



**Queensland
Government**

Ipswich Hospital

Endoscopy Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

- » Clinical pathways never replace clinical judgement.
- » Care outlined in this pathway **must be altered** if it is not clinically appropriate for the individual patient.

Documentation Instructions

- **Initials:** Indicates action / care has been ordered / administered.
- **N/A:** Indicates preceding care / order is not applicable.
- **Crossing out:** Indicates that there is a change in the care outlined.
- **V:** Indicates a variation from the pathway on that day, in that section. When applicable **flag it** in the “Variance” column, then document in the free text as instructed. If this variance occurs more than once daily, document the additional times of the variance in the variance free text area and in the patient’s progress notes as applicable.
- **Key:** ▲ Nursing ■ Medical
Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute.
- Every person documenting in this clinical pathway must supply a sample of their initials and signature below.

Phase	Key	Admission <input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	Initial	N/A	V
Admissions	▲	<ul style="list-style-type: none"> • Peri-operative patient record WHO Checklist • Discharge destination: <ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Community Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Other: • Planned transport home with responsible adult by: <ul style="list-style-type: none"> <input type="checkbox"/> Private Car <input type="checkbox"/> Taxi <input type="checkbox"/> Public Transport <input type="checkbox"/> Community transport Booked: <input type="checkbox"/> Hospital transport Booked: <input type="checkbox"/> Ambulance booked Booked: <input type="checkbox"/> Other: Booked: • Patient requires: <ul style="list-style-type: none"> <input type="checkbox"/> Medical certificate <input type="checkbox"/> Centrelink certificate <input type="checkbox"/> Work cover certificate <input type="checkbox"/> Travel documentation <input type="checkbox"/> Other: 			
Falls risk screen		<ul style="list-style-type: none"> <input type="checkbox"/> History of falls <input type="checkbox"/> Impaired mobility <input type="checkbox"/> Medications (e.g. epidural, sedation, narcotic) <input type="checkbox"/> Hypotension, blood loss <input type="checkbox"/> Environment (e.g. bath, shower) <input type="checkbox"/> Nil risk factors identified <input type="checkbox"/> Proceed to the inpatient Falls Risk Assessment if risks are identified 			

Signature Log

Initials	Signature	Print name	Role

DO NOT WRITE IN THIS BINDING MARGIN

ENDOSCOPY CLINICAL PATHWAY



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

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

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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.

ASSESSMENT 1	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
	Total score:	/ 10	Time: :	Initial:

ASSESSMENT 2	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
	Total score:	/ 10	Time: :	Initial:

Discharge Plan

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

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Post Operative Phone Questionnaire

1 Permission to leave message received?

Yes - phone number: No

2 Log of follow up calls

Date:	Time:	Initial:
Person spoken to:		<input type="checkbox"/> Unable to contact <input type="checkbox"/> Message left
Date:	Time:	Initial:
Person spoken to:		<input type="checkbox"/> Unable to contact <input type="checkbox"/> Message left

3 Pain measurement

0 = no pain,
10 = worst pain possible / 10

4 Pain management
 Good OK, but could be better
 Not good Totally inadequate
 No pain

5 Nausea / vomiting
 Nil
 A little, still eating
 A lot, barely anything orally
 Unable to eat or drink

6 Required treatment
 Nil
 Self treatment
 Attended GP
 Attended Emergency Department

7 Patient is aware of follow up arrangements?
 Yes No

8 Comments

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Questionnaire completed by

Name (print):	Role:
Signature:	Date:

Clinical Events / Variances

Date	Time	Phase	Variance code	Expand on variances to clinical pathway for clinical relevance, clinical history, consultations and data collection. Document as Variance / Action / Outcome (include name, signature, date and staff category with all entries).

1: Patient related 1:1 Patient condition 1:2 Patient choice 1:3 Other	2: Staff related 2:1 Clinician decision 2:2 Other	3: Hospital related 3:1 Bed availability 3:2 Equipment availability 3:3 Service availability	4: Community related 4:1 Community care booking 4:2 Community care availability 4:3 Family / Responsible adult support availability
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