Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

PATIENT DETAILS LABEL HERE

Urology Ward Round
Patient REVIEW Sheet

Consultant: **Date & time:** **Location / Ward:…….**

Diagnosis:

Update:

Relevant diagnostic results:

ECG X-RAY

CT

Urinalysis Other

Relevant blood results:

Hb WCC

CRP GFR

NEWS score: [ ]

MANAGEMENT PLAN

Predicted date of discharge (PDD):
_____/_____/_____

Discussed with Patient □ Relative □

For all patients: consider ACU if clinically appropriate (phone 7779)

_____

For resuscitation: Yes □ No □
For escalation: Yes □ No □

DNACPR form completed (if appropriate) □
Have resuscitation and escalation plans been discussed with the patient/relative? Yes □ No □

Antibiotics Prescribed? YES / NO

If YES
Reason for Prescription stated? Yes / No
Course length stated? Yes / No

_____

VTE assessment completed Yes / No

Date_____

VTE Prescribed: Yes □ No □

If No, State why:

What VTE required? TEDS [ ] Dalteparin [ ]

Medical Doctor / Practitioner signature:	Print name:	Grade:	Bleep No:
Consultant signature:	Print name:	Bleep No:	