Glasgow Royal Infirmary

Orthopaedic Trauma Unit Admission Document

NHS Greater Glasgow and Clyde

PATIENT LABEL

D. o. Admission: _____

Consultant: _____

Presenting Complaint:

History of Presenting Complaint:

Hand Dominance:

Past Medical & Surgical History:

Family History:

PATIENT LABEL

Social History:	Occupation:
Activities of Daily Living:	Smoking:
Social Support:	Alcohol:
Mobility/ Walking Aids:	

Systemic Enquiry	Resp:	G.I:	C.N.S:
CVS: ☐ Chest Pain ☐ Dyspnoea ☐ Orthopnoea ☐ Periph Oedema ☐ Claudication ☐ Syncope	☐ Cough ☐ Wheeze ☐ Sputum ☐ Haemoptysis G.U: ☐ Dysuria ☐ Frequency ☐ Nocturia ☐ Haematuria ☐ Incontinence	☐ Weight Loss ☐ Abdo Pain ☐ Dyspepsia ☐ Dysphagia ☐ N&V ☐ Altered Bowel Habit ☐ Meleana ☐ Haematemesis	☐ Dizziness ☐ Blackouts ☐ Fits ☐ Weakness ☐ Numbness

**** Medicines Reconcilliation must be completed online or paper form completed****

PATIENT LABEL

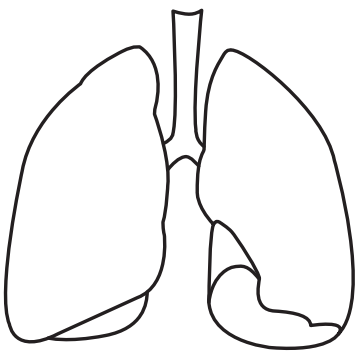
Clinical Examination:

General Observations:	☐ HR _____ bpm ☐ BP _____ / _____ mmHg ☐ Temp _____ °C ☐ RR _____ min ☐ Sa02 _____ % on _____ NEWS: _____	☐ Pale ☐ Cyanosed ☐ Obese ☐ Odematous ☐ Lymphadenopathy ☐ Height: _____ ☐ Weight: _____

CV:
Heart Sounds:

JVP: Cap Refill: Oedema:

RESP:



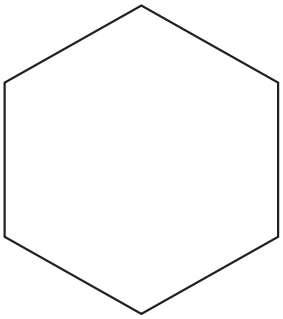
☐ Trachea

☐ Expansion

☐ Percussion

☐ Auscultation

GI:



☐ Palpation:

☐ Organomegaly/Masses:

☐ Bowel Sounds:

☐ PR:

PATIENT LABEL

CNS:

GCS: E _____ V _____ M _____ Speech:

Cranial Nerves:

Gait:

	Tone	Sensation	Power	Reflexes	Co-ordination
LUL					
RUL					
LLL					
RLL					

PR: Anal Tone _____ Sensation- Light touch/ Pinprick _____

Stool/Masses/Prostate _____

LOCOMOTOR:

Look:

Feel:

Move:

Special Tests:

***Neurovascular Status*:**

PATIENT LABEL

Investigations:

ECG: **CXR:**

X-Rays:

Urinalysis:

CT/ MRI:

Clinical Summary:

PRINT & SIGN: _____ **GRADE:** _____ **DATE:** _____

SHO Plan: *Tick When Complete*

- ☐ Med Rec
- ☐ Kardex
- ☐ VTE form completed
- ☐ DVT prophylaxis
- ☐ DNACPR?
- ☐ Bloods inc G&S
- ☐ IV Access
- ☐ ECG
- ☐ CXR

***** If for Theatre:**

- ☐ Coded on PACS
- ☐ Bluespier
- ☐ Fast From _____
- ☐ Limb Marked
- ☐ Consent Form
- ☐ Anaesth made aware

PATIENT LABEL

Post-Take Ward Round

Date: _____ **Consultant:** _____

Time: _____

PATIENT LABEL

Blood Results:

	Date:					
FBC	Hb					
	MCV					
	WCC					
	PLT					
COAG	PT					
	APTT					
	INR					
U&E	Na					
	K					
	Cl					
	Urea					
	Creatinine					
	eGFR					
LFT	Bil					
	ALT					
	AST					
	ALP					
	GGT					
Inflamm	CRP					
	ESR					
	Adj Ca					
	Albumin					
	Mg					
	PO4					
Other						

Medicine Reconciliation Form

PATIENT LABEL

Source of medication history: (minimum 2 sources)

Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐

Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐

Repeat Script ☐ Other (specify) _____

Admission Medicines			Plan for medicines (Dr complete)				Comments
Name	Dose	Freq	Continue	Amend	Withold	Stop	Reason for alteration

Allergies	List any Over Counter or alternative medicines
None known ☐	
	Do medicines need further clarification Yes ☐ No ☐
List collected by:	**Plan approved by:**
Designation: Date:	Designation: Date:

Pharmacy review	Comments
Compliance aid? Yes ☐ No ☐	Community pharmacist Phone
Reviewed by: Designation: Date:	

NHS GG&C Risk Assessment for Venous Thromboembolism (VTE)

Trauma and Orthopaedic surgery

- **Risk Assessment should be completed for all patients on admission to hospital**
- **Patients should be reassessed every 48 - 72 hours or sooner if condition changes**
- **Assessment should be documented in Kardex**
- **Provide patient information on VTE prevention**

Pt Addressograph

Operative patients start here

Non-operative patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for≥ 2 days?

Yes

No

Indicators of patients at standard and increased risk of VTE (tick all that apply)

STANDARD RISK	INCREASED RISK	
☐ Acute trauma/surgical admission	☐ Critical care admission	☐ Varicose veins with phlebitis
☐ Dehydration	☐ Obesity (BMI>30Kg/m^2)	☐ Current significant medical condition e.g.
☐ Age >60 years	☐ Active cancer or cancer treatment	• Serious Infection
☐ Surgical procedure with total anaesthetic/surgical time >90 minutes, or >60 minutes if surgery of lower limb	☐ Thrombophilia	• Heart Failure
☐ Expected significant reduction in mobility relative to their normal state for more than 2 days	☐ Personal history or first degree relative with a history of VTE	• Respiratory Failure
☐ Hip or knee replacement surgery or other major orthopaedic elective surgery	☐ Pregnancy or ≤6 weeks post partum (seek specialist advice)	• Inflammatory Disease
	☐ Hormone replacement therapy, tamoxifen	
	☐ Oestrogen containing contraceptive pill	

Yes — Standard/Increased Risks — No

- Risk assessment now complete
- No thromboprophylaxis required
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 – 72 hours or sooner if condition changes.
- **Document all assessments on kardex**

• **Tick to confirm** ☐

Does the patient have any bleeding risk factors? (tick all that apply)

☐Surgery expected within the next 12 hours
☐Surgery expected within the next 48 hours and/or risk of clinically important bleeding
☐Active bleeding or risk of bleeding including
- New-onset stroke
- Platelet count <75 x 10^9/L
- Acute liver failure
- Active duodenal ulcer or gastric ulcer

☐Concurrent use of therapeutic anticoagulant
☐Acute bacterial endocarditis
☐Any spinal intervention (prophylactic enoxaparin is contraindicated for 12 hours before spinal and epidural anaesthetics and lumbar puncture. Enoxaparin contraindicated for 4 hours after spinal and epidural anaesthetics and removal of epidural catheter.)
☐Persistent uncontrolled hypertension (BP ≥ 230/120 mmHg)
☐Untreated inherited bleeding disorder (e.g. haemophilia or Von Willebrands)
☐Spinal surgery (seek specialist advice)
☐Proliferative diabetic retinopathy

Yes — Bleeding Risks — No

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated
- Reassess patient every 48 hours or sooner if condition changes
- **Complete risk assessment result box at foot of page**

NO BLEEDING RISKS

- Prescribe thromboprophylaxis for standard/increased risk as denoted overleaf
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 - 72 hours or sooner if condition changes
- **Document all assessments on kardex**

• **Tick to confirm** ☐

Risk Assessment Result (tick all that apply)

VTE Risk factors assessed ☐Yes ☐No Bleeding Risk factors assessed ☐Yes ☐No Patient Informed ☐Yes ☐No

Prescribed: ☐Thromboprophylaxis in accordance with Table overleaf ☐AES ☐NONE Information leaflet supplied ☐Yes ☐No

Assessors Name: (PRINT NAME) Assessors signature: Date:

It is the responsibility of the consultant in charge to decide on the appropriate VTE prophylaxis. Follow recommendations recorded in the patient specific VTE prophylaxis instruction sheet. Contra-indications or drug interactions with any of these agents must be observed – if in doubt discuss directly with consultant's team.

Thromboprophylaxis on Admission

Procedure	During admission	
• **Hip fracture** • **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery to lower limbs**	Standard VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily **Or** Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

Thromboprophylaxis on Discharge

Procedure	On discharge	
• **Hip fracture**	Standard VTE risk	Continue enoxaparin SC for an overall treatment course of 2 weeks or until discharge (whichever is sooner)
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
• **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery To lower limbs** • **Total knee replacement**	Standard VTE risk	Aspirin orally 150mg daily for 5 weeks
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

*Arrangements for the supply and administration of enoxaparin after discharge are currently under discussion with Primary Care. Contact clinical pharmacist for information on local arrangements in your hospital. Thromboprophylaxis Guidelines for Orthopaedic Patients