WAITEMATA DHB

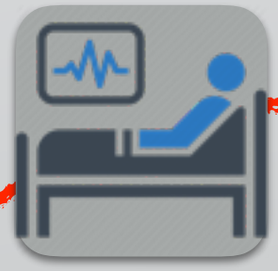
BEST CARE BUNDLES

BEST CARE FOR EVERYONE

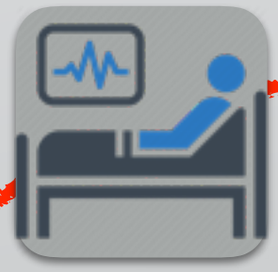
Prudence Cooke

Prudence Cooke


TRIAGE NURSE




TRIAGE NURSE



Best Care Bundle

elements

PATHWAY & CHECKLISTS

NURSING EDUCATION

CLINICAL NOTES

INTERDEPARTMENTAL AGREEMENT

PATIENT ADVICE

STANDING ORDERS

Waitemata District Health Board
Best Care for Everyone

(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____

BRONCHIOLITIS

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Inclusion Criteria

Date:	Time:	Name:	Sign:

☐ **Upper Airway Obstruction → STOP - NOT SUITABLE FOR THIS BEST CARE BUNDLE**
↳ ED Senior Medical or Paediatric Registrar review without delay

☐ **Wheeze present and < 1 year of age → CONTINUE**
↳ Initiate Best Care Bundle "Bronchiolitis" on Whiteboard

BEST CARE BUNDLE - PATHWAY

Waitemata District Health Board
Best Care for Everyone

(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____

REHYDRATION

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Inclusion Criteria

Date:	Time:	Name:	Sign:

☐ **Under 6 w of age → STOP - NOT SUITABLE FOR THIS CARE BUNDLE**
↳ ED Senior Medical or Paediatric Registrar review without delay

☐ **Diarrhoea with or without vomiting and > 6 w of age → CONTINUE**
↳ Initiate Best Care Bundle "Rehydration" on Whiteboard

BEST CARE BUNDLE - PATHWAY

Waitemata District Health Board
Best Care for Everyone

(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____

CROUP

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Inclusion Criteria

Date:	Time:	Name:	Sign:

☐ **Age < 6 months → STOP - NOT SUITABLE FOR THIS CARE BUNDLE**
↳ ED Senior Medical or Paediatric Registrar review without delay

☐ **Age > 6 months with stridor, barking cough and / or hoarse voice → CONTINUE**
↳ Initiate Best Care Bundle "Croup" on Whiteboard
Include patients who have received treatment en route who are currently asymptomatic

Initial Nursing assessment - Aim to complete by 30 minutes

History, examination and vital signs recorded on the Nursing Assessment Sheet.
Croup Assessment Tool applied and appropriate pathway started. (see page 2)
↳ **Initial Pathway:** ☐ Mild ☐ Moderate ☐ Severe

Red Flags → Senior Medical or Paediatric Registrar review without delay

☐ **CAT "Severe" or Hypoxia (Sats < 94%) → *Move to Resus and inform Paediatric Team***
☐ Sudden onset, no prodromal illness, history of choking (? Foreign body)
☐ Urticarial rash (? Anaphylaxis) ☐ Allergies associated with Anaphylaxis in the past
☐ Not immunised (? Epiglottitis) ☐ High fever and toxic appearance (? Bacterial Tracheitis / Epiglottitis)
☐ Known syndromes (e.g. Down Syndrome) or airway issues (Laryngo-tracheo malacia, Haemangiomas)

Pathway discontinued: Time: Sign:
☐ Completed normally ☐ Individualised management ☐ Alternative diagnosis

Admission Guidelines - When to refer for Paediatric review

If history of poor compliance with treatment after discharge in the past or suspicion that compliance is likely to be poor after discharge, discuss with Paediatric Team.

☐ Moderate symptoms persist
☐ Significant co-morbidities
☐ Any other significant concerns or high risk of deterioration
- Required 2 or more doses of Adrenaline
- Transport issues if needed to come back to ED

Sample Signatures

BEST CARE BUNDLE - PATHWAY

Waitemata District Health Board
Best Care for Everyone

(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____

WHEEZE > 1YEAR OF AGE

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Inclusion Criteria

Date:	Time:	Name:	Sign:	Designation:

☐ **Upper Airway Obstruction → STOP - NOT SUITABLE FOR THIS CARE BUNDLE**
↳ ED Senior Medical or Paediatric Registrar review without delay

☐ **Wheeze present and older than 1 year of age → CONTINUE**
↳ Initiate Best Care Bundle "Wheeze over 1 year" on Whiteboard

Initial Nursing assessment - Aim to complete by 30 minutes

History, examination and vital signs recorded on the Nursing Assessment Sheet.
Wheeze Severity Score recorded and appropriate pathway started. (see page 2)
↳ **Initial Pathway started:** ☐ Mild ☐ Moderate ☐ Severe

Initial SS:

Red Flags → Senior Medical or Paediatric Registrar review without delay

☐ **SS = 6 or "Severe" → *Move to Resus and inform Paediatric Team***
☐ Poor response to Salbutamol prior to arrival in ED ☐ Possible FB inhalation ☐ Stridor
☐ Previous PICU admit ☐ Cardiac disease ☐ Other Respiratory disease (CF, Bronchiectasis)
☐ Allergies associated with anaphylaxis in past ☐ Urticarial rash

Pathway discontinued: Time: Sign:
☐ Completed normally ☐ Individualised management ☐ Alternative diagnosis

Admission Guidelines - When to refer for Paediatric review

If history of poor compliance with treatment after discharge in the past or suspicion that compliance is likely to be poor after discharge, discuss with Paediatric Team.

☐ Moderate symptoms persist
☐ Oxygen requirement
☐ Significant co-morbidities
☐ Any other significant concerns or high risk of deterioration
- If late at night and transport issues, consider admitting overnight rather than discharging at this time

Sample Signatures

BEST CARE BUNDLE - PATHWAY

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Waitemata District Health Board
Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____

NURSING

ADULT ASTHMA

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Known asthmatic
- ☐ Shortness of breath and / or wheeze

EXCLUSION CRITERIA
- ☐ Chronic lung disease other than asthma: *e.g: COPD / Cystic fibrosis / Bronchiectasis*
- ☐ Age > 65
- ☐ History of heart failure

Waitemata District Health Board
Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

LOWER BACK PAIN

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Lower back pain *(likely mechanical)*
- ☐ < 6 weeks duration *Acute flare up of chronic back pain may be included*

EXCLUSION CRITERIA
- ☐ Age < 15
- ☐ Abdominal pain
- ☐ Upper back / neck pain
- ☐ Chest pain
- ☐ Significant trauma *e.g. fall > 1 m, RTC*

Minor trauma is not an exclusion

Waitemata District Health Board
Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

DIARRHOEA +/- VOMITING IN ADULTS

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Diarrhoea +/- vomiting suggestive of Gastroenteritis *e.g. recent onset of profuse watery diarrhoea, associated with nausea and / or vomiting.*

EXCLUSION CRITERIA
- ☐ Vomiting only
- ☐ Known Crohns
- ☐ Known Ulcerative Colitis
- ☐ Immunocompromised
- ☐ Severe pain / guarding
- ☐ Coffee ground vomitus
- ☐ Melaena

☐ **Initiate Treatment Pathway: BCB Diarrhoea & vomiting** *In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff*

STOP! Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 30 minutes*
- ☐ History, examination and vital signs *Document on Nursing Assessment Record*
- ☐ IV line and bloods for **all patients in Acutes.** *In Waiting room use clinical judgement*
  - ☐ General profile, LFT's , Lipase, Lactate (VBG)
  - ☐ *Blood cultures **only** if temp > 38 ° C or pregnant ♀ (? Listeria)*
  - ☐ *Stool culture → **Do not send routinely**. See indications on page 2*

RED FLAGS *All red flag boxes must be populated*
- ☐ HR < 50 or > 120
- ☐ Fever > 38.5° C
- ☐ Tachypnoea > 24
- ☐ Systolic BP < 90 mmHg
- ☐ Pain score > 5 / 10
- ☐ Blood in the stool
- ☐ Any signs of severe illness as per Assessment Tool
- ☐ Age > 65
- ☐ Nursing concern
- ☐ Pregnancy *consider Listeria*

☐ **NO RED FLAGS** → Continue Best Care Bundle *follow pathway instructions page 2 & 3*

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*
- ☐ Continue Best Care Bundle. Intervention if any: _____
- ☐ Exit Care Bundle: Reason: _____
  - ↳ *Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff*

Dr Name: _____ Sign: _____

SEVERITY ASSESSMENT TOOL *Choose more severe pathway if any doubt*

	☐ Mild	☐ Moderate	☐ Severe
General wellbeing	☐ Feels mildly unwell *Not distressed*	☐ Feels unwell *e.g. lethargic, tired, light headed*	☐ Looks and feels unwell *e.g. Profound lethargy, restless*
Pulse rate	☐ 50 - 99 bpm	☐ 100 - 120 bpm	☐ > 120 bpm, weak radial pulse
Blood pressure	☐ Normal	☐ Orthostatic hypotension	☐ Shock, systolic BP < 90 mmHg
Perfusion	☐ Peripherally warm	☐ Peripherally cool	☐ Cool and clammy
Mucous membranes	☐ Moist	☐ Dry	☐ Sunken eyes, ↓ skin turgor
Urine output	☐ Normal or dark urine	☐ Decreased	☐ ↓ or no urine
Fluid tolerance	☐ Tolerating fluids	☐ Tolerating no or minimal fluids	☐ Tolerating no fluids
Nr Diarrhoea episodes	☐ < 5 / 24 hrs	☐ ≥ 6 / 24hrs	☐ ≥ 10 / 24hrs

BEST CARE BUNDLE - PATHWAY

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☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

MINOR HEAD INJURY: GCS ≥ 13

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Trauma to the head < 24 hrs

EXCLUSION CRITERIA
- ☐ Age < 15
- ☐ Multi-trauma requiring team response *e.g. RTC*

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Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

NAUSEA & VOMITING IN PREGNANCY

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Pregnant ≤ 12 weeks with nausea and vomiting
  or
- ☐ > 12 weeks with documented history of Hyperemesis

EXCLUSION CRITERIA
- ☐ PV bleeding
- ☐ Abdominal pain

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Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

TOTAL HIP JOINT REPLACEMENT DISLOCATION

Date: Time: Assessment nurse: Sign:

Waitemata District Health Board
Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

BLEEDING / PAIN IN EARLY PREGNANCY

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Pregnant < 14/40
- ☐ PV bleeding and / or pain

Pregnancy not confirmed → serum β-HCG ASAP
Full bladder needed for USS - push oral fluids

EXCLUSION CRITERIA
- ☐ Not pregnant
- ☐ > 14 weeks

☐ **Initiate Treatment Pathway: Bleeding in pregnancy** *In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff*

STOP! Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT
- ☐ History, examination, vital signs *Document on nursing assessment record*
- ☐ IV access and Bloods
  - ✓ *PV Bleed panel, ✓G&H ✓ β-HCG*
  - ↳ *2 large bore IV lines if signs of shock (i.e. cool, clammy, HR >110, BP < 90)*
- ☐ Administer analgesia *See formulary on page 4*
- ☐ Push oral fluids *Aim 2 full cups water immediately - full bladder preferable for USS*

IV fluids if NPO / concern about ? ectopic. Clinician decision
Urine analysis not a priority - MSU only if ? UTI

RED FLAGS *All red flag boxes must be populated* ☑ = YES ☒ = NO
- ☐ HR > 110
- ☐ Systolic BP < 90
- ☐ Clinical concern
- ☐ Heavy bleeding: *e.g > 1pad / hr or clots*
- ☐ Fever
- ☐ Severe abdominal pain / guarding / rebound
- ☐ Collapse

☐ **NO RED FLAGS**

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*

BEST CARE BUNDLE - PATHWAY

Waitemata District Health Board
Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

TRAUMATIC HIP PAIN - ADULTS
(Suspected # neck of femur)

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Clinically suspected # NOF *Neck of Femur*

EXCLUSION CRITERIA
- ☐ Any major injury or acute medical instability
- ☐ Previous # NOF or THJR on same side as injury

Waitemata District Health Board
Best Care for Everyone
☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

URINARY SYMPTOMS IN ADULTS
(Suspected Urinary Tract Infection - UTI)

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Suspected UTI
  e.g. dysuria, frequency, urgency, supra-pubic discomfort, cloudy urine

EXCLUSION CRITERIA
- ☐ Symptoms suggestive of acute renal colic
- ☐ Rectal or perineal pain
- ☐ Renal patient *(especially transplant)*

Waitemata District Health Board
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☑ = YES ☒ = NO
(PLACE PATIENT LABEL HERE)
SURNAME: _____ NHI: _____
FIRST NAMES: _____
Date of Birth: _____/_____/_____ SEX: _____
NURSING

ACUTE URINARY RETENTION

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA
- ☐ Acute Urinary Retention suspected

EXCLUSION CRITERIA
- ☐ Any major injury or acute medical instability

☐ **Initiate Treatment Pathway: BCB Urinary Retention** *In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff*

STOP! Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 30 minutes*
- ☐ History, examination and vital signs *Document on Nursing Assessment Record*
- ☐ Hospital gown
- ☐ Start fluid balance chart

RED FLAGS *All red flag boxes must be populated*
- ☐ HR > 120
- ☐ Systolic BP < 90
- ☐ Clinical concern
- ☐ Change in mental state

☐ **NO RED FLAGS** → Continue Best Care Bundle

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*
- ☐ Continue Best Care Bundle. Intervention if any: _____
- ☐ Exit Care Bundle: Reason: _____
  - ↳ *Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff*

Dr Name: _____ Sign: _____

URETHRAL CATHETER ASAP *Check contraindications, flowchart & IDUC size guide page 2*

URETHRAL CATHETER PLACEMENT RECORD *KPI for this bundle please complete.*

Time: _____ Placed by: _____ Sign: _____ Designation: _____
Catheter size: _____ Fg *Size guide page 2* Balloon volume: _____ mL
Insertion: ☐ No difficulty ☐ Minor difficulty ☐ Unable to insert
Urine quality: ☐ Clear ☐ Cloudy ☐ Debris
Blood: ☐ No blood ☐ Rose ☐ Clots (few) ☐ Clots (heavy) *Manual irrigation policy, CeDSS*
Confirm: ☐ **Sterile technique** ☐ Specimen sent to lab *only if + Leucocytes or Nitrites*
☐ **Foreskin replaced** *or* ☐ Circumcised

DOCUMENT VOLUME DRAINED

Volume drained:	Stat *(30 mins)* _____ mL	*if > 1000 mL* → ☐	General panel bloods ✘ *Do **not** send PSA*
	In 2 hours _____ mL	*if > 1500 mL* → ☐	General panel bloods. *Observe for post obstructive diuresis*

FURTHER TASKS *To be done for **all patients**. DCT team, or nursing staff*
- ☐ Catheter cares education
- ☐ Provide 'Catheter pack' *flight deck / staff base*
- ☐ District Nurse referral *for all patients. See TROC guide and timing information on page 3*

Discharge Coordinator: NSH 3861 Mon - Sun 8 am - 3 pm
WTH 021 911 796 Mon - Sat 7 am - 5 pm

BEST CARE BUNDLE - PATHWAY

Waitemata
District Health Board
Best Care for Everyone

(PLACE PATIENT LABEL HERE)

SURNAME: NHI:

FIRST NAMES:

DATE OF BIRTH: / / SEX:

REFERRAL (Generated from ED)

DATE SENT : / /

FAX NO :

DATE REC: / /

No of pages:

REFERRED TO : WDHB UROLOGY CLINIC
Service / Ward — Clinician Name (print)

REFERRED BY : Emergency Medicine
Service / Ward — Clinician Name (print)

Clinician Designation — Signature — ext/locator

URGENCY

- ☐ Immediate - now
- ☐ Urgent - today
- ☐ Within 24 hrs
- ☐ Within 7 days
- ☐ Within 1 month
- ☐ Non-urgent
- ☐ Early Discharge

ACTIVE ISSUES

1 Acute urinary retention precipitated by:
2
3
4
5

ETHNICITY

- ☐ NZ European
- ☐ Samoan
- ☐ Tongan
- ☐ Chinese
- ☐ Other
- ☐ Maori
- ☐ Cook Island Maori
- ☐ Niuean
- ☐ Indian

ALERTS / ALLERGIES

- ☐ MRSA / ESBL and other multiresistant drugs
- ☐ Allergies
- ☐ Other:

INTERPRETER REQUIRED:

- ☐ Yes
- ☐ No

MOBILITY

- ☐ Walk
- ☐ Trolley
- ☐ Chair
- ☐ Ambulance

REASON FOR REFERRAL

Thank you for follow up on this patient who presented with Acute Urinary Retention

The indication for follow up in your clinic is:

- ☐ Failed TROC
- ☐ Painless retention
- ☐ Difficult IDC placement
- ☐ New SPC
- ☐ Renal impairment
- ☐ Representation with clots
- ☐ Hydronephrosis
- ☐ Renal failure
- ☐ Recent lower urinary tract surgery <6 weeks

Please see the detailed Electronic Discharge Summary for additional information

5.11.010

REFERRAL

Gender:

NHI#:

Consultant

Prescriber and Signature | Signature of Administrators

OUTPUT

Other

Volume | Running total | Code | Volume | Running total

Fluid Balance Record

5.10.015

PROCEDURE PACK - FASCIA ILIACA BLOCK

BEST CARE BUNDLE - PATHWAY

NURSING

Sign:

Bundle

Trial

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____ /_____ /_____ SEX: _____

NURSING

BEST CARE BUNDLE - PATHWAY

TRAUMATIC HIP PAIN - ADULTS

(Suspected # neck of femur)

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA

☐ Clinically suspected # NOF *Neck of Femur*

EXCLUSION CRITERIA

☐ Any major injury or acute medical instability

☐ Previous # NOF or THJR on same side as injury

☐ **Initiate Treatment Pathway: BCB Suspected # NOF**
In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff

STOP!

Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 15 minutes*

☐ History, examination, vital signs *Document neurovascular observations on page 4*

☐ IV access and Bloods ✓ *General panel,* ✓G&H ✓*Coagulation studies if:*
- *Wa*
- *Oth*
- *Co*

☐ ECG

☐ **Pain score**

At rest /10	*On movement* /10

Use 1-10 scale. Dementia / non verbal patients: RN impr
↳ *No pain: 0 Mild:1-3 Moderate:4-7 Severe: &*

*Pain score > 5 any time → Fascia Iliaca Block **prior** to X-ray*

☐ Administer analgesia *See formulary on page 4. Arrange Fascia Iliaca block if pain moderate / severe*

☐ Request Radiology ASAP *Pelvis AP and lateral. Specify 'Fast track # NOF Best Care Bundle'*

CHECK PAIN PRIOR TO RADIOLOGY Is there any pain on flexion of unaffected hip to 90°?

↳ ☐ No → Continue to Radiology

☐ Yes → Fascia Iliaca Block prior to Radiology

Contact POD SMO to arrange - FIB packs on procedure trolley & drug room

RED FLAGS *All red flags boxes must be populated* ☑ = YES ☒ = NO

☐ Abnormal vital signs
☐ Head injury
☐ Collapse ? cause
☐ Shortness of breath *(new)*
☐ Signs of CVA *(new)*
☐ Decreased LOC *(new)*
☐ Seizure *(pre / post fall)*
☐ GI bleeding
☐ Other concerns noted
☐ Other significant injuries
☐ Chest pain *(active / recent)*

☐ **NO RED FLAGS**

Continue
Best Care Bundle

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*

Dr Name: _____ Sign: _____

☐ Continue Best Care Bundle. Intervention if any: _____

☐ Exit Care Bundle: Reason: _____

↳ *Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff*

Waitemata District Health Board

...st Care for Every One

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____ /_____ /_____ SEX: _____

NURSING

TRAUMATIC HIP PAIN - ADULTS

(Suspected # neck of femur)

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA

☑ Clinically suspected # NOF *Neck of Femur*

EXCLUSION CRITERIA

☐ Any major injury or acute medical instability

☐ Previous # NOF or THJR on same side as injury

☑ **Initiate Treatment Pathway: BCB Suspected # NOF**
In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff

STOP!
Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 15 minutes*

☐ History, examination, vital signs — *Document neurovascular observations on page 4*

☐ IV access and Bloods — *✓ General panel, ✓ G&H ✓ Coagulation studies if:*
- *Warfarin → INR only*
- *Other anticoagulants → Coag studies*
- *Coagulation disorders → Coag studies*

☐ ECG

☐ **Pain score**

At rest /10	*On movement* /10

Use 1-10 scale. Dementia / non verbal patients: RN impression:
↳ *No pain: 0 Mild:1-3 Moderate:4-7 Severe: 8-10*

*Pain score > 5 any time → Fascia Iliaca Block **prior** to X-ray*

☐ Administer analgesia — *See formulary on page 4. Arrange Fascia Iliaca block if pain moderate / severe*

☐ Request Radiology ASAP — *Pelvis AP and lateral. Specify 'Fast track # NOF Best Care Bundle'*

CHECK PAIN PRIOR TO RADIOLOGY Is there any pain on flexion of unaffected hip to 90°?

↳ ☐ No → Continue to Radiology

☐ Yes → Fascia Iliaca Block prior to Radiology

BEST CARE BUNDLE - PATHWAY

☐ Previous # NOF or THJR on same side as injury

☐ **Initiate Treatment Pathway: BCB Suspected # NOF**
In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff

STOP!
Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 15 minutes*

- ☑ History, examination, vital signs — *Document neurovascular observations on page 4*
- ☑ IV access and Bloods — *✓ General panel, ✓ G&H ✓ Coagulation studies if:*
  - *Warfarin → INR only*
  - *Other anticoagulants → Coag studies*
  - *Coagulation disorders → Coag studies*
- ☑ ECG
- ☑ **Pain score**

At rest	On movement
6 /10	9 /10

Use 1-10 scale. Dementia / non verbal patients: RN impression:
↳ No pain: 0 Mild:1-3 Moderate:4-7 Severe: 8-10

*Pain score > 5 any time → Fascia Iliaca Block **prior** to X-ray*

- ☑ Administer analgesia — *See formulary on page 4. Arrange Fascia Iliaca block if pain moderate / severe*
- ☑ Request Radiology ASAP — *Pelvis AP and lateral. Specify 'Fast track # NOF Best Care Bundle'*

CHECK PAIN PRIOR TO RADIOLOGY Is there any pain on flexion of unaffected hip to 90°?

↳ ☐ No → Continue to Radiology
☑ Yes → Fascia Iliaca Block prior to Radiology
Contact POD SMO to arrange - FIB packs on procedure trolley & drug room

RED FLAGS *All red flags boxes must be populated* ☑ = YES ☒ = NO

- ☐ Abnormal vital signs
- ☐ Head injury
- ☐ Collapse ? cause
- ☐ Shortness of breath *(new)*
- ☐ Signs of CVA *(new)*
- ☐ Decreased LOC *(new)*
- ☐ Seizure *(pre / post fall)*
- ☐ GI bleeding
- ☐ Other concerns noted
- ☐ Other significant injuries
- ☐ Chest pain *(active / recent)*

☐ **NO RED FLAGS**

Continue
Best Care Bundle

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*

Dr Name: _____ Sign: _____

☐ Continue Best Care Bundle. Intervention if any: _____

☐ Exit Care Bundle: Reason: _____

↳ *Select '**BCB removed**' in TP column, Electronic Whiteboard. This signals the medical staff*

BEST CARE BUNDLE - PATHWAY

CARE BU

At rest	On movement
/10	/10

Use 1-10 scale. Dementia / non verbal patients: RN impression:
↳ *No pain: 0 Mild:1-3 Moderate:4-7 Severe: 8-10*

*Pain score > 5 any time → Fascia Iliaca Block **prior** to X-ray*

☐ Administer analgesia

See formulary on page 4. Arrange Fascia Iliaca block if pain moderate / severe

RED FLAGS *All red flags boxes must be populated* ☑ = YES ☒ = NO

- ☒ Abnormal vital signs
- ☒ Head injury
- ☒ Collapse ? cause
- ☒ Shortness of breath *(new)*
- ☒ Signs of CVA *(new)*
- ☑ Decreased LOC *(new)*
- ☑ Seizure *(pre / post fall)*
- ☒ GI bleeding
- ☒ Other concerns noted
- ☒ Other significant injuries
- ☒ Chest pain *(active / recent)*

☐ **NO RED FLAGS**

Continue Best Care Bundle

☑ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*

Dr Name: Rademeyer Sign: CRrd

☑ Continue Best Care Bundle. Intervention if any: Move to monitored

☐ Exit Care Bundle: Reason: _____

↳ *Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff*

Continue Best Care Bundle

Dr Name: _____ Sign: _____

☐ Continue Best Care Bundle. Intervention if any: _____

☐ Exit Care Bundle: Reason: _____

↳ *Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff*

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____ /_____ /_____ SEX: _____

DIARRHOEA +/- VOMITING IN ADULTS

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA

☐ Diarrhoea +/- vomiting suggestive of Gastroenteritis

e.g. recent onset of profuse watery diarrhoea, associated with nausea and / or vomiting.

EXCLUSION CRITERIA

☐ Vomiting only
☐ Known Crohns
☐ Known Ulcerative Colitis
☐ Immunocompromised
☐ Severe pain / guarding
☐ Coffee ground vomitus
☐ Melaena

☐ **Initiate Treatment Pathway: BCB Diarrhoea & vomiting** *In TP column on the Electronic Whiteboard. This records the start of treatment time for audit purposes and informs the medical staff*

STOP!

Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT *Aim < 30 minutes*

☐ History, examination and vital signs *Document on Nursing Assessment Record*

☐ IV line and bloods for **all patients in Acutes.** *In Waiting room use clinical judgement*

- ☐ General profile, LFT's , Lipase, Lactate (VBG)
- ☐ *Blood cultures **only** if temp > 38 ° C or pregnant ♀ (? Listeria)*
- ☐ *Stool culture → **Do not send routinely**. See indications on page 2*

RED FLAGS *All red flag boxes must be populated*

☐ HR < 50 or > 120
☐ Fever > 38.5° C
☐ Tachypnoea > 24
☐ Systolic BP < 90 mmHg
☐ Pain score > 5 / 10
☐ Blood in the stool
☐ Any signs of severe illness as per Assessment Tool
☐ Age > 65
☐ Pregnancy *consider Listeria*
☐ Nursing concern

☐ **NO RED FLAGS**

Continue Best Care Bundle
follow pathway instructions page 2 & 3

☐ **RED FLAGS PRESENT (ANY) →** Senior Dr review ASAP *(SMO / Senior Registrar)*

- ☐ Continue Best Care Bundle. Intervention if any: _____
- ☐ Exit Care Bundle: Reason: _____
  - ↳ *Select **'BCB removed'** in TP column, Electronic Whiteboard. This signals the medical staff*

Dr Name: _____ Sign: _____

SEVERITY ASSESSMENT TOOL *Choose more severe pathway if any doubt*

	☐ Mild	☐ Moderate	☐ Severe
General wellbeing	☐ Feels mildly unwell *Not distressed*	☐ Feels unwell *e.g. lethargic, tired, light headed*	☐ Looks and feels unwell *e.g. Profound lethargy, restless*
Pulse rate	☐ 50 - 99 bpm	☐ 100 - 120 bpm	☐ > 120 bpm, weak radial pulse
Blood pressure	☐ Normal	☐ Orthostatic hypotension	☐ Shock, systolic BP < 90 mmHg
Perfusion	☐ Peripherally warm	☐ Peripherally cool	☐ Cool and clammy
Mucous membranes	☐ Moist	☐ Dry	☐ Sunken eyes, ↓ skin turgor
Urine output	☐ Normal or dark urine	☐ Decreased	☐ ↓ or no urine
Fluid tolerance	☐ Tolerating fluids	☐ Tolerating no or minimal fluids	☐ Tolerating no fluids
Nr Diarrhoea episodes	☐ ≤ 5 / 24 hrs	☐ ≥ 6 / 24hrs	☐ ≥ 10 / 24hrs

NURSING

BEST CARE BUNDLE - PATHWAY

☐ *Stool culture* → ***Do not send routinely***. *See indications on page 2*

RED FLAGS *All red flag boxes must be populated*

☐ HR < 50 or > 120
☐ Fever > 38.5° C
☐ Tachypnoea > 24
☐ Systolic BP < 90 mmHg
☐ Pain score > 5 / 10
☐ Blood in the stool
☐ Any signs of severe illness as per Assessment Tool
☐ Age > 65
☐ Pregnancy *consider Listeria*
☐ Nursing concern

☐ **NO RED FLAGS**

Continue
Best Care Bundle
follow pathway instructions page 2 & 3

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*

☐ Continue Best Care Bundle. Intervention if any: _____

☐ Exit Care Bundle: Reason: _____

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Pulse rate	☐ 50 - 99 bpm	☐ 100 - 120 bpm	☐ > 120 bpm, weak radial pulse
Blood pressure	☐ Normal	☐ Orthostatic hypotension	☐ Shock, systolic BP < 90 mmHg
Perfusion	☐ Peripherally warm	☐ Peripherally cool	☐ Cool and clammy
Mucous membranes	☐ Moist	☐ Dry	☐ Sunken eyes, ↓ skin turgor
Urine output	☐ Normal or dark urine	☐ Decreased	☐ ↓ or no urine
Fluid tolerance	☐ Tolerating fluids	☐ Tolerating no or minimal fluids	☐ Tolerating no fluids
Nr Diarrhoea episodes	☐ ⩽ 5 / 24 hrs	☐ ⩾ 6 / 24hrs	☐ ⩾ 10 / 24hrs

BEST CARE BU

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____/____/____ SEX: _____

NURSING - PATHWAY - BEST CARE BUNDLE

MILD PATHWAY

- For most patients managed in the waiting room / cubicles area
- Make sure the patient understands the self assessment sheet. If not → nursing reviews every 20 mins
- Document all treatments on National Medication Chart *(patient self administered & nurse administered)*
- All medications on this pathway are standing orders

START

Time: / PF: / Sign:

- ☐ **Salbutamol 10 puffs** via spacer
- ☐ **Prednisone 40mg oral**
- ☐ **Spacer technique taught / demonstrated**
- ☐ **Self assessment sheet given and explained**

20 mins after Rx started

Time:	☐ Worse	→ Moderate pathway	Spacer technique
PF:	☐ Static	→ Salbutamol 10 puffs via spacer	☐ adequate
Sign:	☐ Better	→ Observe with no treatment	☐ not adequate

40 mins after Rx started

Time:	☐ Worse	→ Moderate pathway	Spacer technique
PF:	☐ Static	→ Salbutamol 10 puffs via spacer	☐ adequate
Sign:	☐ Better	→ Observe with no treatment	☐ not adequate

60 mins after Rx started

Time:	☐ Worse	→ Moderate pathway	Spacer technique
PF:	☐ Static	→ Salbutamol 10 puffs via spacer	☐ adequate
Sign:	☐ Better	→ Observe with no treatment	☐ not adequate

Nursing: Mandatory review now. Continue hourly reviews ED unless directed otherwise

Clinician: Consider discharge if only one treatment given. *Discharge criteria page 7*

2 hrs after Rx started

Time:	☐ Worse	→	Moderate pathway
PF:	☐ Static	→	Salbutamol 10 puffs - *further treatment individualised as per clinician or Lead SMO if no sign-on Clinician*
Sign:	☐ Better	→	Observe with no treatment

Clinician: Best Care Bundle prescribed care now concluded
Consider discharge if no treatment given in the last hour. *Discharge criteria page 7*
Otherwise document further care plan in EM notes

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____/____/____ SEX: _____

NURSING - PATHWAY - BEST CARE BUNDLE

MODERATE PATHWAY

- Any deterioration → senior Dr review ASAP NSH 3366 WTH 7799
- All medications on this pathway are standing orders.
- Document all treatments on National Medication Chart *(patient self administered & nurse administered)*
- Salbutamol: Spacer preferred method unless not tolerated by patient or directed by clinician

START

Time: / PF: / Sign:

- **Salbutamol** ☐ 10 puffs spacer *or* ☐ 5 mg neb
  If moved from Mild pathway repeat the Salbutamol
- **Ipratroprium Bromide** ☐ 4 puffs spacer *or* ☐ 500 mcg neb
- ☐ **Prednisone 40 mg oral** *(If not given already)*
- ☐ **Spacer technique taught / demonstrated**
- ☐ **Self assessment sheet given and explained**

20 mins after Rx started

Time:	☐ Worse → Salbutamol	☐ spacer *or* ☐ neb	Spacer technique
	→ ☐ Dr review:	☐ move to monitored space	
	☐ Static → Salbutamol	☐ spacer *or* ☐ neb	☐ adequate
Sign:	☐ Better → Salbutamol	☐ spacer *or* ☐ neb	☐ not adequate

40 mins after Rx started

Time:	☐ Worse → Salbutamol	☐ spacer *or* ☐ neb	Spacer technique
	→ ☐ Dr review:	☐ move to monitored space	
	☐ Static → Salbutamol	☐ spacer *or* ☐ neb	☐ adequate
Sign:	☐ Better → Salbutamol	☐ spacer *or* ☐ neb	☐ not adequate

60 mins after Rx started

Time:	☐ Worse → Salbutamol	☐ spacer *or* ☐ neb	Spacer technique
	→ ☐ Dr review:	☐ move to monitored space	
PF:	☐ Static → Salbutamol	☐ spacer *or* ☐ neb	☐ adequate
Sign:	☐ Better → Observe without treatment		☐ not adequate

Nursing: Mandatory review now. Continue hourly reviews ED unless directed otherwise

Clinician: Consider early admission if little improvement in clinical picture *Admission criteria page 7*

2 hrs after Rx started

Time:	☐ Worse → Salbutamol	☐ spacer *or* ☐ neb	
	→ Dr review:	☐ move to monitored space. Consider admission	
PF:	☐ Static → Salbutamol	☐ spacer *or* ☐ neb	Consider admission
Sign:	☐ Better → Observe: *OBS ward if discharge likely. Individualised care plan*		

Clinician: Best Care Bundle prescribed care is now concluded. Please document further instructions and care plan in clinical notes

BEST CARE BUNDLE - PATHWAY

MODERATE PATHWAY

- Any deterioration → senior Dr review ASAP NSH 3366 WTH 7799
- All medications on this pathway are standing orders.
- Document all treatments on National Medication Chart *(patient self administered & nurse administered)*
- Salbutamol: Spacer preferred method unless not tolerated by patient or directed by clinician

START

Time:

PF:

Sign:

Salbutamol ☐ 10 puffs spacer *or* ☐ 5 mg neb
If moved from Mild pathway repeat the Salbutamol

Ipratroprium Bromide ☐ 4 puffs spacer *or* ☐ 500 mcg neb

☐ **Prednisone 40 mg oral** *(If not given already)*

☐ **Spacer technique taught / demonstrated**

☐ **Self assessment sheet given and explained**

20 mins *after Rx started*

			Spacer technique
Time:	☐ Worse → Salbutamol ☐ spacer *or* ☐ neb → ☐ Dr review: ☐ move to monitored space		
	☐ Static → Salbutamol ☐ spacer *or* ☐ neb		☐ adequate
Sign:	☐ Better → Salbutamol ☐ spacer *or* ☐ neb		☐ not adequate

40 mins *after Rx started*

			Spacer technique
Time:	☐ Worse → Salbutamol ☐ spacer *or* ☐ neb → ☐ Dr review: ☐ move to monitored space		
	☐ Static → Salbutamol ☐ spacer *or* ☐ neb		☐ adequate
Sign:	☐ Better → Salbutamol ☐ spacer *or* ☐ neb		☐ not adequate

60 mins *after Rx started*

			Spacer technique
Time:	☐ Worse → Salbutamol ☐ spacer *or* ☐ neb → ☐ Dr review: ☐ move to monitored space		
PF:	☐ Static → Salbutamol ☐ spacer *or* ☐ neb		☐ adequate
Sign:	☐ Better → Observe without treatment		☐ not adequate

Nursing: Mandatory review now. Continue hourly reviews ED unless directed otherwise

Clinician: Consider early admission if little improvement in clinical picture *Admission criteria page 7*

Waitemata District Health Board

Best Care for Everyone

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____/____/____ SEX: _____

CROUP

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Inclusion Criteria

Date:	Time:	Name:	Sign:

☐ **Age < 6 months → STOP - NOT SUITABLE FOR THIS CARE BUNDLE**

↳ ED Senior Medical or Paediatric Registrar review without delay

☐ **Age > 6 months with stridor, barking cough and / or hoarse voice → CONTINUE**

↳ Initiate Best Care Bundle "Croup" on Whiteboard

Include patients who have received treatment en route who are currently asymptomatic

Initial Nursing assessment - Aim to complete by 30 minutes

History, examination and vital signs recorded on the Nursing Assessment Sheet.

Croup Assessment Tool applied and appropriate pathway started. (see page 2)

↳ **Initial Pathway:** ☐ Mild ☐ Moderate ☐ Severe

Red Flags → Senior Medical or Paediatric Registrar review without delay

☐ **CAT "Severe" or Hypoxia (Sats < 94%) → *Move to Resus and inform Paediatric Team***

☐ Sudden onset, no prodromal illness, history of choking (? Foreign body)

☐ Urticarial rash (? Anaphylaxis) ☐ Allergies associated with Anaphylaxis in the past

☐ Not immunised (? Epiglottitis) ☐ High fever and toxic appearance (? Bacterial Tracheitis / Epiglottitis)

☐ Known syndromes (e.g. Down Syndrome) or airway issues (Laryngo-tracheo malacia, Haemangiomas)

Pathway discontinued: Time: Sign:

☐ Completed normally ☐ Individualised management ☐ Alternative diagnosis

Admission Guidelines - When to refer for Paediatric review

If history of poor compliance with treatment after discharge in the past or suspicion that compliance is likely to be poor after discharge, discuss with Paediatric Team.

☐ Moderate symptoms persist

☐ Significant co-morbidities

☐ Any other significant concerns or high risk of deterioration

- Required 2 or more doses of Adrenaline
- Transport issues if needed to come back to ED

Sample Signatures

Name	Signature	Initials	Name	Signature	Initials

BEST CARE BUNDLE - PATHWAY

Waitemata District Health Board

Best Care for Everyone

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____/____/____ SEX: _____

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Croup Assessment Tool (CAT)

If features from more than one category "mild", "moderate" or "severe" are present, score the highest category

	Mild	Moderate	Severe
Behaviour:	Normal	Some or intermittent irritability	Increasing irritability or lethargy
Stridor:	Barking cough Stridor only when active or upset	Some stridor at rest	Stridor present at rest
Respiratory rate:	Normal	Increased	Marked increase or decrease
Accessory muscle use:	None or Minimal	Tracheal tug Nasal flaring Moderate chest wall retraction	Tracheal tug Nasal flaring Marked chest wall retraction
Hypoxia or oxygen requirement:	None	None or Minimal	Saturations < 94%

Mild Pathway → review every 30 minutes

At each review: Record vital signs and then select management option.

START

Nursing review	Time:	Sign:

Calming and comforting measures, avoid distressing interventions.

☐ Cough with no other signs → Observe only

☐ Cough and other signs or Adrenaline Neb en route → Oral Dexamethasone 0.15 mg/kg (max 12 mg) if not already given.

30 min

Nursing review		Time:	Sign:
CAT	☐ **Severe**	→ ***Move to Resus, start severe pathway***	
	☐ **Moderate**	→ Move to moderate pathway and alert clinician of deterioration.	
	☐ **Mild**	→ Continue nursing cares ↳ If discharge seems likely initiate clinician review now	

60 min

Nursing review		Time:	Sign:
CAT	☐ **Severe**	→ ***Move to Resus, start severe pathway***	
	☐ **Moderate**	→ Move to moderate pathway and alert clinician of deterioration.	
	☐ **Mild**	→ Discharge if discharge guidelines on page 4 are met.	

BEST CARE BUNDLE - PATHWAY

Croup Assessment Tool (CAT)

If features from more than one category "mild", "moderate" or "severe" are present, score the highest category

	Mild	Moderate	Severe
Behaviour:	Normal	Some or intermittent irritability	Increasing irritability or lethargy
Stridor:	Barking cough Stridor only when active or upset	Some stridor at rest	Stridor present at rest
Respiratory rate:	Normal	Increased	Marked increase or decrease
Accessory muscle use:	None or Minimal	Tracheal tug Nasal flaring Moderate chest wall retraction	Tracheal tug Nasal flaring Marked chest wall retraction
Hypoxia or oxygen requirement:	None	None or Minimal	Saturations < 94%

Mild Pathway → review every 30 minutes

At each review: Record vital signs and then select management option.

START

Nursing review	Time:	Sign:

Calming and comforting measures, avoid distressing interventions.

☐ Cough with no other signs → Observe only

☐ Cough and other signs or Adrenaline Neb en route → Oral Dexamethasone 0.15 mg/kg (max 12 mg) if not already given.

30 min

Nursing review	Time:	Sign:

CAT

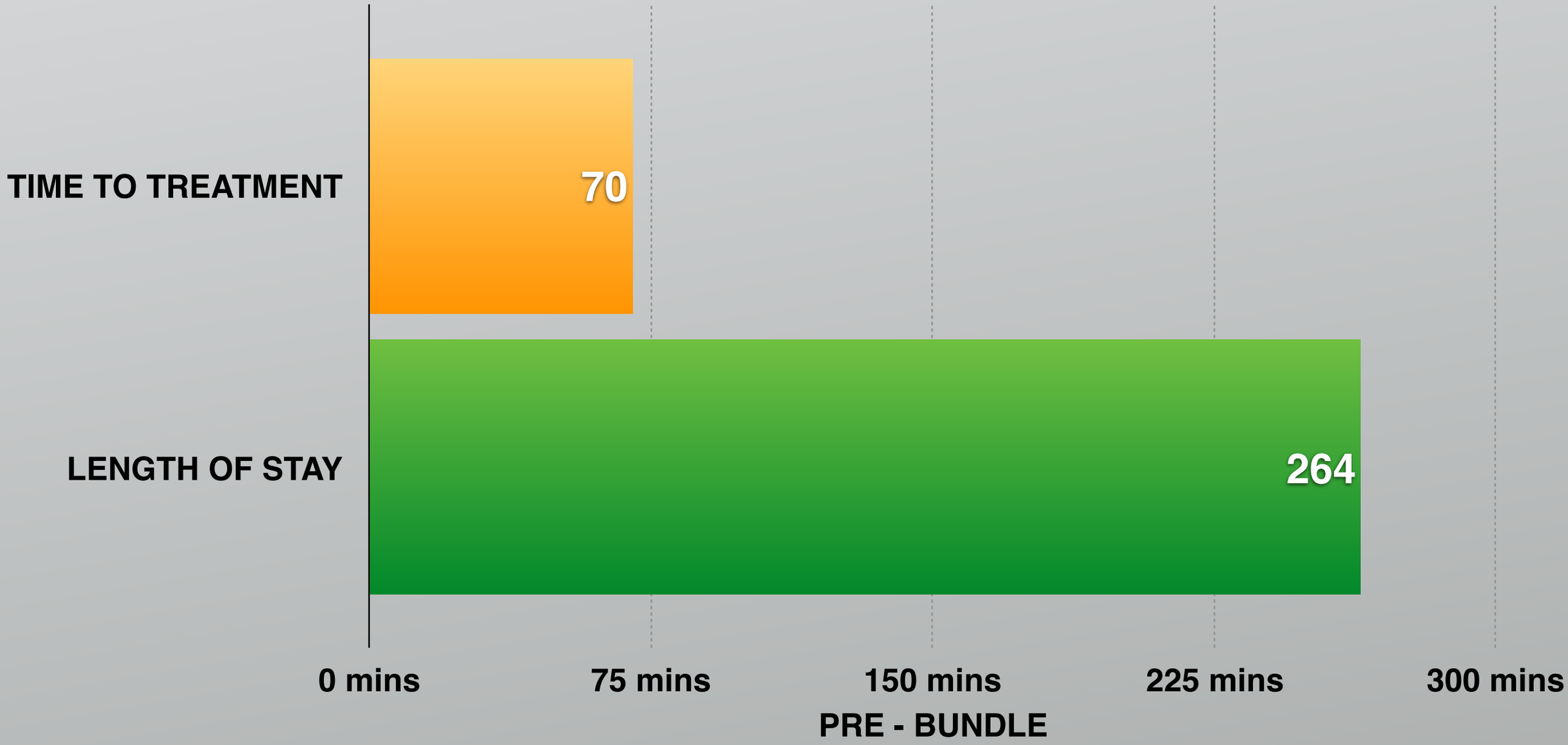
☐ **Severe** → ***Move to Resus, start severe pathway***

☐ **Moderate** → Move to moderate pathway and alert clinician of deterioration.

☐ **Mild** → Continue nursing cares

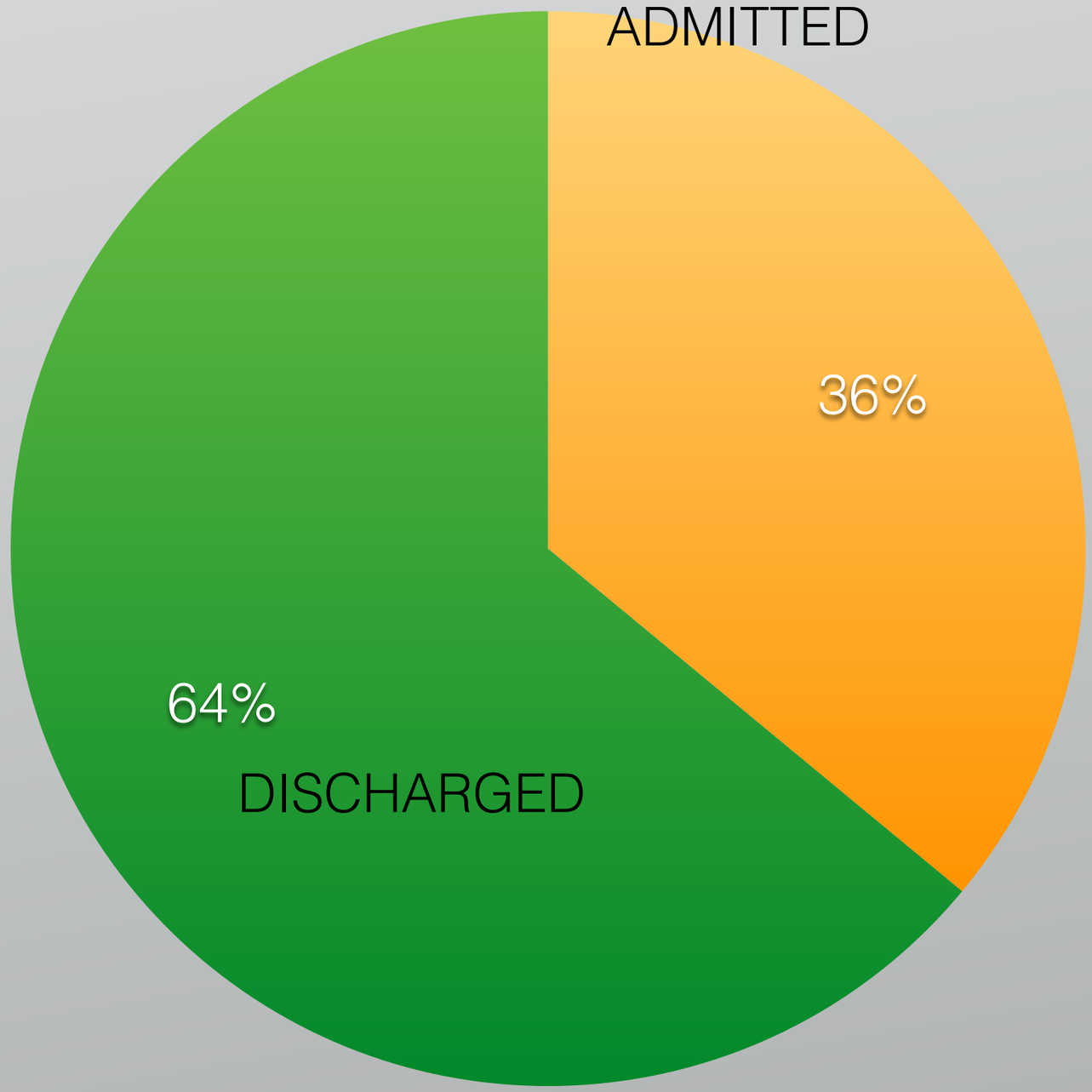
↳ If discharge seems likely initiate clinician review now

CROUP **Best Care Bundle**



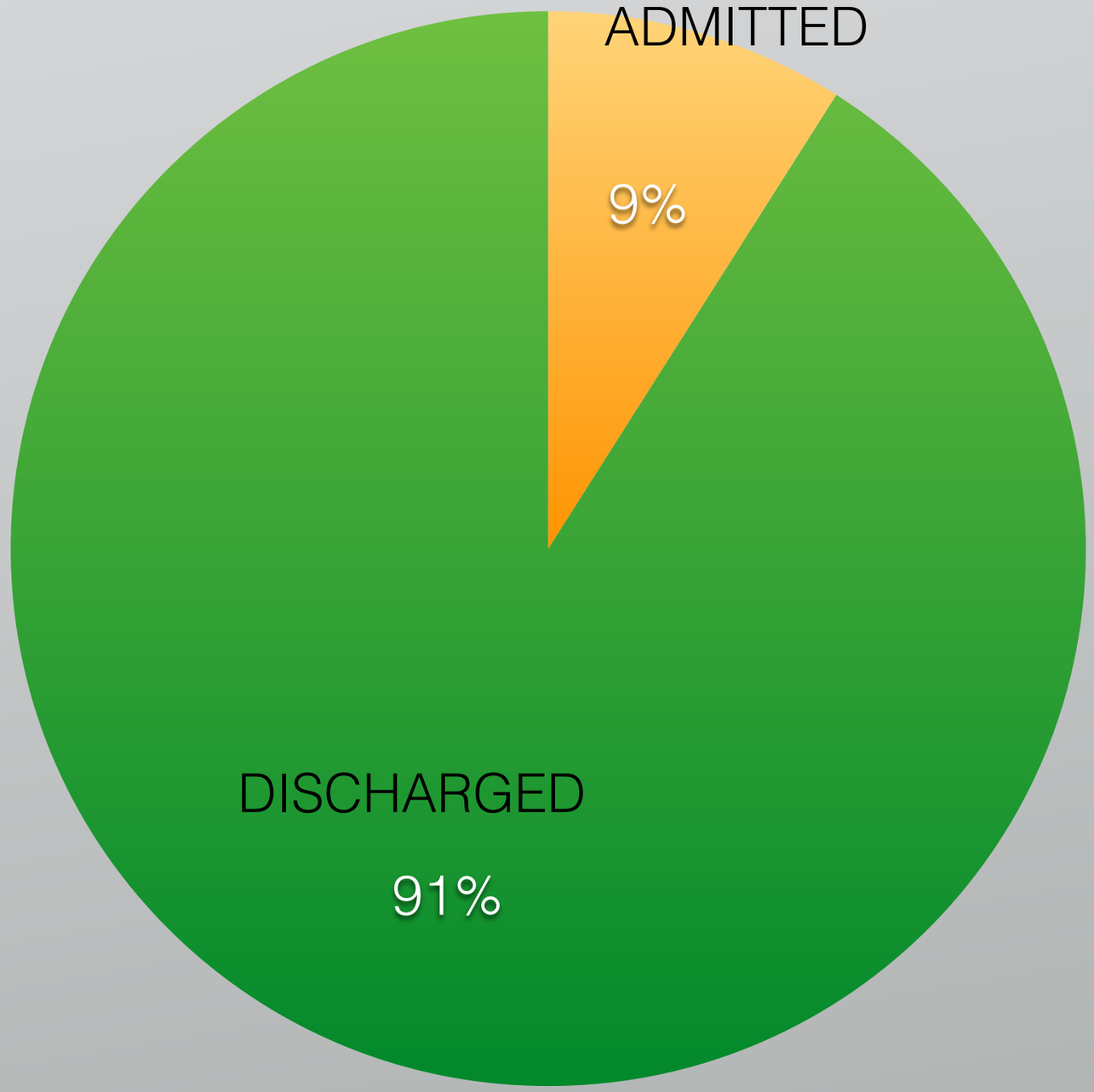
Jane Key, Stefan vd Walt

CROUP **Best Care Bundle**



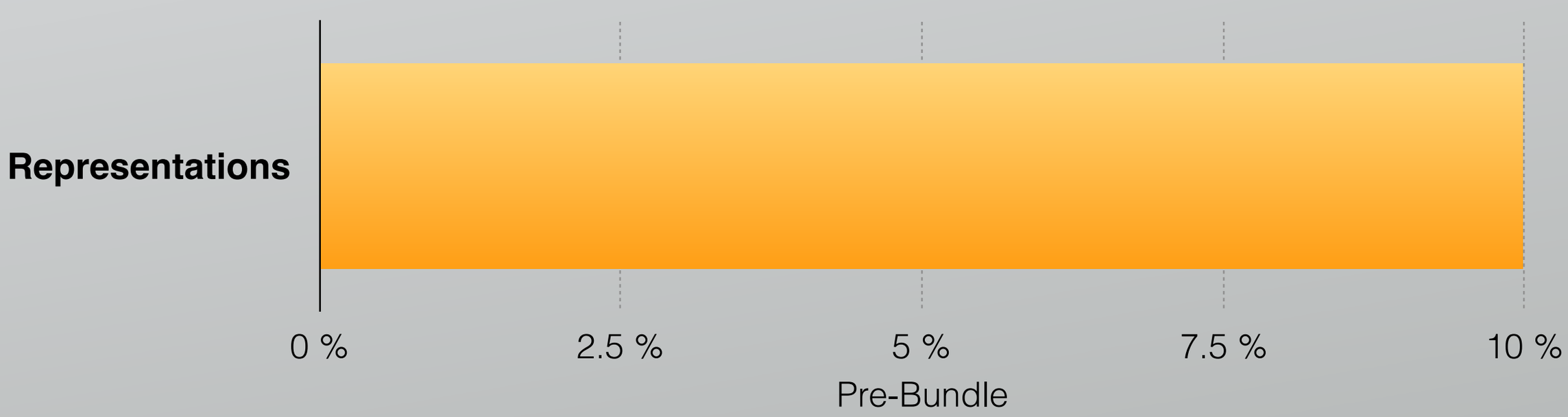
PRE - BUNDLE

CROUP **Best Care Bundle**



POST - BUNDLE

CROUP **Best Care Bundle**



BEST CARE BUNDLE - PATHWAY

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____ /_____ /_____ SEX: _____

FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**
ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

ANALGESIA FOR USE IN HOSPITAL AND ON DISCHARGE

Note: Please prescribe regular and PRN dosing, especially on discharge

Medication	Dose	Route	Freq	Notes
Paracetamol	1 g	Oral	Q 6 hourly	*Standing order*
Ibuprofen	400 mg	Oral	Q 6-8 hourly	*Standing order* *Up to 800 mg TDS. (Max 2400 mg/day)* *Ensure normal eGFR (> 60 ml /1.73 m2)*
Codeine phosphate	30 - 60 mg	Oral	Q 6 hourly	*Standing order. Max 400 mg / day* *Constipating. Consider laxative or stool softeners*
Morphine	5 mg (max)	IV	SLOW push	*Standing order. < 50 kg = 0.1 mg/kg IV > 50 kg = 5 mg*
ALTERNATIVE ANALGESIA				
Tramadol	50-100 mg	Oral	4-6 hourly	*High Side effect profile, ↓ seizure threshold* *Max 400 mg / day*
Diclofenac SR	75 mg	Oral	Twice daily	*Ensure normal eGFR (>60 ml/1.73 m2)* *Max 150 mg Daily.* *Consider Omeprazole 20 mg PO daily. GI upset common*
Amitriptyline	10 mg	Oral	Nocte	*Option for discharge. Increasing to 20 mg nocte*
Baclofen	5 mg	Oral	TDS	*Caution in known Psychiatric patients and elderly.* *Causes drowsiness, ↓ seizure threshold, and GI upset*
Diazepam	2 - 5 mg	Oral		*Note: Only at senior doctor discretion where muscle spasm significant. Not for routine use.*
Rapid release oxycodone (eg Oxynorm ® liq or cap)	5 mg	Oral	1 hourly PRN	*Max 30 mg / 24h. Safer in renal impairment. Constipating* *Liquid formulation not available in ED. (Source from ADU)* *2.5 mg Liquid oxynorm equivalent to 5mg oral morphine*
Rapid release morphine (eg Sevredol ®)	5 - 10 mg	Oral	1-4 hourly	*Max 60mg/24h. Care in renal impairment. Constipating*
Ketamine	10-20 mg	IV		*For severe unremitting pain only. SMO guidance.*

ADDITIONAL INFORMATION

Bundle documents	Best Care Bundle Low Back Pain full guideline - via Emergency Medicine CeDSS site
ACC Guideline	http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/internet/wcm002131.pdf ACC New Zealand Acute Low Back Pain Guide
Health Point Guidelines	www.healthpointpathways.co.nz

TOP TIPS

Acute low back pain is a common presentation. Our key roles include:

- Pain relief and mobilisation
- Ensure that serious underlying illness or pathology is absent.

Most patients will be able to leave the hospital after assessment however serious illness does occur and may be subtle and overlooked, especially in the early stages. *e.g. epidural abscess, discitis and osteomyelitis.* Rarely other conditions cause back pain that is not from the spine. *e.g. aortic pathology / renal colic.* Beware of the patient with immunosupression and raised inflammatory markers.

☑ = YES ☒ = NO

Date of Birth: _____ /_____ /_____ SEX: _____

BEST CARE BUNDLE - PATHWAY

FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**
ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

ANALGESIA FOR USE IN HOSPITAL AND ON DISCHARGE

Note: Please prescribe regular and PRN dosing, especially on discharge

Medication	Dose	Route	Freq	Notes
Paracetamol	1 g	Oral	Q 6 hourly	*Standing order*
Ibuprofen	400 mg	Oral	Q 6-8 hourly	*Standing order* *Up to 800 mg TDS. (Max 2400 mg/day)* *Ensure normal eGFR (> 60 ml /1.73 m2)*
Codeine phosphate	30 - 60 mg	Oral	Q 6 hourly	*Standing order. Max 400 mg / day* *Constipating. Consider laxative or stool softeners*
Morphine	5 mg (max)	IV	SLOW push	*Standing order. < 50 kg = 0.1 mg/kg IV > 50 kg = 5 mg*
ALTERNATIVE ANALGESIA				
Tramadol	50-100 mg	Oral	4-6 hourly	*High Side effect profile, ↓ seizure threshold* *Max 400 mg / day*
Diclofenac SR	75 mg	Oral	Twice daily	*Ensure normal eGFR (>60 ml/1.73 m2)* *Max 150 mg Daily.* *Consider Omeprazole 20 mg PO daily. GI upset common*
Amitriptyline	10 mg	Oral	Nocte	*Option for discharge. Increasing to 20 mg nocte*
Baclofen	5 mg	Oral	TDS	*Caution in known Psychiatric patients and elderly.* *Causes drowsiness, ↓ seizure threshold, and GI upset*
Diazepam	2 - 5 mg	Oral		*Note: Only at senior doctor discretion where muscle spasm significant. Not for routine use.*
Rapid release oxycodone (eg Oxynorm ® liq or cap)	5 mg	Oral	1 hourly PRN	*Max 30 mg / 24h. Safer in renal impairment. Constipating* *Liquid formulation not available in ED. (Source from ADU)* *2.5 mg Liquid oxynorm equivalent to 5mg oral morphine*
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Ketamine	10-20 mg	IV		*For severe unremitting pain only. SMO guidance.*

ADDITIONAL INFORMATION

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Health Point Guidelines	www.healthpointpathways.co.nz

Waitemata District Health Board

Best Care for Everyone

FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**

ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

LOWER UTI *(Cystitis)*

	Antibiotic recommendations	Dose	Route	Freq	Duration	NOTES
Asymptomatic Bacteriuria	Treatment not indicated unless:	· *Immune compromised* · *Urological pt's undergoing procedures* · *Pregnant (See 'pregnancy' below for treatment)*				
Uncomplicated	☐ **Nitrofurantoin* or** ☐ Trimethoprim or ☐ Amoxycillin/Clavulanic acid	50 mg 300 mg 625 mg	Oral Oral Oral	QID OD TDS	5 days 3 days 3 days	* *Contraindicated if CrCl < 30*
Pregnancy	☐ **Nitrofurantoin* or** ☐ Cefaclor	50 mg 500 mg	Oral Oral	QID TDS	5 days 10 days	* *Caution > 28/40* * *Contraindicated > 36/40* * *Contraindicated if CrCl < 30* *Repeat culture to ensure clearance.*
Catheter associated (uncomplicated)	*If systemically well* ☐ **Cefaclor or** ☐ Norfloxacin	500 mg 400 mg	Oral Oral	TDS BD	7 days 5-7 days	*Replace IDC, especially if in situ for >2 weeks. Consider removal of catheter if possible.*
	If systemically unwell ☐ **Cefuroxime or** ☐ Gentamicin✧	750 mg 3 mg/kg✧	IV IV	8 hourly Stat		*Review previous urine cultures to guide treatment.* ✧ *Gentamicin dose use Ideal Body Weight. See note below*
Catheter associated **ESBL colonised** (uncomplicated)	*If systemically well* ☐ **Nitrofurantoin* or** ☐ Pivmecillinam✩ or ☐ Fosfomycin✩	50 mg 400 mg 3 g	Oral Oral Oral	QID BD Q 3 days	5-7 days 5 days 2 doses	* *Contraindicated if CrCl < 30* ✩ *Pivmecillinam & Fosfomycin need ID approval. Dispensed from hospital pharmacy. Pivmecillinam is a Penicillin. Contraindicated in penicillin allergy*
	If systemically unwell ☐ **Meropenem**	500 mg	IV	8 hourly		*Meropenem needs ID approval. Covers Pseudomonas. It has cross reactivity with penicillin. Consult ID if history of severe penicillin allergy*

✧***Gentamicin & Amikacin*** *should initially be dosed on Ideal Body Weight. ♂ = (height in cm -150) x 0.9 + 50 / ♀ = (height in cm – 150) x 0.9 + 45.5 Further dosing should then be guided by therapeutic drug monitoring – see Aminoglycoside protocol CeDSS. Use with caution in existing or impending renal failure. There is still a risk of ototoxicity even with stat dose. Use for max 48 hrs. Both provide reasonable anti-pseudomonal cover*

UPPER UTI *(Pyelonephritis)*

Pyelonephritis (uncomplicated)	*If systemically well* ☐ **Norfloxacin or**	400 mg	Oral	BD	7-10 days	*NOTE: Nitrofurantoin, fosfomycin and pivmecillinam NOT recommended for upper UTI's*
	If systemically unwell ☐ **Cefuroxime or** ☐ Gentamicin✧	1.5 g 3-5 mg/kg	IV IV	8 hourly Stat		✧*Gentamicin and Amikacin: Use Ideal Body Weight. See note above*
Pyelonephritis ESBL colonised (uncomplicated)	☐ **Meropenem or** ☐ ✧Amikacin **or**	1 g 12-20 mg/kg	IV IV	8 hourly Stat	5 days *see note above*	*Meropenem & Amikacin: Needs ID approval. Meropenem has cross sensitivity with Penicillin. Contact ID if severe penicillin allergy*
	☐ Norfloxacin▼	400 mg	Oral	BD	7-10 days	▼*Only if proven sensitive on prior culture*
Pyelonephritis (complicated)	As for uncomplicated systemically unwell		IV		10-14 days	*Parenteral only. Senior review 2 sets of blood cultures*
Pregnancy	☐ **Cefuroxime**	1.5 g	IV	8 hourly		
Urosepsis (suspected or confirmed)	☐ Cefuroxime **or** ☐ Gentamicin✧ ☐ Meropenem *(for known ESBL)*	750 mg-1.5g 5 - 7 mg/kg 1 g	IV IV IV	8 hourly Stat 8 hourly		✧ *Gentamicin dose use Ideal Body Weight. See note above*

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____ /_____ /_____ SEX: _____

LOWER BACK PAIN

Date: / / 20 Time: Clinician: ☐ CNS ☐ HS ☐ Reg ☐ SMO

HISTORY AND PRESENTING COMPLAINT

Mechanism / onset: *Ask about trauma*

Location / duration:

24 hour pattern:

Aggravating factors: *No aggravating / relieving factors: ? AAA or spinal infections*

Relieving factors:

Previous admissions or ED visits with back pain:

MEDICAL HISTORY

☐ Nil relevant

☐ Known AAA

☐ IDDM / NIDDM

☐ Previous spinal surgery:

☐ Osteoporosis / previous osteoporotic fractures:

☐ Herniated disk or chronic back pain due to:

MEDICATION / ALLERGIES

☐ Nil regular medications

☐ Warfarin ☐ Other anticoagulants:

☐ Steroids ☐ Immune modulators:

☐ No known allergies ALLERGIES:

PREMORBID FUNCTIONAL STATUS & SOCIAL HISTORY

Independent ☐ Yes ☐ No *Details:*

Smoking history ☐ Non smoker ☐ Smoker:

☐ IVDU ☐ Other recreational drugs: *Epidural abscess risk*

Stairs at home: ☐ No ☐ Yes

Occupation:

EMERGENCY MEDICINE NOTES

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____ /_____ /_____ SEX: _____

MINOR HEAD INJURY: GCS ≥ 13

Date: / / 20 Time: Clinician: ☐ CNS ☐ HS ☐ Reg ☐ SMO

HISTORY AND PRESENTING COMPLAINT

Mechanism:

Beware of injuries caused by weapon e.g. Baseball bat or hammer. High risk for skull #

Loss of consciousness	☐ No	☐ Yes:	
Amnesia	☐ No	☐ Yes:	☐ Retrograde ☐ Anterograde
Headache	☐ No	☐ Yes:	
Seizure	☐ No	☐ Yes:	
Nausea / vomiting	☐ No	☐ Yes:	
Visual △	☐ No	☐ Yes:	
Dizziness	☐ No	☐ Yes:	
Tinnitus (new)	☐ No	☐ Yes:	

MEDICAL HISTORY

☐ Nil relevant

☐ Previous concussion / head injury

MEDICATION / ALLERGIES

☐ Nil regular

☐ Warfarin ☐ Other anticoagulants: *e.g. Clopidogrel, Dabigatran, Rivaroxaban. High risk of intracranial haemorrhage*

☐ No known allergies ALLERGIES:

FUNCTIONAL & SOCIAL HX

Independent ☐ Yes ☐ No *Details:*

Smoking history ☐ Non smoker ☐ Smoker:

☐ ETOH ☐ IVDU ☐ Other recreational drugs:

Occupation

Living situation *To be discharged in the care of a responsible adult*

SVF ☐ Completed *Document on nursing assessment sheet*

EMERGENCY MEDICINE NOTES

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____/_____/_____ SEX: _____

EMERGENCY MEDICINE

PERIPHERAL NEUROLOGICAL *Abnormal neurology is an indication for plain film imaging, if not done already*

POWER		Right	Left
Hip Flexion	L2		
Knee Extension	L3		
Ankle dorsiflexion	L4		
Great toe extension	L5		
Ankle eversion/plantar flex	S1		
Toe flexion	S2		

Oxford scale

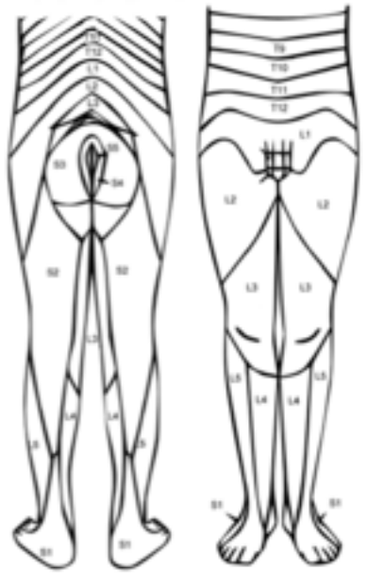
0	*No voluntary contraction*
1	*Flicker - no movement*
2	*Movement if gravity eliminated*
3	*Movement against gravity*
4	*Movement against some resistance*
5	*Normal muscle strength*
NT	*Not testable (e.g due to severe pain)*

SENSATION ☐ Normal in all dermatomes

If abnormal: mark abnormal areas on the diagram on the right, and comment on :

2 point discrimination ☐ *Normal or:*

Sharp / blunt ☐ *Normal or:*



REFLEXES

0	*Absent*
±	*Reduced*
+	*Average*
++	*Brisk*
+++	*Normal*
	Pathological

Plantar reflex: ↓ ↑ ↓ ↑

Clonus: - + - +

PR EXAMINATION ☐ Not performed

Indications:
- *Saddle anesthesia*
- *Any abnormal neurology*
- *? Cauda equina*
- *Presence of any red flags*

Perianal sensation ☐ Normal

Tone ☐ Normal

Performed by Dr:

BACK EXAMINATION

Bony tenderness ☐ None

Skin / soft tissue ☐ Normal

MOBILITY *Gait:*

Heel walk:

Toe walk:

Range of motion:

Straight leg raise:

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____/_____/_____ SEX: _____

NEUROLOGICAL EXAMINATION

GCS /15 E:___ V:___ M:___ ☐ Alert Orientated to : ☐ time ☐ place ☐ person

Cranial nerve II ☐ Normal vision

☐ PEARL

III, IV, VI ☐ FROEM *LR6, SO4*

V ☐ Normal *Facial sensation. Motor masseter, temporalis*

VII ☐ Normal *Facial movements*

VIII ☐ Normal *Hearing, Rinne, Weber*

IX, X ☐ Normal *Gag, swallow*

XI ☐ Normal *Shoulder shrug*

XII ☐ Normal *Tongue protrusion*

Power ☐ Normal in all myotomes

Sensation ☐ Normal in all dermatomes

Coordination ☐ Normal

Reflexes ☐ Normal

Gait ☐ Normal

Plantar reflex: ↓ ↑ ↓ ↑

Clonus: - + - +

0 Absent
± Reduced
+ Average
++ Brisk Normal
+++ Pathological

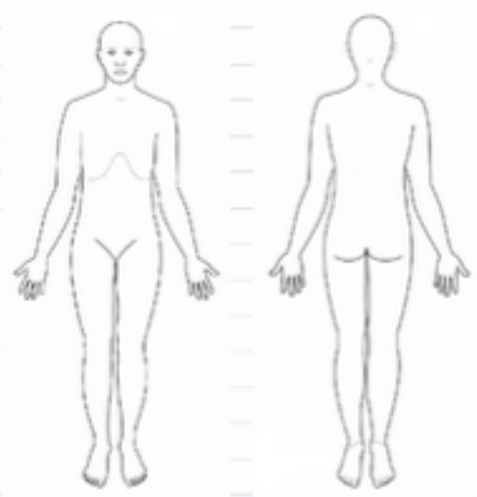
MUSCULOSKELETAL / OTHER

C-SPINE

Midline tender ☐ No ☐ Yes

Motion range ☐ Normal

Absence of midline tenderness is a low risk factor (See Canadian C-spine rules page 4 Best Care Bundle pathway)



P *- Pain* ***T*** *- Tenderness* ***C*** *- Contusion* ***S*** *- Skin tear* ***A*** *- Abrasion* ***L*** *- Laceration* ***#*** *- Fracture*

HAEMATOLOGY		BIOCHEMISTRY				URINE ☐ N/A	
Hb		Na^+		CRP		WCC	
WCC		K^+		β-HCG		RCC	
PL		Gluc		INR		Epi	
		Creat		ETOH		Bacteria	

EMERGENCY MEDICINE

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: _____/_____/_____ SEX: _____

NEUROLOGICAL EXAMINATION

GCS /15 E: ___ V: ___ M: ___ ☐ Alert Orientated to : ☐ time ☐ place ☐ person

Cranial nerve II	☐	Normal vision
	☐	PEARL
III, IV, VI	☐	FROEM *LR6, SO4*
V	☐	Normal *Facial sensation. Motor masseter, temporalis*
VII	☐	Normal *Facial movements*
VIII	☐	Normal *Hearing, Rinne, Weber*
IX, X	☐	Normal *Gag, swallow*
XI	☐	Normal *Shoulder shrug*
XII	☐	Normal *Tongue protrusion*
Power	☐	Normal in all myotomes
Sensation	☐	Normal in all dermatomes
Coordination	☐	Normal
Reflexes	☐	Normal
Gait	☐	Normal

Plantar reflex: ↓ ↑ ↓ ↑

Clonus: - + - +

0 Absent
± Reduced
+ Average
++ Brisk Normal
+++ Pathological

MUSCULOSKELETAL / OTHER

C-SPINE

Midline tender ☐ No ☐ Yes

Motion range ☐ Normal

Absence of midline tenderness is a low risk factor (See Canadian C-spine rules page 4 Best Care Bundle pathway)

EMERGENCY MEDICINE

Waitemata District Health Board
Best Care for Everyone

Discharge Information – MINOR HEAD INJURY

You have had a minor head injury (sometimes called concussion)

The doctors have seen you, and have found no serious injury. We now think it is safe for you to go home.
Most people get better over the next 24 hours, but some problems can occur.
Serious problems are rare, but to be safe someone should stay with you for the next 24 hours to watch and help you.
It is safe to go to sleep. Friends or family should wake you once the first night to check you.

Danger Signs – Return to hospital or call an ambulance if you or your friends and family notice:

- You seem very sleepy or difficult to wake
- Vomiting (being sick) more than 3 times.
- Bad headache not helped by paracetamol (Panadol).
- Cannot see as well as usual.
- Slurred speech.
- Fits/Seizures (falling down and shaking).
- Have weak arms or legs, or are unsteady on your feet.
- Confusion (don't know where you are or get things mixed up) or unusual behaviour.

Dial 111 for an ambulance

Milder problems

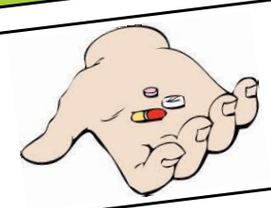
- Mild headache can occur, but paracetamol (Panadol) usually helps.
- Feeling dizzy, cannot remember things, or cannot concentrate for long.
- Feeling tired, feeling easily annoyed or poor sleep.

These problems usually get better without any treatment within a few weeks.
If you are worried or your problems get worse, see a GP (family doctor) for a check.
If the milder problems do not get better after two weeks your family doctor may want to refer you to the Concussion Clinic.

WHAT YOU CAN DO TO HELP YOURSELF

Medication and drugs

- DO take paracetamol (Panadol) for headache.
- DO take your usual pills.
- DO **NOT** take tablets containing aspirin for the next 4 days.
- DO **NOT** take sleeping pills unless your doctor says you can.
- DO **NOT** drink any alcohol or use drugs until you are better.



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RRHOEA & VOMITING (ADULT)

liarrhoea *(runny, watery stools)* and it may also
ne tiredness). The diarrhoea may last longer than

ill not usually work, and could even be bad for you.

though it can take up to a week or two) .The
ehydration.

ated with antibiotics

f too much fluid from the body).
severely dehydrated and this can happen

ll feel nauseated. You ***will*** still absorb
.
good balance of water, salts, and sugar.
ed better from the bowel (intestine) into

ou can buy from pharmacies. (The

0:50 with water.

the right amount of salt or sugar and

)-20 mL) every 5 minutes. That way if
t at once can often bring on

Trial

BEST CARE BUNDLE - PATIENT INFORMATION

Waitemata District Health Board
Best Care for Everyone

mation – Croup

young children and causes swelling and narrowing

?

hild

ugh

edication is needed.
edicine which will reduce swelling in your child's
improve the stridor but have little effect on the

te that a single dose is safe and will have no urs.

ur child– distress can make their breathing and

ld's throat is sore.
fever or has a sore throat. (Follow the dosage

ed, there is no evidence it actually helps. (There
burned from the hot water) We do not

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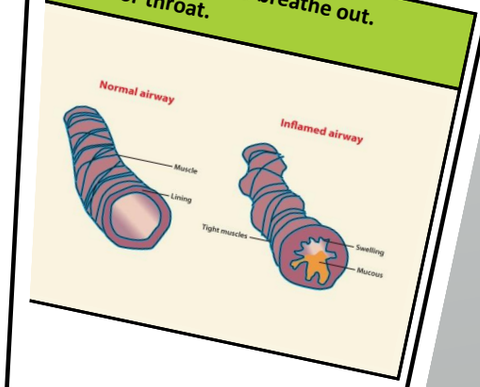
Wheeze/Bronchiolitis

ral illnesses. The most common one is called

athing, usually as you breathe out.
e nose or throat.



gradually improves. The cough usually
om hospital, do not worry if the cough

'cure" it. **Antibiotics do not help.**

d comfortable.

d is getting tired or taking shorter

help to help clear mucous from
ttle/feed is due.

(e.g. your child should not attend day care). The virus is spread from person to person by coughing and by contact with secretions from the nose.

Waitemata District Health Board

Best Care for Everyone

(PLACE PATIENT LABEL HERE)

SURNAME:_____ NHI:_____

FIRST NAMES:_____

DATE OF BIRTH:_____/_____/_____ SEX:_____

REFERRAL (Generated from ED)

DATE SENT : ____/____/____ **DATE REC:** ____/____/____

FAX NO : _____ **No of pages:** _____

REFERRED TO : *WDHB UROLOGY CLINIC*

Service / Ward Clinician Name (print)

REFERRED BY : *Emergency Medicine*

Service / Ward Clinician Name (print)

Clinician Designation Signature ext/locator

URGENCY

☐ Immediate - now ☐ Urgent - today ☐ Within 24 hrs ☐ Within 7 days

☐ Within 1 month ☐ Non-urgent ☐ Early Discharge

ACTIVE ISSUES

1 *Acute urinary retention precipitated by:*

2

3

4

5

ETHNICITY

☐ NZ European ☐ Maori

☐ Samoan ☐ Cook Island Maori

☐ Tongan ☐ Niuean

☐ Chinese ☐ Indian

☐ Other

ALERTS / ALLERGIES

☐ MRSA / ESBL and other multiresistant drugs

☐ Allergies

☐ Other:

INTERPRETER REQUIRED:

☐ Yes ☐ No

MOBILITY

☐ Walk ☐ Chair

☐ Trolley ☐ Ambulance

REASON FOR REFERRAL

Thank you for follow up on this patient who presented with Acute Urinary Retention

The indication for follow up in your clinic is:

☐ *Failed TROC* ☐ *Painless retention* ☐ *Difficult IDC placement*

☐ *New SPC* ☐ *Renal impairment* ☐ *Representation with clots*

☐ *Hydronephrosis* ☐ *Renal failure*

☐ *Recent lower urinary tract surgery <6 weeks*

Please see the detailed Electronic Discharge Summary for additional information

REFERRAL

5.11.010

ATUL GAWANDE

World Health Organization

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ▸▸▸▸▸▸▸▸▸▸

SIGN IN

☐ **PATIENT HAS CONFIRMED**
- IDENTITY
- SITE
- PROCEDURE
- CONSENT

☐ **SITE MARKED/NOT APPLICABLE**

☐ **ANAESTHESIA SAFETY CHECK COMPLETED**

☐ **PULSE OXIMETER ON PATIENT AND FUNCTIONING**

DOES PATIENT HAVE A:

KNOWN ALLERGY?
☐ NO
☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
☐ NO
☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
☐ NO
☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

Before skin incision ▸▸▸▸▸▸▸▸▸▸▸▸▸▸▸▸

TIME OUT

☐ **CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**

☐ **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM**
- PATIENT
- SITE
- PROCEDURE

ANTICIPATED CRITICAL EVENTS

☐ **SURGEON REVIEWS:** WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?

☐ **ANAESTHESIA TEAM REVIEWS**: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?

☐ **NURSING TEAM REVIEWS:** HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
☐ YES
☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
☐ YES
☐ NOT APPLICABLE

Before patient leaves operating room

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

☐ **THE NAME OF THE PROCEDURE RECORDED**

☐ **THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT** (OR NOT APPLICABLE)

☐ **HOW THE SPECIMEN IS LABELLED** (INCLUDING PATIENT NAME)

☐ **WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED**

☐ **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT**

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

‘Good checklists are precise. The are efficient, to the point, and easy to use, even in the most difficult situations’

‘Good checklists are practical’

- Atul Gawande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NIARTS ANASTRATIN

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https://vimeo.com/184951787