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# Western Health Alliance Limited RACF ISBAR Framework



Western Health Alliance Ltd (WHAL)

# WHAL RACF ISBAR Framework

**A Guide to Effective Clinical Handovers**

## Version Control Table

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*The contents of this document have been reviewed and approved by the Executive Sponsor:*

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Chief Executive Officer  
WHAL

## Summary of Revisions

<b>Version</b>	<b>Date of changes</b>	<b>Summary Description of changes made</b>	<b>Changed by (role)</b>
1.6	1 Feb 2018	Research and initial creation of Framework	RACF Program Administrator
1.6	01 Feb 2018	Review and approvals	Clinical Care Projects Manager
1.6	02 Feb 2018	Final review and approvals	Chief Executive Officer

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Western Health Alliance Ltd

# WHAL RACF ISBAR Framework

## 1. Background

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Research has shown that using a standardised format can assist the transfer of information, for Residents particularly when there are time constraints. ISBAR (Introduction/ Identify, Situation, Background Assessment, Recommendation) is one such tool to clinically handover a Resident. ISBAR organises a conversation into the essential elements in the transfer of information from one source to another.

Effective communication lies at the very heart of good care for Residents, and Clinical Handover is one of the most important matters to consider when ensuring the continuity of care for them. Good handover does not happen by chance. It requires work by all those involved, including organisations and individuals, and in some cases might call for a change in culture.

This document:

- Provides guidance to RACF Nurses and Carers on best practice in clinical handovers;
- Proposes a model for effective handovers;
- Aims to drive further developments in standardising handover arrangements.

### Where did ISBAR come from?

The concept first emerged within the US Navy that used SBAR in nuclear submarines. It has also been used in the airline industry. It assisted in the transfer of important information in limited time in an effective manner.

ISBAR provides a framework for clinical conversations and is a consistent and reliable tool for clinical discussions. Evidence shows that when a standardised approach is implemented, the effectiveness of that approach increases.

## 2. National Safety and Quality Health Service Standards for Clinical Handovers

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Clinical Handover is the focus of Standard 6 in the National Safety and Quality Health Service Standards. The key messages are;

- Clinical handover is practised every day, in a multitude of ways, in all health care settings.
- Poor or absent clinical handover, or a failure to transfer information, responsibility and accountability, can have extremely serious consequences for patients.
- This can lead to discrepancies in the content and accuracy of information provided.
- The aim of clinical handover is to ensure the accurate and timely transfer of information, responsibility and accountability.
- Where possible, clinical handover should actively involve the patient and carer

as well as clinicians. Patients and carers can provide information that is not necessarily available to clinicians.

### **3. Key Principles**

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- Handover requires preparation and needs to be well organised;
- Handover should provide environmental awareness;
- Handover must include transfer of accountability and responsibility for patient care.

All RACF clinical staff are encouraged to use ISBAR. Because it focuses on the issue at hand, it means that those of different discipline and seniority will speak the same language. This allows more effective communication. ISBAR creates a shared mental model for the transfer of relevant, factual, concise information between clinicians. It flattens the hierarchy and so eliminates the power differences that may inhibit information flow.

RACF ISBAR Framework is being developed as a guide for residential aged care staff to be able to provide enough clinical information over the telephone / video consultation to the GP or After Hours GP Helpline and clinically handover the resident. It does not replace clinical care protocols within the residential aged care facility (RACF). The guide may also be useful if the staff need to contact the Ambulance or Hospital Emergency Department.

### **4. Emergency Decision Guidelines for the acutely unwell, deteriorating Resident**

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The headings listed below assist to direct clinical assessment and action, as required: Know the:

- Goals of care for the Resident;
- Resident's and family's wishes;
- Resident's Care Plan and Advance Care Directive.

Know what is **normal** for the resident.

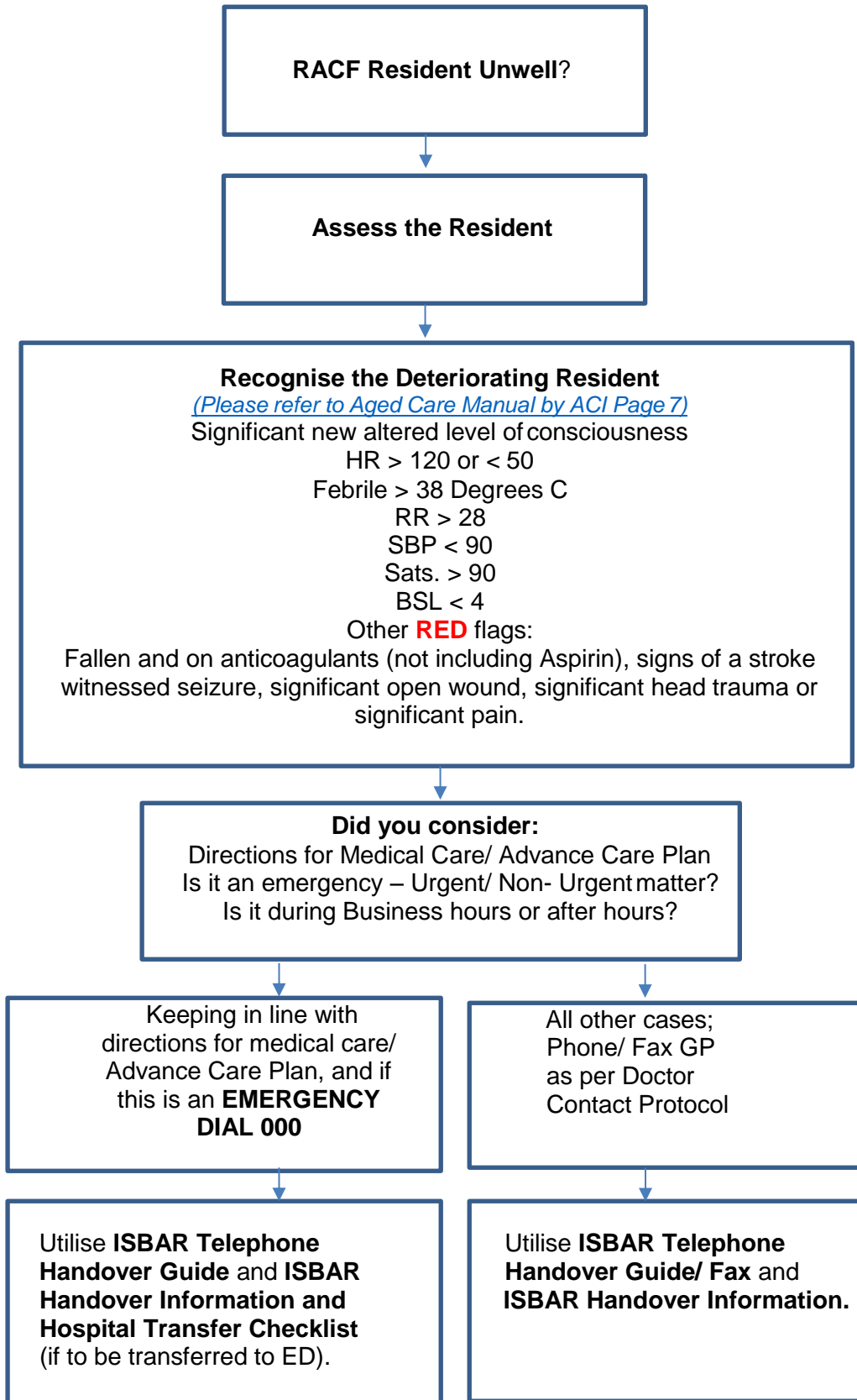
Follow **First Aid** response requirements:

- **Danger:** remove yourself / the Resident from danger
- **Response:** check the Resident's Response and then
- **Send for help:** Call 000 for an ambulance or ask another person if they are close by
- **Airway, Breathing and Circulation:** continue with your acute assessment
- **Defibrillation:** apply defibrillator (if available)

**Ensure you assess and document all findings and actions including recording the time of onset of any symptoms.**

*Source: Emergency Decision Assist Guidelines, Country North SA Medicare Local*

## 5. RACF Patient Unwell Flowchart



Source: Aged Care Folder, Dubbo – Western NSW PHN

## 6. Conclusion

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In conclusion, ISBAR Handover tool is useful because it:

- Ensures completeness of information and reduces likelihood of missed data/information;
- Is an easy and focused way to set expectations for what will be communicated;
- Ensures a recommendation is clear and professional;
- Gives confidence in communication;
- Focuses not on the people who are communicating but on the problem, itself.

### Key reasons for using ISBAR

- It is portable, memorable and easy to use;
- Can be used to present information clearly in any situation;
- Helps you to organise what you're going to say;
- Standardises communication between everyone.

## 7. Contact

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For any questions, feedback and recommendations, please contact:

### Rekha Pillai

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TRAC, Western NSW Primary Health Network

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Email: [rekha.pillai@wnswphn.org.au](mailto:rekha.pillai@wnswphn.org.au)

## 8. Resources, References and Acknowledgements

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[National Safety and Quality Health Service Standards](#)

[Australian Commission on Safety and Quality in Health Care – Standard 6](#)

[Aged Care Folder – Western NSW LHD and Western NSW PHN](#)

[ISBAR – Nurse Handover Information – Hunter New England LHD and Hunter Primary Care](#)

[Aged Care Emergency Manual](#)

[Emergency Decision Assist Guidelines, Country North SA Medicare Local](#)

[Pushing the Envelope – Clinical Handover between Aged Care Homes and Hospitals](#)

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[Appendix 1 – ISBAR Handover Information](#)

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# Appendix 1

Resident's Name	
Date of Birth	Age

## ISBAR Handover Information

**NOTE:** Please complete prior to contacting the GP/NSW Ambulance. If TRANSFER to ED send: ISBAR Form, Observations Chart, Medication Chart and Advance Care Plan

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<b>I</b> Introduction/ Identify	<p>Your name and role <span style="float: right;">RACF</span></p> <p>Phone <span style="float: right;">Fax</span></p> <p>Name and position of person you are speaking to</p>
<b>S</b> Situation	<p>Resident's main problem /symptom at present?</p> <p>How long has this been an issue?</p>
<b>B</b> Background	<p>Is there any relevant medical history? <i>(have chart available)</i></p> <p>Medications <i>(have chart available)</i> <span style="float: right;">Known Allergies:</span></p> <p>Initial treatment and the Initial treatment and the effect on the resident?</p> <p>Resident's family notified Yes / No</p> <p>Name of the Resident's usual GP:</p> <p>Is there an Advance Care Plan in place? If so, what is it?</p>
<b>A</b> Assessment	<p><b>Observations:</b> <i>(have chart available)</i> <b>Baseline: Date: Time:</b></p> <p>Temp: <span style="margin-left: 100px;">Blood pressure</span> <span style="margin-left: 100px;">Pulse rate: (regular/irregular)</span></p> <p>Respirations: <span style="margin-left: 100px;">Oxygen saturation:</span> <span style="margin-left: 100px;">BGL:</span></p> <p>Weight: <b>Current Observations:</b></p> <p>Temp: <span style="margin-left: 100px;">Blood pressure:</span> <span style="margin-left: 100px;">Pulse rate: (regular/irregular)</span></p> <p>Respirations: <span style="margin-left: 100px;">Oxygen saturation:</span> <span style="margin-left: 100px;">BGL:</span></p> <p>Weight: <span style="margin-left: 100px;">Urinalysis:</span></p> <p>Injuries or abnormal Injuries or abnormal findings <i>(See Symptom Reference Guide over page):</i></p> <p><u>Is resident more confused than usual?</u> Yes / No</p> <p>How much pain is the patient in?</p> <div style="text-align: center;"> </div> <p>0 – No hurt                      2- Hurts a Bit                      4 – Hurts a little  more 6 – Hurts even more 8 – Hurts a whole lot 10 – Hurts worst</p> <p>Circle the type of pain: Chronic / Acute/Acute on chronic</p>
<b>R</b> Recommendation	<p>I am requesting assistance with / advice for:  Symptom management; Medication review; GP assessment of patient; Sending patient to ED; Other _____</p> <p>Goals of Care <i>(consider Advance Care Plans):</i></p> <p>Doctor's Orders/ Ambulance Triage / Other Comment</p>
	<p>Name .....</p> <p>Signature ..... Date .....</p>

### Telephone Handover Guide

This guide is for RACF to provide clinical information over the telephone to the GP or after Hours GP Helpline. It does not replace clinical care protocols within your facility. The guide may also be useful if you need to contact the ambulance or hospital.

1

#### Before phoning have in front of you;

Medication chart, allergies and Resident's clinical notes and End of Life wishes

#### **INTRODUCTION/ IDENTIFY –**

Your name, designation, Resident's name, DOB, Gender, location and who you intend to direct your call to;

**SITUATION –** what has happened/ when did it happen, how long and what are the critical signs;

**BACKGROUND –** Resident's relevant medical history – how long has he/ she been unwell;

**ASSESSMENT –** results of your physical assessment of the Resident/ vital signs/ conscious state/ type of injury post fall/ neurological observations/ BSL if appropriate – pain-acute/ chronic/ site/ intensity/ type;

**RECOMMENDATIONS –** what is the clinical need for the Resident.

*Have you told the Clinician about the Resident's End of Life Wishes?*

2

#### After the phone call, please note;

- Name and phone of Clinician/ Health Service and time of call;
- Date and time of booked appointment, if confirmed;
- Immediate instructions/ actions as advised by the Clinician until the Resident is seen;
- Monitor and record the Resident condition for changes;
- Contact family/ Medical Power of Attorney, as required.

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ISBAR Fax Template

**FAX REQUEST**

RACF Fax Number \_\_\_\_\_

To: DOCTOR \_\_\_\_\_ FAX NO \_\_\_\_\_

REQUEST DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FROM \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

<input type="checkbox"/> Urgent Next Hour	<input type="checkbox"/> Next 4 Hours	<input type="checkbox"/> End of Day	<input type="checkbox"/> Tomorrow	<input type="checkbox"/> Within 24 Hours
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**INTRODUCTION**

**SITUATION**

**BACKGROUND**

**ASSESSMENT**

Observations: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ Resp. \_\_\_\_\_

SPO2 \_\_\_\_\_ BGL \_\_\_\_\_ Pain Scale \_\_\_\_\_

**RECOMMENDATIONS**

**GP Practice Response:**

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

## Transfer of Residents to Hospital

The North East Valley Division of General Practice Victoria introduced the Aged Care Home Transfer to Hospital Envelope featuring a checklist of crucial clinical and other handover information to be included when a resident is transferred. This Checklist is available for RACFs to use to effectively transfer their Residents to the Hospital:

### *Aged Care Home Transfer-to-Hospital Envelope*

*This envelope contains CONFIDENTIAL medical information which should remain with the PATIENT RECORD.*

**Resident / Patient's Name:** .....

**Name of Aged Care Home:** .....

**Contact telephone number:**   **In-hours:** .....

**After-hours:** .....

**There is a range of residential settings with different levels of care available.**  
**This Aged Care Home is:**

**High Care** 'Nursing Home' - Registered Nurse / Registered Nurse Division 1 usually present.

**Low Care** Hostel, but may have '**Ageing in Place**'- residents may have complex medical &/or personal care needs (i.e. high care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff e.g. PCA/PCW/AIN. Generally medications are administered from a Dose Administration Aid.

**Other** .....

\* Advance care plan / End-of-life wishes enclosed >

YES
  NO

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## Checklist for Transfer-to-Hospital Clinical Handover

Tick boxes to indicate

- Hospital notified by telephone

### Information included in envelope >

- Advance care plan / End-of-life wishes
- Transfer Form (include as a minimum)
  - Resident details: Name, DOB, religion, language spoken & need for interpreter
  - Contact details of Aged Care Home including telephone number (in- & after-hours) & address
  - Pension number
  - Health insurance status: (i.e. Medicare only / DVA / privately insured) & include details
  - Name of usual GP & contact details
  - Name of usual Pharmacist & contact details
  - Name of next-of-kin &/or Medical Enduring Power of Attorney or equivalent & contact details
  - Next-of-kin notified of transfer
  - Reason for transfer including events leading up to transfer
  - Relevant medical history
  - Any known allergies
  - Pre-morbid / usual condition & functioning: cognition, mobility, continence, behaviours, diet
- Letter from GP, locum or Aged Care Home detailing reason for transfer
- Copy of most recent Comprehensive Medical Assessment (CMA)
- Copy of results of recent investigations (blood tests / x-ray / other pathology)
- Copy of current drug chart / list of current medications & time of last administration
- Copy of current observation, blood sugar level & bowel charts (if applicable)



### Important Contacts List

Service Name	Operating Hours	Contact No.
<a href="#">NSW Ambulance</a>	24 hours	<b>000</b>
<a href="#">Dubbo After Hours Medical Service - Dubbo Only</a>	Weeknights 6pm until 8am Weekends and public holidays 24 hours - 8am until 8am	<b>(02) 6884 2100</b>
<a href="#">Bathurst After Hours Medical Service - Bathurst Only</a>	Weeknights 6pm until 8am Weekends and public holidays 24 hours - 8am until 8am	<b>(02) 6333 2888</b>
<a href="#">Residential Aged Care Service - Bathurst Only</a>	9am – 9pm weekdays and 12pm – 6pm weekends	<b>0437 220 366</b>
<a href="#">Healthdirect Australia</a>	24 Hour Helpline	<b>1800 022 222</b>
<a href="#">Dementia Behaviour Management Advisory Service (DBMAS)</a>	24 Hour Helpline	<b>1800 699 799</b>
<a href="#">Mental Health Line</a>	24 Hour Helpline	<b>1800 011 511</b>
<a href="#">Poisons Information Centre</a>	24 Hour Helpline	<b>13 11 26</b>
<a href="#">Medicines Information Line (Speak to a Registered Nurse)</a>	9am - 5pm Monday - Friday	<b>1300 633 424</b>
<a href="#">Australian Government Translating and Interpreting Service (TIS)</a>	24 Hour Helpline	<b>13 14 50</b>
<a href="#">After Hours Palliative Care Helpline</a>	Weekdays: 5pm-9am (AEST) Weekends: 5pm Friday – 9am Monday Public holidays (National and NSW): from 5pm the day before to 9am the following business day.	<b>1 800 548 225</b>
<a href="#">Other Health Services</a> (NHSD)	Please refer to the link	Please refer to the link

The **Emergency Trolley** is located at: \_\_\_\_\_

The **Oxygen Cylinder** is located at: \_\_\_\_\_



### Symptom Reference Guide

Problem	Additional Information	Specific Observations Required
<b>Abdominal Pain</b>	<ul style="list-style-type: none"> <li>• Where is the pain worst?</li> <li>• What is the pain like? (<i>Sharp / Dull / Burning / Constant / Comes and goes</i>)</li> <li>• Is there any associated features? (<i>Nausea / Vomiting / Diarrhoea</i>)</li> <li>• Is there any blood in the stools? (<i>Bright/ Dark Red /Black</i>)</li> <li>• When the bowels were last opened and what interventions?</li> </ul>	<ul style="list-style-type: none"> <li>• Palpation for (Distention / Guarding / Tender) (If within scope of practice)</li> <li>• Could this be urinary retention or constipation?</li> </ul>
<b>Diarrhoea/ Nausea or Vomiting/Dizziness</b>	<ul style="list-style-type: none"> <li>• What symptoms are present? (<i>Nausea / Vomiting/ Diarrhoea</i>)</li> <li>• Frequency of episodes?</li> <li>• What colour is the bowel motion or vomitus? Is there any visible blood?</li> <li>• Does the resident have abdominal pain?</li> <li>• Is there a change in appetite or fluid intake?</li> </ul>	<ul style="list-style-type: none"> <li>• Is the resident tolerating fluids? Last time bowels open?</li> <li>• Lying and Standing Blood Pressure</li> </ul>
<b>Urinary Problems</b>	<ul style="list-style-type: none"> <li>• Is there an increase in urinary frequency? Is there pain or burning on urination?</li> </ul>	<ul style="list-style-type: none"> <li>• Skin? (<i>Sweating/ Dry</i>)</li> <li>• Increased confusion?</li> </ul>
<b>Shortness of Breath</b>	<ul style="list-style-type: none"> <li>• How did it develop? (<i>Suddenly/ Gradually</i>)</li> <li>• Shortness of breath (At rest/ With exertion/ When Sitting Up/ Lying Down)</li> <li>• Does the resident have associated chest pain/discomfort?</li> </ul>	<ul style="list-style-type: none"> <li>• Sputum (<i>Clear/ Coloured/ Blood</i>)</li> <li>• Audible sounds (<i>Wheeze/ Gurgling</i>)</li> <li>• Resident appearance (<i>Pale/ Blue/ Sweaty</i>)</li> <li>• Ankle or lower limb swelling</li> </ul>
<b>Chest Pain</b>	<ul style="list-style-type: none"> <li>• Location of pain</li> <li>• Does it radiate? (<i>Arm/ Neck/ Back</i>)</li> <li>• Nature of pain (<i>Sharp/ Dull/ Burning/ Heavy/ Tight</i>)</li> <li>• Does anything make it worse? (<i>Exertion/ Movement/</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Is the resident short of breath?</li> <li>• Resident appearance (<i>Pink/ Pale/ Sweaty/ Blue</i>)</li> </ul>

Problem	Additional Information	Specific Observations Required
	Cough/ Inspiration) <ul style="list-style-type: none"> <li>• Does anything make it better? (Rest/ Antacid/ GTN-(Anginine)/O2</li> </ul>	
<b>Seizures</b>	<ul style="list-style-type: none"> <li>• How long did the episode last? Details of any injuries</li> <li>• Is the resident in pain?</li> <li>• Is there any new weakness? (Arm/ Leg/ Face)</li> <li>• What was the resident doing at the time?</li> <li>• Did the resident report any: (Light Headedness/ Dizziness/ Loss of Consciousness)?</li> <li>• Is there any: (Change to Vision / Loss of Speech / Hallucinations/ Incontinence)</li> </ul>	<ul style="list-style-type: none"> <li>• Resident appearance (Normal/ Pale/ Sweaty/ Anxious)</li> <li>• Limb movement (Normal/ Decreased)</li> </ul>
<b>Lacerations &amp; Falls</b>	<ul style="list-style-type: none"> <li>• Location of injury(s)?</li> <li>• Is the bleeding controlled?</li> <li>• Is the resident on anti-coagulants?</li> </ul>	<ul style="list-style-type: none"> <li>• Depth and length of wounds? Equipment on-hand?</li> <li>• (Steri-strips / Glue / Suture Kit)</li> </ul>
<b>Confusion &amp; Decreased Level of Consciousness</b>	<ul style="list-style-type: none"> <li>• How did it develop? (Suddenly / Gradually)</li> <li>• Is the resident on anti-coagulants? Have there been any recent falls?</li> <li>• Are there any other symptoms? (Chest Pain / Headache / Diarrhoea / Vomiting / Breathing difficulties)</li> <li>• Is there any new arm or leg weakness?</li> </ul>	<ul style="list-style-type: none"> <li>• Last bowel motion? Last urine passed?</li> <li>• Conscious state: Normal / Hyper-Alert / Drowsy/Easily roused /Difficult to rouse/ Unroutable)</li> </ul>
<b>Fever</b>	<ul style="list-style-type: none"> <li>• How long has the fever lasted?</li> <li>• Is there any (Cough / Abdominal pain / Rash / Skin infection)</li> <li>• Is resident more confused than usual?</li> <li>• Is there any (Urinary frequency / Discomfort on urination / Smelly urine)</li> <li>• Does the resident have a urinary catheter?</li> </ul>	<ul style="list-style-type: none"> <li>• Resident appearance?</li> <li>• (Shivering/ Sweating/ Both)</li> <li>• Skin? (Pale /Pink /Cold/Hot /Dry /Moist)</li> </ul>



## Aged care facility nurse triage information

### Patient information

Patient name  Surname  Age

Usual treating doctor  Allergies

Duration of presenting problem?  Presenting problem

Medications  Yes  No (please have list available) Medical diagnosis  Yes  No (please have chart available)

Have there been any medication changes within the last week? If yes, please list  Temperature

Blood pressure  Pulse  Respiratory rate  Advance Care Directive:  Yes  No (if yes, please have directive available)

### Clinical information (Please complete relevant sections below. Tick descriptions as appropriate.)

#### Abdominal pain

Where is it?  Description of pain:  Sharp  Dull  Burning  Constant  Coming-and-going

Other  Are there any associated features?  Nausea  Vomiting  Diarrhoea

When was the last bowel motion?

Observations required: Is abdomen distended?  Yes  No Pain assessment – how bad is the pain? (10 is extreme pain)

Urinalysis

#### Breathing difficulty

How did it develop?  Suddenly  Gradually Other  When is it present?  At rest  With exertion

Is there a cough?  Yes  No (if yes, please select)  Dry  Moist Other

Does the patient have chest pain?  Yes  No

Observations required: Is there sputum?  Yes  No (if yes, please select)  Clear  Coloured  Blood

Other  Is there a wheeze?  Yes  No Is there any ankle swelling?  Yes  No

Is the patient:  Pale  Sweaty  Blue in colour Other

#### Chest pain

Where is it?  Does it radiate anywhere?  Yes  No (if yes, please select)  Arm  Neck  Back

Description of pain:  Sharp  Dull  Squeezing  Pressing  Burning Other

Does anything make it worse?  Yes  No (if yes, please select)  Exertion  Moving  Breathing Other

Does anything make it better?  Yes  No (if yes, please select)  Rest  Antacids  Anginine Other

Observations required: Is the patient short of breath?  Yes  No

Is the patient:  Pale  Sweaty  Blue in colour Other

#### Confusion loss of consciousness

How did it develop?  Suddenly  Slowly Other  Is the patient unusually agitated or violent?  Yes  No

Is there any:  Chest pain  Headache  Diarrhoea  Vomiting  Breathing difficulty Other

Is there any new arm or leg weakness?  Yes  No

Observations required: Conscious state:  Normal  Hyper alert  Drowsy but easily aroused

Drowsy and difficult to arouse  Unrousable Last bowel motion  Last passed urine

Urinalysis  Blood sugar level (if diabetic)

### Cough and cold symptoms

Is the cough:  Dry  Moist Does the patient have any headache or facial pain?  Yes  No

Observations required: Is there sputum?  Yes  No (if yes, please select)  Clear  Coloured  Blood

Is there a wheeze?  Yes  No Is there nasal discharge? Yes No

### Diarrhoea or changed stool / nausea and vomiting

Is there any: Nausea  Vomiting  Diarrhoea  Yes  No How often?

What colour is the bowel motion / vomit?  Is there any visible blood?  Yes  No

Does the patient have any abdominal pain?  Yes  No

Observations required: Is the patient tolerating fluids?  Yes  No Last bowel motion  Blood sugar level (if diabetic)

### Falls, faints, fits and funny turns

How long did the episode last?  What is the injury, if any?  Is the patient in pain?  Yes  No

Is there any new weakness?  Yes  No (if yes, please select)  Face  Arm  Leg Other

Is there any:  Loss of vision  Speech  Hallucinations  Incontinence  Yes  No Other

What was the patient doing at the time?  Was there any associated:  Light headedness  Dizziness

Loss of consciousness  Yes  No Other

Observations required: Does the patient appear:  Pale  Sweaty  Anxious Other  Pain assessment – how

bad is the pain? (10 is extreme pain)  Blood sugar level (if diabetic)  Can the patient move all limbs as normal?  Yes  No

### Fever

How long has the fever lasted?  Is there any:  Cough  Abdominal pain  Rash  Skin infection  Yes

No Other  Is the patient more confused than normal?  Yes  No Is there any:  Urinary frequency

Discomfort  Offensive smelling urine  Yes  No Other  Does the patient have a catheter?  Yes  No

Observations required: Is the patient:  Shivering  Sweating  Yes  No Other

Is the patient pale?  Yes  No Urinalysis

### Urinary disorders

Is there an increase in urinary frequency?  Yes  No Is there a recent onset of urinary incontinence?  Yes  No

Is there pain on passing urine?  Yes  No Does the patient have a catheter?  Yes  No

Observations required: Is the patient sweating?  Yes  No Is there an increase in confusion?  Yes  No Urinalysis

### Lacerations

Where is the laceration?  Has the bleeding stopped?  Yes  No

Observations required: How big is the laceration?

What equipment is available?  Butterfly stitches  Glue  Suture kit Other

Additional notes:

Doctor contacted:

Doctor's orders:

The RACGP would like to acknowledge the work of the Hunter Urban Division of General Practice (now the Hunter Medicare Local) in developing the content of this resource

# phn

WESTERN NSW

An Australian Government Initiative



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Bathurst

Bourke

Broken Hill

Orange



We acknowledge that we work on the traditional lands of many Aboriginal clans, tribes and nations. We commit to working in collaboration with our region's Aboriginal communities and peoples to improve their health, emotional and social wellbeing in the spirit of partnership.

