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Ward Clerking Progress Note and Escalation

Practical 01 / Supervised clinical examination

Aim

Write a supervised ward note, track change since the previous encounter and give an escalation handover.

Principle

A good progress note links subjective change, objective observations, assessment and a clearly attributed plan. Worsening trends matter even when individual readings appear unremarkable.

Materials and Requirements

- De-identified ward case notes and observation chart
- Supervising clinician or standardised team role

Procedure

1. Verify consent and the task agreed with the supervising team. Review the prior problem list and current chart.
2. Confirm the patient and agreed student role, then read the latest problem list, orders, allergies and earlier observations before adding a new entry.
3. Record new symptoms and timed observations and distinguish the patient narrative from examination findings.
4. Obtain the patient's description of what changed and the time it began. Record new measured observations with units and compare relevant symptoms, medication or fluid balance entries.

Continue with step 5 on the next page.

Procedure Continued

Ward Clerking Progress Note and Escalation

5. Compare trend and response with the previous assessment. Recognise deterioration and communicate the immediate concern.
6. Look across the observation trend for deterioration, seek help promptly and state the exact values, current clinical concern and level of help required.
7. Recheck as directed and record any actions, response and unresolved risk. Confirm the receiving clinician or team and time of the escalation.
8. Write a short progress note with date, time, relevant results, documented escalation and a plan attributed to the authorised team.
9. Write the dated note with reported history, findings, assessment and the authorised plan. Assign a clear owner and time for pending results or review.

Precautions

- Do not assume independent patient care responsibility.
- Document who received the concern and when.

Observations and Interpretation

Ward Clerking Progress Note and Escalation

Observations and Record

Item	What to record	What it tells you
Subjective change	New concern and comparison with baseline	Explains current clinical question
Objective trend	Timed observations and relevant tests	Supports urgency assessment
Plan	Authorised decision and review timing	Maintains accountability

Worked Example

A fictional patient's respiratory rate rises across three sets of observations. Call out the trend and ask for immediate assessment when the overall condition is concerning.

Result and Interpretation

Provide a dated, de-identified ward entry and explain the assessment information that prompted escalation.

Viva Questions and Answers

Why keep times on observations?

The direction and speed of change affect interpretation.

Why attribute the plan?

It distinguishes the trainee record from the authorised clinical decision.

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