

EMERGENCY DEPARTMENT

Please omit this section if the patient did not attend the emergency department

26a. Time/date of ambulance arrival or arrival in ED:

24 hr clock
h h m m

Time unknown

2 0 1 6
d d m m y y y y

Date unknown

26b. Time/date of initial triage assessment:

24 hr clock
h h m m

Time unknown

2 0 1 6
d d m m y y y y

Date unknown

26c. Initial triage observations:

Respiratory rate Not documented

Heart rate Not documented

GCS or AVPU Not documented

SpO2 Not documented

BP / Not documented

Temperature . Not documented

27. Initial inspired oxygen concentration (%): or litres/minute:

Not given

Not documented

28. Oxygen delivered by: Nasal cannulae Non re-breathe device

Venturi

Not given Other

Not documented

29. Initial NEWS score: or NEWS score not used

30. Time/date of first clinical assessment after triage:

24 hr clock
h h m m

Time unknown

2 0 1 6
d d m m y y y y

Date unknown

31. Healthcare professional who made initial assessment

Grade:

Specialty:

32. Which of the following investigations were undertaken in ED?

- BNP U+E Blood gas ECG Echo LFTs CRP INR
- arterial venous

- Chest X-ray FBC lactate Troponin USS chest/heart Cardiac enzymes

33a. Which of the following treatments/interventions were undertaken in ED?

- Oxygen CPAP NIV intubation oral diuretics opioid
- inotropes urinary catheter cardioversion IV diuretics oral digoxin
- s/l nitrates IV fluids antibiotics bronchodilators beta blockers IV digoxin
- IV nitrates Others (please specify)

33b. In your opinion were any important investigations, treatments or interventions omitted in ED? Yes No Unknown

33c. If Yes please provide details



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39a. Which of the following investigations were carried out during the inpatient stay?

- BNP NT proBNP U&E Transthoracic Doppler/2D ECHO CTPA d dimer FBC
 eGFR Thyroid function Liver function Troponin CXR ECG Renal US
 Lipids Fasting glucose MRI Other (please specify)

39b. In your opinion were any investigations that should have been undertaken, omitted?

- Yes No Unknown

39c. If Yes which investigation(s)?

- BNP NT proBNP U&E Transthoracic Doppler/2D ECHO CTPA d dimer FBC
 eGFR Thyroid function Liver function Troponin CXR ECG Renal US
 Lipids Fasting glucose MRI Other (please specify)

39d. Please explain your answer:

39e. Were there any delays to carrying out any investigations that were undertaken?

- Yes No Unknown

39f. Please explain your answer:

40a. Which of the following treatments/interventions did the patient receive?

- Oxygen CPAP NIV ACEI oral diuretics IV diuretics
 inotropes urinary catheter antibiotics cardioversion oral digoxin IV digoxin
 s/l nitrates IV nitrates IV fluids bronchodilators oral beta blockers IV beta blockers
 mineralocorticoid antagonist Other

40b. In your opinion were any important treatments/interventions omitted?

- Yes No Unknown

40c. If Yes which treatments/interventions:

- Oxygen CPAP NIV ACEI oral diuretics IV diuretics
 inotropes urinary catheter antibiotics cardioversion oral digoxin IV digoxin
 s/l nitrates IV nitrates IV fluids bronchodilators oral beta blockers IV beta blockers
 mineralocorticoid antagonist Other

40d. Please explain your answer:

40e. Were there any delays to commencing any treatments/interventions?

- Yes No Unknown

40f. Please explain your answer:



41a. In your opinion were appropriate changes made to the patient's diuretic treatment? Yes No Unknown

41b. If No please expand upon your answer:

42a. In your opinion were any medications stopped that should not have been? Yes No Unknown

42b. In your opinion were any medications continued that should not have been? Yes No Unknown

42c. In your opinion were were any medications started that should not have been? Yes No Unknown

42d. In your opinion were any medications not started that should have been? Yes No Unknown

42e. If you answered Yes to any part of Q42 please provide details:

43a. Did the patient undergo a procedure in the cardiac cath lab ? Yes No Unknown

43b. If Yes what procedure?

43c. In your opinion was this appropriate? Yes No Unknown

43d. If the patient did not undergo a procedure in the cardiac cath lab, in your opinion should they of? Yes No Unknown

43e. If Yes please explain



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44a. Did the patient undergo any ward transfers during their inpatient stay? Yes No Unknown

44b. If Yes which wards were they transferred to (please select all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Assessment Unit | <input type="checkbox"/> General Medical Ward | <input type="checkbox"/> Speciality Cardiology Ward |
| <input type="checkbox"/> Coronary Care Unit | <input type="checkbox"/> Care of the Elderly | <input type="checkbox"/> Renal ward |
| <input type="checkbox"/> Level 2 (e.g. HDU) | <input type="checkbox"/> Level 3 (e.g. ICU) | <input type="checkbox"/> Combined level 2/3 (e.g. HDU/ICU) |
| <input type="checkbox"/> Other (please state): | <input style="width: 100%;" type="text"/> | |

45a. Please provide details of the clinical specialties that were involved with the ongoing care of this patient?

45b. In your opinion was the level of specialist input appropriate for this patient? Yes No Unknown

45c. If No please expand upon this?

46a. Was a treatment escalation decision made? Yes No Unknown

46b. If Yes, what was the date and time of this decision?

Date unknown

 24 hr clock
 Time unknown
d d m m y y y y h h m m

46c. Please indicate what escalation decisions were made:

- | | |
|--|--|
| <input type="checkbox"/> For CPR | <input type="checkbox"/> Not for CPR |
| <input type="checkbox"/> For invasive ventilation | <input type="checkbox"/> Not for invasive ventilation |
| <input type="checkbox"/> For critical care referral | <input type="checkbox"/> Not for critical care referral |
| <input type="checkbox"/> For Renal Replacement Therapy | <input type="checkbox"/> Not for Renal Replacement Therapy |
| <input type="checkbox"/> For vasopressor support | <input type="checkbox"/> Not for vasopressor support |
| <input type="checkbox"/> For inotropic support | <input type="checkbox"/> Not for inotropic support |
| <input type="checkbox"/> Other (please state): | <input style="width: 100%;" type="text"/> |

47a. Was escalation of treatment discussed with the patient? Yes No Unknown

47b. If not discussed, was the reason for this documented? Yes No

47c. If not discussed, was this due to the patient's medical condition? Yes No

47d. If Yes, please expand upon your answer:



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48a. Was treatment escalation discussed with the patient's family (or other/next of kin?) Yes No

48b. Doctor who made decision: (please see page 2 for codes): Grade: Specialty:

48c. If decision made by non-consultant, was the decision confirmed by a consultant? Yes No

49a. Was the patient referred for Level 2/3 (e.g. HDU/ICU) admission? Yes No

49b. If No, in your opinion, do you think the patient should have been referred? Yes No

49c. If Yes, please expand on your answer

50a. Was the patient admitted to: Level 3 Level 2 Mixed Level 2/3 CCU Not admitted

50b. If Yes, please provide the date and time of this level 2/3 admission: (if the patient had more than one admission to level 2/3 please put the date of the first admission)

24 hr clock Time unknown Date unknown
h h m m d d m m y y y y

50c. If No, in your opinion, should the patient have been admitted? Yes No

50d. If Yes, please expand on your answer:

If the patient was not admitted to level 2/3 care please go to question 53a

51. Which interventions/monitoring did the patient receive in the level 2/3 ward? (If the patient had more than one admission to a level 2/3 ward please answer the question for the first admission)

Respiratory Cardiovascular support
 CPAP NIV Invasive ventilation IABP ECMO Vasopressors Inotropes Mechanical support
 RRT Cardiac output monitoring Other

52a. What was the outcome of the level 2/3 stay? Discharged to ward Died

52b. For patients discharged to a ward, what was the date/time of discharge?
 Date unknown 24 hr clock Time unknown
d d m m y y y y h h m m

52c. Was the patient discharged under the care of a cardiology specialist team? Yes No Not applicable

52d. Was the patient discharged to a cardiology specialist ward? Yes No Not applicable

52e. For patients not discharged to a cardiology ward or under the cardiology team, please describe arrangements for post level 2/3 care:

52f. Was the patient discharged for palliative care? Yes No

52g. Was the patient readmitted to a level 2/3 ward? Yes No



