

HCN [redacted] Surname [redacted] Forename [redacted] Dob [redacted] AE Number [redacted] GP [redacted] GP TEL. [redacted] Personal information redacted by the USI

Diagnosis
1. LIF pain
2.
3.

Investigations and Results

ED Discharge Plan
Surg r/m with h/w her.
↳ not surgical patient @ 07:40 - HOME. Safety netting done
Referred to Specialty Gen Surg Time 07:27

Patient to attend GP re:

Admission Agreed By: DTA Time

Grade of Doctor Patient to make appt with GP

Medicine	Dose	Route	Frequency	Duration	Signature	Supply required	Checked by	Given by	Quantity

FINAL PLACEMENT				Sign
Admit to ward	GP	other hospital OPD		Grade 9/5/1 Breach Time 05:18 Exam Finish Time 07:50 Departure Time 07:50
CDU	ED Review	Did not wait/refuses Rx		
TNF to OH	Fracture Clinic	Died in ED		
Home	CBYL	Psych. Assess	CTMA	
OPD	ED Physio	Absconded		

Discharge OBS							
P	BP	RESP	TEMP	SPO2	GCS	CR	BM

Transport booked Time booked Ref if NIAS

IV Cannula removed [] Advice leaflet given [] UNOCINI complete []

CBYL given [] GP letter given [] Patient property returned []

Breach Time 05:18

Time left department — Signature Nurse

CRAIGAVON HOSPITAL
EMERGENCY DEPARTMENT
Lurgan Road, Craigavon, BT6 35QQ
Tel: [redacted]
Email: [redacted]

WIT-03816

AE Number [redacted] HCN [redacted] Priority Code 3

Surname [redacted] Forename [redacted] Dob [redacted] Age [redacted] Sex [redacted] MS M

Occ. P.A. Tel [redacted] Casenote [redacted] Mobile/Other [redacted]

Arrival Date/Time 19/07/2021 01:18 Arrival Mode PR Incident Type NT Source of Referral Self-Referral Accompanied By ALONE

NOK [redacted] Home: [redacted] Work: [redacted] Patient at risk of leaving Yes/No

Prev Episodes 11 / 2 Triage Date/Time 19/07/2021 02:03 Breach Time 05:18 Nurse: KEL KYLE ELLIOT

Tetanus Status: Booster Given Yes/No

FBP [] Coag [] Amylase [] U&E [] D-dimer [] Other [] CRP [] Troponin [] Time: COVID Cardiac [] VBG [] Sign: COVID-19 [] Toxscreen []

Presenting Complaint LT LOWER ABDO PAIN Presentation ABDOMINAL PAIN IN ADULTS Discriminator MODERATE PAIN Triage Text LIF PAIN 1/7 RADIATING INTO BACK. RECENT D/C 2/7 AGO POST COVID +VE 4/7/2021

Medication PARACETAMOL 2200

Allergies NONE KNOWN

Pulse	B/P	RR	PFR	Temp	SpO2	Insp_O2	GCS	CRT	BM	PERL	AVPU
72	102/80	19		35.7	98	NO	15				A

Visual Acuity	Right Eye	Left Eye	Urine	Pregnancy Test	Weight	NEWS SCORE 2

ECG required yes/no	History	Patient Location	Pain Score	Category 3 Infection
N (< 10 minutes cardiac)	MRSA CDIFF	YELLOW AREA	6	

Commenced on NEWS/CNS/PEWS chart Yes [] No [] Signature

Nursing Assessment		ING	Yes	No	SOCIAL HISTORY		Yes	No
M					Lives Alone			
A					Lives With			
C					Relatives Present			
A					Aware			
A					Contacted by			
D					Relative Contact Number			
T					Patient updated at regular intervals			
M					Yes [] No []			
In								
W								
W								

Pt wearing mask Y/N
Staff PPE Y/N
AGP Y/N
Terminal Clean Y/N
Visitors Y/N

Date Time Sign Location

op tom

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HCN [redacted] Surname [redacted] Forename [redacted] Dob [redacted]
 AE Number [redacted]

HCN [redacted] Surname [redacted] Forename [redacted] Dob [redacted]
 AE Number [redacted]

History and Examination

Assessment YA Seen By A. Khuram Time 06:39

(46) Came to ED E
 Sudden LIF pain from yesterday evening. Sometimes radiates to back sharp pain. Constant.
 Denies fever/vomiting.
 Denies urinary symptoms
 Denies constipation/diarrhoea
 I/R Alert, speaking in full sentences

Bloods
 Amylase = 37
 Hb = 146
 WCC = 17.0
 PLT = 534
 CRP = 2.39
 GGT = 251
 ALT = 134
 K⁺ = 5.3
 Ur = 8.0
 eGFR > 60

AT clear
 mild BS → sluggish
 Bristling int. : clear
 Clo Pain → 6/10
 was in hosp E Covid Pneumonia A/c 2/7 ago
 Plan & CAR + AAR → Not obstructed or perforated
 CAR → Better than prev.
 Urine dipstick
 D/w Surgeons → will kindly s/w her.
 "Case discussed with ED consultant" yes ☐

Prescription (Medicines in Department)					Administration	
Medicine	Dose	Route	Time to be given	Signature	Given by	Time
Paracetamol	1G	PO	0300	[Signature]	CE	0300

Nursing/care delivered in ED
 07:40 Surgeons said does not look surgical
 patient Abdo → SNT
 D/w E. Angley &
 - Febrile
 - Advised to cont E Pain Relief.
 - Advised to drink water
 - To return if pain not settling developing fever, vomiting &
 - Safety netting done

Siemens
 Clinitek Status®
 PATIENT LABEL
 HERE
 Serial Number: 295464
 Patient ID: [redacted]
 Multistix® 8 SG
 Lot Number 101063
 Expiration date 2022-07
 Test date 19-07-2021
 Time 06:57
 Test number 7617
 GLU Negative
 KET Negative
 BLD Trace-intact
 pH 5.5
 *PRO 1+
 *NIT Negative
 LEU 1+

Signature of Nurse _____

Admission checklist (please tick if completed)

Time Bed manager informed	Ward Ready at
Copy ED Flimsy ☐	MEWS/CNS ☐
Fluid Balance ☐	Relevant performa ☐
Copy of NIAS notes stroke PTs ☐	Own Drugs ☐
Patient handover given to admitting nurse _____ (please record their name) Time _____	
Patient has previous history of C Diff	yes ☐ no ☐
Patient has vomiting and /or diarrhoea	yes ☐ no ☐
Patient had contact with anyone with vomiting and /or diarrhoea in last 5 days	yes ☐ no ☐
If yes to any of above refer to agreed guidance.	

HCN [REDACTED] AE Number [REDACTED] GP [REDACTED]

Diagnosis
1. *COVID +ve*
2.
3.

Investigations and Results

ED Discharge Plan Patient to attend GP re:

Referred to Specialty *Gen Med* Time Covid-19 Suspected / Confirmed ☐

Admission Agreed By: *SDO* DTA Time

Grade of Doctor Patient to make appt with GP ☐

Medicine	Dose	Route	Frequency	Duration	Signature	Supply required	Checked by	Given by	Quantity

Prescription (Medicines on discharge)

Admit to ward *2nd floor* FINAL PLACEMENT
CDU GP other hospital OPD
ED Review Did not wait/refuses Rx
Fracture Clinic Died in ED
CBYL Psych. Assess CTMA
ED Physio Absconded

Grade *SDO*
Breach Time **00:29**
Exam Finish Time
Departure Time

P	BP	RESP	TEMP	SPO2	GCS	CR	BM
<i>116</i>	<i>139/90</i>	<i>22</i>	<i>36.9</i>	<i>97 @ 3/min</i>			

Transport booked Time booked *02* Ref if NIAS
IV Cannula removed ☐ Advice leaflet given ☐ UNOCINI complete ☐
CBYL given ☐ GP letter given ☐ Patient property returned ☐

Breach Time **00:29**

Time left department *23.30* Signature Nurse [REDACTED]

CRAIGAVON HOSPITAL EMERGENCY DEPARTMENT

Lurgan Road, Craigavon, BT6 35QQ

Tel: [REDACTED]

Email: [REDACTED]



AE Number [REDACTED] HCN [REDACTED] Priority Code **2**

Surname [REDACTED] Forename [REDACTED]
Dob [REDACTED] Age [REDACTED]
Sex [REDACTED] MS [REDACTED]
Occ. **P.A.** Tel [REDACTED]
Casenote [REDACTED] Mobile/Other [REDACTED]

Arrival Date/Time **12/07/2021 20:29** Prev Episodes **10 / 1**
Arrival Mode **PR** Incident Type **CV** Triage Date/Time **12/07/2021 20:37**
Source of Referral **Out Of Hours** **Breach Time 00:29**
Accompanied By Nurse: **HHAN** **HARALD HANSON**
NOK [REDACTED] Home: [REDACTED] Work: [REDACTED] Tetanus Status: [REDACTED]
Patient at risk of leaving Yes/No **Yes/No** Booster Given **Yes/No**

Adult Safeguarding Concerns Yes/No
Social Work Involvement? Current/Past/None/Not Applicable
Special Needs

Presenting Complaint **LOW STATS /POSTIVE COVID TEST 5TH**
Presentation **SHORTNESS OF BREATH ADULTS**
Discriminator **VERY LOW SPO2**
Triage Text **KNOW COVID +VE , SINCE 5TH JULY. MORE SOB AND SATS IN THE 80S AT TIMES AT HOME . OOH ADVISED ED**
Medication **PARACETAMOL AT 1700** *2x Covid vaccines ✓*

Allergies **NONE KNOWN**

Signature [REDACTED]

Pulse	B/P	RR	PFR	Temp	SpO2	Insp_O2	GCS	CRT	BM	PERL	AVPU
120		20		36.5	91	NO	15				A

Visual Acuity Right Eye Left Eye Urine Pregnancy Test Weight **NEWS SCORE 5**
OBS INCOMPLETE

ECG required yes/no (< 10 minutes cardiac) History **MRSA** Patient Location **GREEN AREA** Pain Score **0** Category 3 Infection
CDIFF Time **20:37**

Commenced on NEWS/CNS/PEWS chart Yes ☐ No ☐ Signature

Pt wearing mask	Staff PPE	AGP	Terminal Clean	Visitors	Date	Time	Sign	Location
<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>12/7/21</i>	<i>20:42</i>	[REDACTED]	<i>Triage 4</i>

Features consistent with Covid 19
New cough ☒
SOB ☒
Flu like illness ☐
Temp. > 37.8 ☐
Loss of smell/taste ☐
Close contact with confirmed Covid 19 ☐
Covid swabs completed ☐
Cepheid 1 hour swabs completed ☐
Time swabs sent to Lab

Pressure Damage Risk Assessment

History or existing pressure damage? ☐ Yes ☒ No

Reduced ability or inability to move self? ☐ Yes ☒ No

Sensory or cognitive deficit? ☐ Yes ☒ No

Incontinence? ☐ Yes ☒ No

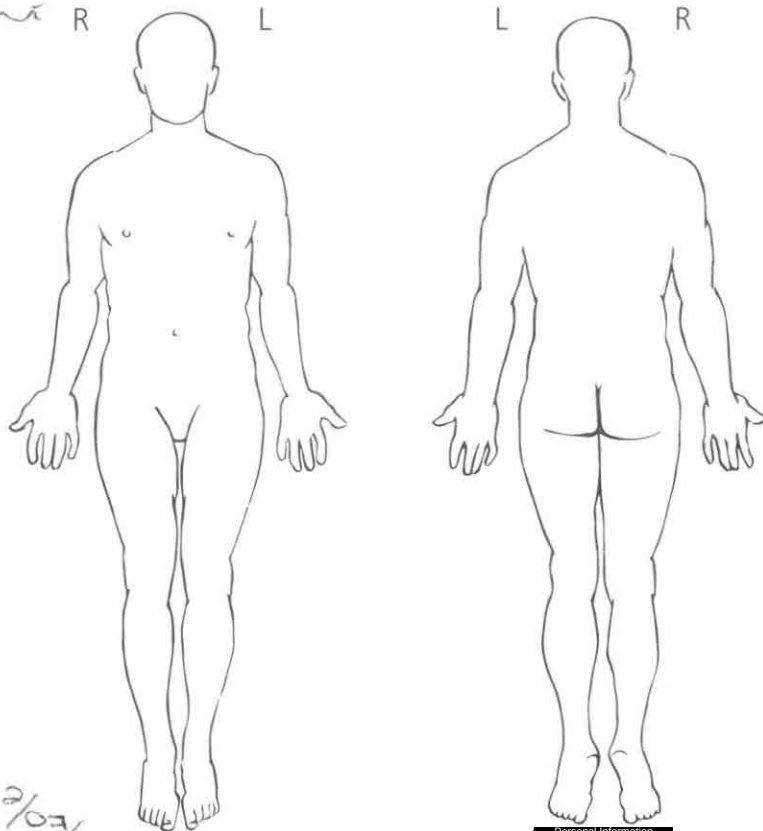
Increased BMI (Body Mass Index) or malnourished? ☐ Yes ☒ No

If yes to any of the above, record a plan of care and complete ED SKIN interventions chart below

Skin check**Skin checked?**

☒ Unable to check - Reason: no access

☒ No tissue damage



Date: 12/02/21 Time: 02.10 Sign: [Signature]

Pressure damage codes/description

BE	Blanching Erythema
G1	Grade 1 pressure damage Non-blanching erythema of intact skin
G2	Grade 2 pressure damage Partial thickness skin loss with exposed dermis
G3	Grade 3 pressure damage Full thickness skin loss
G4	Grade 4 pressure damage Full thickness skin and tissue loss
sDTI	Suspected Deep Tissue Persistent non-blanchable deep red, maroon or purple discolouration
UN	Ungradable Obscured full thickness skin & tissue loss
ML	Moisture lesion

ED SKIN Intervention ☒ Not required

Plan of care must be in place

S	Skin check over bony prominence/ devices	☐ Yes ☐ No-- Reason: _____	☐ Yes ☐ No - Reason: _____	☐ Yes ☐ No - Reason: _____
	Tissue damage	☐ Yes - Details: _____ ☐ No	☐ Yes - Details: _____ ☐ No	☐ Yes-- Details: _____ ☐ No
	Surface Trolley/Bed/Chair/Wheelchair Mattress/Cushion	_____	_____	_____
	Heels free from pressure	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
K	Keep moving Postition	_____	_____	_____
I	Incontinence / Increased moisture	☐ NA	☐ NA	☐ NA
N	Nutrition / Fluids	_____	_____	_____
Date		_____	_____	_____
Time		_____	_____	_____
Signature		_____	_____	_____

**Emergency Department Person-Centred
Nursing Assessment and Plan of Care**

Keep original with ED records

Use addi

Surname: _____

First name: _____

ED No: _____

Health: _____

This record must be commenced for:

- Any person with a functional deficit within 4 hours of their arrival in the department.
- Any person that is awaiting transfer or there has been a decision to admit and have been in the department for four hours since time of arrival.

All other patients - The nursing contribution must be recorded on the Emergency Department record / flimsy.

Signature Register

Date and Time (24 hours)	Full Name (BLOCK CAPITALS)	Designation	Full Signature	Status: Bank = B, Agency = A Permanent = P Temporary = T
12/02/21 02.10.40	Ms. [Name]	[Designation]	[Signature]	A

Moving And Handling Risk Assessment

- Is the person's weight within safe working load (SWL) of equipment? ☒ Yes ☐ No If no, Specify: _____
- Is the equipment wide enough for the person's safety? ☒ Yes ☐ No If no, Specify: _____
- Is the person independent for all moving and handling activities? ☒ Yes ☐ No If no, complete questions 4, 5 and 6
- Does the person use a mobility aid? ☐ Yes ☒ No If yes, Specify: _____
- Is the mobility aid available in the department? ☐ Yes ☒ No
If yes, Specify if person's own aid? ☐ Yes ☐ No
- Are there any handling constraints? E.g. pain, external attachments, fractures, behaviour or environment ☐ Yes ☒ No If yes, Specify: _____

Infection Prevention Control (IP&C) Risk Assessment

Full IP&C Completed ☒ Yes ☐ No, State Reason: _____ Remember Standard Precautions

Person Placement - Requires isolation: ☒ Yes ☐ No

If yes and not able to isolate, state reason: Covid +ve

Identity Bands applied: ☒ Yes ☐ No, State Reason: _____

Is the person on time critical medication (Prior to ED attendance)? ☐ Yes ☒ No

If yes, name of medical staff informed: _____

Date: 12-02-21

Time: 02.10.40

Signature: [Signature]



Craigavon Hospital Emergency Department

Scanning document top sheet for

MISCELLANEOUS

Number of pages

AE Number

Personal Information redacted by the USI

Attendance 1

Arrival Date/Time 19-JUL-21 01:18

Surname	Personal Information redacted by the USI	Personal Information redacted by the USI			
Forename	Personal Information redacted by the USI				
Dob	Personal Information redacted by the USI			Age	
Sex	F				
HCN	Personal Information redacted by the USI				
		Tel			
		Mobile/Other			

GP

Personal Information redacted by the USI

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Date Printed

19-JUL-2021

09:17

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Version 10.3.1

RADIOMETER ABL800 FLEX

ABL825
PATIENT REPORT

Syringe- S 195uL

03:00 19/07/2021
Sample # 78058

Identifications

Patient ID
 Patient Last Name
 Patient First Name
 Date of birth
 Sample type
 FIO₂
 PEEP
 T
 Operator

Personal Information
 redacted by the USI

Personal Information
 redacted by the USI

Venous
 21 %
 cmH₂O
 37.0 °C
 Kyle Elliot

Personal Information redacted by the USI

Blood Gas Values

pH	7.411 ✓		[7.320 - 7.430]
↓ pCO ₂	4.66 ✓	kPa	[4.90 - 6.70]
↑ pO ₂	6.43	kPa	[4.80 - 5.90]
cHCO ₃ -(P,st) _c	22.8	mmol/L	[22.0 - 29.0]
↓ cHCO ₃ -(P) _c	21.8	mmol/L	[22.0 - 29.0]

Acid Base Status

cBase(Ecf) _c	-2.2	mmol/L	[-3.0 - 3.0]
-------------------------	------	--------	----------------

Oxygen Status

↓ p50(st) _c	3.09	kPa	[3.30 - 3.90]
↑ sO ₂	89.1	%	[70.0 - 80.0]

Temperature Corrected Values

pH(T)	7.411 ✓		[7.320 - 7.430]
↑ pO ₂ (T)	6.43	kPa	[4.80 - 5.90]
↓ pCO ₂ (T)	4.66	kPa	[4.90 - 6.70]

Oximetry Values

ctHb	156 ✓	g/L	[115 - 180]
↑ FO ₂ Hb	86.8	%	[70.0 - 80.0]
↑ FHHb	10.6	%	[1.0 - 5.0]
FCOHb	1.3	%	[0.0 - 2.0]
FMethHb	1.3	%	[0.0 - 2.0]
Hct _c	0.477		[0.370 - 0.530]

Metabolite Values

↑ cGlu	11.8	mmol/L	[3.5 - 5.3]
↑ cLac	2.2	mmol/L	[0.6 - 1.4]

Electrolyte Values

↑ cK ⁺	4.5 ✓	mmol/L	[3.5 - 4.5]
cNa ⁺	137 ✓	mmol/L	[136 - 145]
cCa ²⁺	1.20 ✓	mmol/L	[1.15 - 1.33]
cCl ⁻	107 ✓	mmol/L	[98 - 107]

Notes

↑ Value(s) above reference range
 ↓ Value(s) below reference range
 ‡ Value(s) above the critical limits
 c Calculated value(s)

Printed 03:01:51 19/07/2021

Arrival Date/Time

Surname	Personal Information redacted by the USI	
Forename	Personal Information redacted by the USI	
Dob	Personal Information redacted by the USI	Age
Sex	Personal Information redacted by the USI	
HCN	Personal Information redacted by the USI	

Personal Information redacted by the USI

Tel

Mobile/Other

Personal Information
redacted by the USI

Personal Information redacted by the USI

13-JUL-2021 00:15

Version 10.3.1

ID:

12-Jul-2021 22:25:43

WIT-03825

Vent. rate 109 bpm
PR interval 166 ms
QRS duration 78 ms
QT/QTc 350/471 ms
P-R-T axes 50 2 54

Sinus tachycardia with fusion complexes
Low voltage QRS
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

NO chest pain

Technician:
Test ind:

Personal Information redacted by the USI

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Uncon

12.7.21
22:25:43

2035

