

**Aut Even Hospital**  
**Orthopaedic Department**

**Pre-assessment Care Pathway  
for  
General Anaesthetic**

<b>Name</b>
<b>Known As</b>
<b>Hospital Number</b>
<b>Consultant/Surgeon</b>
<b>Date &amp; Time TCI</b>
<b>Date of PAC</b>
<b>Anticipated surgery</b>
<b>Permission to display name Yes/ No*</b>
<b>Consider walking to theatre Yes / No*</b>



# ADDRESSOGRAPH

Phone Number Home	_____	Occupation	_____
Work	_____	Religion	_____
Mobile	_____	Age	_____

Is patient hard of hearing?	Yes/No*
Does patient suffer any visual impairments	Yes/No*

## GP Details

GP Name	_____
GP Surgery	_____
Phone No.	_____

## Next Of Kin Details

Name	_____	Relationship	_____
Address	_____	Tel: Home	_____
	_____	Tel: Work	_____
	_____	Tel: Mobile	_____

Is Next of Kin aware of the admission?	Yes/No*	If no give reason
_____		

## Further Relevant Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed	_____	Date	_____
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## Past Medical History

Hypertension / MI /Heart murmur / Angina / DVT / PE /Bleeding disorders/ RhF / CVA / Diabetes / TB / Epilepsy / Jaundice / COPD / Asthma

Allergies

Specify: \_\_\_\_\_

## Medication History:

## Systems Enquiry

CVS Chest Pain / SOB / Palpitations / Ankle Oedema / Claudication \*

RESP Cough / Wheeze / Sputum / SOBOE / Haemoptysis \*

Pillows X.....

ABDO Irregular / Pain / Blood PR / Indigestion / Weight Loss\*

URINARY Dysuria / Frequency / Incontinence / Prostatic Symptoms \*

CNS Faints /Blackouts \*

Alcohol units per week..... Smoking cigarettes per day.....

Referred to Quit smoking advisor NA / Yes / Patient declined.....

Dentition

Neck

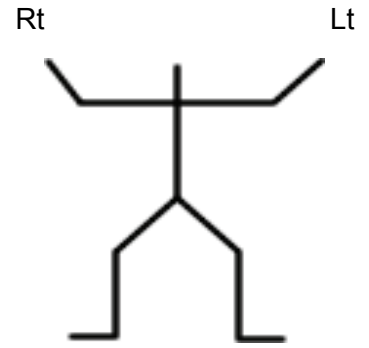
L/ R handed

**On Examination**

Jaundice / Anaemia / Cyanosis / Clubbing / Lymph Nodes / Ankle Oedema

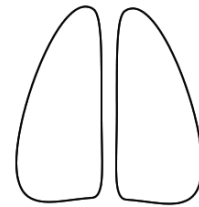
**CVS**

Pulse .....  
BP .....  
HS .....  
JVP .....



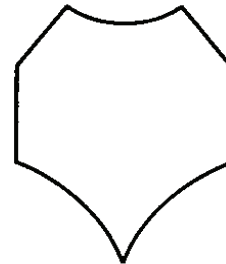
**RESP**

Movement..  
Trachea  
Percussion  
Breath sounds



**ABDO**

Soft  
Mass  
Distension  
Bowel Sounds



**Notes:**

.....  
.....  
.....  
.....  
.....  
.....

Signature..... Date.....

## Pre Op Assessment

<b>Height</b>	<b>Pulse</b>	<b>Resps</b>	<b>O<sup>2</sup> Saturations</b>
<b>BP</b>	<b>Rpt BP</b>	<b>Urinalysis</b>	<b>Patch test</b>
<b>FBC Yes / No*</b>	<b>U &amp; E's Yes / No*</b>	<b>TSH Yes / No*</b>	<b>Cholesterol Y/N</b>
<b>L FT's Yes / No*</b>	<b>Glucose Yes / No*</b>	<b>*INR Yes / No*</b>	<b>ECG Yes / No</b>
<b>Anti bodies Yes / No*</b>			
<b>X match / G&amp;S</b>		<b>at.....on.....</b>	
<b>Other investigations</b>			

<b>MRSA Screen</b>	<b>Nasal Yes/No*</b>
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**Operation discussed Yes / No\***

**Written information given Yes / No\*** Food until.....Fluids until.....

**Anticipated Length of Stay: .....** **Predicted discharge date.....**

<b>Hospital Transport Required Yes / No*</b>	<b>Car /Ambulance</b>
<b>Arranged TCI.....</b>	<b>Ref No:.....</b>

**Condition of Skin**

**Special diet**

**Analgesia available at home Yes / No\*** **Advised to purchase.....**

**Medication Stopped**  
 .....  
 .....

**Anaesthetists comments:**

**Signature:** **Fit for theatre: Yes/No\***

**Referred to and why:**

Signature..... Date.....

# MALNUTRITION ASSESSMENT (ADULT)

## MALNUTRITION UNIVERSAL SCREENING TOOL

Complete for all patients (tick one of the following)

Pre-assessment clinic

Within 24 hours of admission

Date

Initials

<p><b>Step 1</b> <b>Calculate BMI Score</b> Using BMI score chart</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>BMI</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>&gt; 20</td> <td>0</td> </tr> <tr> <td>&gt; 30 ( Obese )</td> <td>0</td> </tr> <tr> <td>18.5 - 19.9</td> <td>1</td> </tr> <tr> <td>&lt; 18.5</td> <td>2</td> </tr> </tbody> </table>	BMI	Score	> 20	0	> 30 ( Obese )	0	18.5 - 19.9	1	< 18.5	2	<p><b>Step 2</b> <b>Weight Loss Score</b> Calculate unplanned weight loss during last 6 months</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>%</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>5 %</td> <td>0</td> </tr> <tr> <td>5 - 10%</td> <td>1</td> </tr> <tr> <td>&gt; 10%</td> <td>2</td> </tr> </tbody> </table>	%	Score	5 %	0	5 - 10%	1	> 10%	2	<p><b>Step 3</b> <b>Acute Disease Score</b> If patient is acutely ill <b>AND</b> they have had or are likely to have no nutritional intake for more than 5days:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>%</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>2</td> </tr> <tr> <td>No</td> <td>0</td> </tr> </tbody> </table>	%	Score	Yes	2	No	0	<p><b>Step 4</b> <b>Overall Risk of Malnutrition</b> Add Scores</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>BMI Score</td> <td><input type="text"/></td> </tr> <tr> <td>Weight Loss Score</td> <td><input type="text"/></td> </tr> <tr> <td>Acute Disease Score</td> <td><input type="text"/></td> </tr> <tr> <td><b>Total Score</b></td> <td><input type="text"/></td> </tr> </tbody> </table>	BMI Score	<input type="text"/>	Weight Loss Score	<input type="text"/>	Acute Disease Score	<input type="text"/>	<b>Total Score</b>	<input type="text"/>
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**Step 5**

<p><b>Score 0 = Low Risk</b></p> <p><b>Routine Clinical Care</b></p> <ul style="list-style-type: none"> <li>Repeat screen on weekly basis during hospital admission</li> </ul>	<p><b>Score 1 = Medium Risk</b></p> <p><b>Observe</b></p> <ul style="list-style-type: none"> <li>Document 3 day dietary intake</li> <li>If intake improves - no further action</li> <li>If intake remains poor - encourage regular meals&amp; nourishing snacks / drinks between meals</li> <li>Repeat screen on weekly basis during hospital admission</li> </ul>	<p><b>Score 2 or more = High Risk</b></p> <p><b>Treat and Refer*</b></p> <ul style="list-style-type: none"> <li>Refer all patients to dietitian for assessment and advice</li> <li>Repeat screen on weekly basis during hospital admission</li> <li>Unless detrimental or no benefit expected from nutritional support (eg. imminent death)</li> </ul>
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All risk categories:

- Treat underlying condition and provide help and advice on food choice, eating and drinking.
- Record screen outcome on table below

Obesity

- For patients who are obese, the underlying condition is generally controlled before treating obesity.
- Obese patients are at risk of malnutrition and still require MUST to be completed.

**Malnutrition Universal Screening Tool Record Chart**

Complete the malnutrition screening tool once a week and document the information below:

Date	Weight or MUAC	BMI*	Step 1 Score	Step 2 Score	Step 3 Score	Step 4 Total Score	Dietitian / Nutrition support team referral	Special dietary needs	Next screen date
Example 02/02/04	45 kg	18	2	1	0	3	(Tick if referred) ✓	Diabetic	09/02/04

Document calculations for weight adjustment before BMI is calculated, e.g Oedema, Ascites, Plaster Cast, amputation

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## ORTHOPAEDIC DEPARTMENT MENSTRUAL CYCLE STATUS

To be completed by all women who are of child bearing age.

Date of last menstrual period .....

Approximate date of menopause.....

I can confirm I am not pregnant

Sign.....

Name.....

Date.....

### ADMISSION TO WARD

I can re confirm that I am not pregnant

Sign.....

Name.....

Date.....

Date of last menstrual period if different from above.....

### Abbreviations

BP	Blood Pressure	Nhhews	North Hampshire Hospital early warning score
COPD	Congestive Obstructive Pulmonary Disease	N/A	Not Applicable
CNS	Central Nervous System	NV	Neurovascular
CVA	Cerebro Vascular Accident	PE	Pulmonary Embolism
DVT	Deep Vein Thrombosis	Sats	Oxygen saturation
ECG	Electrocardiogram	SOB	Shortness of Breath
FBC	Full Blood Count	TB	Tuberculosis
IVI	Intravenous infusion	TCI	To come in
JVP	Jugular Venous pressure	TPR	Temperature, Pulse and Respirations
LFT	Liver function test	TSH	Thyroid stimulating hormone
LMP	Last Menstrual period	TTO's	To take out drugs
MI	Myocardial Infarct	U's & E's	Urea & electrolyte Blood test
MRSA	Methicillin Resistant Staphylococcus Aureus	V	Variance
MSU	Mid Stream Urine		