Appendix 3: Surgeon — protocol-based round InCare-trial

Patient ID:
Date:
Time:

Patient history (summary):
(if possible refer to previous notes)

Status:
Information:
☐ Patient is fully informed about the operation ☐ Relatives are fully informed about the operation
☐ Patient or relatives are partially informed: (describe)
☐ Not possible, (give reason):

Abdominal:
Current nutritional needs are met: ☐ Yes ☐ No. Nausea: ☐ Yes ☐ No
Bandage is dry: ☐ Yes ☐ No,
Gastric-tube: ☐ No ☐ Yes, _______ ml/24 hours. Bowel sounds: ☐ Yes ☐ No
Palpation:
Faeces: ☐ No ☐ Yes,
Flatus: ☐ Yes ☐ No
Drain: ☐ No ☐ Yes, (describe)

Extremities:
Mobilisation status during the last 24 hours: ☐ Not mobilised ☐ To bedside ☐ To chair
☐ To a frame ☐ Walking with assistance ☐ Walking without assistance
Clinical signs of deep veins thrombosis (DVT): ☐ No ☐ Yes, (describe)
Is the patient on DVT prophylaxis: ☐ Yes ☐ No, (why not)________________________

Microbiological:
Temperature:________ WBC/CRP:______/_______
Antibiotics:
☐ Not given ☐ Empirically ☐ After culture ☐ Antibiotics not appropriate
Culture results:
Other:
☐ See the intensivist’s note on page:____

Para-clinical:
Haemoglobin:______ Coagulation:_________________ Diagnostic imaging/other:

Other:

Conclusion:
☐ Stable ☐ unstable, give reason(s):

Are there any postoperative complications: ☐ No ☐ Yes, (describe):
Is there consensus with the intensivist: ☐ Yes ☐ Round pending ☐ No (if NO, contact the attending intensivist)

Some trial-sites use a dictation template with the same content because of technicalities
<table>
<thead>
<tr>
<th>Plan:</th>
<th>CNS: Information about the operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not relevant</td>
</tr>
<tr>
<td></td>
<td>□ The patient to be informed tomorrow</td>
</tr>
<tr>
<td></td>
<td>□ Consultation with relatives</td>
</tr>
<tr>
<td></td>
<td>Date: ___________ Time: _____________</td>
</tr>
</tbody>
</table>

**Analgesia:**

- □ See the intensivist’s note on page: ___________
- □ Epidural analgesia is not indicated, continue planned pain treatment
- □ Continue epidural analgesia
- □ Discontinue on the: ___________
- □ Epidural infusion changed to: ___________

**Other:**

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**Abdominal:** Nutritional plan: (within 24 hours)

- □ Stated on a separate chart
- □ Continue ordinations
- □ No limits p.o □ Fluent nutrition □ Ice
- □ No intake p.o.
- □ Standard Protein fluid x _______ per day

**Return to theatre:**

- □ No □ Emergency □ scheduled operation, date: ___________

**Indication:**

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**Other:**

- □ Magnesia: Dose _______ x _______

**Drain:**

- □ See the intensivist’s note

**Extremities:** Thrombosis:

- □ Ultrasound of ______ lower limb □ ___________
- □ Continue DVT prophylaxis
- □ Discontinue DVT prophylaxis

**Mobilisation:**

- □ Not Indicated □ To bedside
- □ Chair ≥2 timer □ Chair ≥4 timer
- □ Chair ≥8 timer □ To a frame
- □ With frame x 3 □ Walking x 3

**Other:**

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**Microbiological:** Antibiotics:

- □ Not indicated
- □ Continue ordinations

**Cultures:**

- □ See the intensivist’s note

**Para-clinical:** Blood samples:

- □ Daily haemoglobin, creatinine, sodium, potassium, bilirubin, platelets, WBC, CRP

**Diagnostic imaging**

- □ See the intensivist’s note

**Other:** (incl. Respiratory/Cardiovascular/Renal)

- □ See the intensivist’s note

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Title and name: ____________________________