

JOHN RADCLIFFE HOSPITAL

NEUROSURGERY DAILY REVIEW

Consultant:

Diagnosis:

NAME

DATE OF BIRTH

(Patient sticker here)

HOSPITAL NO.

DATE AND TIME

CLINICAL NOTES

(Each entry must be signed)

WR Lead:

Observations

Stable & Apyrexial

Temp

HR

BP

Sats

RR

Investigations / Results / Procedures

Bloods:

Procedure(s) and date(s)

CT:

CSF:

Symptoms, Examination, Assessment

GCS:

O/E:

Plan

Thromboprophylaxis Review Plan:

Steroids Review Plan:

Antibiotics Review Plan:

Therapy Review required?

PT

OT

Pain Team

SALT

Dietician

Discharge Plan

Planned Discharge Date:

EIDD/TTO Done

To location:

Referral done Date:

SHO:

Signature:

Bleep:

DATE AND TIME	CLINICAL NOTES (Each entry must be signed)
	<input type="checkbox"/> Consultant Review

ATTENTION:

Please strike through ALL blank areas above when starting a new sheet.