

SIR CHARLES GAIRDNER HOSPITAL EMERGENCY OBS WARD ADMISSION SHEET 3 Point Patient ID Confirmed <input type="checkbox"/> Yes Side 1: Treating Doctor to complete prior to transfer	URN: <input style="width:100%;" type="text"/> Surname: _____ Forename: _____ Gender: _____ DOB: <input style="width:100%;" type="text"/>
--	---

DIAGNOSIS Diagnosis / Differential <input type="checkbox"/> This is the final diagnosis	Other Issues / Complications 	Contributing Chronic Illness
--	--------------------------------------	--------------------------------------

Reason for OBS admission (tick all that apply)	<input type="checkbox"/> Treatment	<input type="checkbox"/> Review / observation	<input type="checkbox"/> Unsafe for discharge after-hours	<input type="checkbox"/> Patient awaiting discharge / transfer	<input type="checkbox"/> Flow / access block Code Yellow
--	------------------------------------	---	---	--	--

Date ___/___/___ Time ___:___	Doctor's name _____ Doctor's signature _____	<input type="checkbox"/> Intern / RMO <input type="checkbox"/> Registrar <input type="checkbox"/> Consultant
-------------------------------	---	--

INVESTIGATION / PROCEDURE Investigation / Procedure <input type="checkbox"/> Troponin #2 at ___:___ <input type="checkbox"/> Lumbar puncture at ___:___ <input type="checkbox"/> ED US type: _____ at ___:___	Radiology booked / blood sent / procedure done <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Abnormal result 	Interpretation
--	--	-------------------------	------------------------

TREATMENT Withdrawal charts <input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamine <input type="checkbox"/> Cannabis <input type="checkbox"/> Opiate <hr/> <input type="checkbox"/> Pack nose - epistaxis	Medication / fluids IV charts <input type="checkbox"/> Fluid chart for rehydration <input type="checkbox"/> Electrolyte replacement <input type="checkbox"/> PRBC <input type="checkbox"/> Iron infusion <input type="checkbox"/> Multi B Forte for malnutrition <input type="checkbox"/> Anticoagulation chart Drug charts <input type="checkbox"/> Analgesia <input type="checkbox"/> Antibiotic <input type="checkbox"/> Regular medications <input type="checkbox"/> Antiemetic <input type="checkbox"/> Other (see med chart)	Duration of treatment <input type="checkbox"/> Required until 08:00 OBS ward round <input type="checkbox"/> Until ___:___ Comment:
---	---	---

OBSERVATIONS / REVIEW Observations <input type="checkbox"/> Nursing obs Freq _____ Type _____ Other _____ Duration ___ hrs <input type="checkbox"/> Continuous monitoring Type _____ Comment:	Review <input type="checkbox"/> ED doctor review after hours <input type="checkbox"/> Review at ___:___ Comment: <input type="checkbox"/> OBS / Tox 08:00 ward round <input type="checkbox"/> Specialty inpatient review Comment: <input type="checkbox"/> Discharge coordinator (D2086) <input type="checkbox"/> D&A (P 4799) <input type="checkbox"/> Cleared <input type="checkbox"/> Re-review at ___:___ <input type="checkbox"/> PLN (DECT 1002) / Ψ RV (P 4299) <input type="checkbox"/> SW (DECT 6730) <input type="checkbox"/> ED Pharm (DECT 6731) <input type="checkbox"/> Silver chain (DECT 96600) <input type="checkbox"/> CCT (DECT 6729) <input type="checkbox"/> Cleared <input type="checkbox"/> Re-review at ___:___ <input type="checkbox"/> Failed Comment:
---	---

<input type="checkbox"/> THIS PATIENT IS SUITABLE FOR NURSE LED DISCHARGE	(Treating Dr must complete Discharge Letter and eReferral prior to OBS admit)
--	---

OTHER SPECIAL MANAGEMENT OR DISCHARGE REQUIREMENTS

Estimated Discharge at:	Date ___/___/___	Time ___:___
-------------------------	------------------	--------------

EMERGENCY OBS WARD ADMISSION SHEET

MR 410 707 (T)

<p>SIR CHARLES GAIRDNER HOSPITAL</p> <h2 style="margin: 0;">EMERGENCY OBS WARD ADMISSION SHEET</h2> <p>3 Point Patient ID Confirmed <input type="checkbox"/> Yes Side 2: Discharging OBS Nurse / Doctor to complete</p>	<p>URN: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Surname: _____</p> <p>Forename: _____</p> <p>Gender: _____</p> <p style="text-align: right;">DOB: <input style="width: 100px; height: 20px;" type="text"/></p>
---	--

DISCHARGE CRITERIA	<p>Clinical criteria</p> <ul style="list-style-type: none"> <input type="checkbox"/> Investigations completed <input type="checkbox"/> Treatment completed <input type="checkbox"/> Withdrawal score acceptable <input type="checkbox"/> Patients pain is adequately controlled <input type="checkbox"/> ED / Specialty reviewers (see over) have seen and cleared patient <input type="checkbox"/> Other reviewers (see over) have seen and cleared patient <input type="checkbox"/> Other special management or discharge requirements addressed <input type="checkbox"/> Tolerating diet / fluids appropriately <input type="checkbox"/> Bowels opened / passed urine 	<p>Discharge documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medications / script <input type="checkbox"/> eReferrals completed <input type="checkbox"/> ED Discharge advice sheet Type: _____ <input type="checkbox"/> Discharge summary completed 	<p>Disposition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Destination accepted To: _____ <input type="checkbox"/> Transport arranged Mode: _____ Next of kin informed <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No / <input type="checkbox"/> N/A Reason: _____ <input type="checkbox"/> Belongings returned to patient
---------------------------	--	--	---

DISCHARGE DIAGNOSIS	<p><input type="checkbox"/> Diagnosis is unchanged from OBS / EDU admission findings (check all imaging reports and check any investigations done in OBS ward)</p> <p>Diagnosis / Differential _____</p>	<p>Other Issues / Complications _____</p>	<p>Contributing Chronic Illness _____</p>
----------------------------	---	--	--

OBS NURSE COORDINATOR OR DOCTOR TO SIGN ON DISCHARGE			
Date ____ / ____ / ____	Time ____ : ____	Name _____ Signature _____	<input type="checkbox"/> Nurse OBS Coordinator <input type="checkbox"/> Registrar <input type="checkbox"/> Intern / RMO <input type="checkbox"/> Consultant

Notes: