

BASSETLAW'S 123 ESCALATE

DATE _____

NAME _____

NUMBER _____

ARRIVAL TIME

TIME ASSESSED (ESR or ED cubicle)

NO ID...NO ED

WRIST BAND

Y

N

1

OBSERVATIONS and PRIMARY INVESTIGATIONS

CHEST PAIN, ARRHYTHMIA or COLLAPSE?

ECG Y N NA

ECG REVIEWED WITHIN 30 MINS Y N

ASTHMA? = PEFR Y N NA

DIABETES? = BM Y N NA KETONES Y N NA

2

PAIN MANAGEMENT

PAIN SCORE

**SCORE > 7
= ESCALATE**

PAIN RELIEF GIVEN

Y

N

NA

REASON _____

3

BLOOD TESTS, IMAGING & PATHWAYS

STROKE? = CT HEAD Y N

#NOF? = XRAY Y N

SEPSIS? IPOC STARTED Y N

DKA? IPOC STARTED Y N

END OF LIFE? INDIVIDUALISED PLAN OF CARE Y N

**ANY OF THESE or
NEWS >5
= ESCALATE**

Time Assessment Complete