

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

NEW Score		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?

Examination and investigation findings

Impression

Information given to patient

Plan

TODAY'S PLAN				
Task list - 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
PDD		MFFD	Yes No Fast-track	

Future Plans / Discharge Criteria / Weekend Plan

Escalation Status (Please circle)

DNAR status reviewed	Yes / No
CPR	Yes / No
MET Call	Yes / No

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

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

Doctor's Name		Doctor's Signature		GMC No.	
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