Name:	Patient 105	vrite details	Date of Clin	ic / Decision to list	11 00 10	
	sonal Information reda	cted by the	Consultant	WH 7	-59258 /	
	USI	······			MUNSAG	
H&C No			Specialty		/1	
	XXX FOR	R LIRGANG D	OFTHAT	C 1880 1818	LIROZOGY	
Ple	ease DO NOT list	R URGONO B a Patient for surgery	if further test	s or assessments	ere nooded	
Diagnosis:	Jour Line	000 0000	Baltima Action		are needed	
Procedure:	OPP GPP	CK LIKACA C	BRUILI			
L 'k	CMODAZ OF	SCONG X DI	CHO TAC	V HOMO		
Estimated Dura	tion of Surgery:	Additional Com	ments / Instruction	X. URGICR.	LIGHTERPSY	
L& HOU	IRS		SSION T		may (
				7.11.10	341110A	
	Urgency Anaes		vpe	IF NOT suitable for day of surgery		
Please tick appro	ppriate box	Please tick appropriat	te box	admission – nlea	or day of surgery se state & give reason	
Red Flag				plea	se state & give reason	
Urgent Routine	V	General / Spinal	V			
Planned	The Court Court	Sedation				
<u> </u>		Local				
100001-010		Diagonal de la companya de la compa				
Intended Ma Please tick app		patient will be si	t unless indicati	ed below, for sched	uling purposes the	
Day Case	Topridle box	The second secon	Care I for			
Inpatient		Please detail if th	e patient is requ	uired to be admitted	to:	
Patients should be	listed as a day case	Specific City D	ASSESSMENT OF THE PROPERTY OF			
if the intention is fo	or no overnight stay	Shecuir Sife Ke	quirement	VHH		
following surgery. which ward or unit	It does not matter	Specific Unit Re		1 Lexes 4		
WHICH WARD OF BILL	they are admitted t	o. Specific Consult	ant			
Is the Patient on	any Anti-Coagu	lation Or Anti-Platel				
If yes, please in	ndicate if nationt	is on any of the modition	et inerapy?	No ☐ Yes ☑		
	patient	is on any of the medical	tions below and	the action required:		
- Warfarin?		PLEASE TU	RN OVER & indi	cate the bleeding ri	ck of al	
- Aspirin 300mg	3 C					
ASPILIT SOUTH	· U	Please adv	ise whether the	Patient should eith	er:	
		a. Rec b. Cor	nuce to 75mg da	ily 7days prior to su	gery 🗌	
		c. Sho	ntinue to take as	normal [
		sure	ery - stop all as	py, thyroid, parotid opirin 7 days prior to	or parathyroid	
- Clanidagral or D)(1) (· The same of the same	piriti / days prior to	surgery [
- Clopidogrel or P	rasugrei?	Please advis				
		a. Patie	ent has had sten	ting within the past	year thus Surgeon	
		31100	nu contact Card	Ologist to advise		
			int Should alsco	ntinue 7days prior to	surgery 🗌	
- Dabigatran, Riva	roxaban or Apixa	ban? M Please refer	to Trust Guidan	ce and SPC.		
	7					
Latex Allergy? No	Yes 🗆		MRSA? N	lo 🗹 Yes 🗌		
Diabetic? No	Yes If v	es, how is the diabetes	controlled? In			
A desiries				sulin 🗍 Tablet (Diet 🗌	
If the Consultant	aud a patient to the	waiting list must be discus	sed and countersig	ned by the Consultant	n charge.	
Doctor's Signature		uid be i	nade to discuss de	cisions at a suitable poi	nt thereafter.	
Julia Salgnature		rint N	141		ate CTOLO	
Countersigned (Consumersived from SHSCT on			7 1000	(CUSON)	07.06.20	
Received from SHSCT on		vices Inc	quiry.	Da	ite	

Patient Patient 104	te details		c / Decision to list	1415	9259
Personal Information redacted by D.O.B.:	y the USI	Consultant		AiON	Brie
H&C No		Specialty		UREZ	OGV
XXX FOR Please DO NOT list a	Patient for surger	300KABLO y if further test	AST XXX s or assessments a	ire neede	d
Diagnosis: RIGHT UPPOR	VIRDON CASA				
Procedure:		. LIREGER	ascerbio lu	OLIA DO	rscv.
Estimated Duration of Surgery:	Additional Com	nments / Instruction	ons:	IHY)KI UU	
1 & HOURS	<u> </u>	KINGSBR	106@ OR 1/1	<u>4H </u>	
Urgency	Anaesthetic	Self-Standing and Control of the Con	<u>IF NOT</u> suitable		THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL
Please tick appropriate box Red Flag	Please tick appropri	ate box	admission - plea	ise state &	give reason
Urgent V	General / Spinal	V			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Routine Planned	Sedation Local				
	The state of the s				
Intended Management Please tick appropriate box		hat unless indica shared across t	ted below, for sched he Trust.	duling purp	ooses the
Day Case	Please detail if	the patient is re	quired to be admitte	ed to:	
Patient Patient Patients should be listed as a day case	Specific Site I	Document (Market)	AC APPS		
if the intention is for no overnight stay	Specific Site I Specific Unit		AS ABOU)(C	
following surgery. <u>It does not matter</u> which ward or unit they are admitted to					
Is the Patient on any Anti-Coagu If yes, please indicate if patient i Warfarin?	is on any of the med	lications below a			procedure.
- Aspirin 300mg?	Please	advise whether t	the Patient should ei	ither:	
	a.		daily 7days prior to	surgery [)
		Continue to take Shoulder arthro	scopy, thyroid, parot	id or parat	hyroid
		surgery – stop a	ll aspirin 7 days prior	to surgery	
- Clopidogrel or Prasugrel?	Please a	advise:			
			stenting within the p ardiologist to advise		us Surgeon
			iscontinue 7days pric		y 🗇 📗
Dabigatran, Rivaroxaban or Apix	caban? 🗌 Please r	efer to Trust Gui	dance and SPC.		
Latex Allergy? No ✓ Yes □		MRSA?	No ☑ Yes □		
Latex Allergy? No ☑ Yes □	f yes, how is the dial			olet []	Diet 🗍
Latex Allergy? No ✓ Yes ☐ Diabetic? No ✓ Yes ☐ If	he waiting list must be	betes controlled	? Insulin Tab	Itant in char	ge.
Latex Allergy? No ☑ Yes ☐ Diabetic? No ☑ Yes ☐ II	he waiting list must be	betes controlled	? Insulin Tab	Itant in char	ge.