

Section 1:

Initial Assessment by A&E Staff

Date		Time	:	Admitting Doctor	
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Affix Patient addressograph

Pain Score	0 = No pain 1 = Medium 2 = Moderate 3 = Severe S = Sleeping									
	0		1		2		3		S	

Initial Triage

O ₂ Sats	
Resp Rate	
Pulse	
BP	
Temp	
BM Test	
Triage Code	

Severe Pain (score>3) → Give Analgesia

Morphine 2.5 – 10mg iv (titrated slowly against pain)

Cyclizine 50mg iv.

Moderate Pain (Score 1-2) → Offer Analgesia

Done

Pressure Care

Please Assess and Fill out Patients Water Low Score on the Patients Care Plan.

Drug Prescription

Drug Prescription	Dose	Route	Doctor`s Signature	Given By	Time Given

Assessment

History(Including causation of any fall)

PMH

Drugs

Allergies

Examination

Diagnosis

Management

Please complete Cumulative Chart.

FBC	
INR	
U&E`S, Calcium+ Albumin	
LFT's	
Group & Save	
ECG	
X-Ray Pelvis:	
CXR	
Cannulation	
I.V Fluids – 1000mls N/Saline/12hrs	

Additional Tests -To be performed if indicated

Clotting Screen		If specific concern, history of alcohol abuse, suggestions of chronic liver disease.
Glucose		If diabetic or specific concern
Arterial blood gases		If severe chronic airways disease, or clinical pointers or respiratory failure.
pH		
pO ₂		
pCO ₂		
BE		
Blood Culture		If concern over possible infection.
Sputum Cultures		
MSU		

Time first presented to A&E:.....

Time referred to Orthopaedics:.....

Time sent to ward:.....

Name:.....

Signature:.....

Section 2: Orthopaedic House Officers Team Admission Clerking

Consultant:

Date:

Time:

Presenting Complaint

Events Leading to any fall:

Details:

Clear story of trip, slip or accident
Palpitations, chest pain, SOB
Aura, fit, tongue biting, incontinence
Dizzy, light headed, pale, sweaty
Other associated medical symptoms
Unexplained loss of consciousness

Past Medical Information

MI/ Angina	
Heart Failure	
Pacemaker	
Hypertension	
DM	
Asthma/COPD	
DVT/PE	
Anticoagulated	
Jaundice	
Stroke/TIA	
Epilepsy	
Dementia	
Smoking	
Alcohol	
Other	

Usual Medication:

Drug Allergies:

Social History

Admitted From:	Home Support:	Usual Mobility	Usual Walking Aids
House	Living Alone	Able to do own Shopping	None
Bungalow	Living with Someone	Able to get out of Home-but unable to Shop	One Aid (stick)
Downstairs Flat	Living with Carer	Home Bound	Two Aids
Upstairs Flat	Home care package Stopped		Frame
Institutional Care			Wheel-chair/ Bed Bound
Other.....			
History From:			
Patient	Relatives	Carers	Others.....

Abbreviated Mental Test Score

- | | | |
|----|--|---|
| 1 | Age | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 2 | Time (to nearest hour) | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 3 | Address (for recall) for example, 42 West Street or 92 Columbia Road to be repeated by patient at end of test. | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 4 | Year | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 5 | Name of hospital, Residential Institution or Home Address, depending on where the patient is situated. | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 6 | Recognition of two persons- for example, doctor, nurse, home help etc. | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 7 | Date of Birth | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 8 | Year of first/second world war | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 9 | Name of present monarch | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
| 10 | Count backwards 20 to 1 (no errors, but can correct self) | <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |

Total Score

Score less than 6 suggests Dementia

Examination

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Routine Pre-op Investigations In all Patients	
FBC	
INR(IF ON WARFARIN)	
U&E`S & Creatinine	
LFT`s	
Group & Save	
CXR	
ECG	

Additional Tests To be performed if indicated		
Clotting Screen		If specific concern, history of alcohol abuse, suggestions of chronic liver disease.
Glucose		If diabetic or specific concern
Arterial blood gases		If severe chronic airways disease, or clinical pointers or respiratory failure.
pH		
pO ₂		
pCO ₂		
BE		
Blood Culture		If concern over possible infection.
Sputum Cultures		
MSU		

Initial Management Plan

Analgesia	PRN/Regular Opioid/Paracetamol/Tramadol
PE Prophylaxis	ASPRIN - As Per Guidelines for Thromboprophylaxis For Patients with Fractured neck of Femur
IV Fluids	Minimal - Normal Saline 1000mls/12hrs then repeated(each patient should be reassessed)
Antibiotics	Cefuroxime 1.5g @ induction and 750mg @ 8hrs & 16hrs Post-op
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>KNOWN MRSA or Patients from INSTITUTIONAL CARE</p> </div> <div style="width: 70%;"> <p>ADD Teicoplanin IV 400mg as single dose on induction of Anaesthesia</p> <p>Followed by 1 further dose of 400mg at 12hours</p> </div> </div>	
Consent	
Skin Marking	

<p>Anticipated Outcome</p> <p>Expected length of stay</p>	<p>Home Residential Home Nursing Home/Community Hosp Other</p> <p>7 – 14 Days 14 - 21 Days -> 21 Days</p>
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Admitting Doctor/CNP:.....

Signature:.....

Bleep:.....

Date/Time.....

Registrar Clerking **Diagnosis And Management Plan**

Fracture: Undisplaced Intracapsular Displaced Intracapsular Basocervical 2-Part Trochanteric Multi-part Trochanteric Subtrochanteric None Other.....	Underlying Cause: None/Osteoporosis Malignant 2 ⁰ Malignant 1 ⁰ Bone-Cyst Pagets Disease Other.....	Planned Procedure 3 Screws DHS Hemiarthroplasty THR Nailing Other.....	Side Left Right
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Registrar:.....

Signature:.....

Bleep:.....Date/Time.....