

**+10..ADMISSION THROUGH ACCIDENT & EMERGENCY
FRACTURED NECK OF FEMUR INTEGRATED CARE PATHWAY**

Patient ID sticker

INFORMATION FOR COMPLETING THE ICP

This multiprofessional record of care is only for patients presenting through A&E with a # Neck of Femur.
This document is a medico-legal record which will be filed with the case notes. It is designed to replace any other forms of documentation.
Please ensure the patient's name and hospital number is entered on all pages.

- Structure of the ICP and recording variances
- The ICP is structured chronologically
 - Initial the goals as you complete them
 - Document variances in care and all goals not achieved within the expected time frame
 - If a goal is not achieved, a V should be written in the initials / variance column, and the reason and the action taken, should be recorded.
 - If a goal is non-applicable to your patient (eg it has already been achieved), N/A should be written in the initial/variance column.
 - Shaded areas are used to highlight interventions by the medical staff.

Anyone recording an entry in this ICP must complete the signature section below. This section is a medico-legal record of your signature, as you are usually only required to initial the ICP.

Print name	Signature	Contact details	Initials

INITIAL ASSESSMENT: Date -----/-----/----- Time-----								Initials and variances (code V for variance)
BP	P	R	T	O2 Sat	Wt	BM	ECG	
Urine PH	Blood	Protein	GLU	s.g.	Ketones	Nitrates	Leuc	
Signature			Print name			Time		

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PATIENT HISTORY	Time Hx taken.....	Initials & variances
Presenting problem		
Past Medical History		
Current Medication		
Allergies (write in red)		

FAST TRACK CRITERIA ASSESSMENT

ABBREVIATED MENTAL TEST (AMT)	Time.....	Initials & variances
1. Age 2. Time to nearest hour 3. An address – eg. 42 West Street – (to be repeated by the pt at the end of the test) 4. Year 5. Name of hospital, residential institution or home address (where pt lives) 6. Recognition of two persons – eg. Doctor, nurse, home help, etc 7. Date of birth 8. Year 1 st World War started 9. Name of present monarch 10. Count backwards from 20 to 1 (A SCORE OF LESS THAN SIX SUGGESTS DEMENTIA) TOTAL SCORE..... Is pt normally confused Yes No If no, with low score STOP		
Simple trip or fall? Yes No (If No, STOP) Vital signs normal Yes No (If No, STOP) Patient aged over 60 years Yes No (If No, STOP) If normally confused, is the patient accompanied Yes No (If No, STOP) Does pt, on arrival, have a significant medical problem(s) Yes No (If Yes, STOP) If Yes, please specify (circle) : DM / CVA / IHD / COPD / Asthma / Epilepsy Other.....		

PRESSURE SORE PREVENTION	Time.....	Initials
Waterlow score.....		
Place patient on pressure relieving mattress	Yes No	
Place affected leg in foam gutter	Yes No	

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DRUG CHART		Time.....		Initials & variances
Pain score.....out of 10				
Patient Drug chart raised	Yes	No		
Analgesia prescribed	Yes	No	N/A	
First analgesia given attime				
Anti-emetic prescribed	Yes	No	N/A	
First anti-emetic given at.....time				
IV fluids prescribed	Yes	No	N/A	
IV Cannula sited	Yes	No		
IV fluids commencedtime				

ECG, HYDRATION and BLOOD TESTS		Time.....		Initials & variances
ECG recorded		Time.....		
ECG checked Cas Officer	Yes	Time.....		
Cas Officer's signature				
Fluid chart commenced	Yes	No		
<u>Blood tests performed</u> Tests requested at.....				
FBC	U&E	Glucose	Group & Save	LFT's
Clotting	Additional blood tests requested.....			

X-RAY		Time.....		Initials & variances
Sats<93%	Yes	No		
Clinical signs of:	Chest infection	Yes	No	
	Heart failure	Yes	No	
	COPD	Yes	No	
PMH of cardio-pulmonary disease	Yes	No		
Current signs of chest trauma	Yes	No		
CXR requested	Yes	No		
Affected hip (AP & lateral) and pelvis X-ray requested				Time
requested.....				

BLOOD TEST RESULTS		Time.....		Initials/variances
FBC	U&E	LFT	Glucose:	
Wbc:		Bilrub		
Hb:	Na+	Alk Phos:		
MCV:	K+	ALT		
Pats:	Urea:	Alb:		
INR:	Creat:			
D-Dimer:				
ESR:				

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X-RAY RESULT	Time.....	Initials/variances
X-Ray result available	Time.....	
X-Ray seen and reviewed by.....(signature)	
Hard copy requested by.....	Time.....	
Definite fracture <i>Arrange admission</i>	Possible fracture <i>Advise ortho review</i>	
CXR performed	Yes .. No	Reviewed by.....

TRANSFER TO WARD	Initials/variances	
Bed manager informed of need for admission.....time		
Orthopaedic team informed of patient admission.....time		
Name band in situ		Yes No
Property disclaimer signed		Yes No
Property / valuables with		patient / relative / carer / in hospital safe
NBM (for review on ward)		Yes No
Pt passed urine in A&E		Yes No
Pt undressed		Yes No
Pt own drugs with pt		Yes No
Hard copy of X-Ray with pt		Yes No Booked to admitting ward
Previous notes	With pt Requested	

TRANSFER OUTCOME	Initials / variances
Bed available attime	
Patient left A&E attime	
Patient transferred within 2 hours of arrival in A&E	

RECORD BELOW ANY REASON FOR DELAYED TRANSFER	Initials

If there are any additions or changes to this form that you would like to see in the next version, please record them below