

Web Appendix 3: Replica Information Excerpts

Patient Interview Narrative Letter Example

**Diagnosis: Palpitation
Hypercholesterolaemia**

Thank you for asking me to see this pleasant man from... I think his symptom complex is related to a "mini panic attack". I think he has already been much reassured by seeing you.

Physical examination is entirely satisfactory. He has known about his high cholesterol for a while. In the context of a normal family history, I am not inclined to take much action other than to encourage him to return to regular physical activities and to eat healthily with a lot of fish, fruit and vegetables and the avoidance of saturated fat.

Today I found his BP to be very satisfactory indeed. He has a minimal tremor and quite cool peripheries. I think this merely reflects his anxiety levels. I think they are brought to a head by some financial difficulties, his girlfriend leaving to go home and his inability to find work. He has come to terms with all of these and is now in satisfactory employment.

Please let me know if you want me to see him again.

Yours sincerely

Patient Interview Integrated Care Pathway Example

Fractured Neck of Femur - ACCIDENT & EMERGENCY

Day: Date:/...../.....

Assessments - Nursing	
a) Record Baseline Observations:	
Temp.....	Pulse..... DP..... Resp.....
b) Observe - Shortened Leg: Yes <input type="checkbox"/> No <input type="checkbox"/> Observe - External Rotation : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Red Flags - Tick any of the following if appropriate.	
On Floor > 12 Hrs. <input type="checkbox"/>	SOB <input type="checkbox"/> Hypertension > 120 <input type="checkbox"/>
Stroke <input type="checkbox"/>	Chest Pain <input type="checkbox"/> Hypotension <input type="checkbox"/>
Confusion <input type="checkbox"/>	Pyrexia <input type="checkbox"/> Hypothermia <input type="checkbox"/>
Heart Attack <input type="checkbox"/>	Resus. Needed <input type="checkbox"/> Abnormal Vtal Signs <input type="checkbox"/>
If any of the <i>Red Flags</i> above apply you should refer to the CAS Doctor to continue care	
Referred to Doctor <input type="checkbox"/>	Not Applicable <input type="checkbox"/> initials
Assess Mental State using 10 Point Scale :- Nursing	
Name	Time
Address for Recall	Year
Hospital	Two People
Date of Birth	WW1 (ie 1914-18).....
Monarch	20-1 =
	Total
 initials
Medical History - Nursing	
<ul style="list-style-type: none"> • Record Medication on Admission: • Doses: Frequency: • Allergies • Record Time Record Time Of Last Meal: Of Last Drink: • Record History / Circumstances of Admission/ Event 	
<ul style="list-style-type: none"> • Known MRSA YES <input type="checkbox"/> NO <input type="checkbox"/> initials 	