Surgical Platform Patient Booklet

Patient Name

Date of Issue

Last Updated 15th May 2015

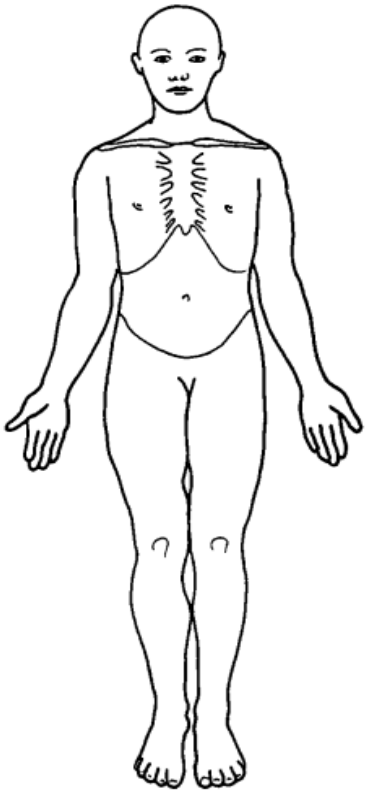
SURGICAL PLATFORM ADMISSIONS SHEET

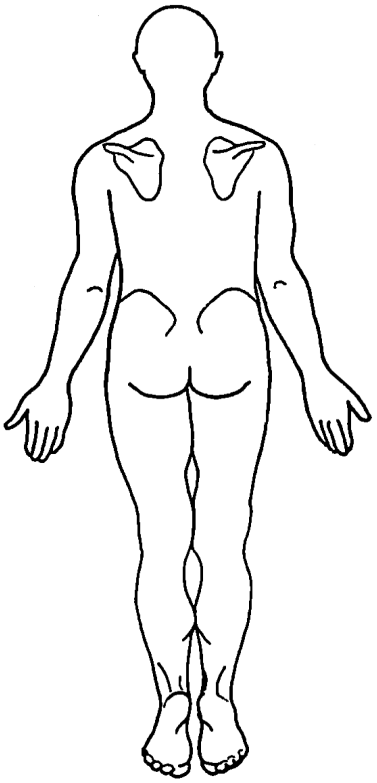
Name: Hospital number: DoB (d/m/y): Or Age Sex: ☐ male ☐ female Weight (kg): Preferred language:	Date (d/m/y) Scene arrival time (if offsite) Admission time Next of kin Next of kin contact details

AMPLE History	
Allergies	
Medications	
Past Medical History	Before the disaster any assistance/aid: Mobility ☐ Communication ☐ Self- Care ☐
Last Meal	
Event/Environment	
Tetanus Status	Immunisation Status
Breathing	
Observations	
Adult/Child Protection concerns (if yes please follow Safeguarding policy for reporting)	☐ Yes ☐ No

SURGICAL PLATFORM ADMISSIONS SHEET

Notes





Name	Signed

SURGICAL PLATFORM DRUG CHART

Admission date:
Sex: M / F
Name
Date of birth / age:

Hospital Number
Weight (kg)

Drug Allergies/ Sensitivities None Known ☐ Yes ☐ None ☐ (if yes provide details)

ONCE ONLY AND PREMEDICATION DRUGS

DATE	TIME (24hr)	DRUG	DOSE	ROUTE	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

FLUID PRESCRIPTIONS (including Blood)

DATE	FLUID COMPONENT OR PRODUCT	BLOOD PRODUCT NO/ REL. CODE	VOLUME (mls)	RATE/DURATION	START DATE AND TIME	PRESCRIBER (PRINT&SIGN)	TIME GIVEN (24hr)

Regular Prescription	Date→														
	Month→														
DRUG: PARACETOMOL	Other time														
DOSE : 1 g / ROUTE: IV / DATE / STOPPED DATE:	0700-0900														
	1200-1400														
PRESCRIBER (PRINT & SIGN) / INIT:	1600-1800														
	2200-2400														
ADDITIONAL INSTRUCTIONS	Other time														
DRUG	Other time														
DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900														
	1200-1400														
PRESCRIBER (PRINT & SIGN) / INIT:	1600-1800														
	2200-2400														
ADDITIONAL INSTRUCTIONS	Other time														
DRUG	Other time														
DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900														
	1200-1400														
PRESCRIBER (PRINT & SIGN) / INIT:	1600-1800														
	2200-2400														
ADDITIONAL INSTRUCTIONS	Other time														
DRUG	Other time														
DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900														
	1200-1400														
PRESCRIBER (PRINT & SIGN) / INIT:	1600-1800														
	2200-2400														
ADDITIONAL INSTRUCTIONS	Other time														
DRUG	Other time														
DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900														
	1200-1400														
PRESCRIBER (PRINT & SIGN) / INIT:	1600-1800														
	2200-2400														
ADDITIONAL INSTRUCTIONS	Other time														
DRUG	Other time														
DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900														
	1200-1400														
PRESCRIBER (PRINT & SIGN) / INIT:	1600-1800														
	2200-2400														
ADDITIONAL INSTRUCTIONS	Other time														

Additional Notes

Regular Prescription

Date→														
Month→														

DRUG:

DOSE	ROUTE:	DATE	STOPPED	DATE:
PRESCRIBER (PRINT & SIGN)				INIT:

ADDITIONAL INSTRUCTIONS

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

DRUG

DOSE	ROUTE	DATE	STOPPED	DATE:
PRESCRIBER (PRINT & SIGN)				INIT:

ADDITIONAL INSTRUCTIONS

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

DRUG

DOSE	ROUTE	DATE	STOPPED	DATE:
PRESCRIBER (PRINT & SIGN)				INIT:

ADDITIONAL INSTRUCTIONS

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

DRUG

DOSE	ROUTE	DATE	STOPPED	DATE:
PRESCRIBER (PRINT & SIGN)				INIT:

ADDITIONAL INSTRUCTIONS

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

DRUG

DOSE	ROUTE	DATE	STOPPED	DATE:
PRESCRIBER (PRINT & SIGN)				INIT:

ADDITIONAL INSTRUCTIONS

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

DRUG

DOSE	ROUTE	DATE	STOPPED	DATE:
PRESCRIBER (PRINT & SIGN)				INIT:

ADDITIONAL INSTRUCTIONS

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400														
Other time														

Additional Notes

PRN:As Required

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INIT:	TIME
				DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY
ADDITIONAL INSTRUCTIONS				

Additional Notes

All Routes: As Required

Adult

DIAZEPAM

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

NALOXONE

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

ONDANSETRON

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

ORAMORPH

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

TRAMADOL

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

DRUG

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

DRUG

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.FREQ.

STOPPED DATE: INIT: DATE:

ADDITIONAL INSTRUCTIONS

DATE | TIME | DOSE | GIVEN BY

Additional Notes

All Routes:As Required

Child

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

DRUG			STOPPED	DATE:	DATE
DOSE	ROUTE	INDICATION		INIT:	TIME
					DOSE
PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY
ADDITIONAL INSTRUCTIONS					

Additional Notes

SURGICAL PLATFORM MDT SUMMARY

Name

Date of birth: __ __/__ __/__ __ __ __ or Age:

Sex: M / F

Hospital number

Team Member	Multidisciplinary Communication	Date Time Signature

If patient is discharged please complete discharge form

SURGICAL PLATFORM MDT SUMMARY

Name

Date of birth: __ __/__ __/__ __ __ __ or Age:

Sex: M / F

Hospital number

Team Member	Multidisciplinary Communication	Date Time Signature

If patient is discharged please complete discharge form

SURGICAL PLATFORM MDT SUMMARY

Name

Date of birth: __ __/__ __/__ __ __ __ or Age:

Sex: M / F

Hospital number

Team Member	Multidisciplinary Communication	Date Time Signature

If patient is discharged please complete discharge form

SURGICAL PLATFORM MDT SUMMARY

Name

Hospital number

Date of birth: __ __/__ __/__ __ __ __ or Age:

Sex: M / F

Team Member	Multidisciplinary Communication	Date Time Signature

If patient is discharged please complete discharge form

SURGICAL PLATFORM MDT SUMMARY

Name

Date of birth: __ __/__ __/__ __ __ __ or Age:

Sex: M / F

Hospital number

Team Member	Multidisciplinary Communication	Date Time Signature
If patient is discharged please complete discharge form		

SURGICAL PLATFORM MDT SUMMARY

Name

Hospital number

Date of birth: __ __/__ __/__ __ __ __ or Age:

Sex: M / F

Team Member	Multidisciplinary Communication	Date Time Signature

If patient is discharged please complete discharge form

SURGICAL PLATFORM TPR CHART

Admission date: (d/m/y) __ __/__ __/__ __ Sex:

Name:

Hospital Number:

PAR SCORE (for adults only) >=4 inform nurse in charge, contact doctor

Date (DD/MM)			
Time (24hr)			
Response	Alert		
	Voice		
	Pain		
	Unresponsive		
Pain	No pain 0		
	Mild pain 1		
	Moderate pain 2		
	Severe pain 3		
Glasgow coma scale – Eyes open	Spontaneously 4		Eyes closed by swelling = C
	To speech 3		
	To pain 2		
	None 1		
Glasgow coma scale – Verbal response	Orientated 5		Endotracheal tube or tracheostomy = T D=dysphasia
	Sentences 4		
	Words 3		
	Sounds 2		
	None 1		
Glasgow coma scale – Best motor response	Obeys commands 6		Usually record the best arm response
	Localise pain 5		
	Normal flexion 4		
	Abnormal flexion 3		
	Extension 2		
	None 1		
	Total		
Pupils – Right	size		+ reacts
	reaction		- no reaction
Pupils – Left	size		c eyes closed
	reaction		sl sluggish

1mm, 2mm	Temperature (36.0 - 37.4)	40	40
		39	39
		38	38
		37	37
		36	36
		35	35
3mm, 4mm, 5mm, 6mm	Blood Pressure (101 - 199 mmHg)	>200	>200
		190	190
		180	180
		170	170
		160	160
		150	150
		140	140
		130	130
		120	120
		110	110
		100	100
		<80	<80
		<70	<70
7mm, 8mm	Heart Rate (51-100)	>130	>130
		120	120
		>110	>110
		100	100
		90	90
		80	80
		70	70
		60	60
		50	50
		40	40
	Respiratory Rate (9-24)	40	40
		30	30
		20	20
		10	10
	SaO_2		
	CRT		

Child Normal Values	Heart Rate			Respiratory Rate			Blood Pressure	/	

SURGICAL PLATFORM PRE-OPERATIVE CONSENT AND SAFETY CHECKLIST (WHO)

Patient Details
Name Hospital Number Procedure Risks and benefits explained ☐
Patient Signature

NBM since (time) __ : __

SIGN IN (to be read out loud)

Before induction of anaesthesia
Has the patient confirmed his/her identity, site, procedure and consent? ☐ Yes
Is the surgical site marked? ☐ Yes ☐ Not applicable
Is the monitoring attached? ☐ Yes
Does the patient have a: **Known allergy?** ☐ No ☐ Yes **Difficult airway/aspiration risk?** ☐ No ☐ Yes, and equipment/assistance available **Risk of >500ml blood loss (7ml/kg in children)?** ☐ No ☐ Yes, and two IVs/central access and fluids planned

TIME OUT (to be read out loud)

Before start of surgical intervention for example, skin incision
Have all team members introduced themselves by name and role? ☐ Yes
Surgeon, Anaesthetist and Registered Practitioner verbally confirm: ☐ What is the patient's name? ☐ What procedure, site and position are planned?
Anticipated critical events **Surgeon:** ☐ How much blood loss is anticipated? ☐ Are there are specific equipment requirements or special investigations? ☐ Are there any critical or unexpected steps you want the team to know about? **Anaesthetist:** ☐ Are there any patient specific concerns? ☐ What is the patient's ASA grade? ☐ What monitoring equipment and other specific levels of support are required, for example blood? **Nurse/ODP:** ☐ Has the sterility of the instrumentation been confirmed (including indicator results)? ☐ Are there are equipment issues or concerns?
Has the surgical site infection (SSI) bundle been undertaken? ☐ Yes ☐ Not applicable ○ Antibiotic prophylaxis within the last 60 minutes ○ Patient warming ○ Hair removal ○ Glycaemic control
Has VTE prophylaxis been undertaken? ☐ Yes ☐ Not applicable
Is essential imaging displayed? ☐ Yes ☐ Not applicable

SIGN OUT (to be read out load)

Before any member of the team leaves the operating room
Registered Practitioner verbally confirms with the team: ☐ Has the name of the procedure been recorded? ☐ Has it been confirmed that instruments, swabs and sharp counts are complete (or not applicable)? ☐ Have the specimens been labeled (read specimen labels aloud, including patient name)? ☐ Have any equipment problems been identified that need to be addressed?
Surgeon, Anaesthetist and Registered Practitioner: ☐ What are the key concerns for recovery and management of this patient **Anaesthetist:** ☐ Have all intravenous ports been flushed?

Doctor name
Doctor's signature
Surgeon name
Anaesthetist name
Theatre Nurse Name

SURGICAL PLATFORM ANAESTHETIC FRONT SHEET

Name: Date of birth: __ __ /__ __ / __ __ __ __ or Age:

Sex: M / F

Hospital number:

Operation Planned	*Date of operation (d/m/y)*
History Has the patient ever been given an anaesthetic? ☐ Yes ☐ No Problems:	Medication

NBM:_____	Airway:	MP:	Teeth:	Allergies
Reflux: ☐ Yes ☐ No	Neck:			

Investigations			ASA
Wt:	BP:	Hb:	1
			2
Blood Group:	Cross Match:	Other:	3
			4
Plan/Consent			5
☐ GA ☐ Spinal ☐ Regional ☐ Sedation ☐ LA			

Operation Performed: Date:

Surgeon: Anaesthetist:

GA	SV/IPPV			
Airway	☐ Facemask	☐ LMA	size……	
	☐ OPA		size……	
	☐ ETT	size……	grade……	nasal/oral
Circuit	☐ HME	☐ OMV	☐ O2	

IV Access

Site	Gauge
_____	_____
_____	_____
_____	_____
_____	_____

Spinal	☐ Aseptic Technique	Level……	
Needle	☐ 24G	☐ 22G	
☐ CSF	☐ Blood	☐ Paraesthesia	

Monitoring

	SaO2		Fluid Warmed
	ECG		Active Warming
	BP		Pressure areas
	EtCO2		Eyes
	Temp		Position

Regional:

☐ Landmark ☐ US ☐ Nerve Stimulation

☐ Aseptic Technique

Block: _____

_____

_____

Critical Incident: ☐ Y ☐ N

Details:

Sedation: ☐ Ketamine ☐ Propofol

Signed:

SURGICAL PLATFORM ANAESTHETIC CHART

Name | Sex: ☐ male ☐ female

Hospital number | Weight (kg)

DoB (d/m/y) | Or Age | Preferred language

Drugs

Time

O2 L/min

Agent Fi

Op Start

Op Finish

Events

30 mins = 6 boxes

200
180
160
140
120
100
80
60
40
20
0

PACU Pain Score

0 - none

1 - mild

2 - moderate

3 - severe

Sedation Score

0 = awake

1 = dosing intermittently

2 = asleep but easy to rouse

3 = difficult to rouse

SaO_2

$EtCO_2$

Temp

UOP

Fluids

SaO2

Temp

Pain

Sedation

Fluids			
a		d	
b		e	
c		f	

Fluid Balance			
Crystalloid IN		UOP	
	Out	Blood	
Blood		Other	

Post Op			
Drink ☐	Eat ☐	Time	
O2 until SaO2 >			
Destination	Ward ☐	HDU ☐	

SURGICAL PLATFORM OPERATION NOTE

Name

Hospital number

DoB (d/m/y) Or Age

Sex: ☐ male ☐ female

Weight (kg)

Preferred language

Pre-Operative Checklist completed ☐

Date of operation (d/m/y)

Time into theatre (hh/mm)

Time out of theatre (hh/mm)

Operation

☐ 1st Urgent / Emergency ☐ 1st Delayed ☐ 1st Planned Re-intervention: ☐ Planned ☐ Unplanned

Operation details

SURGICAL PLATFORM OPERATION NOTE

Intra Operative details

Post-operative instructions

Surgeon	*Anaesthetist:*	*Theatre Nurse*

REHAB ASSESSMENT QUESTIONS

Name: Hospital number: Preferred language:	DoB (d/m/y): Or Age Sex: ☐ male ☐ female Next of kin

Pre- Disaster (Date:)

1. Do you have difficulty seeing, even if wearing glasses?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
3. Do you have difficulty walking or climbing steps?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
4. Do you have difficulty remembering or concentrating?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all

First Presentation (Date:)

7. Do you have difficulty seeing, even if wearing glasses?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
8. Do you have difficulty hearing, even if using a hearing aid?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
9. Do you have difficulty walking or climbing steps?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
10. Do you have difficulty remembering or concentrating?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
11. Do you have difficulty (with self-care such as) washing all over or dressing?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
12. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all

At Discharge (Date:)

1. Do you have difficulty seeing, even if wearing glasses?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
3. Do you have difficulty walking or climbing steps?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
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☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
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☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
☐ No - no difficulty ☐ Yes – some difficulty ☐ Yes – a lot of difficulty ☐ Cannot do at all

SURGICAL PLATFORM DISCHARGE DATA SUMMARY FORM

Name: Hospital number: DoB (d/m/y): Or Age Sex: ☐ male ☐ female	Date of admission: Date of discharge Discharge destination (address) Discharged into the company of:

Surgery performed and treatment given

Discharge diagnosis

Type of Discharge

☐ Discharge with discharge plan ☐ Discharged no need for review ☐ Self-discharge ☐ Transferred out

Discharge plan

Discharge medications

Equipment Provided

Instructions for patient

Referral for ongoing rehabilitation, psychosocial care or surgery (and location)

Safeguarding concerns

Name of Assessor	Designation	Signed

SURGICAL PLATFORM REFERRAL FORM

FOR USE WHEN REFERRING TO OTHER TREATMENT FACILITIES

Discharge from

Discharge to

Date DD / MM / YYYY

Name: Age: Sex:

Date of presentation (if different from date above): DD / MM

Instructions to facility

Diagnosis

Medical History

Presentation

Vital signs	*Temperature*	__ __ / __	*Pulse*	____	*Blood Pressure*	____ / ____	Sp02	

Other:

Treatment given:	*Antibiotic cover given?*	☐ Yes ☐ No	*Tetanus up to date?*	Yes ☐ No ☐ N/K ☐

Discharge Rehab Assessment

Name: Designation: Signature:

Contact details (FMT):

SURGICAL PLATFORM DISCHARGE FORM

TO BE GIVEN TO PATIENT ON DISCHARGE

LOCATION:

Date of discharge: DD / MM / YYYY

Name: Age: Sex:

Date of admission (if different from date above): DD / MM / YYYY

Name and contact details of next of kin:

Discharge Diagnosis:

Medical History (from Front Sheet)

Surgery performed / treatment given

Discharge plan

Prescription for TTOs

Instructions for patient

Discharge Rehab Assessment

Name: Designation: Signature:

Contact details:

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