Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Orthopaedic Trauma Clerking Sheet

Date: ____ / ____ / _____ Time:

Name:

Date of Birth:

Hospital No:

NHS No:

Consultant:

Patient details or sticker

Presenting complaint:

History of presenting complaint:

Incident details:

Mechanism of injury: RTA / fall > 2 meters / fall < 2 meters / sport / stabbing / other assault

Details:

RTA: Driver / FSP / RSP / cyclist / motorcyclist / pedestrian / intrusion / ejection / entrapment / other death

Protective devices: none / seatbelt / airbag / helmet / other

Events leading to any fall:

- ☐ Clear story 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

Details:

Past medical history:

- ☐ MI/angina
- ☐ Asthma/COPD
- ☐ Epilepsy
- ☐ Psychiatric illness
- ☐ Heart failure
- ☐ DVT/PE
- ☐ Dementia
- ☐ Previous surgery
- ☐ Pacemaker
- ☐ Anticoagulated
- ☐ Smoking
- ☐ Other
- ☐ Hypertension
- ☐ Jaundice
- ☐ Alcohol
- ☐ Diabetes
- ☐ Stroke/TIA

Details:

Drug history:

Allergies:

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Patient name: .....

Hospital number: .....

Occupation:

System enquiry:

Social history:

Admitted from:

NB: Holiday residence/ respite care is classified as admitted from own home

- ☐ Own home/sheltered housing
- ☐ Resisdential care/Nursing home/ long term care hospital
- ☐ Rehabilitation unit
- ☐ Acute hospital
- ☐ Already in hospital
- ☐ Other
- ☐ Unknown

Walking ability indoors pre-admission:

- ☐ Regularly walked without aids
- ☐ Regularly walked with one aid
- ☐ Regularly walked with two aids or frame
- ☐ Unknown

Walking ability outdoors pre-admission:

- ☐ Regularly walked without aids
- ☐ Regularly walked with one aid
- ☐ Regularly walked with two aids or frame
- ☐ Wheelchair or bedbound
- ☐ Unknown

Accompanied to walk indoors pre-admission: Yes ☐ No ☐

Accompanied to walk outdoors pre-admission: Yes ☐ No ☐

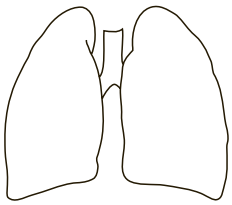
Airway:

Airway and cervical spine: clear / blood / vomit / stridor

Breathing:

Respiratory rate:_____/min

O_2Sats (% O_2/air)



Circulation:

Peripheral pulses:

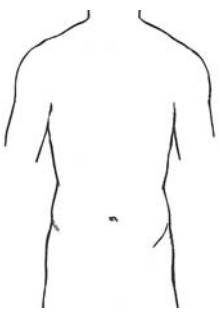
cap. refil ..... seconds

Temperature:

BP: .....

Peripheral oedema:

Abdomen:



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Patient name: .....

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Hospital number: .....

Neurological:

Glasgow Coma Scale

Eye Opening	Spontaneous	= 4
	To command	= 3
	To pain	= 2
	None	= 1
Verbal Response	Oriented	= 5
	Confused	= 4
	Random	= 3
	Grunts	= 2
	None	= 1
Motor Response	Obeys	= 6
	Localises pain	= 5
	Withdraws	= 4
	Flexes to pain	= 3
	Extends to pain	= 2
	None	= 1
	Total	**/15**

Pupils:

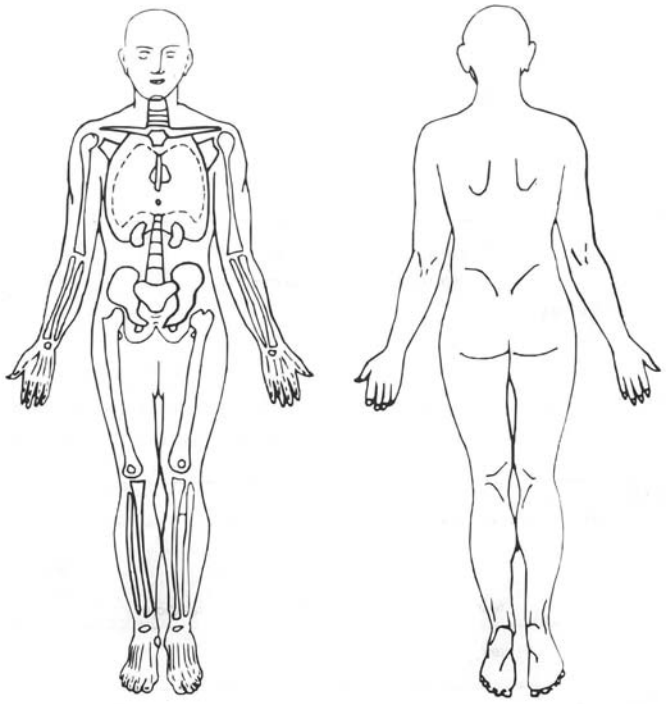
Right size
reaction

Left size
reaction

Cranial nerves:

Nottingham hip fracture score: ☐

Musculoskeletal/pressure areas/bruises/wounds:



Peripheral nerves

Hand dominance (circle): R L

	R Upper L	R Lower L	L Upper L	L Lower L
Power:				
Tone:				
Sensation:				
Co-ordination:				

		R	L
Reflexes:	Biceps:		
	Tricps:		
	Supinator:		
	Knee:		
	Ankle:		
	Plantars:		

Logroll: Spine:

Rectal sensation and tone:

Prostate gland:

AMT

Age	.....
D.O.B.	.....
Year	.....
Place	.....
Time (to hour)	.....
Monarch	.....
WW1	.....
Recognise 2 people	.....
Count 20-1 backwards	.....
Recall address	.....
Total	**/ 10**

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ECG:	**Musculoskeletal x-rays:**
CXR:	

Routine pre-op. investigations - in ALL patients *Result*	**Additional tests - to be performed if indicated** *Sent*	*Results*
Hb	LFT ☐	
WCC	Clotting screen ☐	
Platelets	Arterial blood gases ☐	
INR (if warfarin)	pH	
Na^+	pO_2	
K^+	pCO_2	
Urea	BE	
Creatinine	MRSA screen ☐	
Ca^{2+}/albumin	Blood cultures ☐	
Group and save	Sputum cultures ☐	
Blood glucose	MSU ☐	

Main injuries / problems and action plan:

Initial treatment regime prompt:

- ☐ Analgesia, antiemetics and aperients
- ☐ Thromboprophylaxis prescribed Yes ☐ No ☐
- ☐ 2° fracture prevention ☐ IV fluids ☐ Skin marking
- ☐ Antibiotic cover ☐ Consent ☐ Trauma conference
- ☐ Inform relatives if indicated
- ☐ Has the patient even been informed that they are at risk of CJD or vCJD for public health purposes? Yes ☐ No ☐

Signature: Print:

Grade: Bleep: Date: ____ / ____ / _____ Time: