

Corridor Patient Checklist

Patient ID	
Name	
D.O.B	

Identification of Patient	
Wristband	

Perform Observations				
Time Performed	NEWS Score	Pain Score	Does NEWS Score need escalating? Who have you Escalated to?	Time Next Due

Give Prescribed Medications			
All Treatment Given		Please be mindful about time critical medications, such as Parkinson's medications	
Is Patient Clerked?	Yes / No	If Yes, is the EP Chart printed off?	Yes / No

Perform a Full Skin Assessment	
Time Performed	If unable to perform skin assessment, why not?

Update	
Documentation	
Patient / Relatives	
Staff Message	

Date	Time	Designation	Print Name	Signature

IF YOU HAVE ANY CONCERNS THEN PLEASE ESCALATE TO THE NURSE IN CHARGE/ BAND 7