

**Urology Ward Round
Patient REVIEW Sheet**

PATIENT DETAILS LABEL HERE

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

Diagnosis:

Update:

Relevant diagnostic results:		Relevant blood results:	
ECG	X-RAY	Hb	WCC
CT		CRP	GFR
Urinalysis	Other		

NEWS score: []

MANAGEMENT PLAN

<p>Predicted date of discharge (PDD): ____/____/____</p> <p>Discussed with Patient <input type="checkbox"/> Relative <input type="checkbox"/></p> <p>For all patients: consider ACU if clinically appropriate (phone 7779) _____</p> <p>For resuscitation: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For escalation: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>DNACPR form completed (if appropriate) <input type="checkbox"/></p> <p>Have resuscitation and escalation plans been discussed with the patient/relative? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Antibiotics Prescribed? YES / NO</p> <p>If YES Reason for Prescription stated? Yes / No Course length stated? Yes / No _____</p> <p>VTE assessment completed Yes / No Date _____</p> <p>VTE Prescribed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, State why: What VTE required? TEDS [] Dalteparin []</p>
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Medical Doctor / Practitioner signature:	Print name:	Grade:	Bleep No:
Consultant signature:	Print name:	Bleep No:	