



Queensland Government

#NOF Emergency Pathway for Rural Facilities

Facility: _____

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Every person documenting in this form **must** supply a sample of their initials and signature on page 2 of form.

KPI # NOFs to Theatre within 48 hours of hospital presentation

NOF interventions checklist

Initials

1. ID band or Allergy band applied	<input type="checkbox"/> Y		
2. Medical history and reason for fall documented	<input type="checkbox"/> Y		
3. Pain score recorded within 30 minutes of admission	<input type="checkbox"/> Y		
4. Xray pelvis and hip (AP and lateral)	<input type="checkbox"/> Y		
5. CXR (if # confirmed)	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
6. Full medical assessment attended	<input type="checkbox"/> Y		
7. Orthopaedic Registrar in Toowoomba notified patient admission expected	<input type="checkbox"/> Y		
8. Rural ED only: If # confirmed QAS request to transfer to Toowoomba Hospital as Red 2C. Patient to only be transferred between 0700 and 1800 hrs unless other urgent medical interventions needed	<input type="checkbox"/> Y		
9. Regular observations attended, including neurovascular observations	<input type="checkbox"/> Y		
10. Pathology ordered including FBC, U&Es, G&H and Coags, and results reviewed	<input type="checkbox"/> Y		
11. Current medications and aperients charted	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
12. Pain relief charted	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
14. Femoral nerve / fascia Iliac block	<input type="checkbox"/> Y		
15. Anticoagulants recorded including drug, date and time of last dose	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
16. ECG attended and reviewed	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
17. IDC inserted	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
18. MSU attended	<input type="checkbox"/> Y		
19. PIVC inserted and IVT commenced	<input type="checkbox"/> Y		
20. Fluid balance form commenced	<input type="checkbox"/> Y		
21. Appropriate diet provided: <input type="checkbox"/> NBM <input type="checkbox"/> HPHE <input type="checkbox"/> Modified Do not fast patient if admitted after 1600 hrs NBM from 0600 hrs	<input type="checkbox"/> Y		
22. Oxygen orders documented	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
23. Resus status documented (ARP)	<input type="checkbox"/> Y		
24. Skin assessment completed	<input type="checkbox"/> Y		
25. At Risk of Falls assessment completed	<input type="checkbox"/> Y		
26. Patient own medications to be sent with patient	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
27. Personal property – send glasses/hearing aids/CPAP to assist with orientation	<input type="checkbox"/> Y	<input type="checkbox"/> N/A	
28. Copy of rural pathway sent with patient	<input type="checkbox"/> Y		

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