



**Neck of Femur BIG 6 TO BE COMPLETED PRIOR TO TRANSFER  
(To be completed by medical & nursing staff)**

FIB GIVEN	<input type="checkbox"/>
4AT COMPLETE	<input type="checkbox"/>
NEWS	<input type="checkbox"/>
PUDRA COMPLETED	<input type="checkbox"/>
IV ACCESS	<input type="checkbox"/>
IV FLUIDS	<input type="checkbox"/>
BLOOD OBTAINED INC FBC U&E LFT BONE PROFILE COAG G&S	<input type="checkbox"/>
ECG OBTAINED	<input type="checkbox"/>
LATERAL HIP / PELVIS & CXR OBTAINED	<input type="checkbox"/>
HISTORY OF MALIGNANCY?	<input type="checkbox"/>
LONG FEMUR VIEWS OBTAINED	<input type="checkbox"/>
N/A	<input type="checkbox"/>
ANALGESIA PRESCRIBED ON KARDEX	<input type="checkbox"/>

**Arrival Checklist**

<b>4AT score</b> ( <i>patients over 65ys or clinical concern</i> )	<input type="checkbox"/> 4 or above (possible delirium/cognitive impairment) <input type="checkbox"/> 1-3 (possible cognitive impairment) <input type="checkbox"/> 0 (delirium/severe cognitive impairment unlikely) <input type="checkbox"/> Not indicated
<b>NEWS score on arrival</b>	<input type="checkbox"/> < 4 <input type="checkbox"/> ≥4 or significant change in NEWS score – inform receiving ortho doctor
<b>Sepsis</b>	<input type="checkbox"/> No signs of sepsis <input type="checkbox"/> Signs of sepsis – inform receiving ortho doctor
<b>Name of person completing arrival check list</b>	Name .....Signature.....