

Safety Checklist Continuation Sheet

Date _____

Time Booked in _____

1st hour completion time	Patient in Queue <input type="checkbox"/> or Department <input type="checkbox"/>			
	Assessment/Triage			
	Vital signs measured + NEWS recorded			
	ECG recorded (within 10 minutes)			
	ECG reviewed by Dr (within 30 minutes - time on ECG)			
	Undressed and gown			
	Wristband			
	Pain score assessed			
	Analgesia administered (if appropriate)			
	Infection control screening			
	IV access + care plan			
	Blood tests			
	Imaging (Stroke, # NOF within 1 hour)			
PFC informs CST - specialty bed required				
Pathway commenced (e.g. Stroke, DKA, NOF, GI bleed, Sepsis)				
2nd hour completion time	Patient in Queue <input type="checkbox"/> or Department <input type="checkbox"/>			
	Vital signs measured + NEWS recorded			
	Pain score assessed			
	Analgesia administered (if necessary)			
	Next of kin aware			
	Patient has dementia (<i>This is me</i> commenced)			
	Refreshments offered (if not NBM)			
	Assessment undertaken			
	Care plan commenced (as appropriate)			
	Patient ready for transfer			
Specialty bed confirmed				
3rd hour completion time	Vital signs measured + NEWS recorded			
	Pain score assessed			
	Analgesia administered (if necessary)			
	Refreshments offered (if not NBM)			
	Review by senior doctor			
	Regular medication administered (if appropriate)			
4th hour completion time	Vital signs measured + NEWS Recorded			
	Pain score assessed			
	Analgesia administered (if necessary)			
	Refreshments offered (if not NBM)			
	Regular medication administered (if appropriate)			
Referrals & Pathway/Speciality Triggers if required	Adult safeguarding referral			Box 1 - Specialty Bed Trigger: Stroke/TIA <input type="checkbox"/> Stroke Unit A515 Upper GI Bleed <input type="checkbox"/> A525 or MAU (A300) DKA <input type="checkbox"/> MAU (A300) or ITU/HDU NIV <input type="checkbox"/> Respiratory (A525) or MAU (A300) Chest Drain <input type="checkbox"/> MAU (A300), Respiratory (A525) or BHI/700 # NOF <input type="checkbox"/> T&O (A609) Tracheostomy <input type="checkbox"/> Ward 700, A522 or ITU/HDU/CICU
	Child cause for concern referral			
	Mental health matrix completed			
	Mental Health referral			
	Domestic or sexual violence Yes / No			
	IDSVA referral			
	Paddington Alcohol Test Yes / No			
	Referral to Alcohol Clinical Nurse Specialist			
Referral to Drug Clinical Nurse Specialist				