

**Ward Name- Plan From Every Review ©**

Date	/ / 20
Time	
Admitting Cons	
Senior Doctor	
Senior Nurse	

Name:

**Affix Patient Identification  
Sticker HERE**

NHS number:

**Previous Plan Checked**

**Nursing Documentation Checked**

**Chart Review**

<b>NEW Score</b>		Temp	
Pulse		Sats	
B.P		Resp. Rate	

If NEWS score is greater than 0 please complete observations above

**Active Problems:**

**Relevant PMH:**

1.		1.	
2.		2.	
3.		3.	

**Progress on Active Problems**

**What does the patient tell you?**

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**Examination and investigation findings**

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**Impression**

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**Information given to patient**

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**Plan**

<b>TODAY'S PLAN</b>				
<b>Task list</b> - Task's will be simple, clear and concise to the reader, have an identified owner and time to be completed by today.	Planned completion time	By Whom?	Actual time action completed & signature	Reason for delay in completion
<b>PDD</b>		<b>MFFD</b>	Yes No Fast-track	

**Future Plans / Discharge Criteria / Weekend Plan**

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**Escalation Status (Please circle)**

<b>DNAR status reviewed</b>	Yes / No
<b>CPR</b>	Yes / No
<b>HIT Call</b>	Yes / No

**Escalation Status (Please circle)** WBC / Level 2 (HDU) / Level 3 (ICU)

<b>Urinary Catheter Still Required?</b>	Yes/No/N/A	<b>IV Cannula Reviewed</b>	Yes/No/N/A
<b>Prescription Reviewed</b>	Yes/No	<b>H@N Handover Required</b>	Yes/No
<b>VTE Reviewed</b>	Yes/No		

Doctor's Name		Doctor's Signature		GMC No.	
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