National Mortality Case Record Review Programme

using the Structured Judgement Review Method

Case Note 2

Improvement Academy

Royal College of Physicians

Contents

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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.

Improvement Academy
Royal College of Physicians

NHS County Town NHS Foundation Trust

Emergency Department Notes

NHS Number:	012-3456-789	Hospital Number:	987-654AB
Surname	Smith	Title	Mrs
First Name	Rose	Gender	Female
Date of Birth	20/9/32	Age	85 yrs
Address	Daffodil Lodge High street Little Town	Next of Kin	niece
Telephone number	01234 987654	Carer	n/a
Occupation	Dress maker		
Employer/School	n/a		
GP Name	Dr K Kennedy		
GP Address	Ramsey Practice High Street Little Town		
GP Telephone	01234 321987		

Presenting complaint	Shortness of breath		
Previous Episode	2		
Allergies	NKDA		
Special case	n/a	Tetanus Status	unknown
Date of Arrival	1/2/15	Time of Arrival	16:55
Mode of Arrival	Ambulance	Triage Category	
Referred by	Nursing home		

Seen by	Dr J Carter	Time	17.40
Seen by		Time	
Seen by		Time	
Referred to	Medicine	Time	
Seen at		Decision to admit	
Destination	MAU	Departure time	20:05

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

1/2/15 FY2 Carter
17.40

85yr old female

NH resident
Being treated for LRTI – on amoxicillin, started today

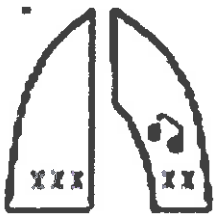
Increasing SOB this afternoon
Given by Ambulance
50mg frusemide
5mg nebuliser
Brought to ED resus – arrived 17.00

PMH:
Hypertension
Hypothyroid

Meds:
Aspirin
Ramipril
Levothyroxine
Donepazil

A – patent, maintaining own

B – RR30
Sats 96% on 6L O_2 with neb running



wheezy and noisy breathing throughout
creps at right base

C – HR 120
BP 100/65
CRT <2sec
HS I + II + 0

D – GCS 14/15
Alert, but disorientated

E – temp 38.2
Abdomen – soft and non-tender
Distended
Bowels present

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

1/2/15 FY2 Carter continued.....
17.40

P)
Further 5mg salbutamol and 500mcg Atrovent
Bloods – FBC, U&E
Blood cultures
ECG – AF 130 bpm
T wave inversion and ST depression in V_4 – V_6, II, III

CXR – possible consolidation at right base

ABG – pH 7.25
pCO_2 7.9
pO_2 12
HCO_3 29
Lac 1.5

Pt changed to 35% oxygen via mask – maintaining sats at 95%

J Carter
FY2
GMC 01010101

18.00 FY2 Carter

BP 105/60
HR 115
Sats 95% on 35%

Rpt ABG on 35%
pH 7.34
pCO_2 6.0
pO_2 12
HCO_3 26
Lac 1.7

P)
continue with treatment
further salbutamol as ongoing wheeze
iv morphine

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Allergies: NKDA							
Drug/Fluid	Dose	Route	Rate	Signed	Given by	Time and date	
Salbutamol	5mg	Neb	Stat	AW	BC	½	17.00
Atrovent	500mcg	Neb	Stat	AW	BC	½	17.00
Amoxicillin	500mg	IV		DE	BC	½	19.00
Clarithromycin	500mg	IV		DE	BC	½	19.00
Salbutamol	5mg	Neb	Stat	DE	BC	½	19.30
Morphine	2,5mg	IV		DE	BC	½	19.30
n.saline	250mls	IV	15mins	EF	CD	½	19.45
n.saline	250mls	IV	15mins	EF	CD	½	20.00

Results:

Daffodil Nursing Home: Patient Details

Surname	Smith		
Forename	Rose		
Prefers to be called	Rose		
Title	Mrs		
Marital Status	Married	Divorced	Widow/er
	Separated	Single	partner
Date of Birth	20/9/1932		
Religion	C of E		
occupation	Dress maker		
Date of admission	19/4/2010		
Next of kin (1)		Next of kin (2)	
Name	Daisy Smith		
Address	24 Valley Road Large town		
Telephone number	01234 567891		
Relationship	niece		
GP Details			
Name	Dr K Kennedy		
Address	Ramsey Practice High Street Little Town		
Telephone number	01234 321987		
Completed by	a. Nurse	Date completed	20/4/2010
Designation	RSN	Signed	a.nurse

Address: Daffodil Lodge High street Little Town	Admitted from Home

Past medical History Hypertension Hypothyroid Memory problems

Present medical History

Reason for admission Unable to cope at home, increasing confusion and unsteady on feet

Known Allergies		
Yes/No	Type:	
Special diet		
Yes/No	Type:	

Baseline Observations			
HR	80	Waterlow score	
BP	150/70	Barthel Score	
weight	65kg	Urine	

Date completed:	20/4/2010	Completed by:	A.Nurse

Designation	RSN	Signed:	A.Nurse

Summary of MAR Chart:

Medication	Dose	Frequency
Ramipril	2.5mg	ON
Aspirin	75mg	OD
Levothyroxine	125mcg	OD
Donepazil	10mg	OD
Amoxicillin	500mg	TDS

Do Not Attempt Cardio Pulmonary Resuscitation

To be filed in the front of the clinical record
For the authorizing doctor to complete

Name: Rose Smith
DOB: 20/9/1932
NHS No: 0123 456 789

Ward: MAU
Consultant: Dr Ross

Record the clinical indication for the Not for attempted CPR decision.

1. The patient is irreversibly close to death and attempted CPR will be of no benefit
2. The patient's clinical condition indicates that in the event of cardiopulmonary arrest CPR would be very unlikely to restart the heart and breathing
3. The patient's clinical condition indicates that in the event of cardiopulmonary arrest and CPR being successful, it is very likely that death would only be temporarily averted or the patient would suffer severe and unacceptable complications of the resuscitation attempt.
4. The patient has made a fully informed decision not to have resuscitation attempted in the event of cardiopulmonary resuscitation (record discussion with patient in clinical notes)

Relatives consulted? Yes / No / NA
Patient consulted? Yes / No / NA

Authorising doctor's signature: *J Watson*
Print name: Dr Watson
Date and time: 2/2/15

Consultant's signature:
Print name:
Date and time:

Date of review	Consultant's initials	Date of review	Consultant's initials	Cancellation of Not for CPR decision: Consultant's signature: Date:

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

1/2/15
20:40
MAU

ST6 Watson

85yrs
No history from patient
Residential home

"chesty" and SOB overnight
Seen by GP yesterday – started on antibiotics
Increasingly SOB
No c/o chest pain
Reports – "fine"

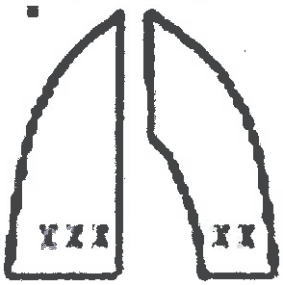
Mobile with ZF
Always confused

PMH
HTN
Recurrent falls
Dementia
Hypothyroid

Medication:
aspirin
levothyroxine
ramipril
donepezil
Amoxicillin – started ½
NKDA

o/e

BP 90/55
HR 115 – irregular
Sats 90 on 35%
RR 28
Temp 38



HS I + II + 0

JVP not seen
Calves SNT

creps right base > left
URT wheeze

Abdo – SNT
BS present
No gross organomegally

urine output – 30mls
(catherterised ? longterm)

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

1/2/15
20:40
MAU

ST6 Watson continued....

CXR – no focal consolidation

ECG – AF 115bpm
Rate related ST changes

ABGs

1st: 6l neb	2nd: 35%
pH 7.25	pH 7.34
pCO_2 7.9	pCO_2 6.0
pO_2 12	pO_2 12
HCO_3 29	HCO_3 26
Lac 1.5	Lac 1.7

Bloods awaited

BP dropped to ~ 70 systolic whilst reviewing – 250mls N.saline given
Improved to 95/60

Imp: LRTI
Sepsis
AF

P IV antibiotics
IV fluids
Further 250mls stat then review with BP and urine output
Nebs
O_2 at 28% – keep sats >92%
Repeat ABG

This lady appears very unwell with a combination of sepsis and T2RF. I suspect she also has AKI

Given this along with her co-morbidities, inc dementia, I don't feel she would be a good candidate for HDU/ITU level care – and therefore DNACPR unlikely to be in best interests

This will need discussing with family when they arrive

J Watson ST6
GMC 123456
Bleep 654

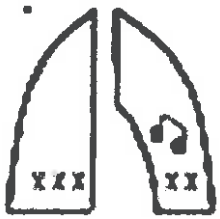
NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

2/2/15 PTWR Dr Ross
MAU
9:20am Hx reviewed
Increased SOB and cough for 48hrs
Pyrexial

Treated for LRTI

o/e



creps and wheeze
thoughout

imp: LRTI and Sepsis
AF

P) continue antibiotics
Add in steroids
Continue fluids

J Watson ST6
GMC 123456
Bleep 654

5/2/15 WR Dr Leg (cons)
Wd 2
9:45 am

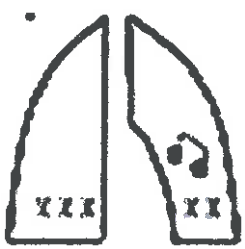
Reports Breathing much better today

Mobilises with ZF

Obs:

T 37.5 RR 20 HR 100 Sats 94 on 28% BP 112/60

o/e



bilateral creps and wheeze
creps at both bases

no leg oedema
no signs of DVT
no pressure sores

agree not for ITU/DNACPR

Rose Smith
20/9/32
012 3456 789

CXR – right basal consolidation

ECG – AF @ 115

Imp: CAP
AF
AKI

P) continue antibiotics, nebs, steroids
Add atrovent nebs
Await blood cultures
Repeat bloods today

FY2 Quinn
987

5/2/15

Bloods

Hb 12
WCC 16 ↓
Plts 158

Na 149 ↑
K 4.6
Ur 15 ↓
Creat 150 ↓

P) IV fluids 10hrly
Repeat bloods tomorrow
A/w blood cultures

FY2 Quinn
987

5/2/15 – Speech and Language Therapy
O_2 mask in place. Pt sat upright in bed. Trialled with 4 tsps of yogurt pudding – evidence of pharyngeal weakness; triple clearing swallows; coughing on third tsp; ++ delayed swallow (poor initiation)
Re-placed face mask intermittently due to increased SOB. Pt drowsy ++ throughout
Rec: unable to make dietary recommendations due to limited trial of constituencies. For r/v tomorrow

S. ALT

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

6/2/15 – Speech and Language Therapy
Patient seen to review from yesterday's swallowing assessment. Nursing staff indicate that ongoing concern – difficultly and effort with swallowing.
Pt alert, cooperative, O_2 mask in place.
Trialled with 2 tsp yoghurt, half a cup of water via spout cup with partial assistance.
Oral phase: reduced hand to mouth control, required assistance with delivery. Adequate lip seal. Reduced mastication efficiency with textured food and required fluid to moisten.
Pharyngeal phase: mildly delayed initiation of swallow, laryngeal elevation palpable and complete, 2x swallows with yoghurt to clear
Voice quality unchanged, subjectively raised RR (but O_2 mask in off), no clinical signs of aspiration during trial
Imp: pt displays reduced swallowing characterised by reduced strength and coordination of swallow, with reduced breath/swallow cycle secondary to current respiratory status, necessitating a modified diet.
Rec: 1) purée diet and very soft, moist minces etc
2)normal fluids via spout cup with assistance
3) alert and sat at 90 upright for all intake
4) monitor for signs aspiration (reduced chest, increased temp, SOB, wet voice, cough) during/post oral intake and if concerned ask for SALT review
Plan: on going review

S.ALT

6/2/15
Wd 2
17.00

WR FY2 Quinn

Bloods today:
Hb 11.4
WCC 14 ↓
Plts 150

Na 150
K 4.4
Ur 14.5
Creat 155

P) continue IV fluids

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

7/2/15 WR Dr Watson (SpR)
Wd 2
10.30

obs: BP 120/85
HR 95
Sats 100% on 28%
RR 20
Temp 37

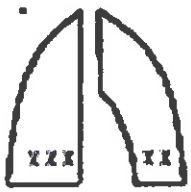
Bloods noted
Blood cultures neg
MSU neg

Reports "much better" today

O/e:

Lt. arm has signs of thrombophlebitis from venflon

HS I + II + 0



Lots of upper airway noise
Bibasal crackles

Erythematous shins bilaterally
Calves SNT

Catheterised: urine output 500mls since midnight

Imp: chest infection
AF
Dehydration

Plan: slow IVI to rehydrate
Continue IV antibiotics
Start Digoxin

FY2 Quinn
987

7/2/15 FY2 Quinn

Bloods today:

Hb 11	Na 151
WCC 13	K 4.5
Plts 135	Urea 14
	Creat 148

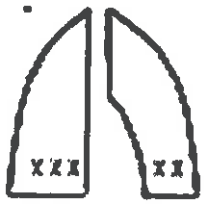
FY2 Quinn
987

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

8/2/16 WR Dr Leg
Wd 2
11am Much improved today
Sitting out – has been singing with nursing staff

O/e
Chatty
BP 130/89



HR 90

creps bibasally
No wheeze

Plan: antibiotics to oral
Nebs to inhalers
Continue fluids

FY2 Quinn
987

8/2/15 MDT
Improving medically
But remains on antibiotics and IV fluid

From Daffodil Lodge Nursing Home – family seem happy with this

PT: previously walking with ZF
Currently being hoisted on ward
Can't stand

Plan: ongoing PT assessments
To return to nursing home when medically stable

ST6 Watson

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

8/2/15 FY2 Quinn

Bloods today:
Hb 11.2
WCC 12.4
Plts 138

Na 149
K 5.2
Ur 13
Creat 140

FY2 Quinn
987

9/2/15
Wd 2 WR Dr Quinn (FY2)

Obs: BP 130/90
HR 98
Sats 98% on 2L
RR 20

Mrs Smith feeling well today
No SOB or cough
No chest or abdo pain
No urinary symptoms
Bowels open 2 days ago

Mobility issues – was walking with ZF but currently being hoisted
Unable to transfer
On going PT input

Imp: improving chest infection

Plan:
Reduce and stop oxygen
Continue oral antibiotics – to complete 10 days
Continue IV fluids
Monitor bloods
Back to nursing home next week

FY2 Quinn
987

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

12/2/15 WR ST6 Watson
Wd 8
15.30

Stable over the weekend – out lied to non CofE ward

Eating and drinking

Apyrexial
No signs of DVT

Plan: d/w nursing home ? Able to return next few days if bloods improving
Stop oxygen

FY2 Quinn
987

13/2/15 WR FY2 Quinn
Wd 8

Bloods yesterday
Hb 11.5
WCC 11.3
Plts 137

Na 145
K 5.3
Ur 14
Creat 142

D/w discharge co-ordination and social worker
Needs further OT/PT assessment as well as nursing home assessment prior to discharge

FY2
Quinn

13/2/15 – Speech and Language Therapy
Pt seen for review
Events since last review noted
Obs: sitting in bed, alert, cooperative
Swallow: pt trialled with 1/3 cup of yoghurt and ½ cup water, independently.
Oral phase adequate with yoghurt (purée consistency) and fluids. No clinical signs of aspiration evident. Intermittently dry cough, inconsistent with swallowing.
Rec: 1) continue purée
2) normal fluids via cup with supervision
Plan: 1) provide handover to nursing home
2) d/c from SALT

S.ALT

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

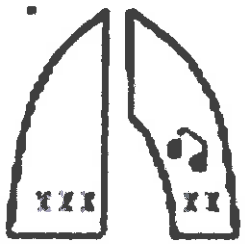
14/2/15 WR FY2 Quinn
Wd 8

BP 120/50
HR 54
Afebrile
RR 22

Sats dropped to 92% on air so nursing staff started 2L oxygen
Now sats 95%

O/e

HS I + II + 0
JVP not raised



equal AE
Upper respiratory noise

Basal creps Rt > Lt

Legs SNT

P) monitor sats
Continue oxygen 2L at present – try to wean off if improving
NH to come and assess

FY2 Quinn
987

15/2/15 FY2 Quinn
Wd 8

See by NH yesterday – say she now needs nursing care (was residential)
Will need assessment resenting
Also said she was not catheterised prior to admission and is she now for TWOC?

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Rose Smith
20/9/32
012 3456 789

Obs BP 120/70
HR 56
RR 20
Sats 97 on 2L

Seems a little more confused today
Unable to examine chest fully and unable to follow instructions to take deep breath

P) reduce oxygen to 1L
TWOC tonight

FY2 Quinn
987

16/2/15 WR Dr Leg (cons)
Wd 8
12 noon

No new problems
02 sats down- 1L nasal cannula in situ

BP 120/45
HR 54 - manually 48, irregular
Sats 97 on 1L
RR 18

Bloods:
Hb 12
WCC 7.1
Plts 163
Na 152
K 5.6
Urea 13.2
Creat 157

Calves SNT

P) await nursing home assessment
Push oral fluids
Aim sats >94%
ECG
Check digoxin levels and consider reducing digoxin to 62.5mcg

CT1 Foster
321

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

16/2/15

Was discussed at MDT yesterday:
Will need nursing care
PT: limited rehab potential through has made some progress
Good extension with knees
T/F with one but not able to maintain standing
Will need hoist for transfer
NH: say they are unable to meet het needs on residential side now
NS: puréed diet
Needing prompting with feeding
Likely to need nursing care

Plan:
PT to complete assessments re potential for rehab – Dr Leg feels not
Then continuing health needs assessment and section 5 once PT assessments done

CT1 foster
321

16/2/16
16.30

ECG: bradycardia at 38bpm
No obvious atrial activity
Regular ventricular complexes

D/W cardiology SpR – agrees likely slow AF
May be going into CHB secondary to digoxin
Recommends to monitor
Repeat ECG
Stop digoxin
If dehydrated give IV fluids
If still slow/CHB in 48hrs after stopping digoxin re-contact cardiology

16/2/15 FY1 Benton

7pm ATSP – nursing staff concerned that HR keeps dropping

Pt is asymptomatic at the moment

HR 45

Sats 97 on 1L

Attached to cardiac monitor

Advised nurses to recontact again if continues to be an issue

Review digoxin levels later

FY1 Benton

456

Rose Smith
20/9/32
012 3456 789

16/2/15 CT2 Crane (nights)
11pm
Wd 8 handed over to review digoxin levels

Digoxin level 2.0
Since stopped

HR currently 44
Pt asleep

ECG at 10pm by nursing staff
Rate 38
Regular QRS, no p waves

Monitor HR and pt
If deteriorate please contact

ST2 crane
567

17/2/15 FY1 Benton

Wd 8 ECG – regular ventricular rate

Rate 46

Bedside cardiac monitor in place

Asymptomatic

BP 110/50

Continue to monitor

FY1 Benton

456

17/2/15 CT2 Crane (nights)
Wd 8
11.30pm Nurses report seeing HR dropped to 20 on cardiac monitor at last obs round
Concerns at not being watched continually, no alarm on monitor

Now 48bpm
ECG – 30bpm
Regular ventricular complexes

BP 105/50
Digoxin already stopped

CT2 crane
567

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

18/2/15 FY1 Benton

Wd 8 *obs much the same*

HR 46

BP 105/59

FY1 Benton

456

19/2/16 WR Dr Leg (cons)
Wd 8
2pm BP 105/50
HR 48
Events over the weekend noted - thank you

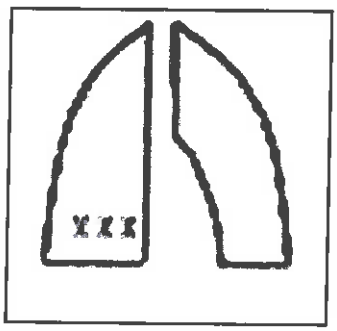
Appears to have deteriorated
In bed today
More confused today

Digoxin level raised but not stopped on drug chart over the weekend

On cardiac monitor by bedside
CHB and HR dropping to low 30s

Requiring 02 to maintain sats
Increased cough
RR 28

reduced AE right base
Wheeze



P) needs transferring to CCU or at least CofE ward
Cardiology opinion & review ASAP
ECG
Recheck dig levels and stop
IV fluids
Check bloods
CXR

CT1 Foster
321

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

19/2/15 CT1 Foster
5pm

CXR – RT basal consolidation

Bloods:
Hb 13
WCC 16
Plts 190

Na 155
K 5.8
Urea 17
Creat 180↑↑

CRP 120

D/W cardiology SpR
Will arrange review and likely transfer to CCU

CT1 Foster
321

20/2/15 Med SpR nights – ST5 House
Wd 8
2am 2222call to patient

CPR in progress on my arrival
PEA
Attempts at IV access in progress
First dose of adrenaline given

Notes located and DNACPR form found

CPR therefore stopped

RR 6
HR 5 on monitor

Not for further attempts at resus
Keep pt comfortable
Inform family

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Asked by nursing staff to confirm death prior to leaving ward

Pupils now fixed and dilated
No pulse for 1min
No respiratory effort for 1min
No heart sounds for 1min

Death confirmed at 02.25

ST5 House
678

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Nursing Notes

2/2/15 05.30 Mrs Smith admitted over night
seen by SpR –
Imp – LRTI
AF
Plan: DNR signed
IV fluids
IV antibiotics
Catheter – fluid balance
O2
Obs stable overnight
Catheter draining well

RSN fairhead

3/2/15 14.30 Full assistance given with personal care
Medication given
Obs remain stable – NEWS 6
Seen by Dr Ross on WR
Continue antibiotics and IV fluids
Add in steroids
Remains on oxygen at 28%
Catheter draining well
Appears comfortable
Bed available on Ward 2 – handover given
VIP score 0

a.n RSN

3/2/15 Patient admitted to ward 2
Given antibiotics as prescribed
NEWS score 3
For SALT referral please

4/2/15 14.30 patient continues on IV antibiotics and oxygen therapy
Regular nebulised salbutamol administered, patient pyrexial 38, paracetamol administered . Catheter draining moderate amounts. Message left on answer machine for SALT referral
17.35 observations monitored over afternoon
NEWS score 4
Apraxial

5/2/15 Reviewed by Dr Leg – to continue with IV antibiotics, Nebs, and steroids
11am Bloods required
Continue IV fluids and fluid balance
16.00 seen by physio – changed to humidified oxygen therapy
Intravenous fluids continued

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Nursing Notes

	Reviewed by SALT, unable to complete full assessment due to patient being drowsy and short of breath, for review tomorrow
6/2/15	Intravenous fluids and antibiotics continued. Regular nebulised salbutamol administered Oxygen therapy changed to nasal cannula at 5L as patient constantly removing mask Saturations maintained Continues high RR Catheter draining good amounts clear urine. CSU obtained at Dr request Reviewed by SALT – puréed diet and normal fluids Unable to participate in physio
7/2/15	**Seen by Dr – continue IV fluids, Nebs** **Seen by physio this morning** **SALT say they will review early next week**
8/2/15 6am	No concerns overnight
12noon	WR Dr Leg – change Nebs to inhalers Continue IV fluids Antibiotics to oral
16.00	discussed at MDT Aim back to nursing home On going PT assessment
19.00	IV fluids continued Hoisted out into chair, remains breathless
9/2/15	**assisted with hygiene needs** **Continues on IV fluids** **Difficulty swallowing – needs syrup antibiotics** **Settled over the course of the day**
16.00	**continues on oxygen therapy to maintain sats 96%** **Hoisted for all transfers**
10/2/15	oral intake improving chesty at times
14.00	seen by Dr - to wean down oxygen Continue with discharge planning Needs PT assessment
15.30	Social worker contacted ward - not happy that patient is ready for discharge as not back to how was prior to admissions get mobility, eating Queried whether nursing home would be able to take her back as she currently is - requested full assessments from PT, OT and SALT Referrals made Social worker will liaise with Nursing home for them to come out and re-assess

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Nursing Notes

11/2/15 patient for transfer to ward 8 as requested by site matron.
Handed over to ward 8, porter booked

11/2/15 Patient arrived to ward 8
Admitted with LRTI
On oral antibiotics
Appears no longer on IV fluids
For full PT/OT/SALT assessment prior to discharge
16.00 appears settled on wards
Obs stable – continues on oxygen therapy

12/2/15 seen by SpR on WR
To d/w nursing home regarding discharge
17.00 hoisted for transfers today
Resent PT/OT and SALT referral as hadn't received
Managed full meal this evening

13/2/15 settled on ward today – hoisted out
Seen by SALT – to continue purée diet and normal fluids
Still awaiting PT/OT
Still requiring oxygen to maintain sats
Obs stable
Contacted by Daffodil court – will come out and re-assess but feel Rose is not back to her baseline condition

14/2/15 6am settled overnight
14.00 Needing oxygen to maintains sats
Appears SOB at times
Hoisted out but struggled to sit out for prolonged period, appears more muddled today
Awaiting nursing home assessment
16.30 staff from Daffodil court attended ward
Feel Rose is far from her pre-admission level of dependance
They would be unable to meet her needs in residential side of Daffodil Court-
Will need upgrade to nursing care
Questioned if catheter is to be long term?
Section 5 needed
15/2/15 seen by Dr
For TWOC
Reduce oxygen to maintain sats above 94%
Rose appears increasing muddled at times
Obs remain stable
Oral intake needs encouraging

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Nursing Notes

16/2/15 Rose assisted with hygiene needs – not TWOC'd as remains nursed in bed today
Seen by PT – but unable to comply with assessment today, will need further assessment and consideration of rehab potential
Seen by Dr on WR – for ECG, bloods, encourage oral intake, reduce dig
Section 5 started

18.00 reviewed by Dr as HR low on ECG
To monitor HR
D/w sister – suggests Cardiac monitor, requested from stores
HR seen to drop to below 50 when patient connected to monitor
Oncall dr bleeped for further review

17/2/15 *seen by oncall dr overnight*
To stop digoxin
Patient stable overnight

17/2/15 seen by oncall dr earlier today
To continue to monitor HR
Pt remains in bed today
Struggling with oral intake – coughing at time so assisted with meals
Appears breathless at times – continues on oxygen

18/2/15 5am Seen by oncall dr overnight as HR remains low
To continue to monitor

18/2/15 remains settled today
17.00 nursed in bed
Assisted with hygiene needs

19/2/15 assisted with hygiene needs
Section 5 completed
HR remains low on cardiac monitor

15.00 seen by Dr on WR
Needs transferring
For ECG, CXR,
IV fluids n.saline commenced
For cardiology opinion
Pt remains in bed, very little oral intake today
Requiring oxygen – changed to humidified oxygen

19.00 still awaiting cardiology opinion and transfer
Contacted site matron – suggested contacting medical team
Oncall dr bleeped – awaiting response

20/2/15 *when checked on intentional round at 1.30am appeared cyanosed, shallow breathing, pulse very slow and weak, BP very low – fast bleeped Dr – asked for arrest call to be made*
Crash call made
CPR commenced – crash team arrived
Resus stopped after dr reviewing notes – DNACPR located
Death confirmed at 2.25
Attempted to contact NOK – no answer
Will continue to attempt to contact.

Allergy Status
NKDA

NHS County Town NHS Foundation Trust

Rose Smith
20/9/32
012 3456 789

Continuous intravenous Fluid Prescription

Date	Infusion Fluid	Volume	Additive	Rate	Route	Signed	Time stared	Signed	Volume infused	Batch no.
1/2	n.saline	1L	–	8⁰	IV	J. Watson	23.45	Nc	1L	n.v234
2/2	N.saline	1L	–	8⁰	IV	J.Watson	8am	Kg	1L	n.v546
2/2	0.9% saline	1L	–	10⁰	IV	h.foley	22.00	Jg	1L	n.t867
2/2	0.9% saline	1L	–	10⁰	IV	h.foley	14.00	Kg	1L	n.t486
2/2	0.9% saline	1L	–	10⁰	IV	h.foley	10am	Jg	1L	n.t768
5/2	5% Dex	1L	-	10⁰	IV	Quinn	16.00	Hn	1L	
5/2	n.Saline	1L	-	10⁰	IV	Quinn	12.00	Jk	1L	c.e234
6/2	N.saline	1L	-	12⁰	IV	Quinn	1am	Ec	1L	c.e523
7/2	N.saline	1L	-	16⁰	IV	Quinn	16.30	Tf	1L	c.f987
7/2	N.saline	1L	-	16⁰	IV	Quinn	12.00	Gh	1L	c.e364
8/2	5% Dex	1L	–	16⁰	IV	Foley	1am	Sh	1L	c.f365
9/2	n.Saline	1L	-	16⁰	IV	Quinn	23.00	Sh	1L	c.f264
19/2	0.9% saline	1L	-	6⁰	IV	Foster	14.45	Gf	1L	a.f233

Allergy Status
NKDA

Rose Smith
20/9/32
012 3456 789

NHS County Town NHS Foundation Trust

Drug Prescription and Administration Chart

Ward		Name	Rose Smith
MAU		DOB	20/9/32
Admission Date		NHS Number	012 345 789
1/2/15		Consultant	Ross

Chart Number		Pharmacy Check	Weight
1 2 3 4			Height

DO NOT ADMINISITER DRUG UNTIL THIS SECTION IS COMPLETED			
Known Allergies NKDA			Allergy Status Unconfirmed
Signature J Watson	Date 1/2/15		Signature Date

Once Only Prescription

Date	Drug	Dose	Route	Time	Signature	Given by	Time	Pharm.

Allergy Status
NKDA

Rose Smith
20/9/32
012 3456 789

Regular Prescription

Drug		
Co-amoxiclav		08.00
Route	Dose	12.00
IV	1.2g	18.00
Signature & bleep		22.00
J Watson 654		

1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2
	Nc	Ed	Ed	Ed	Ac	Ac	Change to oral
	Df	Ws	Ws	Tf	Tf	Fd	
nc	df	Ws	ws	Tf	Tf	Fd	

Drug		
Salbutamol		08.00
Route	Dose	12.00
neb	2.5mg	18.00
Signature & bleep		22.00
J Watson 654		

1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2
	Nc	Ed	Ed	Ed	Ac	Ac	Se
	Df	Ws	Ws	Tf	Tf	Fd	
	Df	Ws	Ws	Tf	Tf	Fd	
nc	Df	ws	Ws	Tf	tf	Fd	

Drug		
Aspirin		08.00
Route	Dose	12.00
Oral	75mg	18.00
Signature & bleep		22.00
J Watson 654		

1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2	9/2	10/2	11/2	12/2	13/2
	Nc	Ed	Ed	Ed	Ac	Ac	Se	Ed	Ed	Mw	Na	Mw

Drug		
Levothyroxine		08.00
Route	Dose	12.00
Oral	75mcg	18.00
Signature & bleep		22.00
J Watson 654		

1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2	9/2	10/2	11/2	12/2	13/2
	Nc	Ed	Ed	Ed	Ac	Ac	Se	Ed	Ed	Mw	Na	Mw

Drug		
Donepazil		08.00
Route	Dose	12.00
Oral	10mg	18.00
Signature & bleep		22.00
J Watson 654		

1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2	9/2	10/2	11/2	12/2	13/2
	Nc	Ed	Ed	Ed	Ac	Ac	Se	Ed	Ed	Mw	Na	Mw

Allergy Status
NKDA

Rose Smith
20/9/32
012 3456 789

Drug		
Ramipril		08.00
Route	Dose	12.00
Oral	5mg	18.00
Signature & bleep		22.00
J Watson 654		

1/2														
	STOPPED													

Drug		
Prednisolone		08.00
Route	Dose	12.00
Oral	30mg	18.00
Signature & bleep		22.00
J Watson 654		

1/2	2/2	3/2	4/2	5/2	6/2	7/2							
	Nc	Ed	Ed	Ed	Ac	Ac							
							Completed Course						
							7/2						

Drug		
Atrovent		08.00
Route	Dose	12.00
nebs	500mcg	18.00
Signature & bleep		22.00
FY2 Quinn 987		

2/2	3/2	4/2	5/2	/2	7/2	8/2							
Nc	Ed	Ed	Ed	Ac	Ac	Se							
							\						
								\					
									\				
										\			

Drug		
Co-amoxiclav		08.00
Route	Dose	12.00
oral	625mg	18.00
Signature & bleep		22.00
FY2 Quinn 987		

8/2	9/2	10/2											
Se	Ed	Ed											
			\										
				\									
					\								
						\							

Drug		
Digoxin		08.00
Route	Dose	12.00
oral	125mcg	18.00
Signature & bleep		22.00
FY2 Quinn 987		

7/2	8/2	9/2	10/2	11/2	12/2	13/2	14/2	15/2	16/2	17/2	18/2	19/2
Ac	Se	Ed	Ed	Mw	Na	Mw	Ac	Hi	Le	Le	Na	Se
					STOPPED 19/2							

Allergy Status
NKDA

Rose Smith
20/9/32
012 3456 789

Drug		
Aspirin		08.00
Route	Dose	12.00
Oral	75mg	18.00
Signature & bleep		22.00
J Watson 654		

14/2	15/2	16/2	17/2	18/2	19/2							
Ac	Se	Ed	Ed	Mw	Na							

Drug		
Levothyroxine		08.00
Route	Dose	12.00
Oral	75mcg	18.00
Signature & bleep		22.00
J Watson 654		

14/2	15/2	16/2	17/2	18/2	19/2							
Ac	Se	Ed	Ed	Mw	Na							

Drug		
Donepazil		08.00
Route	Dose	12.00
Oral	10mg	18.00
Signature & bleep		22.00
J Watson 654		

14/2	15/2	16/2	17/2	18/2	19/2							
Ac	Se	Ed	Ed	Mw	Na							

Drug		
		08.00
Route	Dose	12.00
		18.00
Signature & bleep		22.00

Drug		
		08.00
Route	Dose	12.00
		18.00
Signature & bleep		22.00

Allergy Status
NKDA

Rose Smith
20/9/32
012 3456 789

As required medication

Drug		
Salbutamol		
Route	Dose	Frequency
Inh	T	PRN
Signature & bleep		
FY2 Quinn		

Date									
Time									
Dose									
Given									

Drug		
Route	Dose	Frequency
Signature & bleep		

Date									
Time									
Dose									
Given									

Drug		
Route	Dose	Frequency
Signature & bleep		

Date									
Time									
Dose									
Given									

NAME: Rose Smith

GRADED RESPONSE OBSERVATION CHART

Ward										
Date		Date: 11/5/15	Date: 2/5/15	Date: 3/5/15	Date: 4/5/15	Date: 6/5/15	Date: 6/5/15	Date: 8/5/15	YEAR
Time	(24 hr)								20

Respiratory Rate (enter numerical value)

2	25
0	21-24
1	12-20
2	9-11
3	≤8

Oxygen Saturations (enter numerical value) — Tick Target Saturation ☐ 88-92% ☐ 94-98%

0	≥96
1	94-95
2	92-93
3	≤91

Respiratory Support - Enter Value of inspired O_2 — X indicates when CPAP or BIPAP are in use

0	None
2	O_2
	CPAP/BIP

Temperature - Trend with decimal values (e.g. .3)

2	≥39
1	38
0	37
0	36
1	≤35

Pulse and Blood Pressure (on admission lying and standing BP)

SYSTOLIC BLOOD PRESSURE: 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, ≤90

PULSE RATE: 130, 120, 110, 100, 90, 80, 70, 60, 50, ≤40

Consciousness Level: AVPU (record appropriate letter)

0	Alert
	V/P/U

Blood Glucose

TOTAL NEWS	
Recorder Initials	
Counter Sign Initials	
RN signature when NEWS ≥5 OR 3 in one parameter	
Escalation as per graded response	

Please tick

Refer Dr/ORT	
Initials	

Record in notes

Urine (mls in 4 hrs) excluding renal transplant/dialysis patients — Stand-alone trigger for escalation within home team

Pain Score (PCAS 0in or reverse)

None	
Mild	
Moderate	
Severe	
Review Score	
Review Time	

NAME: R. Smith

GRADED RESPONSE OBSERVATION CHART

Ward								YEAR
Date		Date: 8/9/15	Date: 9.9.15	Date: 10-9-15	Date: 11/9/15	Date: 12/9/15	Date: 13-9-15	Date: 14-9-15	20
Time		00 / 08 / 20	00 / 08 / 17	08 / 12 / 20	08 / 12 / 20	08 / 14 / 20			

Respiratory Rate (enter numerical value)

Score	Range	8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15	Range	Score
3	≥25								≥25	3
2	21-24	22						24	21-24	2
0	12-20	20, 18	20, 18, 16	18, 18, 20	20, 18, 20	18, 18, 18	18, 18, 20	20, 19	12-20	0
1	9-11								9-11	1
3	≤8								≤8	3

Oxygen Saturations (enter numerical value)

Tick Target Saturation ☐ 88-92% ☐ 94-98%

Score	Range	8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15	Range	Score
0	≥96	98, 96, 97	98, 96	✓, 98, 96	96, 96, 98	96, 96, 98	96, 97		≥96	0
1	94-95		95				95	95, 94	94-95	1
2	92-93							92	92-93	2
3	≤91								≤91	3

Respiratory Support - Enter Value of Inspired O_2

X indicates when CPAP or BIPAP are in use

Score		8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15		Score
0	None					✓, ✓	✓, ✓, ✓	✓	None	0
2	O_2	2L, 2L, 2L	2L, ✓, ✓	✓, 2L, 2L	2L, 4L, 4L	4L		2L, 2L	O_2	2
	CPAP/BIP								CPAP/BIP	

Temperature - Trend with decimal values (e.g. ·3)

Score	Range	8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15	Range	Score
2	≥39								≥39	2
1	38								38	1
0	37	5, 2, 7	2, 9		2		✓		37	0
0	36		9	✓, 8	4	✓, 4		7	36	0
1	35								35	1
3	≤35								≤35	3

Pulse and Blood Pressure (on admission lying and standing BP)

SYSTOLIC BLOOD PRESSURE (scale 220–30) / PULSE RATE (scale 220–30)

Scores (systolic, top to bottom): 3, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 1, 2, 3, 3, 3, 3, 3, 3, 3

Scale: 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30

Pulse scores (right, lower part): 2, 2, 1, 1, 0, 0, 0, 0, 1, 3

Conscious Level: AVPU (record appropriate letter)

Score		8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15		Score
0	Alert	✓, ✓, ✓	✓						Alert	0
3	VPU								VPU	3

Blood Glucose	8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15	Blood Glucose
	10	6						

	8/9/15	9.9.15	10-9-15	11/9/15	12/9/15	13-9-15	14-9-15	
TOTAL NEWS	2, 2, 5	3, 3, 3	3, 2, 3	3, 3, 4	2, 2, 1	0, 2, 0	4, 4, 4	TOTAL NEWS
Recorder Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] TC	[illegible] KM	[illegible]	Recorder Initials
Counter Sign Initials								Counter Sign Initials
RN signature when NEWS ≥5 OR 3 in one parameter								RN signature when NEWS ≥5 OR 3 in one parameter
Escalation as per graded response								Escalation as per graded response

Please tick

Refer Dr/ORT		Record in notes
Initials		

Urine (mls in 4 hrs) excluding renal transplant/dialysis patients

Stand-alone trigger for escalation within home team

<80		Stand-alone Trigger
Nil		

Pain Score (PCAS obs on reverse)

None		None
Mild		Mild
Moderate		Moderate
Severe		Severe
Review Score		Review Score
Review Time		Review Time

NAME: R. Smith

GRADED RESPONSE OBSERVATION CHART

Ward / Date / Time	CIA	Date: 15/2/15	Date: 16/2/15	Date: 17-2-15	Date: 18/Feb	Date: 19/2/15	Date: 19/2/15	Date: 20/2/15	YEAR 20......

Respiratory Rate (enter numerical value)

Score	Range	Values
3	≥25	
2	21-24	
0	12-20	20, 16, 16, 18, 18, 16, 16, 18, 18, 20, 18, 18, 16, 16, 18, 18, 18, 20, 18, 18, 18, 16
1	9-11	
3	≤8	

Oxygen Saturations (enter numerical value) — Tick Target Saturation ☐ 88-92% ☐ 94-98%

Score	Range	Values
0	≥96	[illegible]
1	94-95	[illegible]
2	92-93	[illegible]
3	≤91	

Respiratory Support - Enter Value of Inspired O_2 — X indicates when CPAP or BIPAP are in use

Score		Values
0	None	
2	O_2	2L ✓ 2L, 1L 1L 1L 1L ✓, ✓ 1L 1L, 1, 1L ✓ ✓ 1L, ✓ 1L, 1L, 1L, 1L, 1L 1L, 1L
	CPAP/BIP	

Temperature - Trend with decimal values (e.g. ·3)

Score	Range
2	≥39
1	38
0	37
0	36
1	35
3	≤35

Pulse and Blood Pressure (on admission lying and standing BP)

SYSTOLIC BLOOD PRESSURE / PULSE RATE (scale 230–30)

Annotations: Dr called → contact call; HR only; dropped to 50

Conscious Level: AVPU (record appropriate letter)

Score		
0	Alert	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
3	VPU	

Blood Glucose	

TOTAL NEWS	2 2 2, 2 3 2 4 3, 6 4 4 5, 5 4 5 5, 8 4, 6, 8, 7
Recorder Initials	[illegible]
Counter Sign Initials	
RN signature when NEWS ≥5 OR 3 in one parameter	
Escalation as per graded response	✓

Please tick

Refer Dr/ORT	✓
Initials	

Record in notes

Urine (mls in 4 hrs) excluding renal transplant/dialysis patients — Stand-alone trigger for escalation within home team

Pain Score (PCAS obs on reverse)

None
Mild
Moderate
Severe
Review Score
Review Time