

This list belongs to:

Date:

TASK PRIORITISATION TOOL

BED No. & NAME	1. URGENT R/V	2. PRESCRIBE	3. REQUEST SCAN	4. REFER	5. CANNULA/ BLOODS	6. NON-URGENT R/V	7. DISCHARGE LETTER	8. CHASE RESULTS

Proforma created by:

thewelldoctor.org

@thewell_doctor

Please be aware of your local Information Governance rules and regulations when using this proforma. You have a legal obligation to maintain patient confidentiality. @thewell_doctor does not accept responsibility for loss of patient sensitive information.
Disclaimer: This task prioritisation tool is not absolute and should only be used as a guide to the clinical urgency of tasks. Always use your clinical judgement and speak to a senior clinician if in doubt. Please refer to the "How to use this tool" section on the last page prior to use.

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How to use the Task Prioritisation Tool

The theory behind this tool is the prioritisation of tasks by clinical urgency which is a core skill all doctors need to develop. At the beginning of your medical career, it can be hard to know which task is more clinically urgent. What I've tried to do here is give you a list of clinical tasks moving from most urgent (Category 1) to least urgent (Category 8). This is especially useful at weekends when the clinical team is smaller and therefore the workload per doctor is higher and you may be delegated multiple types of tasks.

Use the first column to document names and bed spaces for the patients on the ward. During the handover tick which tasks are required for the patient in the relevant columns.

These Categories are:

1. **Urgent Review:** Assess any patients who are unwell/ urgently need review
2. **Prescribe:** Prescribe any medications that need to be prescribed
3. **Request scan:** Request urgent scans
4. **Refer:** Call other specialists for referrals that need to be made or to ask for advice
5. **Cannula/ Bloods:** Do any blood tests/ insert cannulas for those who need them (especially when the next dose of IV medication is looming - consider noting a time when the next dose of IV medication is due)
6. **Non-Urgent Review:** Review other patients who need less urgent reviews throughout the day - remember to note a time so you know who to see first!
7. **Discharge letters:** Write discharge letters / do paperwork
8. **Chase results:** Chase any outstanding results for patients

You can use the space in each box to add details about the task e.g. type of scan, specialist to refer to, list of blood tests requested. Focus in the tasks in column 1, before moving to column 2 e.t.c. to prioritise your day. You should aim to complete tasks in category 1 before moving across from left to right. During the day you can add to the tasks for each patient, which should prompt you to go back to Category 1 and work your way back across.

Examples:

- An unwell patient who needs urgent review will clearly be a greater priority than doing discharge letter paperwork.
- Prescription of new medications is important so the nurses can administer these as soon as possible.
- Requesting scans and speaking to other specialties should be done as early as possible to increase the likelihood of getting scans done on the day of the request and to allow other specialties enough time to review your patient.

Disclaimer: This list is not absolute**Example 1:**

Phlebotomy including venepuncture and cannulation should be done early so you can get test results back quickly and administer medications as soon as possible. However, the exact urgency will depend on the clinical state of the patient. If the patient is clinically stable and/or IV medication is not due for a while, these procedures can be done in category 5. If, on the other hand, the patient is clinically unstable then these procedures should form part of the initial management plan when you do your urgent review for an unwell patient - and so move to category 1.

Example 2:

Chasing non-urgent results can often wait until later in the day and discharge paperwork may take precedence so that bed spaces can be created. However, if you suspect someone may have had a myocardial infarction for example, you would want to chase the result (usually Category 8) for troponin much sooner as it will inform the management of an unwell patient (Category 1).

Always use your own clinical judgement to prioritise the urgency of clinical tasks and ask seniors when in doubt. If a senior clinician delegates a specific task to you and/or deviates from the order above, defer to their expertise.

A Note on Confidentiality:

Please take care of any documents which contain patient sensitive information. You have a legal duty as a clinician to protect patient confidentiality. You must make sure any personal information about patients that you hold or control is effectively protected at all times against improper access, disclosure or loss. You should not leave patients' records, including the information in this proforma, unattended. Notes and records may be seen by other patients, unauthorised staff, or the public if they are not managed securely.

I hope you enjoy using this proforma!

To give me feedback or get in contact with me please email: contact@thewelldoctor.org

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