**Care Home ward round list**

To be completed prior to weekly ward round and emailed to sxicb-esx.carers.bexhillpcn@nhs.net the day before or before 0830 on the day of the ward round.

**Name of contact for ward round:**

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| **Resident name** | **Date of Birth** | **Surgery** | **Observations** | **Presenting complaint/concern** |
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