

Date: \_\_\_/\_\_\_/\_\_\_

**Name:**

**Hospital number:**

**Date of Birth:**

**Postcode:**

**Named consultant:**

**Type of admission:**

- Elective
- Emergency
- From clinic

**Patient's local hospital/trust:**

- Royal London
- Whipps Cross
- Homerton
- Newham
- Other: \_\_\_\_\_

**Diagnosis/Intended Procedure:**

**Presenting Complaint:**

<b>Limb ischaemia</b>		<b>Carotid artery stenosis</b>	<b>Abdominal aortic aneurysm</b>
Limb	Left / Right	Right side	Aneurysm size
Claudication distance	_____m	Left side	_____cm
Rest pain	Yes / No	Symptomatic?	Yes / No
Non-healing ulcer	Yes / No	_____	
Necrosis	Yes / No		
<b>Other:</b>			

**History of Presenting Complaint:**

Patient name:

Hospital number:

**Past Medical History:**

Hypertension

High cholesterol

Diabetes mellitus

Renal failure

MI/Angina

COPD/Asthma

Heart failure

Stroke/TIA

Liver disease

Other

**Details:**

**Past Surgical/Procedure History:**

(Previous EVAR/Angioplasty?)

**Drug History:**

Information source: Patient GP

Other \_\_\_\_\_

**Social History:**

Lives in:

Lives with:

Stairs:

ADLs:

Exercise tolerance:

Occupation:

Smoker / Ex-smoker / Non-smoker (please circle)

Pack years:

Alcohol Yes / No

Units a week:

**Allergies:**

Patient name:

Hospital number:

**Family History:**

**Systems Enquiry:**

**AMT (patients >60 years)**

DOB

Age

Address (to recall at end)

Year

Time

Place

Two persons

Year WW2 ended

Monarch

20-1

**General Examination:**

General appearance:

Blood sugar: \_\_\_\_\_ Weight: \_\_\_\_\_ Kg

Temperature: \_\_\_\_\_ °C GCS \_\_\_\_/15

Score /10

**Cardiac**

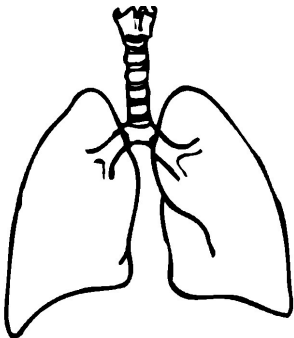
Pulse: \_\_\_\_/min      BP: \_\_\_\_ / \_\_\_\_ mmHg      Heart sounds:

JVP:                      Peripheral oedema:

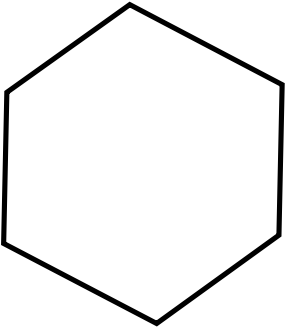
**Respiratory**

Respiratory rate:

Oxygen saturations:



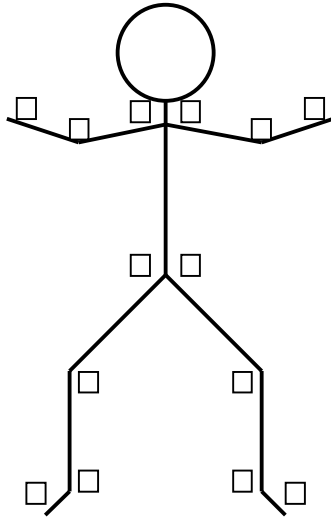
**Abdomen**



Patient name:

Hospital number:

**Vascular:** (please annotate pulses and any areas of ulceration, gangrene, cellulitis etc)



+ = present  
 - = absent

Neurological symptoms:

ABPI:

**Plan:**

**Checklist**

- Bloods + cannula
- Group and screen
- ECG
- Echo
- Drug chart
- VTE prophylaxis  (Avoid TEDs in peripheral vascular disease)
- Antibiotics (if required)
- Nil by mouth +/- sliding scale +/- IV fluids
- Casenote location
- Print out relevant clinic letters, arterial duplex reports + Anaesthetic assessments on EPR

Signature

Grade

Bleep

Print name

Date \_\_\_/\_\_\_/\_\_\_

Time