

The initial clerking and subsequent documentation is essential to guiding the management of patients. The way that these clerking proformas are designed also offers an opportunity to provide reminders to clinicians and highlight areas where mistakes or omissions can lead to impacts on patient safety. The current clerking proforma dates back from to the 1990 and as such has lots of sections that are not relevant to current cardiology practice. For example, the previous cardiac investigation section includes investigations that are not relevant to current practice (figure 2)

Objectives

The aim of this project was to update this proforma and to develop it to address some of the areas that have previously led to suboptimal patient care, with a particular focus on diabetes mellitus.

Method

Assessment of current effectiveness

A brief survey was designed to assess the effectiveness of the current proforma. Particular attention was made to whether these features were documented: the date, time and grade of initial clerking; blood sugar on admission; the correct doses and form of insulins; the patient

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