

**Surgical Assessment for Emergencies (SAFE)
Ward Round Tool**

Date: _____ Time: _____ Team: _____

Patient Details/Sticker

Name: _____

DOB: _____

CHI: _____

1 <u>History – Revisited</u>	<input type="checkbox"/>
2 <u>History – Relevant Information</u>	<input type="checkbox"/>
3 <u>Relevant Examination Findings</u>	<input type="checkbox"/>
4 <u>Results</u> Observations – T: _____ Sats: _____ RR: _____ HR: _____ BP: _____ Blood results – key info: _____ Radiology results – key info: _____ Urine results/BHCG – key info: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 <u>Differential Diagnosis</u>	
6 <u>Management Plan (Documentation)</u>	7 <u>Management Plan</u> 1. VTE Status <input type="checkbox"/> 2. Regular Medications <input type="checkbox"/> 3. Adequate Analgesia <input type="checkbox"/> 4. NBM Status <input type="checkbox"/> 5. IV Fluids <input type="checkbox"/> 6. Nurse Handover <input type="checkbox"/> 7. Patient Understanding <input type="checkbox"/>
8 <u>Contingency Plan/Additional Comments – if applicable</u> DNACPR status: <input type="checkbox"/> discussed <input type="checkbox"/> not discussed	9 <u>Essential Patient Info</u> Boarding Status: <input type="checkbox"/> Suitable <input type="checkbox"/> Not Suitable Discharge – if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Nurse led
10 <u>Documented by</u>	10 <u>Consultant/Registrar Signature</u>