

## Case notes

Relating to the final inpatient admission

- General practitioner referral letter (if applicable)
- Ambulance service Patient Report Form/notes
- Emergency department clerking proforma/records
- All inpatient medical notes
- Nursing notes
- (Specialist) Palliative care notes
- Critical care notes/charts
- Microbiology/ Blood gas reports
- Operation/procedure notes/ consent forms
- CT and other radiology investigation reports/ echocardiography/ECGs
- Anaesthetic charts
- Observation charts
- Haematology/biochemistry results
- Fluid balance charts
- Blood transfusion records
- (Electronic) Drug charts – these may be stored on another system
- Nutrition/dietitian notes
- Physiotherapy notes
- Do not attempt cardiopulmonary resuscitation (DNACPR)/treatment escalation forms
- Datix or other incident reports
- Discharge letter/summary
- Autopsy report if applicable.

In addition, for the six-months prior to the final admission:

- Any discharge summaries, outpatient letters, or correspondence
- Case notes relating to previous hospital attendances within the last 6 months

In addition, if the patient died in the community, after the final admission, please provide any correspondence between the hospital and the patient.