

PATHWAY for SUSPECTED #NOF

Confusion Screen		Patient label
How old are you?		
What is your date of birth?		
What year are we in?		
Can you tell me where you are?		

If patient is unable to answer these questions, inform nurse in charge immediately.

WITHIN 20 MINUTES			
Entonox given & documented under PGD	Yes/No	Mild (1-3) / Moderate (4-6) / Severe (7-10)	
Pain Score On Movement	/10		
Observations recorded (Temp/BP/HR/RR/Sats)	Yes/No		
Name / Allergy band	Yes/No		
IV Access		IV access NOT achieved:	
Achieved and bloods sent (U&E's/LFT/CRP/FBC/G&S)	Yes/No	Oral analgesia prescribed	Yes/No
IV analgesia prescribed PRN	Yes/No	Oral antiemetic prescribed	Yes/No
IV antiemetic prescribed PRN	Yes/No		
Document reason for no IV access here:			
WITHIN ONE HOUR			
Pt undressed into gown	Yes/No	<div>Pain score</div> <div>Further analgesia given</div>	
Xray	Yes/No		
Observations repeated	Yes/No		
Pain on movement reassessed	Yes/No		
12 lead ECG	Yes/No		
Patient last ate	Time:		
Patient last drank	Time:		
Patient NBM?	Yes/No		
If NBM IV Fluids prescribed	Yes/No	Fluid Balance chart started	Yes/No
If not NBM oral fluids/food offered	Yes/No		
Patient last urine output	Under 1 hr / Within 4 hrs / Over 4 hrs		
Fracture confirmed	Yes/No	Diagnosis	
Ortho referral completed bleep 2352	Time:		
Ortho bleep holder informed 1424	Time:		
TRANSFER CHECK LIST			
Pain on movement reassessed	Yes/No	<div>Pain score</div> <div>Further analgesia given</div>	
PRN analgesia prescribed IV/PO	Yes/No	Document reason if no to any:	
PRN antiemetic prescribed IV/PO	Yes/No		
Maintenance fluids prescribed	Yes/No		