

Appendix: Data collection form

Ward Round Duration: _____

Number of patients seen:

Ward:				Date:		No. of COWs
Alert Number	Bed No. & Patient initials	Type of Alert	Alert seen in which screen	Action taken	Who/Name	Comments /
1						
2						
3						
4						
5						
6						
7						
8						
9						

Types of alerts

Alert seen in which screen

Who

Medication review = MR
 Consultant = C
 Allergy Alert = AA
 Foundation Year = FY
 Allergy not documented = AND
 Venous thromboembolism = VTE
 High Alert = HA
 Non-Formulary Alert = NF
 Other = O

Registrar = R
 Non-Medical = NM
 Front Page = FP
 Prescribing Page = PP
 Other = O