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lealth) 2 by/4.0/de			URN:									
 State of Queensland (Queensland Health) 2020 BY https://creativecommons.org/licenses/by/4.0/deed.en 			Family name:									
	#NOF Emergency Pathway for Rural Facilities			Given name(s):								
				Address:								
f Queer	Facility:			irth:		Sex:	M F I					
© State of Q (cc) BY https://creati	Every person documenting in this form must supply a			a sample of their initials and signature on page 2 of form.								
o 🗖 t	KPI # NOFs to Theatre within 48 hours of hospital presentation											
DO NOT WRITE IN THIS BINDING MARGIN Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Health Information Services.		NOF interventions checklist Initials										
	1.	ID band or Allergy band applied]Y							
	2.	Medical history and reason for fall documented]Y							
	3.	Pain score recorded within 30 minutes of adm	rded within 30 minutes of admission									
	4.	Xray pelvis and hip (AP and lateral)]Y							
	5.	CXR (if # confirmed)]Y	□ N/A						
	6.	Full medical assessment attended]Y								
	7.	Orthopaedic Registrar in Toowoomba notified admission expected	patient]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]Y							
	9.	Regular observations attended, including neurovascular observations]Y							
	10.	Pathology ordered including FBC, U&Es, G&H and Coags, and results reviewed]Y							
	11.	Current medications and aperients charted]Y	N/A						
	12.	Pain relief charted]Y	□ N/A						
	14.	Femoral nerve / fascia Iliac block] _Y							
	15.	Anticoagulants recorded including drug, date a of last dose]Y	□ N/A							
l form	16.	ECG attended and reviewed]Y	□ N/A						
clinica	17.	IDC inserted]Y	□ N/A						
v2.01 - 02/2020 All c	18.	MSU attended]Y							
	19.	PIVC inserted and IVT commenced]Y							
	20.	Fluid balance form commenced]Y							
	21.	Appropriate diet provided: NBM HPHE Modified Do not fast patient if admitted after 1600 hrs NBM from 0600 hrs]Y							
	22.	Oxygen orders documented]Y	N/A						
	23.	Resus status documented (ARP)]Y							
	24.	Skin assessment completed]Y							
00104:56aca		At Risk of Falls assessment completed]Y							
	26.	Patient own medications to be sent with patien	nt]Y	□ N/A						
	27.	Personal property – send glasses/hearing aids to assist with orientation	s/CPAP]Y	□ N/A						
	28.	Copy of rural pathway sent with patient]Y							

#NOF Emergency Pathway for Rural Facilities

Queensland Government #NOF Emergency Pathway for Rural Facilities			(Affix identification label here)												
			name:												
			Given name(s):												
			Address:												
Facility:			of birth:		Sex:	M	F								
Comment	s/variances	I													
Date & Time	Document Variance / Action / Outcomes Include name, signature, date and staff category with all entries														
Signature	Log Every person documenting	in this form must s	upplv a sar	nple of their initials and sic	inature b	elow.									
				Name and Signatur			esigna	tion							
		-		-											