Transport ~ MICA ~ Roadcar ~ Private Car

U.R.

Surname

Given Names

D.O.B.

Inclusion Criteria

- Resp. rate < 30
- Able to complete phrases
- Sp02 > 92 % on air

Exclusion Criteria

- Cyanosed
- Priority Asthmatic
- GCS< 15
- > 55 years

TRIAGE ASSESSMENT Date ……..
Time…….

Can complete phrases ~ yes ~ no
Resp.rate …….
Sa02 …….
PEFR ……

Category……
RN Signature……

Previous hospital admission ? yes ? no
Hosp. Admission in last 12 months? ? yes ?no
Previous ICU admission ? yes ? no
Is patient a smoker ? yes ? no
Does patient live with a smoker ? yes ? no
Known trigger factors……
Family history of asthma ? yes ? no
Family history of asthma death ? yes ? no
Previous asthma management;
? GP ? Specialist ? None
Name of GP/Specialist _____

Primary Nurse Assessment

BASELINE VITAL SIGNS ;

Peak flow _____
Predicted peak flow _____
Patient orientated ? yes ? no

Skin	**Temp**	
	Colour	
	Moisture	

Description of presenting episode

Registered Nurse

IF YOU TICK *NO* PLEASE DOCUMENT IN VARIANCE BOX BELOW

Clinical Pathway	**0-30 minutes-expected outcomes- Time of arrival** _____	**Y**	**N**	**30 minutes- 2 hours-expected outcomes**	**Y**	**N**
Treatments/ Assessment	• Baseline vital signs carried out and within reportable limits • Oxygen applied to keep Sa02 > 95% • Baseline peak flow documented • Predicted peak flow documented • Peak flow taken after first 2 nebulisers • Nursing assessment completed Reportable limits Sa02 < 95% on 02 Resp. rate ∃ 30 Peak flow < 33% of predicted Failure to improve after 3 nebulisers	? ? ? ? ? ?	? ? ? ? ? ?	• Vital signs within reportable limits • Peak flow > 50% of predicted • Pt answers 'YES' to question "Do you feel you have improved or stabilised" • Medical documentation completed in history Reportable limits Sa02 < 95% on 02 Resp. rate ∃ 28 PEFR < 50% of predicted-consider ABG'S Hypotensive	? ? ? ?	? ? ? ?
Medications	• Oxygen ___ l/min • 2 x Salbutamol/Ipratropium nebulisers given in first 15 minutes then as required • Prednisolone 50 mg orally given	? ? ?	? ? ?	• Nebulisers given 15-30 minutely as required	?	?
Investigation				• After 1 hour-Chest xray /bloods ordered *if* -temp > 37.5 -focal signs of infection -suspicion of pneumothorax	?	?
Consult/ Referrals	• Patient assessed by medical officer	?	?	• Referral to Allergy and Asthma unit sent • Asthma Educator paged on 4704 (during business hours)	? ?	? ?
Hydration	• Fluids given as tolerated	?	?	• Patient encouraged to drink fluids	?	?
Discharge plan/ Education	• Has patient been taking Prednisolone prior to ED presentation?	?	?			
Social/ personal	• Patients clothing placed in plastic bag, labeled and under trolley • Patients NOK aware of ED admission	? ?	? ?	• Pt and NOK kept informed of treatment and how they are progressing • Name label applied to wrist	? ?	? ?
Registered Nurse	Name & Signature			Name & Signature		

Date & time	Variance and reason for variance	Action taken	RN sign
Variance			
Variance			
Variance			
Variance			
Variance			
Variance			
Variance			

IF YOU TICK *NO* PLEASE DOCUMENT IN VARIANCE BOX BELOW

Clinical Pathway	2-8 hours-expected outcomes	Y	N	Discharge expected outcomes	Y	N
Treatments/ Assessment	• Vital signs within reportable limits • Pt can ambulate without shortness of breath • Pt answers 'YES' to question "Do you feel you have improved or stabilised" Reportable limits Sa02 < 94% on room air Resp. rate ∃ 25 Peak flow < 50% of predicted Hypotensive	? ? ?	? ? ?	**DISCHARGE CRITERIA** • Peak flow > 75% predicted • Pt can speak in sentences • No nebulisers required for 2 hours • Patient answers 'YES' to question 'do you feel your asthma has improved greatly from when you first arrived' **D ISCHARGE CHECKLIST** • Pt given discharge medications • Pt given crises plan • Pt given discharge letter for GP • Pt has outpatient referral • Pt able to use inhaler effectively • Pt meets discharge criteria	? ? ? ? ? ? ? ? ? ?	? ? ? ? ? ? ? ? ? ?
Medications	• Nebulisers given ½ hourly-1 hourly as required • Discharge medications script sent to pharmacy	? ?	? ?	• Nebulisers given 1-2 hrly as required	?	?
Investigation		?	?			
Consult/ Referrals	• Asthma unit notified (if pt does not meet discharge criteria)	?	?			
Hydration	• Pt encouraged to drink fluids	?	?	• Pt encouraged to drink fluids	?	?
Discharge plan / Education						
Social/ personal	• Pt updated about progress and likelihood of discharge	?	?	• NOK notified about planned discharge	?	?
Registered Nurse	Name & signature			Name & signature		
Registered Nurse	Name & Signature			Name & Signature		

Date & time	Variance and Action taken	Result of action taken	RN sign
Variance			
Variance			
Variance			
Variance			
Variance			
Variance			
Variance			

Nebuliser	1	2	3	4	5	6	7	8	9	10	11
Time											
Resp. rate											
Sp02											
PEFR l/min Pre/post											
Speaks in (S)entences (P)hrases (W)ords											
Blood press											
Temp.											
Heart rate											

Time	Medication	Dose	Route	Medical officer	Registered nurse	Time

FBE Time							
U + E Time							
ABG 1 Time							
ABG 2 Time							

Chest Xray results;