

PREOPERATIVE ANAEMIA PATHWAY

Surname:	Unit No.
Forename:	DOB: / / Age:
NHS Number:	Likes to be called:
Address:	
	Postcode:
Tel. No.	Mobile No.
Religion/Spirituality:	
GP Name:	
GP Practice:	

Planned Operation:	Consultant:
	Planned Operation Date: / /

Assessed by:	Designation:
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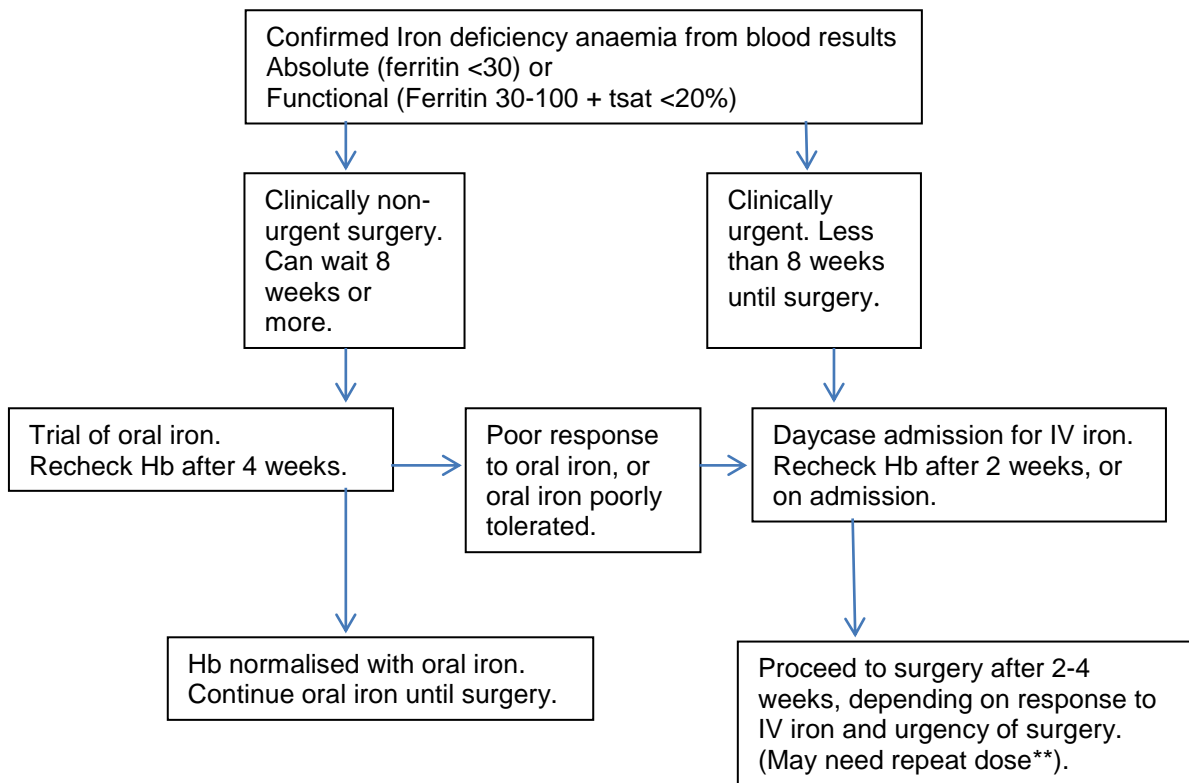
Patient History	Y	N	Comments
Known anaemia			
Other haematological disorder			
Arthritis (rheumatoid, osteo, psoriatic)			
Endocrine disorders			
Known bowel disease/ bowel or gastric surgery			
Known cancers			
Acute or chronic infection			N.B. These patients are at higher risk for adverse reaction from IV iron preparations.
Asthma, eczema, other atopic allergy			
Immune or inflammatory conditions			
Current symptoms			
Shortness of breath or chest pain			
Fatigue			
Headaches, blackouts or fainting episodes.			
Overt bleeding			
Abdominal pain			
Altered bowel habit			
Recent unexplained weight loss			
Family History			
Haematological disorders			
Bowel cancer			
Other cancers			

ALLERGIES
Known allergy to any iron preparations? Yes <input type="checkbox"/> No <input type="checkbox"/> Any other allergies:

DRUG HISTORY <i>(including recreational drugs, NSAIDS, OCP, HRT)</i>
Drug history taken from: Patient <input type="checkbox"/> Patient Meds <input type="checkbox"/> GP Script <input type="checkbox"/> Other:
Specify any previous use of: Anticoagulants or Antiplatelets? Yes <input type="checkbox"/> No <input type="checkbox"/> NSAIDS? Yes <input type="checkbox"/> No <input type="checkbox"/>

Blood Results from Preop Assessment				Date of test:
FBC	MCV	MCHC	Ferritin	

Preoperative Anaemia Algorithm



**** If anaemia persists or if surgery is urgent, proceed on case by case basis following discussion with surgeon / anaesthetist.**

Outpatient Attendances

Date	Consultation Notes

INVESTIGATIONS & TESTS

Investigation / Test	<input type="checkbox"/> if required	Date Ordered	Results	Comments
FBC				
Ferritin				
Urinalysis				
ECG				
Other tests				

PRESCRIPTIONS

Drug	Dose	Frequency	Date given	Prescribed By

PATIENT INFORMATION PROVIDED

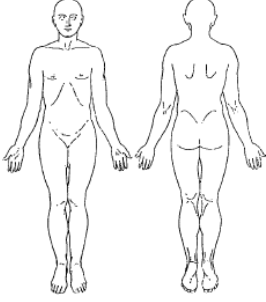
Iron in your diet <input type="checkbox"/> date given.....	Anaemia <input type="checkbox"/> date given.....
Oral Iron <input type="checkbox"/> date given.....	Ferrinject <input type="checkbox"/> date given.....

REFERRALS MADE

Admission for IV Iron

Date of Admission: / / Time :					
BP	Pulse	Temp	Resps	EWS	Weight

Peripheral Cannula Insertion Record

Date and time of Insertion: _____ Type of Device: _____ Batch Number: _____ Name of person inserting device (Sign and Print): _____	Site of insertion: 
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Pre-insertion Check list

Sodium Chloride 0.9% flush prescribed?	Yes / No
Drug therapy and duration suitable for peripheral vascular access device?	Yes / No

Cannula Insertion Checklist

Informed verbal consent gained?	Yes / No
Hand hygiene prior to insertion?	Yes / No
Barrier precautions (Non-sterile gloves and apron)	Yes / No
ANTT used?	Yes / No
Number of attempts	1 2
Sterile permeable dressing applied over?	Yes / No
Dressing date strip completed and attached to side of dressing?	Yes / No
Cannula flushed?	Yes / No
Safe disposal of sharps?	Yes / No
VIP Score pre-infusion	

Drug	Dose	Infusion duration	Prescribed By

Date/Time	VARIANCES / NURSING NOTES	Signature & Designation

Patient Name: Unit No.

EWS

DISCHARGE

Cannula Removal

Enter ✓, V, NA (please record Variances in box below)

- All intravenous therapy discontinued?
- Hand hygiene prior to removal?
- Barrier precautions (Non-sterile gloves and apron)
- ANTT used?
- Sterile dressing applied over site? (e.g. Band Aid plaster)

VIP SCORE Post-infusion _____

Name of person removing device (Sign and Print): _____

Date and Time of Removal: _____

DISCHARGE CRITERIA / CHECKLIST

Enter ✓, V, NA (please record Variances in box below)

- Observations stable and within patient's normal limits
- Patient orientated in time, person and place
- Patient received full explanation and written instructions
- If the patient has hearing/visual communication problems has the information been given in the presence of interpreter/family/carer?
- Discharge letter completed
- Follow up appointment

Date/Time	VARIANCES / ADDITIONAL NOTES	Signature & Designation

Signature:	Date/...../.....
Print Name	Designation

Early Warning Score Escalation Pathway				
0 or 1	Score of 2	3 – 4 or Patient Causing Concern	5 – 7	Score 8 or above
LOW	LOW	MEDIUM	CLINICAL URGENCY	CLINICAL EMERGENCY
Record EWS according to individual requirement, minimum 12 hourly	Initiate appropriate intervention i.e. analgesia, antipyrexics, trained nurse to initiate oxygen therapy	Initiate appropriate intervention i.e. analgesia, antipyrexics, trained nurses to initiate prescribed oxygen therapy and monitor urine output	Initiate appropriate intervention i.e. analgesia, antipyrexics, trained nurse to initiate oxygen therapy, IV fluids	Initiate appropriate interventions
Reassess if condition changes i.e. dyspnoea, pain, confusion. Post-operative surgical patients must have increased frequency of observations according to local policy for the first 24 hours	Trained staff to do ABCDE assessment	Alert FY1 – FY2 using SBAR	Trained staff to do ABCDE assessment	Immediate Senior Medical Review Phone 2222 Medical Emergency and ask for SPR
		FY1 – FY2 to review within 30 minutes, to initiate and document management plan	SPR review within 30 minutes, to document and initiate management plans	SPR to document and initiate management plans.
			Consider ICU referral	Consider ICU referral.
Minimum 12 hourly Early Warning Score	Repeat EWS minimum 6 hourly or if condition changes	Reassess EWS 4 hourly	Re-assess Score Hourly	Continue to monitor EWS every 30 minutes minimum

Visual Infusion Phlebitis (VIP) Score

IV Nurse Specialist should be contacted at the first indication of infusion phlebitis, (Stage 2 on VIP score chart). A. Jackson (1998).
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IV site appears healthy	0	No signs of phlebitis - OBSERVE DEVICE
ONE of the following is evident: Slight pain near the IV site OR Slight redness near the IV site.	1	Possibly first signs of phlebitis – OBSERVE DEVICE
TWO of the following are evident: Pain at IV site, Erythema, Swelling	2	Early stage of phlebitis – RESITE DEVICE & DATIX
ALL of the following signs are evident: Pain along path of cannula AND Erythema AND Hardening	3	Medium stage of phlebitis – RESITE DEVICE & CONSIDER TREATMENT
ALL of the following signs are evident: Pain along path of cannula AND Erythema AND Hardening AND Palpable venous cord.	4	Advanced stage of phlebitis or the start of thrombophlebitis - RESITE DEVICE CONSIDER TREATMENT
ALL of the following signs are evident: Pain along path of cannula AND Erythema AND Hardening AND Palpable venous cord AND Pyrexia	5	Advanced stage of thrombophlebitis – INITIATE TREATMENT, RESITE DEVICE

Tick	Generic Codes for All Specialties
	I259 = Ischaemic heart disease
	I501 = Left Ventricular Failure
	I500 = Congestive Cardiac Failure
	I20 = Hypertensive renal disease
	I209 = Angina
	I48X = Atrial fibrillation
	I679 = Cerebrovascular disease
	I64X = Stroke, not specified
	G819 = Hemiplegia
	J439 = Emphysema
	J449 = COPD/COAD
	J459 = Asthma
	J969 = Respiratory Failure
	N189 = Chronic kidney disease, unspecified
	N19X = Renal failure
	N179 = Acute renal failure
	I120 = Hypertensive renal disease
	R33X = Urinary retention
	R17X = Jaundice
	G409 = Epilepsy
	F03X = Dementia
	F840 = Autism
	R13X = Dysphagia
	E108 = IDDM with unspecified complications
	E109 = IDDM without complications
	E118 = NIDDM with unspecified complications
	E119 = NIDDM without complications
	F171 = Current smoker
	K703 = Alcoholic cirrhosis of liver
	A419 = Sepsis (unspecified)