

**Patient label**

Name

DOB

# Emergency General Surgery (EGS) clerking proforma

Date

Time

Doctor

Consultant

- This document is to be used for **all** Emergency General Surgical (EGS). It is to be completed in full.
- Patients no longer are clerked using the blue / clinical note paper.
- Use the check list on the front of this Proforma to ensure all mandatory assessments are completed

## Emergency General Surgical admission checklist

### Tick when completed

Proforma completed

☐

EPR - Tag the patient onto EGS list (Handover – Surgery EGS)

☐

EPR - Dementia assessment - for patients 70+ years (p2)

☐

EPR - VTE assessment completed & Dalteparin prescribed (p5&6)

☐

EPR - Urinary catheter assessment / ERP order (p6)

☐

Is this patient frail? (Answer question on p3)

☐

Medicines transferred onto Medchart (meds list p3)

☐

Has an estimated discharge date been set (post-take / p6)

☐

Signed / completed

Dr / Mr .....

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**Presenting complaint****Past Medical History****Surgical history****Systems Review****4AT - Screening instrument of cognitive impairment and delirium**

Complete 4AT on EPR when

Document  
score if  
completed

- 1) Patient is over 70 years old
- 2) Documented history of dementia or cognitive impairment
- 3) Assessment raises concerns of delirium or cognitive decline

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Patient examination

**General condition:****NEWS:****BP****Pulse****SaO2****Resp****Examination****Is the patient frail?**    Yes ☐    No ☐ (this question must be completed)**Risk Assessment Scores (pg 7) must be completed when, Patient over 64 years old, proceeding to surgery or if >2 co-morbidities**

Medication	Dose & Frequency	Medication	Dose & Frequency

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ALLERGIES - Source of information	Details including reaction
Patient <input type="checkbox"/> Other <input type="checkbox"/>	
<input type="checkbox"/> None	
<input type="checkbox"/> Medication – which?	
<input type="checkbox"/> Latex	
Does patient use a dossett box?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Social History (If not applicable / score through and document)	
Smoking history:	Alcohol history:
Accommodation: House <input type="checkbox"/> Maisonette <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> WCF <input type="checkbox"/> RH <input type="checkbox"/> NH <input type="checkbox"/> Homeless <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/>	
Stairs (internal or external):	
ADL's / requires help with: Patient is Independent <input type="checkbox"/> Washing / dressing <input type="checkbox"/> Meal preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Other <input type="checkbox"/>	Mobility / Aids: None <input type="checkbox"/> Frame <input type="checkbox"/> Stick <input type="checkbox"/> Other <input type="checkbox"/>
Living situation (i.e. alone, with family etc):	
Carers (number and frequency):	
Other social support:	

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**Impression and Plan****Differential Diagnosis / Issues****Plan (including investigations requested)***VTE – Have you prescribed Dalteparin if not contraindicated?***Senior / Registrar review**

Date:

Time:

Grade:

Name:

**Discussed with Consultant: YES / NO****Plan:****Proceed to Theatre**

Immediately

☐

Within 6 hours

☐

Within 12 hours

☐

Not for surgery at present

☐

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**Consultant Post Take Ward Round**

Date:

Time:

Consultant:

**Presenting complaint****NEWS:****BP****Pulse****SaO2****Resp****Clinical assessment / examination:****Impression and Plan (including investigations / results)**

- *If a urinary catheter is required, document clinical reason below and complete EPR order*
- *VTE – Have you prescribed Dalteparin if not contraindicated?*
- *Use blue continuation sheets if required following page 8*

**Proceed to Theatre?**

Immediately

☐

Within 6 hours

☐

Within 12 hours

☐**Estimated discharge date:**

Not for surgery at present

☐**Signed / completed****Dr / Mr**

.....

**Bleep**

.....

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### Continuation sheet

**Date / Time**[illegible]

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**Risk Assessment Scores**

Complete if over 64 years old, proceeding to surgery or if &gt;2 co-morbidities

**ASA -**

Class	Physical status	Example	Mortality (%) - in general
<b>I</b>	Normal healthy individual	A fit patient	0.05
<b>II</b>	Mild systemic disease that does not limit activity	Essential hypertension, mild diabetes without end organ damage	0.4
<b>III</b>	Severe systemic disease that limits activity but is not incapacitating	Angina, moderate to severe COPD	4.5
<b>IV</b>	Incapacitating systemic disease which is constantly life-threatening	Advanced COPD, cardiac failure	25
<b>V</b>	Moribund, not expected to survive 24 hours with or without surgery	Ruptured aortic aneurysm, massive pulmonary embolism	50

**P-POSSUM or V-POSSUM (Vascular Surgery)**

Morbidity %:

Mortality %:

**Risk explanation and discussed with patient:****DNR / escalation / AMBER pathway:****AKI risk:****Functional status (METS = Metabolic Equivalent of Task)****Exercise tolerance in METS expended per hour:**

<b>2</b>	Light gardening / walking slowly	<b>6</b>	Moving heavy objects
<b>3</b>	Vacuuming / walking at average pace	<b>7</b>	Swimming
<b>4</b>	Weeding garden / climbing stairs	<b>8-10</b>	Running
<b>5</b>	Mowing lawn / brisk walking		

**Score =**