





**Queensland  
Government**

Atherton Hospital

**Endoscopy Clinical Pathway**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**Instructions:** Initial action completed, N/A not applicable (if phase is N/A at facility, a neat line should be drawn through that section), V-Variance (record and sign all variances on sheet provided or in the progress notes). All care givers must sign signature log (page 1).  
 ⚡ Key: ▲ Nursing ■ Medical

Phase	⚡	<b>1st Stage Recovery</b>	Arrival date: ..... / ..... / .....	Time (24hr): ..... : .....	Initial	N/A	V
<b>Recovery or PACU</b> (Post Anaesthetic Care Unit)	■ ▲	<ul style="list-style-type: none"> <li>Clinical hand over from: <input type="checkbox"/> Anaesthetist <input type="checkbox"/> Nursing Staff <input type="checkbox"/> Medical Officer</li> <li>Anaesthetic record complete</li> <li>IVT / IVC insitu and patent</li> <li>ORMIS or Operative Report complete</li> <li>Post operative orders written</li> <li>Patient belongings with patient</li> <li>Patient meets criteria and is discharged as per unit protocol at (24hr): ..... : .....</li> </ul>					
<b>Discharge from recovery</b>	■ ▲	<ul style="list-style-type: none"> <li>Patient details completed and signed in ORMIS and / or AARK</li> <li>Patient discharged from 1st Stage Recovery at (24hr): ..... : .....</li> </ul>					
Phase	⚡	<b>2nd Stage Recovery</b>	Arrival date: ..... / ..... / .....	Time (24hr): ..... : .....	Initial	N/A	V
<b>Arrival in 2nd Stage / ward</b>	■ ▲	<ul style="list-style-type: none"> <li>Clinical hand over from nursing staff</li> <li>Observations are in acceptable parameters for the patient</li> <li>IVT / IVC insitu and patent</li> </ul>					
<b>Nursing care</b>	▲	<ul style="list-style-type: none"> <li>As per unit protocol</li> </ul>					
<b>Discharge</b>		<ul style="list-style-type: none"> <li>Patient meets modified PADSS for discharge</li> </ul>					

**Care Plan ▲**

The aim of this plan is to ensure that the patient achieves the following outcomes prior to discharge.

Category		Initial	N/A	V
<b>Care plan</b>	<ul style="list-style-type: none"> <li>Observations are within acceptable parameters for the patient</li> <li>Patient has tolerated diet and fluids as ordered</li> <li>Patient is able to ambulate</li> <li>Patient and / or carer understand post-procedure care instructions</li> </ul>			
<b>Investigations reviews</b>	Post-procedure: <input type="checkbox"/> X-Ray <input type="checkbox"/> Pathology <input type="checkbox"/> Criteria Led Discharge <input type="checkbox"/> Cardiac <input type="checkbox"/> Medical <input type="checkbox"/> Other: .....			
<b>Nutrition IV</b>	<ul style="list-style-type: none"> <li>Tolerating diet as ordered nil nausea or vomiting</li> <li>IVC removed – Date: ..... / ..... / ..... Time (24hr): ..... : .....</li> </ul>			
<b>Observation / BGL</b>	<ul style="list-style-type: none"> <li>As per unit protocol</li> </ul>			
<b>Patient education / discharge planning</b>	<ul style="list-style-type: none"> <li>Written and verbal information regarding post procedure care given to patient / carer</li> <li>Patient / Responsible adult advised of appropriate contacts in the event that they have any concerns</li> </ul>			
<b>Comments</b>	..... ..... ..... .....			

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**Modified PADSS (POST-Anaesthetic Discharge Scoring System)**

The maximum score is 10. Patients scoring 9 or 10 are considered ready for discharge home. Tick boxes are supplied for a second assessment if necessary. Note: mental status **oriented** to person, place and time.

<b>ASSESSMENT 1</b>	Vital Signs	Within 20% of pre-op value <input type="checkbox"/> 2	> 20–40% of pre-op value <input type="checkbox"/> 1	> 40% of pre-op value <input type="checkbox"/> 0
	Activity / Mental status	Steady gait AND oriented <input type="checkbox"/> 2	Steady gait OR oriented <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	Nausea / Vomiting	Minimal <input type="checkbox"/> 2	Moderate <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	Pain	Minimal <input type="checkbox"/> 2	Moderate <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	Surgical bleeding	Minimal <input type="checkbox"/> 2	Moderate <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	<b>Total score:</b>	<b>/ 10</b>	<b>Time:</b> ..... : .....	<b>Initial:</b>

<b>ASSESSMENT 2</b>	Vital Signs	Within 20% of pre-op value <input type="checkbox"/> 2	> 20–40% of pre-op value <input type="checkbox"/> 1	> 40% of pre-op value <input type="checkbox"/> 0
	Activity / Mental status	Steady gait AND oriented <input type="checkbox"/> 2	Steady gait OR oriented <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	Nausea / Vomiting	Minimal <input type="checkbox"/> 2	Moderate <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	Pain	Minimal <input type="checkbox"/> 2	Moderate <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	Surgical bleeding	Minimal <input type="checkbox"/> 2	Moderate <input type="checkbox"/> 1	Neither <input type="checkbox"/> 0
	<b>Total score:</b>	<b>/ 10</b>	<b>Time:</b> ..... : .....	<b>Initial:</b>

**Discharge Plan**

Category	Key: ▲ Nursing ■ Medical	Initial	N/A	V
<b>Discharge medications</b>	<ul style="list-style-type: none"> <li>Ordered</li> <li>Dispensed</li> <li>Received</li> </ul>			
<b>Follow up appointment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Given on discharge – Date: ..... / ..... / ..... Time (24hr): ..... : .....</li> <li><input type="checkbox"/> To be confirmed post discharge</li> <li><input type="checkbox"/> GP</li> <li><input type="checkbox"/> Not required</li> </ul>			
<b>Certificates</b>	<ul style="list-style-type: none"> <li>The following certificates have been provided:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical certificate</li> <li><input type="checkbox"/> Centrelink certificate</li> <li><input type="checkbox"/> Work cover certificate</li> <li><input type="checkbox"/> Travel documentation</li> <li><input type="checkbox"/> Other: .....</li> </ul> </li> </ul>			
<b>Referrals</b>	<ul style="list-style-type: none"> <li>Referred to: .....</li> </ul>			
<b>Support person</b>	<ul style="list-style-type: none"> <li>Notified of discharge – Date: ..... / ..... / ..... Time (24hr): ..... : .....</li> </ul>			
<b>Patient belongings returned</b>	<ul style="list-style-type: none"> <li>Private X-Rays / scans</li> <li>Patients own medications</li> <li>Prosthetics / Clothes / Valuables</li> <li>Mobility aids</li> </ul>			
<b>Advice for patient and / or carer</b>	<ul style="list-style-type: none"> <li>Patient / Carer able to state:               <ul style="list-style-type: none"> <li>» Signs / Symptoms requiring medical attention</li> <li>» Post procedure education and precautions</li> <li>» Emergency contact numbers</li> <li>» Written procedure information given to patient / carer</li> </ul> </li> </ul>			
<b>Discharge</b>	<ul style="list-style-type: none"> <li>Has been released into the care of: .....</li> <li>Support person signature: ..... Date: ..... / ..... / .....</li> <li>Patient discharged – Date: ..... / ..... / ..... Time (24hr): ..... : .....</li> </ul>			

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