



STRUCTURED REVIEW OF PATIENT CARE SCAMPER

Patient details (or sticker)		Date of Ward Round:	
Surname:		Current Legal Status:	
First Name:		Expiry Date:	
DOB / CHI:		Current Pass Status:	

Nursing Review:

Completed By	Signature:	Name:	Date:
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Patient's Views:

Completed By	Signature:	Name:	Date:
Feedback By	Signature:	Name:	Date:

Ward Round Discussion:

Working Diagnosis:

Attendees:

Category:	Action:	Person Responsible:	Done:
S Social Needs			
C CMHT / IHTT Liaison			
A Assessments Required			
M Mental Health Act			
P Prescription Medication, T2/T3 & ECT			
E Engagement with Carers & Relatives			
R Risk Assessments & Review of Pass Plans			

Estimated Discharge Date	Discharge Delayed? (Y/N)
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Completed by	Signature	Name	Date
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