

Name:

Date of Birth:

## Suspected Bronchiolitis Community Assessment Document

Date Document Started: ~[Today...]

Hospital Number:	
Named Consultant:	Named Nurse:

### Basic Demographic Data

Patient Details			
NHS No.	~[NHS Number]	Gender	~[Sex]
Surname	~[Surname]	Forename	~[Forename]
Previous surname	~[Previous Name]	Date of Birth	~[Date Of Birth]
Address	~[Patient Address Line 1] ~[Patient Address Line 2] ~[Patient Address Line 3] ~[Patient Address Line 4] ~[Post Code]	Home tel. No	~[Telephone Number]
Next of Kin Details		Interpreter/Language Details:	
~[Next Of Kin Details]	Home: ~[Nok Phone Number] Work: ~[Nok Work Number] Mobile: ~[Nok Mobile Number]	Interpreter required Language?	~[Free Text:Is an interpreter required? Y/N If yes, which language?]
Other Information			
Religion	~[Religion]	School /Nursery Attended:	
Ethnicity	~[Ethnicity]		

### Family Details

Name	Relationship	Age	Health

### Practice Details

Registered GP	~[Registered Doctor]	Practice address	~[Surgery Address Line 1]
Referring GP	~[Free Text:Referring Doctor]		~[Surgery Address Line 2]
Practice Code	~[Practice Code]		~[Surgery Address Line 3]
Tel. No	~[Surgery Tel No.]		~[Surgery Address Line 4]
			~[Surgery Address Line 5]
Health Visitor/School Nurse:		Base	

Signed:		
Date:	GP	Admitting Nurse

Name:

Date of Birth:

**Other Relevant Medical Information:**

**Past Medical History**

~[Active Problems:AS~AM~PS~FT]

**Birth History (if relevant)**

~[ReadCode:62X~5Y~~R~Coded Data|Date|Free Text~0]

~[ReadCode:631Z~5Y~~R~Coded Data|Date|Free Text~0]

~[ReadCode:14Y~5Y~~R~Coded Data|Date|Free Text~0]

~[Free Text:Any antenatal birth postnatal problems?]

**Medication**

~[Medication]

**Allergies**

~[Allergies]

**X-Ray/Scan/Blood Test Results**

~[ReadCode:3~6M~~R~Coded Data|Date|Free Text~1]

~[ReadCode:4~6M~~R~Coded Data|Date|Free Text~1]

~[ReadCode:5~6M~~R~Coded Data|Date|Free Text~1]

~[ReadCode:246~6M~~R~Coded Data|Date|Free Text~1]

~[ReadCode:137~6M~~R~Coded Data|Date|Free Text~1]

**Weight**

~[ReadCode:22A~~~R~Date|Coded Data~1]

**Immunisations**

~[Immunisations]

**Social and Family History**

~[Free Text:Relevant Family and Social History]

**GP Signature**



Name:

DOB:

### Bronchiolitis Community Observation Sheet

Date/Time	Initial Contact	Subsequent Contacts											
Example 25/12/08 11:52													
HR	125												
RR	45												
Temp	37.7												
Saturation	96%												
Feeds since last assessment & volume expected	120ml taken, normally 180ml												
Severity (use assessment tool)	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild	Mild
	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod
	Severe	Severe	Severe	Severe	Severe	Severe	Severe	Severe	Severe	Severe	Severe	Severe	Severe
Signature													
Name													