**Example**

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| **Clinical details** | **Reason that admission considered** | **Admitted****Y/N** | **Discussion – could the outcome have been different** |
| *6 Month old child with high temp not feeding and vomiting* | *No obvious focus of infection 10 pm mum worried* | *Y* | *This child had been ill for 12 hours was getting worse – no calpol had been given. No obvious focus of infection and child v hot – some social pressure on admission (mum living alone not coping)* |
| *27 year old female with left sided pelvic pain and 5 weeks since LMP* | *Possible ectopic* | *Y* | *I believe this an appropriate admission – could not wait until morning due to risk of serious bleed* |
| *86 year old female patient in nursing home very confused and shouting out (2 am)* | *Pressure from nurse in charge as disturbing other residents* | *N* | *Seemed like toxic confusional state of acute onset. The patient was not previously known to this nurse but it was obvious from the records that this lady had previous episodes which responded to antibiotics - prescription given* |
| *45 year old man with acute severe r flank pain IM diclofenac administered and advice for recall in 1 hour if no better* | *Renal colic* | *N* | *I could have admitted this patient and probably would have a few years ago. These days however the ability to recall is much improved and indeed this chap had settled considerably – advised to see own GP the next day* |
| *3 year old child with D+V for 3 days not keeping fluids down and lifeless (11pm)* | *Child unwell and dehydrated* | *Y* | *Had been seen earlier in day by own GP – advised to try small amounts of fluid – child unable to tolerate even sips – Needed admission* |
| *18 month child with abdominal pain and diarrhoea* | *Extreme pressure from father (? Alcohol)* | *Y* | *Child did not require admission but social circumstances poor, father very aggressive and I had no real choice – letter to own GP highlights this* |
| *74 year old man living with wife. Cough and high temp for 3 days on Amoxicillin no better difficulty sleeping (11.30pm)* | *Chap was quite unwell* | *Y* | *I don’t think admission was appropriate here on reflection. There were no physical signs in chest and although feverish he was quite lucid and able to walk around – last patient on my shift – I wonder?* |
| *67 year old diabetic lady symptoms of UTI and high sugars. Type 2 DM on insulin – capillary sugars 19, 21 and 17 over last 3 hours* | *Loss of diabetic control with infection* | *Y* | *I really was not sure what to advise this lady regarding her insulin and I could not check her urine for ketones so I admitted her* |
| *52 year old man with 3 episodes of short lived chest pain over last 48 hours* | *Possible anginal episodes* | *Y* | *Younger man with possible new angina I felt more comfortable in admitting him despite the fact that he was fine and there were no physical signs* |
| *14 year old boy with 12 hour history of r sided abdominal pain* | *Possible appendix* | *Y* | *Gave a story of progressive colicky abdominal pain with tenderness in RIF* |