



Patient Details	Great Western Hospitals  NHS Foundation Trust MEDICAL ADMISSIONS CLERKING PROFORMA
Name: Hospital No: D.O.B. NHS No.: <i>(Use patient label)</i>	
Medical Clerking	On Call Consultant:

Date: Time: Name: Grade: Specialty:

Age:	Presenting Complaint:	CLINICIAN:
		GRADE:
		DATE/TIME:

Past Medical History:

Charlson Comorbidities (please TICK all that apply)			
Cancer		Alcohol Abuse	
Cerebrovascular Disease		Anxiety	
Chronic Kidney Disease		Registered Blind	
Pulmonary Disease (COPD/Asthma)		Cardiac Pacemaker	
Dementia		Depression / Bipolar Disorder / Psychosis / DSH	
Diabetes Mellitus		Drug Abuse	
Myocardial Infarction		Epilepsy	
Heart Failure		Geriatric Falls	
Liver Disease		Severe Hearing Loss	
Hemiplegia / Paraplegia		Hypertension	
HIV		Heart Disease (Ischaemic / Valvular)	
Rheumatoid Arthritis		Learning Difficulties	
Peptic Ulcer		Multiple Sclerosis	
Peripheral Vascular Disease		Smoker	
Connective Tissue Disorder		Respiratory Failure	

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Review Of Systems

RS:	SOB	Cough	Sputum	Haemoptysis	Pleuritic Pain
AS:	Loss of Appetite	Weight Loss	Change in Bowel Habit		Indigestion
UG:	Dysuria	Frequency	Haematuria		
CNS:	Headaches	Dizziness	Fits	Faints	
CVS:	Chest Pain	Orthopnoea	Palpitations	Swollen Ankles	

Drug History

DRUG	DOSE	FREQUENCY		DRUG	DOSE	FREQUENCY

Allergies	Adverse Reaction:
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Social History Family History

Smoking History Pack Years Alcohol UNITS per week Illicit Drugs Lives with / in Exercise Tolerance Stairs? Carers Mobility Aids Advanced Directives History of Falls.	
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Great Western Hospitals 
 NHS Foundation Trust
**MEDICAL ADMISSIONS
 CLERKING PROFORMA**

Examination

VITAL SIGNS			
HR	BP	Weight	kg
RR	SaO2	% on air	
		% on	%FiO2
Temp	BM	NEWS Score	

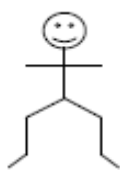
GCS: E /4
 M /6
 V /5
 Total /15

AMTS: Age
 Year
 DOB
 Time
 Address
 Institution
 20→1
 WW2
 Monarch
 Recognise 2 people
 Total /10

GENERAL APPEARANCE

Jaundice / Pallor / Clubbing / Cyanosis / Oedema / Lymphadenopathy

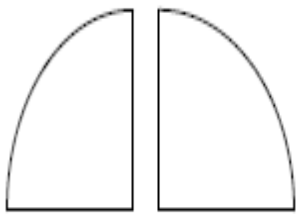
CARDIOVASCULAR

Pulse character _____ Peripheral Pulses 

JVP _____

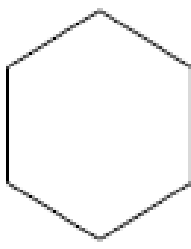
Heart sounds _____

RESPIRATORY

Peak Flow 

Breath Sounds _____

ABDOMINAL

PR: 

MUSCULOSKELETAL / SKIN

NEUROLOGICAL

Pupils: _____ Fundi: _____

Cranial Nerves: _____

Coordination: _____

Sensation: _____

	Right		Left	
	Arms	Legs	Arms	Legs
Tone				
Power				
Reflexes				
Plantars				

Patient Details

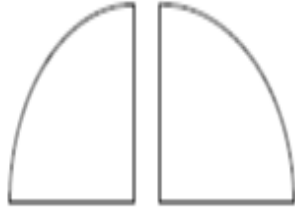
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NHS No.:
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Great Western Hospitals **NHS**

NHS Foundation Trust

**MEDICAL ADMISSIONS
CLERKING PROFORMA**

CXR FINDINGS



ECG FINDINGS

DIAGNOSIS / PROBLEM LIST

PLAN

CANNULA:
SIGNED:
SITE:
BLOODS TAKEN?
CULTURES DONE?
DVT PROPHYLAXIS PRESCRIBED?

MONITORING PLAN:
NEWS:
GCS:
BM:

SIGNED *NAME* *GRADE* *DATE/TIME*

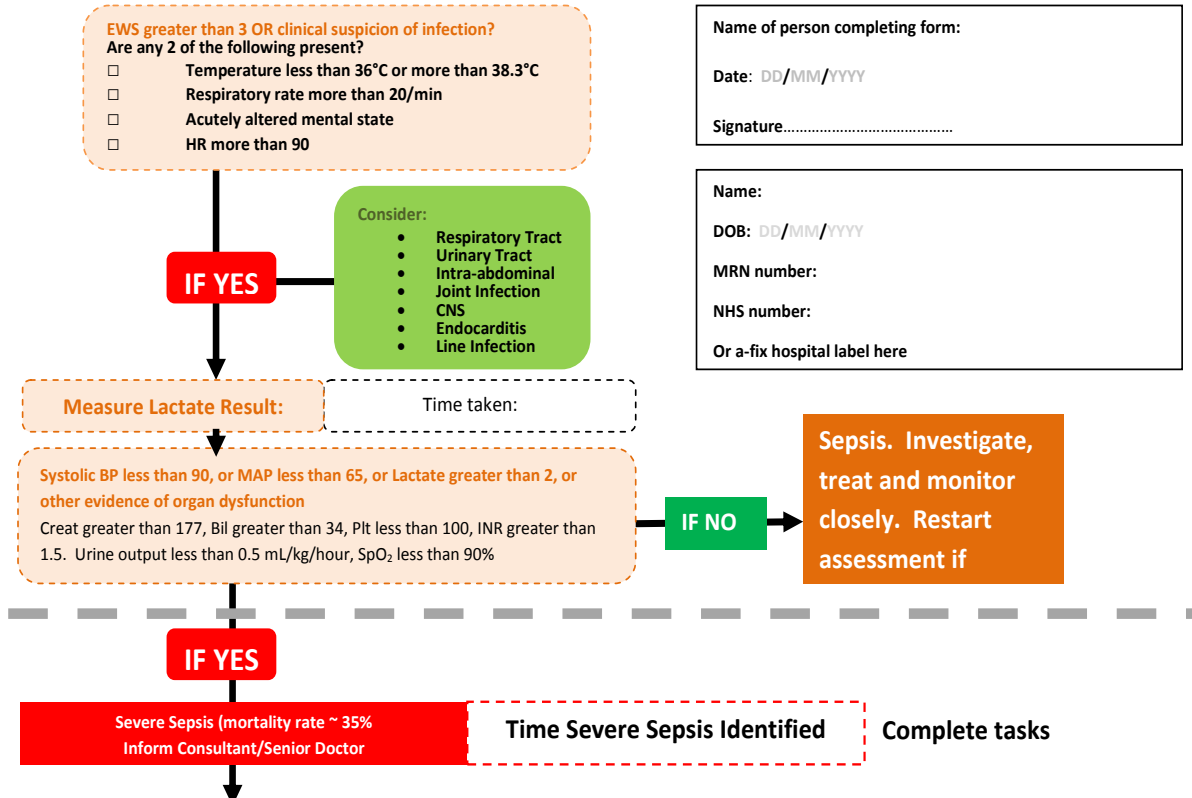
Registrar /SHO review

SIGNED *NAME* *GRADE* *DATE/TIME*


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SEPSIS SIX PATHWAY

i Start/complete this form if EWS equal to/greater than 3 OR clinical suspicion of infection



			Time Done	Reason not done Continue overleaf
1	100% Oxygen	Give 15l/min via facemask with reservoir bag unless oxygen restriction necessary (e.g. in chronic CO2 retention aim for an SaO2 of 88-92%)		
2	IV fluid bolus	Give a 500mL – 100mL bolus of Hartmann’s. Larger bolus may be required e.g. if systolic BP less than 90 or lactate greater than 4, consider 1500-2000ml		
3	Blood cultures	Take as per Trust guidelines. Culture other sites as clinically indicated e.g. sputum, wound swabs, etc.		
4	IV antibiotics	Use Trust antibiotic guidelines. Prescribe first dose on the front of the drug chart. Document target time ('to be given by' – time) in drug chart and inform nursing staff. Delay in administration causes mortality.		
5	Lactate + bloods	Lactate on arterial or venous sample. Also request FBC, U&E, LFT, clotting (INR and APTT) and glucose if not yet done. Consider blood transfusion if Hb less than 7 (or above this with co morbidities)		
6	Monitor urine output	Consider Catheter. Monitor output hourly. Dip urine and send MSU/CSU		
		Fluid balance chart YES <input type="checkbox"/> / NO <input type="checkbox"/>		
		Catheter YES <input type="checkbox"/> / NO <input type="checkbox"/>		
Repeat lactate. Ensure urgently reviewed by senior Doctor				
Contact relevant speciality team to ensure source control e.g. surgeons and consider contacting Acute Care Response Team				

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Post Take Consultant Ward Round Notes

CONSULTANT: _____ DATE: _____
 TIME: _____

REVIEW OF HISTORY/EXAMINATION:

RELEVANT INVESTIGATION RESULTS:


ECG

:

CXR

URINALYSIS

OTHERS

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DIAGNOSIS LIST:

PLAN:

PLAN:			Jobs booked	Results seen	
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
SIGNED: NAME: GRADE: DATE/TIME:		COUNTERSIGNED BY CONSULTANT: NAME: BLEEP:			
Estimated Date Discharge	4-7 Days	>1 Week	PREFERRED WARD		
			HOME	ANY	SSU
			AMU	ACU	GI
			ENDO	HAEM	CARDIO
			STROKE	DOME	RESP
RESUSCITATION STATUS					
FOR NOT FOR					
CEILING OF CARE					

Ward Round Check List

	Day 1	Day 2	Day 3
Appropriate patient identification in notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug chart reviewed <i>(esp VTE / antibiotic stewardship / fluids)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation chart reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for IV lines / catheter reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloods reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XRay & investigations reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalation plan (incl DNAR) reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials

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Blood Results

DATE					
Time					
Hb					
MCV					
Plat					
WBC					
N/L					
INR / PTR					
APTT					
CRP					
Na					
K					
Creat					
Urea					
Gluc					
TP					
Alb					
AST					
GGT					
Bil					
ALP					
Ca					
PO					
TROP					
D-Dimer					
TSH					
Cholest					
Ferritin					
B12					
Folate					
CK					
Amylase					

ARTERIAL BLOOD GASES						
Date						
Time						
FiO2						
NIV setting						
pH						
pO2						
pCO2						
HCO3-						
BE						
Lac						
SpO2						

URINALYSIS	
Leucocytes Nitrites NAD <input type="checkbox"/> Blood Protein	

MICROBIOLOGY RESULTS		
Date	Specimen	Result/Sensitivities

Outcome Of MDT

DAY 1	DAY 2

Dementia Checklist Completed **Yes** **No**