4L, RR25
coarse crackles bibasally R>L
(?worse than earlier)
HR104, BP140/60
Skin turgor, dry mucous membranes

Imp- becoming fluid overload



	Plan ↓rate IVI a/w CXR – if overloaded for diuretics despite worsening renal fx d/w med reg Dr Moon will review *oblong* /bleep565
23.4.16	At 1600 approx NEWS 5 ↑RR , tachycardic , peripheral cyanosis SHO on ward- O2 increased ,IVI rate increased, bear hugger in situ 1730- NEWS 3 , FY1 reviewed and oxygen reduced I have spoken to NOK who is ill with norovirus .Night staff to contact if deteriorates .Is fully aware of how poorly Barbara is. *nurses*
23.4.16	<u>F1 Pentagon–H@N</u>. Earlier events noted. Pt in bed under bear hugger. Able to answer questions. Denies any symptoms. Chest sounds fluid overloaded – crackles ++ Good urine output No oedema ↑JVP CXR- fluid overload B/L patchy consolidation Obs- RR25, SATS 94 on 15l, temp 35.7, HR 108, BP 154/75 Imp- HAP with fluid overload DNAR in place *Plan* Pt allergic to co amoxiclav so no tazocin unless spikes temp /deteriorates 20mg iv furosemide Reduced paracetamol dose due to low weight Monitor input/output closely No more IVI Keep sats >92% Await med reg review *pentagon* bleep121
24.4.16 0130 99yrs DNAR	<u>CT1 Dr Wedge H@N</u> ATSP-news 5 Background –day 7 post hemiarthroplasty left NOF# Type 2 DM, Hypertension



Recent issues – 1. D+V → dehydration
2? HAP/overload today (↑RR ↓SATS) + ↑Ur/Cr
Given furosemide 20mg and not for escalation

Now RR24 sats 97% on 15L NRM
Temp 35.4 –bear hugger in situ
BP130/69
HR108 U/O 60mls in last 3hrs
Ongoing diarrhoea
Unresponsive –BM2.7 → given 50mls 50%dex

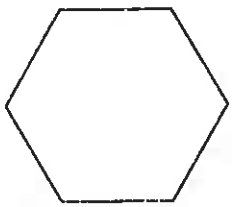
Very frail

A- Maintaining own , dyspnoeic, slightly agitated but not responding or following commands
B- Chest crackles bibasally
C- No cardiac murmurs, tachy
Dry mucous membranes
Reduced skin turgor
Visible carotid pulse , cannot see JVP
Very cold peripheries
Peripherally cyanosed
CRT~ 3sec

CXR-patchy consolidation consistent with infection

D- A V P√ U
Pupils dilated (butrans patch on)
Moving all 4 limbs

E



Soft , non-tender

IMP-severe HAP→overwhelming sepsis → MOF
Dehydrated

Plan
5% dex 500mls over 6 hours
02 as tolerated (15L via NRM)
Cont rewarming
Abx-iv clarithromycin
Not for ABG
Call family in → pt very poorly and may not recover
Await med reg review

CT1 *wedge* bleep 778

24.4.16 0245	Cross CT2 D/W NOK – explained HAP/dehydration/Chest overload /renal impairment and current management. Not candidate for escalation beyond ward base care. Very unwell and may not survive. DNAR discussed. Family in agreement .no further questions. If continue to deteriorates – EOL care *cross*
24.4.16 0450	Patient was very poorly on takeover .NEWS 5 .IVI running .CXR done. Reviewed by doctor and IV stopped due to fluid overload. IV furosemide prescribed. Catheter passed.
24.4.16 9am	WR Cone SHO Events overnight noted Gone into CCF and acute on chronic RF +/- LRTI CXR- fluids +/- consolidation Had 20mg furosemide iv last night and passed about 60ml of urine. Given 1 dose clarithromycin last night .NEWS now 15 BP 75/30 HR 114 RR 26 +Cheyne stoking o/e ↑JVP coarse crackles throughout chest Temp 38.0 On 15L 94% Imp- significant deterioration with CCF+/- LRTI Plan -As per Dr Star -TLC –EOL care -Keep family informed -oral care given.

NHS COUNTY TOWN HOSPITAL

Orthopaedic Department
CLINIC NOTES

Cons
Name: Barbara Jones
NHS NO 111 111 1111
DOB 01/01/1920
WARD

24.4.16 **TRAUMA CONFERENCE**
AC\DPD Dictated by Mr Box, Specialist Registrar

Consultants present
Mr Arrow
Mr Trapezium
Dr Star

WARD ROUND
96 year old lady left hemiarthroplasty 16.4
Deteriorated overnight
Deteriorated from chest point of view
For medical review today by the ortho geriatricians.

24.4.16 1140	F1 Oblong Asked to verify death Nurses report appeared to cease respiration about 11:20 No response to painful stimuli Pupils fixed dilated and not reacting to light Carotid pulse not palpable No signs of respiration. Heart sounds absent. It is most likely that the patient has passed away.my condolences to the family. Bleep me if they wish to discuss anything. Thanks. *Oblong*
1430	In retrospect: when washing this am it was apparent she was deteriorating. Doctors placed her on end of life care pathway. Niece contacted. Sat with patient until family arrived. Patient was very comfortable when she passed away around 1130. Family informed. Doctor notified. Bereavement appointment made for 26.4.16 at 1400. Family aware. They will collect property then. *Nursing*

NHS COUNTY TOWN HOSPITAL

INVESTIGATION SUMMARY SHEET

Name: Barbara Jones
Hospital number: 111 111 1111

Date	15.4	19.4	20.4	22.4	23.4				
NA	141	138	141	146	148				
K	3.6	3.9	4.0	4.2	4.2				
UREA	12.2	12.3	15.2	22.7	29.9				
CREATININE	111	105	110	143	188				
BICARB									
CA									
PHOS									
ALK PHOS									
TOTAL PROTEIN									
ALBUMIN									
AST									
ALT									
GGT									
BILIRUBIN									
URIC ACID									
GLUCOSE									
HB	11.2	8.6	8.5	9.4	9.8				
WCC	10.4	11.1	8.9	9.9	10.9				
PLATES	370	290	296	328	337				
ESR									
FERRITIN									
ALUMINIUM									
neutro	8.9		8.4	9.3	10.2				
HBs Ag									

NHS COUNTY TOWN HOSPITAL

NAME Barbara Jones NHS NUMBER 111 111 1111 DATE 24.04.16

END OF LIFE CARE PATHWAY (EOLCP)
SUPPORTING CARE IN THE LAST HOURS OR DAYS OF LIFE

Criteria for entry onto the care pathway

The multidisciplinary team have agreed that:

- The patient is dying .This is the final phase of life
- Further treatment of causes of deterioration is inappropriate
- DNAR completed

And the majority of the following should apply:

- The patient is profoundly weak
- The patient is essentially bed bound
- The patient is drowsy for extended periods
- The patient is increasingly uninterested in food and fluid
- The patient finds it difficult to swallow medication

Date commenced on pathway 24.4.16 Time 8:40 am

Signed on behalf of the multidisciplinary team (including discussion with family and patient if appropriate)

Signature *star* Print name Dr Star (Orthogeriatrician cons)

NHS COUNTY TOWN HOSPITAL

EOLCP

INITIAL MEDICAL ASSESSMENT

Name Barbara Jones

DOB 01/01/1920

NHS NUMBER 111 111 1111

Consultant

Diagnosis Primary: CCF, PNEUMONIA, AKI
Secondary: FRACTURED NOF (operated)

Please initial all those appropriate to the patient's physical condition

• Unable to swallow • Nausea/vomiting • Pain • Respiratory tract secretions • dyspnoea	√ √ √	• Distressed • Confused • Agitated • restless	√	• Constipated • Catheterised • Urinary retention • Conscious	√ √

Please initial all appropriate comfort measures undertaken

□Current medication assessed and non-essentials discontinued

□Alternative route/formulation for essential medication if unable to swallow

The patient has medication prescribed on PRN basis for all of the following five symptoms which may develop on the hours or days of life

□Pain √ □ agitation√ □respiratory tract secretions√
□Dyspnoea√ □ nausea and vomiting√

Time of prescription 9:00

If indicated patient to commence on subcutaneous infusion via syringe driver as per algorithms

Time of prescription

Patient /Carer comprehension
Aware of diagnosis:
Patient yes□ no□ reason_____
Carer yes□ no□ reason _____

Recognition of dying:
Patient yes□ no□ reason
Carer yes□ no□ reason

Signature Print name Designation

Date Time

NHS COUNTY TOWN HOSPITAL

Name: Barbara Jones
NHS: 111 111 1111

EOLCP
CARE AFTER DEATH

Verification of death 24.4.16

Time patient is said to have ceased respiration at ----------

Persons present at time of death ----------

Signature (if different from person verifying death)

Time death verified 11.40

Print name Dr Oblong Designation F1

Time /date certified ---------- Signature ----------

NHS COUNTY TOWN HOSPITAL

NAME: Barbara Jones
NHS: 111 111 1111
Ward:

FLUID BALANCE CHART

Date: 15.4.16	Fluid restriction: NBM ml	Weight:__KG	Minimum urine output/hr: ___ ml

	INTAKE (ML)					**OUTPUT** (ML)				
TIME	ORAL	NG/PEG	IV		ACC TOTAL IN	Urine/CBD	Drains/ bowels		VOMIT/NG ASP	ACC TOTAL OUT
0700										
0800										
0900			Nsaline from A&E							
1000										
1100										
1200										
1300										
1400	150				150	catheterised				
1500										
1600						75				75
1700	150				300	75				150
1800										
1900										
2000						150				300
2100										
2200	100		148		548	70				370
2300										
2400			164		712	60				430
0100										
0200			157		869	100				530
0300										
0400			179		1048	60				590
0500										
0600			147		1195	75				665
TOTAL										

NHS COUNTY TOWN HOSPITAL

NAME: Barbara Jones
NHS: 111 111 1111
Ward:

FLUID BALANCE CHART

Date: 16.4.16	Fluid restriction:___ml	Weight:__KG	Minimum urine output/hr: ___ ml

	INPUT (ml)				**OUTPUT** (ML)				
TIME	ORAL	NG/PEG	IV	ACC TOTAL IN	Urine/CBD	Drains/ bowels		VOMIT/NG ASP	ACC TOTAL OUT
0700									
0800					125				125
0900			100	100					
1000									
1100			hartman						1100
1200			hartman	1000	235				1335
1300			100	1100	40				1375
1400	175			1275	30				1405
1500									
1600	150			1320	30				1435
1700									
1800									
1900									
2000									
2100					100				
2200									
2300									
2400									
0100					200				
0200									
0300									
0400									
0500					250				
0600									
Total									

NHS COUNTY TOWN HOSPITAL

NAME: Barbara Jones
NHS: 111 111 1111
Ward:

FLUID BALANCE CHART

Date: 22.4.16	Fluid restriction:___ml	Weight:__KG	Minimum urine output/hr: ____ml

	INPUT (ml)				**OUTPUT** (ML)			
TIME	ORAL	NG/PEG	IV	ACC TOTAL IN	Urine/CBD	Drains/ bowels	VOMIT/NG ASP	ACC TOTAL OUT
0700								
0800								
0900								
1000								
1100								
1200								
1300								
1400								
1500								
1600								
1700								
1800								
1900								
2000							200	
2100								
2200								
2300								
2400			83				200	
0100			83					
0200			83					
0300			83					
0400			83				100	
0500			83					
0600								
total								

NHS COUNTY TOWN HOSPITAL

FLUID BALANCE CHART

NAME: Barbara Jones
NHS: 111 111 1111
Ward:

Date: 23.4.16	Fluid restriction:___ml	Weight:__KG	Minimum urine output/hr: ___ ml

	INPUT(ml)				**OUTPUT** (ML)				
TIME	ORAL	NG/PEG	IV	ACC TOTAL IN	Urine/CBD	Drains/ bowels			VOMIT/NG ASP	ACC TOTAL OUT
0700			No							
0800			canula							
0900										
1000										
1100										
1200										
1300	canula	inserted			pued					
1400	30		625							
1500	25									
1600					pued					
1700	25		100	180						
1800			100	190						
1900			100	290						
2000										
2100			125	stopped	300	catheterisd				
2200				415						
2300										
2400					60					
0100					5					
0200			350	765	0					
0300			83	848	0					
0400			83	931	0					
0500			83	1014	0					
0600			183	1197	0					
total										360

Observation chart for the National Early Warning Score (NEWS)

NEWS KEY 0 1 2 3

NAME:

D.O.B.

ADMISSION DATE: 15/4/16

DATE / TIME

RESP. RATE — ≥25 | 21-24 | 12-20 | 9-11 | ≤8

SpO_2 — ≥96 | 94-95 | 92-93 | ≤91

Inspired O₂% — %

TEMP — ≥39° | 38° | 37° | 36° | ≤35°

NEW SCORE uses Systolic BP

BLOOD PRESSURE — 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

HEART RATE — >140 130 120 110 100 90 80 70 60 50 40 30

Level of Consciousness — Alert | V / P / U

BLOOD SUGAR: 4.3

TOTAL NEW SCORE: 1 0 0 0 1 0 4 0 6 4

Additional Parameters — Pain Score: 1 0 0 0 0 0 0 0 0 0

Urine Output

Monitoring Frequency

Escalation Plan Y/N n/a

Initials

Theatre

5.7

Bl'd Sugar

TOTAL SCORE: 4 4 4 4 5 2 2 3 7

Pain Score: 0 0 0 0 0 0 0 1 0

Urine Output

Monitor Freq

Escal Plan

Initials

Observation chart for the National Early Warning Score (NEWS)

NEWS KEY: 0 | 1 | 2 | 3

NAME: B.JONES   D.O.B.   ~~ADMISSION DATE:~~ 16/4/16

DATE	16		17				18						19				20			21				
TIME	20 30	22 45	05 45	13 30	14 30	20 00	08 20	11 30	12 05	13 20	17 00	20 45	05 05	11 15	14 00	20 45	05 30	11 30	20 20	05 55	11 10	11 20		15 30	20 05
RESP. RATE			17		16					14	14			15	14		16	16	16		17	17			16
SpO2				88	95					87	100	91	90		97	100									
Inspired O2%	4L	4L	4L		A	A	A	A	A	(A)	21	(A)	A	21	21	21	21	21	21	21	21	21			21
BLOOD PRESSURE	100/58	114/65						87/50	99/57		115/57				116/54			110/57			89	108			
Level of Consciousness: Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
BLOOD SUGAR										5.5												5.9			
TOTAL NEW SCORE	4	1	3	6	3	3	2	4	2	5	2	3	3	5	3	3	2	2	4	3	5	6			4
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0

Score bands printed on the chart:

Parameter	Range	Score
RESP. RATE	≥25	3
	21-24	2
	12-20	0
	9-11	1
	≤8	3
SpO2	≥96	0
	94-95	1
	92-93	2
	≤91	3
Inspired O2%	%	2
TEMP	≥39°	2
	38°	1
	37°–36°	0
	≤35°	1 / 3
BLOOD PRESSURE (NEW SCORE uses Systolic BP)	230–220	3
	100	1
	90	2
	80–50	3
HEART RATE	>140	3
	130–120	2
	110–100	1
	40	1
	30	3
Level of Consciousness	Alert	0
	V / P / U	3

Additional Parameters: Pain Score

Urine Output

Monitoring Frequency

Escalation Plan Y/N n/a

Initials

Observation chart for the National Early Warning Score (NEWS)

NEWS KEY: 0 | 1 | 2 | 3

NAME:

D.O.B.

~~ADMISSION~~ DATE: 21 / 4 / 12

		1	2	3	4	5	6	7	8	9	10	11	12		13	14
	DATE	22/4			23							24				
	TIME	06 00	11 00	12 10	05 25	10 16	16 00	17 30	18 10	20 00	21 30	08 00	09 15		02 30	05 40
RESP. RATE	≥25							X			X	X		3	X	X
	21-24						X (24)		X	X			X	2		
	12-20	X	X	X	X	X (18)										
	9-11													1		
	≤8													3		
SpO₂	≥96								X		X	X	?			
	94-95	X	X	X				X						1	?	X
	92-93				X									2		
	≤91					X (90)	X (89)			X (81)				3		
Inspired O₂%	%	21	A	21	21	3L	3L	3L	4L	4L	15L	15	3L	2	15L	15L

TEMP: ≥39° (2), 38° (1), 37°, 36°, ≤35° (1), (3)

BLOOD PRESSURE: 230 (3), 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100 (1), 90 (2), 80, 70, 60, 50 (3)

NEW SCORE uses Systolic BP

Handwritten values next to the BP marks: 135, 65, 153, 106, 95, 40

HEART RATE: >140 (3), 130, 120 (2), 110, 100, 90 (1), 80, 70, 60, 50, 40 (1), 30 (3)

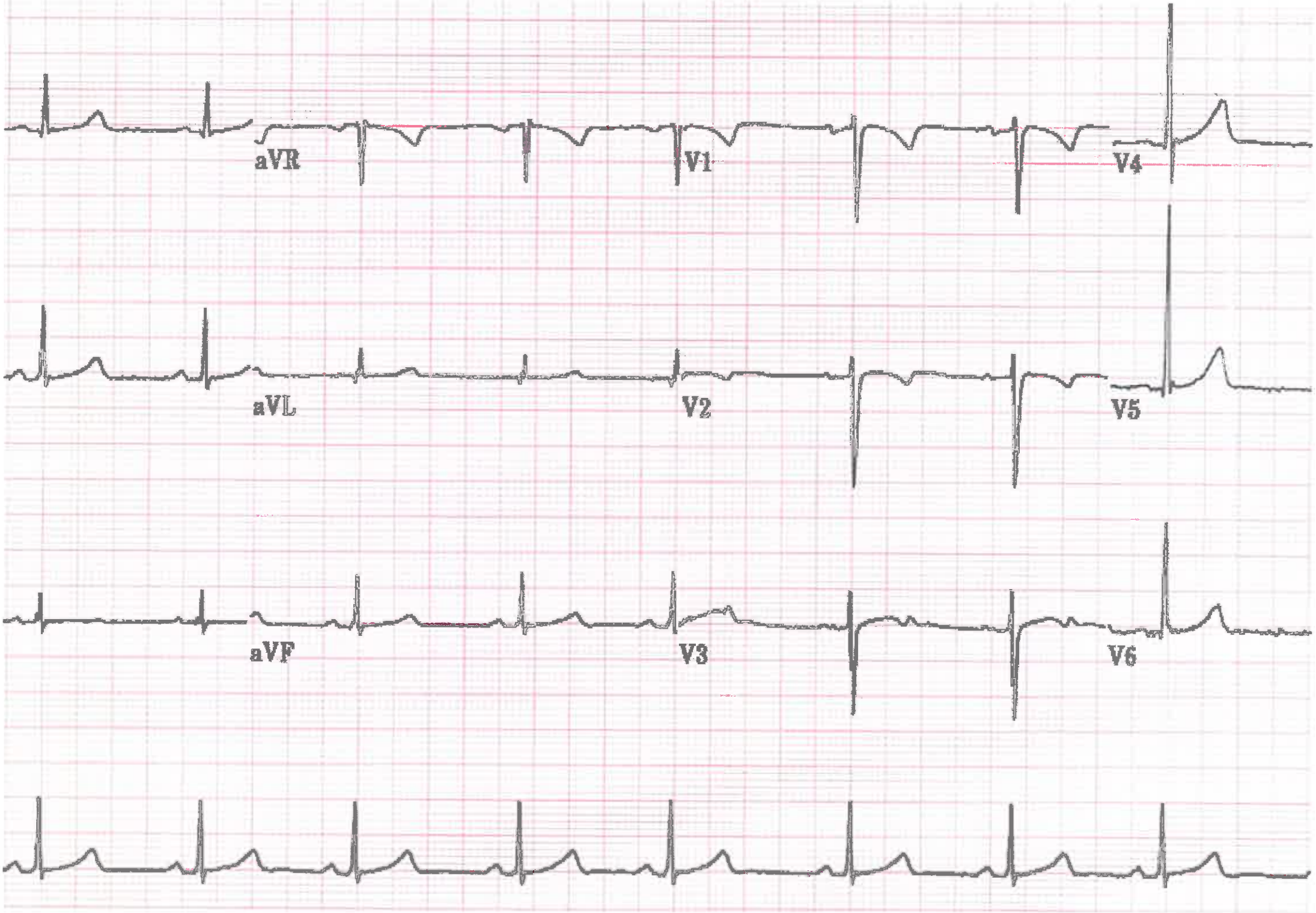
STOP (written on the Blood Pressure and Heart Rate grids of the right-hand section)

		1	2	3	4	5	6	7	8	9	10	11	12		13	14
Level of Consciousness	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
	V / P / U												P	3	P	P
BLOOD SUGAR																
TOTAL NEW SCORE		5	2	5	5	7	11	8	6	7	6	7	8		9	14
Additional Parameters	Pain Score	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	Urine Output															
	Monitoring Frequency															
	Escalation Plan Y/N n/a															
	Initials															

Observation chart for the National Early Warning Score (NEWS)

NEWS KEY 0 1 2 3	NAME:	D.O.B.	ADMISSION DATE:

DATE					DATE
TIME					TIME
RESP. RATE	≥25	3			≥25
	21-24	2			21-24
	12-20				12-20
	9-11	1			9-11
	≤8	3			≤8
SpO_2	≥96				≥96
	94-95	1			94-95
	92-93	2			92-93
	≤91	3			≤91
Inspired O_2%	%	2			%
TEMP	≥39°	2			≥39°
	38°	1			38°
	37°				37°
	36°				36°
	≤35°	1			≤35°
		3			
NEW SCORE uses Systolic BP	230	3			230
	220				220
	210				210
	200				200
	190				190
	180				180
	170				170
	160				160
	150				150
	140				140
	130				130
BLOOD PRESSURE	120				120
	110				110
	100	1			100
	90	2			90
	80				80
	70	3			70
	60				60
	50				50
	>140	3			140
HEART RATE	130				130
	120	2			120
	110				110
	100	1			100
	90				90
	80				80
	70				70
	60				60
	50				50
	40	1			40
	30	3			30
Level of Consciousness	Alert				Alert
	V / P / U	3			V / P / U
BLOOD SUGAR					Bl'd Sugar
TOTAL NEW SCORE					TOTAL SCORE
Additional Parameters					
	Pain Score				Pain Score
Urine Output					Urine Output
Monitoring Frequency					Monitor Freq
Escalation Plan Y/N n/a					Escal Plan
Initials					Initials


aVR
V1
V4
aVL
V2
V5
aVF
V3
V6

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARadult 1March 2009

Name: Barbara Jones
Address: Down the Road Avenue
Date of birth: 01/01/1930
NHS or hospital number: 111 111 111

Date of DNAR order: / /

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR? YES / NO
If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? YES / NO
If "YES" they must be consulted.

All other decisions must be made in the patient's best interests and comply with current law.
Go to box 2

2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:

Great age, frailty, Osteoporosis

3 Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:

4 Summary of communication with patient's relatives or friends:

5 Names of members of multidisciplinary team contributing to this decision:

6 Healthcare professional completing this DNAR order:

Name: Dr Lilly Position:
Signature: Date: 23/3/16 Time:

7 Review and endorsement by most senior health professional:

Signature: Name: Date:

Review date (if appropriate): 12 months

Signature: Name: Date:

Signature: Name: Date:

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARadult (March 2009)

Name

Address

Date of birth

NHS or hospital number

Date of DNAR order: / /

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.

1 **Does the patient have capacity to make and communicate decisions about CPR?** YES / NO

If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. YES / NO

All other decisions must be made in the patient's best interests and comply with current law
Go to box 2

2 **Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:**

3 **Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:**

4 **Summary of communication with patient's relatives or friends:**

5 **Names of members of multidisciplinary team contributing to this decision:**

6 **Healthcare professional completing this DNAR order:**

Name Position

Signature Date Time

7 **Review and endorsement by most senior health professional:**

Signature Name Date

Review date (if appropriate)

Signature Name Date

Signature Name Date

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARacult 1(Mar)1 2008)

Name Barbara Jones

Address

Date of birth 01/01/1920

NHS or hospital number 111 111 1111

Date of DNAR order: 23/4/

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.

1 **Does the patient have capacity to make and communicate decisions about CPR?** YES / NO
If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? YES / NO
If "YES" they must be consulted.

All other decisions must be made in the patient's best interests and comply with current law.
Go to box 2

2 **Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:**

advanced age, frailty

3 **Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:**

will cause unecessary distress

4 **Summary of communication with patient's relatives or friends:**

to speak to them ASAP

5 **Names of members of multidisciplinary team contributing to this decision:**

6 **Healthcare professional completing this DNAR order:**

Name **Position**

Signature **Date** **Time**

7 **Review and endorsement by most senior health professional:**

Signature Dr Stan K Name [illegible] Date 23/4

Review date (if appropriate)

Signature **Name** **Date**

Signature **Name** **Date**

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARadult 1/March 2009

Name

Address

Date of birth

NHS or hospital number

Date of DNAR order:

/ /

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided

1 **Does the patient have capacity to make and communicate decisions about CPR?** YES / NO

If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. YES / NO

All other decisions must be made in the patient's best interests and comply with current law. Go to box 2

2 **Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:**

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4 **Summary of communication with patient's relatives or friends:**

5 **Names of members of multidisciplinary team contributing to this decision:**

6 **Healthcare professional completing this DNAR order:**

Name _____ Position _____

Signature _____ Date _____ Time _____

7 **Review and endorsement by most senior health professional:**

Signature _____ Name _____ Date _____

Review date (if appropriate)

Signature _____ Name _____ Date _____

Signature _____ Name _____ Date _____

NHS COUNTY TOWN HOSPITAL

Drug Prescription and Administration Chart

Ward		Name	Barbara Jones
Orthopaedics		DOB	01/01/1920
Admission date		NHS number	111 111 1111
15/4/16		Consultant	Rectangle
Chart number		Pharmacy check	Weight
1 2 3 4			Height

DO NOT ADMINISTER DRUG UNTIL THIS SECTION IS COMPLETED	
Known Allergies Aspirin , codeine, co-amoxiclav	Allergy Status Unconfirmed
Signature Date *cross* 15/4/16	Signature Date

ONCE ONLY PRESCRIPTION

Date	Drug	Dose	Route	Time	Signature	Given by	Time	Pharm.
16/4/16	teicoplanin	400mg	Iv		*aneasth*	Parallel	0900	
23/4/16	furosemide	20mg	iv		*pentagon*	ee	2200	
24/4/16	clarithromycin	500mg	iv	0130	wedge	pa	0215	

NHS COUNTY TOWN HOSPITAL

Name
DOB
NHS

REGULAR PRESCRIPTION

Drug				16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4			
Adcal		~~0800~~			aa	pa	ss	ss	refused	ee	refused				
Route	Dose	1200		ss											
Oral	1 tab	1800													
Signature & Bleep		2200													
Cross 777															

Drug				16/4	17/4	18/4									
bendrothiazide		~~0800~~			aa	pa					HOLD				
Route	Dose	1200		ss											
Oral	2.5mg	1800													
Signature & Bleep		2200													
Cross															

Drug				16/4	17/4	18/4									
doxasozin		~~0800~~			aa	pa					STOP				
Route	Dose	1200													
oral	4mg	1800													
Signature & Bleep		~~2200~~		ss	aa										
Cross															

Drug				16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4			
nitrazepam		0800													
Route	Dose	1200													
Oral	2.5mg	1800													
Signature & Bleep		2200		ss	aa	pa	ss								
Cross															

Drug				16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4			
omeprazole		~~0800~~			aa	pa	ss	ss		ee	refused				
Route	Dose	1200		ss											
Oral	20mg	1800													
Signature & Bleep		2200													
Cross															

NHS COUNTY TOWN HOSPITAL

Name Barbara Jones
DOB 01/01/1920
NHS 111 111 1111

Drug Quinine			16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4
		0800								
Route Oral	Dose 200mg	1200								
		1800								
Signature & Bleep *Cross*		~~2200~~	ss	aa	pa	ss	ss		ee	ee

Drug Simvastatin			16/4	17/4	18/4	
		0800				STOP
Route Oral	Dose 40mg	1200				
		1800				
Signature & Bleep *Cross*		~~2200~~	SS	aa		

Drug Tramadol			16/4	17/4	18/4	19/4	20/4	
		~~0800~~		aa	pa	ss	ss	
Route Oral	Dose 50mg	1200						Stop
		~~1800~~	ss	aa	pa	ss		
Signature & Bleep *Cross*		2200	ss	aa	pa	ss		

Drug Paracetamol			16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4
		0800		aa	pa	ss	ss	aa	ee	Refused
Route 1g	Dose Oral	1200		aa	pa	ss	ss	aa	ee	Refused
		1800	ss	aa	pa	ss	ss	aa	ee	ee
Signature & Bleep *Cross*		2200	ss	aa	pa	ss	ss	aa	ee	

Drug Butrans patch			18/4	19/4	20/4	
		0800				Change dose
Route top	Dose 10 mcg	~~1200~~	pa			
		1800				
Signature & Bleep		2200				

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Drug Daltaparin				16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4			
		0800													
Route s/c	Dose 5000 U	1200													
		~~1800~~		ss	aa	pa	ss	ss	aa	ee	ee				
Signature & Bleep *Cross*		2200													

Drug butrans				20/4	21/4	22/4	23/4	24/4							
		0800													
Route top	Dose 15 mcg	~~1200~~													
		1800													
Signature & Bleep *pain*		2200			aa										

Drug paracetamol				23/4	24/4										
		~~0800~~													
Route Oral	Dose 50mg	~~1200~~													
		~~1800~~													
Signature & Bleep *pentagon*		~~2200~~		ee											

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AS REQUIRED MEDICATION

Drug Morphine 5mg/0.5ml			Date	18/4	19/4	19/4	20/4	21/4	23/4			
			Time	1000	0900	1200	1850	1200	1100			
Route s/c	Dose 5mg	Frequency PRN	Dose	5mg	5mg	5mg	5mg	5mg	5mg			
Signature & Bleep			Given	pa	ss	ss	ss	aa	ee			

Drug Tramadol			Date	20/4	21/4	21/4						
			Time	1600	0900	1300						
Route oral	Dose 50mg	Frequency TDS	Dose	50mg	50mg	50mg						
Signature & Bleep *pain*			Given	ss	aa	aa						

Drug Ondansetron			Date	23/4								
			Time	0350								
Route oral	Dose 4mg	Frequency TDS	Dose	4mg								
Signature & Bleep aaron			Given	ee								

Drug Midazolam			Date	24/4								
			Time									
Route sc	Dose 2.5-5mg	Frequency PRN 2hrly	Dose									
Signature & Bleep star			Given									

NHS COUNTY TOWN HOSPITAL

Drug hyoscine			Date	24/4								
			Time									
Route sc	Dose 20mg	Frequency 4hrly	Dose									
Signature & Bleep star			Given									

Drug haloperidol			Date	24/4								
			Time									
Route sc	Dose 1.5-3mg	Frequency 4hrly	Dose									
Signature & Bleep star			Given									

Drug			Date									
			Time									
Route	Dose	Frequency	Dose									
Signature & Bleep			Given									

Drug			Date									
			Time									
Route	Dose	Frequency	Dose									
Signature & Bleep			Given									