TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SPECIALISED BOOKING FORM (ELECTIVE) - ADULT

GENERAL

ANY NEW ISSUES SINCE COMPLETING HEALTH QUESTIONNAIRE ☐ Y ☐ N

ANY NEW PRESCRIBED MEDICATIONS SINCE COMPLETING HEALTH QUESTIONNAIRE ☐ Y ☐ N

Notes _____

_____

_____

SELF CARE	Y	N
Independent	☐	☐
Require Assistance:		
Toileting	☐	☐
Dressing	☐	☐
Bathing	☐	☐

IMPACT OF HOSPITALISATION	Y	N
Cultural needs	☐	☐
Advised of Te Pukenga Hauora Service	☐	☐
Advised hospital chaplaincy service	☐	☐
Religious/spiritual needs:	☐	☐
Would you like to see a Chaplain?	☐	☐

SOCIAL	Y	N
Occupation	☐	☐
Smoker	☐	☐
Ex Smoker	☐	☐
Alcohol	☐	☐
Recreational drugs	☐	☐

_____

_____

_____

COMMUNICATION	Y	N
Alert and oriented	☐	☐
No impairment	☐	☐
Slight impairment	☐	☐
Known impairment	☐	☐

_____

_____

_____

*CNS	Y	N
Hearing impairment	☐	☐
Hearing aid	☐	☐
Visual impairment:	☐	☐
Spectacles	☐	☐
Contact lenses	☐	☐
Artificial eye	☐	☐

*COGNITIVE	Y	N
Memory loss	☐	☐
Disorientation	☐	☐
Confusion	☐	☐
Dementia	☐	☐
Depression	☐	☐
Anxiety/stress	☐	☐
Mental health problems	☐	☐

MOBILITY	Y	N
Independent	☐	☐
Partial assistance	☐	☐
Fully dependent	☐	☐
1 Nurse to assist	☐	☐
2 Nurses to assist	☐	☐

MOBILITY AIDS	Y	N
Prosthesis	☐	☐
Walking aid	☐	☐
Other	☐	☐
	☐	☐

TEETH	Y	N
Dentures	☐	☐
Upper full/partial plate (circle)	☐	☐
Lower full/partial plate (circle)	☐	☐
Crown/Bridge	☐	☐
CAPS	☐	☐

_____

_____

_____

DIETARY	Y	N
Normal diet	☐	☐
Alternative remedies	☐	☐
Advised to stop 1 week pre op	☐	☐
Difficulty swallowing	☐	☐
Enteral/parenteral	☐	☐
Diabetes	☐	☐

_____

_____

_____

ELIMINATION	Y	N
Continent	☐	☐
Incontinent:	☐	☐
Urine	☐	☐
Faeces	☐	☐
IDC	☐	☐
Constipation	☐	☐
Stoma	☐	☐

FRAILTY	Y	N
Not frail	☐	☐
Slightly frail	☐	☐
*Mod. frail	☐	☐
* Frail	☐	☐
* Age > 80	☐	☐
Multiple medications	☐	☐

PRE-ADMISSION

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

PRE-ADMISSION

NURSING PRE-ADMISSION

MDRO (MULTI-DRUG RESISTANT ORGANISM)

1. Has the patient been in an overseas health care facility in the last 12 months for at least one overnight admission, or as a staff member? ☐ Y ☐ N *If yes, screen for MRSA, VRE and CR-GNR (see MDRO Procedure, page 3). Use contact isolation precautions for this admission.*

MRSA: multi-resistant staphylococcus aureus
VRE: vancomycin-resistant enterococcus
CR-GNR: carbapenem-resistant gram-negative rods

2. Does the patient have a current AMR alert for MDRO? ☐ Y ☐ N *If yes, screening not required but use contact isolation precautions for this admission.*

PRESSURE RISK ASSESSMENT SCALE (WATERLOW)

BUILD/WEIGHT FOR HEIGHT

Average BMI (20.0-24.9)	0
Above average (25.0-29.9)	1
Obese (>40)	2
Below (<20)	3

CONTINENCE

Complete/catheterised	0
Urine incontinence	1
Faecal incontinence	2
Faecal & urine incontinence	3

MOBILITY

Fully mobile	0
Restless/fidgety	1
Apathetic	2
Restricted	3
Bedbound e.g. traction	4
Chairbound e.g. wheelchair	5

MAJOR SURGERY/TRAUMA

Orthopaedic/spinal	5
On table > 2 hours*	5
On table > 6 hours*	8

*Awarded for the period of 48 hours following surgery. Score can be discounted if pts rate of recovery is normal.

A. NUTRITION

Patient has lost weight recently	
Yes = go to 'B'	
No = go to 'C'	
Unsure? - go to 'C' and score 2	

B. WEIGHT LOSS SCORE

0.5-5kg	1
5-10kg	2
10-15kg	3
>15kg	4
Unsure?	2

C. PATIENT EATING POORLY

No	0
Yes	1

Refer Dietitian for any score greater than 1

TISSUE MALNUTRITION

Terminal cachexia	8
Multi organ failure	8
Single organ failure (resp/renal/cardiac)	5
Peripheral vascular disease	5
Anaemia (Hb < 80)	2
Smoking	1

NEUROLOGICAL DEFICIT

Diabetes, CVA, MS, paraplegia	4
Dementia (maximum of 6)	to 6

MEDICATION

Cytotoxics, steroids long-term high dose, anti-inflammatory (maximum of 4)	0 / 1 / 2 / 3 / 4

SEX/AGE

Male	1
Female	2
14-49	1
50-64	2
65-74	3
75-80	4

SKIN TYPE/VISUAL RISK AREA

Healthy	0
Tissue paper	1
Dry	1
Oedematous	1
Clammy, pyrexia	1
Discoloured, grade 1	2
Broken areas, grade 2 - 4	3

SCORE

10+	**At Risk**
15+	**High Risk**
20+	**Very High Risk**

Pressure area present on admission Y N

If Y reportable events form completed Y N

Grade 1 2 3 4

ALL RISKS SHOULD BE DETAILED IN PRE-ADMISSION SUMMARY

BMI ASSESSMENT

Weight: _____ Height: _____ BMI: _____

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGICAL THROMBOPROPHYLAXIS RISK ASSESSMENT

Each Risk Factor = 1 Point	Yes	Score 1	Total Risk Score
41 - 60 years			(1 + 2 + 3 + 4 + 5)
Minor surgery			
Major surgery < 1 month			
Varicose veins			
Inflammatory bowel disease			
Swollen			
BMI > 25			
Acute myocardial infarction			
Congestive heart failure			
Sepsis			
Serious lung disease			
COPD			
Medical patient on bed rest			
Each Risk Factor = 2 Points		**Score 2**	
60 - 74 years			
Arthroscopic surgery			
Malignancy (past or present)			
Surgery > 45 mins			
Laparoscopic surgery > 45 mins			
Patient confined to bed > 72 hrs			
Immobilising plaster cast			
Central venous access			
Each Risk Factor = 3 Points		**Score 3**	**Risk Level**
≥ 75 yrs			
History DVT/PE			
FH thrombosis (1st degree relative)			
+ve factor V Leiden			
+ve prothrombin 20210A			
Elevated homocysteine			
+ve lupus anticoagulant			
Elevated anticardiolipin antibodies			
Heparin induced thrombocytopnia			
Thrombophilia			
Each Risk Factor = 5 Point		**Score 4**	
Lower extremity arthroplasty			
Hip, pelvis, leg fracture (<1 month)			
Stroke (<1 month)			
Acute spinal cord injury (1< month, paralysis)			
Women Only, Each = 1 Point		**Score 5**	
OCP or HRT			
Pregnancy, post partum (<1 month)			
History unexplained stillborn, recurrent abortion			
History eclampsia or growth restricted infant			

Total score	Risk level
0	Very low
1 - 2	Low
3 - 4	Moderate
≥ 5	High

GFR =

Not for SCD
PVD
CHF
Acute DVT (superficial)
Limb oedema
Skin graft
Neuropathy
Cellulitis

Nursing assessment completed by

RN name _____ RN signature _____ Date _____

PRE-ADMISSION

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

FALLS SCREENING AND RISK ASSESSMENT TOOL

Patient/family/carer input _____

Falls Screening

	Response Yes	No	N/A
Patient has fallen in the past year	☐	☐	☐
Maori or Pacific Islander aged 55 years or over	☐	☐	☐
European or other ethnicity aged 75 years or over	☐	☐	☐
Requires aids to mobilise	☐	☐	☐

TOTAL SCORE: _____ Complete assessment below if score 1 or more

History of Falls	**Initial review**	**Post procedure**	**3rd review**	**4th review**	**Comments**
Patients most recent fall					
Any slip, trip, stumble or fall in the past 12 months?					
Frequency of falls					
Injuries from previous fall?					
Is this new for the patient?					
Mobility					
Unstable gait or looks unsafe walking					
What mobility aids are used at home?					
Vision, language, hearing deficits					
Patient has hearing deficit					
Patient has visual deficit					
Patient requires aids, e.g. glasses, hearing aids?					
English 2nd language?					
Cognitive assessment					
Communication impairment?					
Confusion, disorientation or memory loss?					
Agitated, impulsive or unpredictable					
Overestimates/forgets limitations					
Neurological condition					
Fear of falling restricts activities					
Physiological causes excluded/identified					
Formal Delirium screen required					
Continence					
Frequency, urgency or incontinence					
Exclude UTI					
Medications					
Patient on psychotropic or sedative drugs?					
Patient on drugs that may cause postural hypotension?					
Patient takes 4 or more drugs per day?					
Patient within 24-hour post-anaesthetic/sedation?					
Other risks					
Does the patient have any other risk factors?					
Score					
Score one for each. Falls Care Plan required O/A if 2 or more. **Total score**					
Date					
Signature					
Designation					

PLEASE ADMISSION PL

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

UNIVERSAL PRECAUTIONS FOR ALL PATIENTS WHO HAVE ASSESSMENT TICKS 0–1

Familiarise the patient to the environment	Keep bed and wheelchair brakes locked
Patient demonstrates call bell	Ensure footwear suitable when walking
Keep patient's possessions & call bell within reach	Red socks on to prevent slips
Lower bed when patient is resting	Follow safe patient handling practices
Raise bed when transferring the patient	Use night lights and supplemental lighting
Commence visual mobility signs at bedside	Keep floor uncluttered, clean and dry

FALLS INDIVIDUALISED CARE PLAN

This care plan is to be commenced for all patients who score 2 or more on the NMDHB Falls Risk Assessment. The care plan must be completed within 8 hours of the patient being admitted, or reviewed earlier if the patient's condition changes or the patient falls while in hospital otherwise reviewed weekly.

Falls Reduction Interventions *Please tick strategies implemented*	**Initial review**	**Post procedure**	**3rd review**	**4th review**
Position close to nurses station				
Regular rounding documented in clinical notes				
Lo-lo bed with mattress or landing mat on floor				
Bed against wall with patients weakest side facing outward				
Floor sensor mat in place if available				
Low level lighting—low stimulus environment in room				
Adequate food/fluid intake maintained				
Ensure regular pain relief given				
Delirium screening completed				
Toileting 2 hourly day/4 hourly night				
Ensure regular bowel pattern maintained				
Physio/OT referral for assessment completed				
Follow Falls Policy on use of restraints/enablers *(consent obtained and documented from NOK (nome and date obtained))*				
Watch required: State rationale				
Watch request form completed				
Individualised Strategies/comment				
Date of review				
Signature				

PRE-ADMISSION

TE WAIORA Nelson Marlborough Health

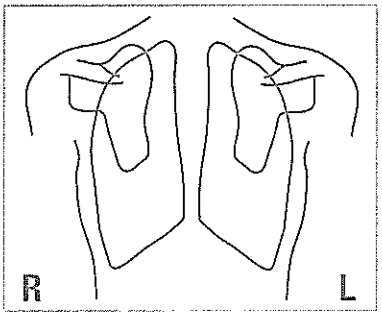
Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

CLINICAL NOTES



Heart sounds _____

RMO signature _____ Date _____

ALL RISKS SHOULD BE DETAILED IN PRE-ADMISSION SUMMARY

PRE-ADMISSION

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

PRE-ADMISSION ASSESSMENT SUMMARY

HEALTH PROBLEMS

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

PATIENT MEDICATIONS

Note: Antiplatelet/Anticoagulant drugs - complete bleeding risk on pg 18

Medicines	Amount	Times taken per day

ALLERGIES/ADVERSE REACTIONS

Allergies	Reaction	Alerts

Medic Alert Bracelet ☐ Y ☐ N

ALL RISKS SHOULD BE DETAILED IN PRE-ADMISSION SUMMARY

PRE-ADMISSION

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

PRE-ADMISSION ASSESSMENT SUMMARY

PRE-ADMISSION

GENERAL RISKS

- ☐ Communication issue
- ☐ Smoker
- ☐ Mental health diagnosis
- ☐ Nutritional impairment
- ☐ Post operative delirium
- ☐ Other

BLEEDING RISK

Yes No

Plan _____

_____

RISKS

MDRO RISKS

Yes No _____

FRAILTY RISKS

Yes No _____

COGNITIVE and DELIRIUM RISKS

Yes No _____

FALLS RISK ASSESSMENT

Score _____

PRESSURE ULCER RISK

Waterlow Risk Assessment

Low 10+ 15+ 20+

VENOUS THROMBOEMBOLISM RISK

Risk

- ☐ Very low
- ☐ Low
- ☐ Moderate
- ☐ High

Anticoag Prophylaxis

- ☐ None
- ☐ Enoxaparin 20mg
- ☐ Enoxaparin 40mg
- ☐ Bridging anticoag
- ☐ Other _____

Mechanical Prophylaxis

- ☐ TED
- ☐ Intraop SCD/AV impulse
- ☐ Post-op foot pumps 48 hrs
- ☐ Size: _____

ANAESTHETIC PERIOPERATIVE RISKS

Target BP _____

- ☐ Cardiac
- ☐ Respiratory
- ☐ Renal
- ☐ Cerebrovascular
- ☐ Diabetic
- ☐ Hepatic
- ☐ BMI

Other

1. _____
2. _____
3. _____

INTERVENTIONS

- ☐ Dietician
- ☐ Physiotherapy
- ☐ Speech/language
- ☐ Therapy Nurse Specialist
- ☐ OT
- ☐ Social Worker
- ☐ Diabetes

Other

1. _____
2. _____
3. _____

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

PROCEDURE

PROCEDURE NOTES

Date: _____

Procedure: _____

_____

Surgeon: _____

Anaesthetist: _____

Notes: _____

SURGERY

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

WARD ADMISSION

Orientation | Patient oriented to ward ☐ Yes ☐ No Date: _____ Time: _____

VALUABLES/TAONGA

Description of valuables retained by patient: _____

Taken into custody ☐ Yes ☐ No Receipt given ☐ Yes ☐ No Patient retains property ☐ Yes ☐ No

Patient / support person advised that property and valuables are retained at their own risk ☐ Yes ☐ No

Patient / care giver signature _____ Nurse signature _____ Date _____

NOTES

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGERY

CLINICAL NOTES	
Date/Time	

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA

Nelson Marlborough Health

Given Name: ______________________ Gender: ________

Family Name: ______________________

AFFIX PATIENT LABEL HERE

Date of Birth: ______________________ NHI#: ________

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA

Nelson Marlborough Health

Given Name: ______ Gender: ______

Family Name: ______

AFFIX PATIENT LABEL HERE

Date of Birth: ______ NHI#: ______

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGERY

CLINICAL NOTES	
Date/Time	

TE WAIORA

Nelson Marlborough Health

Given Name: ______	Gender: ______
Family Name: ______	
AFFIX PATIENT LABEL HERE	
Date of Birth: ______	NHI#: ______

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

CLINICAL NOTES

Date/Time	

SURGERY

TE WAIORA Nelson Marlborough Health

Given Name:	Gender:
Family Name:	
AFFIX PATIENT LABEL HERE	
Date of Birth:	NHI#:

SURGERY

CLINICAL NOTES

Date/Time	

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

CLINICAL NOTES

Date/Time	

SURGERY

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

SURGERY

NURSING CARE PLAN (If patient is ERAS refer to clinical pathway)

Date: _____ Diagnosis: _____

Red Flags: _____

Tick appropriate interventions, update each shift in first 24 hours then daily.

Expected outcomes	Individual patient nursing interventions (tick appropriate interventions)		
Neurological/Cognition/LOC Neurological status monitored Variances noted and actioned	GCS Neuro obs/AVPU Confusion/delirium	GCS Neuro obs/AVPU Confusion/delirium	GCS Neuro obs/AVPU Confusion/delirium
Airway/Breathing Maintain adequate Oxygenation	RR/02 Sats/EWS/cough depth O2 therapy	RR/02 Sats/EWS/cough depth O2 therapy	RR/02 Sats/EWS/cough depth O2 therapy
Circulation Haemodynamic status monitored Variances noted and actions	Temp, BP, pulse CWS, ECG Weigh	Temp, BP, pulse CWS, ECG Weigh	Temp, BP, pulse CWS, ECG Weigh
IV Therapy/Medication Pain assessed and controlled Medication administered safely	IV fluids, CVC, PICC, TPN, Epidural, Regional, PCA, IV Meds, FBC	IV fluids, CVC, PICC, TPN, Epidural, Regional, PCA, IV Meds, FBC	IV fluids, CVC, PICC, TPN, Epidural, Regional, PCA, IV Meds, FBC
Eating & Drinking Maintain/restore nutritional status	FBC, NBM, Fluids, Diet, Special Diet	FBC, NBM, Fluids, Diet, Special Diet	FBC, NBM, Fluids, Diet, Special Diet
Elimination (including reproduction) Maintain/ restore normal bowel function, bladder	Bowel function Bowel management regime, Stoma Catheter PV loss	Bowel function Bowel management regime, Stoma Catheter PV loss	Bowel function Bowel management regime, Stoma Catheter PV loss
Mobility/Activity/Safety Potential complications identified/ minimised	Falls risk updated. Mobility: assist 1–2, high/low frame, Crutches, hoist. TEDS, SCDs Intentional rounding	Falls risk updated. Mobility: assist 1–2, high/low frame, Crutches, hoist. TEDS, SCDs Intentional rounding	Falls risk updated. Mobility: assist 1–2, high/low frame, Crutches, hoist. TEDS, SCDs Intentional rounding
Activities of Daily Living Usual functional level maintained/ restored	Personal cares	Personal cares	Personal cares
Skin/Wound Care Potential complications identified/ minimised/appropriately treated	Waterlow score Pressure ulcer prevention Wound care assessment/plan	Waterlow score Pressure ulcer prevention Wound care assessment/plan	Waterlow score Pressure ulcer prevention Wound care assessment/plan
Patient Education/Discharge Planning Prepared and informed to be discharged	Discharge checklist information handouts - list	Discharge checklist information handouts - list	Discharge checklist information handouts - list
Cultural, Spiritual and/or Social Plan of care meets individual patient need	Family involvement with care planning Offer Chaplaincy support	Family involvement with care planning Offer Chaplaincy support	Family involvement with care planning Offer Chaplaincy support
Review each shift	**Date and sign**	**Date and sign**	**Date and sign**
Day/post op day			

Individual Goals should be discussed with patient daily and response documented in progress notes each shift

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

NURSING CARE PLAN (If patient is ERAS refer to clinical pathway)

Date: _____ Diagnosis: _____

Red Flags: _____

Tick appropriate interventions, update each shift in first 24 hours then daily.

Expected outcomes	Individual patient nursing interventions (tick appropriate interventions)		
Neurological/Cognition/LOC Neurological status monitored Variances noted and actioned	GCS Neuro obs/AVPU Confusion/delirium	GCS Neuro obs/AVPU Confusion/delirium	GCS Neuro obs/AVPU Confusion/delirium
Airway/Breathing Maintain adequate Oxygenation	RR/02 Sats/EWS/cough depth O2 therapy/spirometry	RR/02 Sats/EWS/cough depth O2 therapy/spirometry	RR/02 Sats/EWS/cough depth O2 therapy/spirometry
Circulation Haemodynamic status monitored Variances noted and actions	Temp, BP, pulse CWS, ECG Weigh	Temp, BP, pulse CWS, ECG Weigh	Temp, BP, pulse CWS, ECG Weigh
Elimination (including reproduction) Maintain/ restore normal bowel function, bladder	Bowel function Bowel management regime, Stoma Catheter PV loss FBC	Bowel function Bowel management regime, Stoma Catheter PV loss FBC	Bowel function Bowel management regime, Stoma Catheter PV loss FBC
IV Therapy/Medication Pain assessed and controlled Medication administered safely	IV fluids, CVC, PICC, TPN, Epidural, Regional, PCA, IV Meds	IV fluids, CVC, PICC, TPN, Epidural, Regional, PCA, IV Meds	IV fluids, CVC, PICC, TPN, Epidural, Regional, PCA, IV Meds
Eating & Drinking Maintain/restore nutritional status	FBC, NBM, Fluids, Diet, Special Diet	FBC, NBM, Fluids, Diet, Special Diet	FBC, NBM, Fluids, Diet, Special Diet
Mobility/Activity/Safety Potential complications identified/ minimised	Falls risk updated. Mobility: assist 1–2, high/low frame, Crutches, hoist. TEDS, SCDs Intentional rounding	Falls risk updated. Mobility: assist 1–2, high/low frame, Crutches, hoist. TEDS, SCDs Intentional rounding	Falls risk updated. Mobility: assist 1–2, high/low frame, Crutches, hoist. TEDS, SCDs Intentional rounding
Activities of Daily Living Usual functional level maintained/ restored	Personal cares	Personal cares	Personal cares
Skin/Wound Care Potential complications identified/ minimised/appropriately treated	Waterlow score Pressure ulcer prevention Strategies Wound care assessment/plan	Waterlow score Pressure ulcer prevention Strategies Wound care assessment/plan	Waterlow score Pressure ulcer prevention Strategies Wound care assessment/plan
Patient Education/Discharge Planning Prepared and informed to be discharged	Discharge checklist information handouts - list	Discharge checklist information handouts - list	Discharge checklist information handouts - list
Cultural, Spiritual and/or Social Plan of care meets individual patient need	Family involvement with care planning Offer Chaplaincy support	Family involvement with care planning Offer Chaplaincy support	Family involvement with care planning Offer Chaplaincy support
Review daily	**Date and sign**	**Date and sign**	**Date and sign**
Day/post op day			

Individual Goals should be discussed with patient daily and evaluated in progress notes each shift

SURGERY

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

PATIENT DISCHARGE PLANNING

HOME	Y	N	SUPPORT	Y	N	DISCHARGE TO
Stated NOK Current	☐	☐	Further assistance needed on discharge	☐	☐	Person to discuss care & discharge plan with:
Lives alone	☐	☐	Detail: _____			Name: _____
Dependents at home	☐	☐	_____			Contact: _____
Arrangements for dependents	☐	☐	_____			Transport arranged
Care giver at home	☐	☐	_____			Name: _____
Name: _____			_____			Contact: _____
Contact: _____			_____			_____
Organised to attend to patient	☐	☐	_____			

COMPLETE 24 - 48 HOURS PRIOR TO DISCHARGE

	Y	N	N/A		Y	N	N/A		Y	N	N/A		Y	N	N/A
Cleared for discharge	☐	☐	☐	Risks identified with family/whanau	☐	☐	☐	Equipment organised	☐	☐	☐	Patient transfer requirements organised	☐	☐	☐
Pending results	☐	☐	☐	Community support available and referrals sent	☐	☐	☐	Physio	☐	☐	☐	Travel arrangements confirmed with patient/ whanau	☐	☐	☐
Specify:								OT							
Discharge tests (lab xray required)	☐	☐	☐	Discharge time expectations communicated to family/ whanau	☐	☐	☐	Education for family/whanau	☐	☐	☐	Quit smoke advice offered	☐	☐	☐

COMPLETE MORNING OF DISCHARGE

	Y	N	N/A		Y	N	N/A		Y	N	N/A
Discharge summary complete and copy to patient	☐	☐	☐	Alert & oriented	☐	☐	☐	Check patient has follow-up appointment	☐	☐	☐
				EWSS = 0	☐	☐	☐				
ACC & medical certificate issued	☐	☐	☐	Tolerating food and fluids	☐	☐	☐	Follow up on OPD appointments made and given to patient	☐	☐	☐
Prescription and explanation given	☐	☐	☐	Pain controlled	☐	☐	☐				
Prescription faxed to community pharmacy	☐	☐	☐	Nausea controlled	☐	☐	☐				
				Wound satisfactory	☐	☐	☐	Discharge off computer	☐	☐	☐
Discharge advice sheet given	☐	☐	☐	UTT/Catheter removed and HPU	☐	☐	☐				
				Mobilising safely	☐	☐	☐	Patient management Trendcare	☐	☐	☐
Discharge blood forms given to patient	☐	☐	☐	IV cannula removed	☐	☐	☐				
				Medications returned to patient	☐	☐	☐				
				Education given							
				Catheters	☐	☐	☐				
				Wounds	☐	☐	☐				
				Drains	☐	☐	☐				
				Packing	☐	☐	☐				
				POP	☐	☐	☐				

Discharging Doctor (Please Print)	Discharging Nurse/Midwife (Please Print)	Role Signature Print Name	Discharging Clerical Staff (Please Print)
_____	_____	PT _____	_____
Signature	Signature	OT _____	Signature
_____	_____	SW _____	_____
		DT _____	
		SLT _____	
		Other _____	

ANAESTHETIC RECORD

Nelson Marlborough Health

TE WAIORA

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

Scheduled date:	Operation:	Surgeon:	Anaesthetist:

Temp	SpO_2	Pulse	BP	Ht	Wt	BMI

Anaesthetic History & Examination

Airway: MO: NE: JT:

Reflux:

Smoking:

Fasting:

Relevant Medical History & Examination

Frailty:

VO_2/METS:

ET:

NYHA:

Lee:

PONV:

Current Medication

Drug Allergies/Sensitivities

Investigations

Na^+:	Hb:	**ECG:**
K^+:	Platelets:	**Echo:**
Creat:	INR:	
GFR:	HbA1c:	**Resp:**
Alb:		

Anaesthetic Risk & Plan

ASA 1 2 3 4 5 E

Assessed by (Print):	Date:	Reviewed:	Date:

ANAESTHETIC AND PACU NURSING RECORD

PACU NURSING RECORD

TE WAIORA Nelson Marlborough Health

Given Name: _____ Gender: _____

Family Name: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

Date:		**Operation:**
Arrival time:		
ON ARRIVAL	Consciousness:	Awake / Rouses to Voice / Rouses to Pain / Non-responsive / Other
	Airway:	Natural / Oropharygeal / Nasopharygeal / LMA / Other
	Respiration:	Normal resps / Shallow / Low Rate / Other

Oxygen Therapy:			
Vascular Access:			
Art Line:			
Surgical Site:			
Drains:		CXR:	NGT:
Urinary Catheter:		ECG:	

Notes:

PACU Discharge Score System (based on the Modified Aldrete Scoring System)

OXYGEN SATURATION		Admit	Disch
≤93% on O_2	0		
≥94% up to 6l/min O_2	1		
>93% on room air	2		

CONSCIOUSNESS		Admit	Disch
Rouses to pain	0		
Rouses to voice	1		
Awake	2		

NAUSEA & VOMITING		Admit	Disch
Persistent nausea/vomiting	0		
Transient nausea/vomiting	1		
No/Mild nausea. No vomiting	2		

BREATHING		Admit	Disch
Airway assistance needed	0		
Spont vent, abnormal	1		
Normal, cough, etc OK	2		

MOVES ON COMMAND		Admit	Disch
No voluntary movement	0		
2 limb move, power OK	1		
4 limb move, power OK	2		

	Admit	Disch
Total		

CIRCULATION		Admit	Disch
> ± 50% pre-anaes SBP/HR	0		
± 20-50% pre-anaes SBP/HR	1		
± 0-20% pre-anaes SBP/HR	2		

PAIN		Admit	Disch
Pt Pain Score 7 - 10	0		
Pt Pain Score 4 - 6	1		
Pt Pain Score 0 - 3	2		

Discharge without Anaesthetist consent permissible if:

- Total score ≥ 12 (adults) or ≥ 10 (children) ☐
- IV fluids, O_2, Analgesia and Anti-Emetics charted ☐
- Respiratory rate ≥ 9 and ≤ 20 (adults) ☐
- Temperature ≥ 36°C and ≤ 38°C ☐
- No category scores 0 ☐
- No area causing concern ☐

Recovery nurse 1: _____ Discharge by Anaesthetist (if required): _____

Recovery nurse 2: _____ Discharge criteria met: _____ EWS: _____

Ward nurse: _____ Discharge to: _____ Discharge time: _____

Operation

Surgeon

Anaesthetist

Pre Med

Vascular Access

Position

Ancillary

Induction

Airway Management

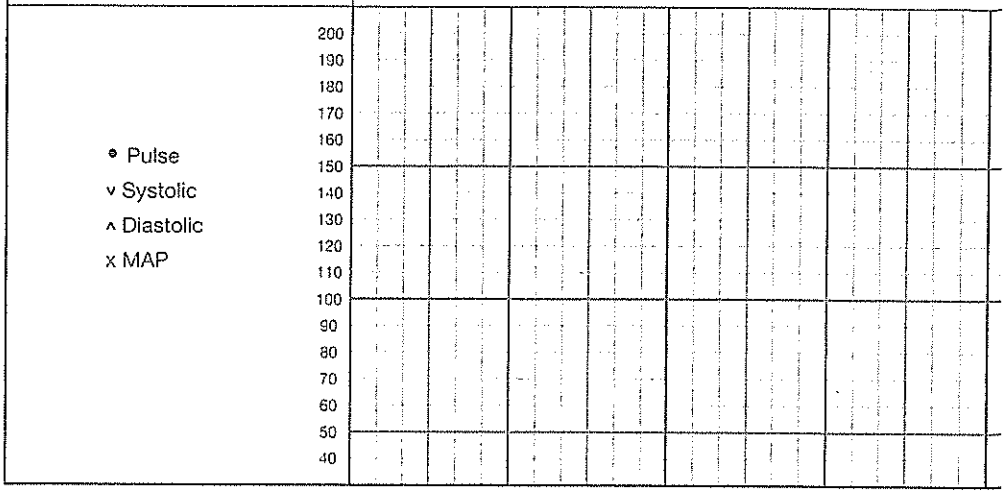
BMV: Laryngoscopy Grade:

Circuit/Ventilation

Date:

Location:

Events:



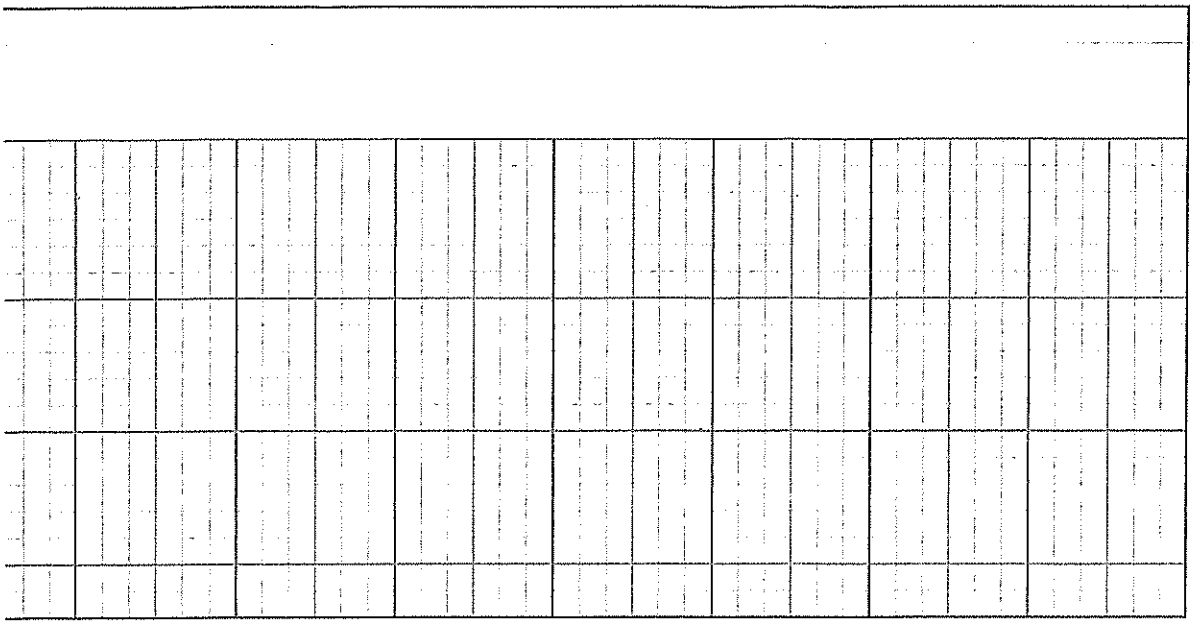
	15	30	45		15	30	45
SpO_2							
$ETCO_2$							
ETAA / MAC Iso/Sev/Des							
O_2/N_2O/Air Fi							
Paw/PEEP							
Resp Rate							
Temp							
BIS							
Urine Output							
Blood Loss							

Drugs/Infusions

IV Fluids 1								
IV Fluids 2								

Regional Anaesthesia

Notes



	Fluid	Vol

PACU

30 45 15 30 45 15 30 45 15 30 45

	SpO_2
	Sedation Score / LOC
	O_2 l/min
	Pain Score
	Sensory Level
	Resp Rate
	Temp
	Urine Output
	Blood Loss

	IV Fluids 1
	IV Fluids 2

Post Op Instructions

Anaesthetist's signature: