Safety-Netting Coding Tool (SaNCoT) Consultation Assessment

Trainee name:	
Assessor name:	
Presenting complaint / patient problem: (e.g. shortness of breath)	
Who initiated the safety-netting advice? (did the patient ask what to look out for or did the HCP give the advice unprompted?)	[ ] Patient / carer [ ] Health care professional
What conditions / symptoms was the patient told to look out for? (e.g. if you get <u>chest pain</u> or <u>feel more unwell</u> then you should do x)	
Where was the patient told to seek further help? (tick all that apply)	[ ] GP Practice [ ] tick if specifically asked to come back to the same health care professional [ ] Out of hours provider e.g. 111 [ ] Emergency services e.g. A&E, 999 [ ] Other (specify) ……………….
Was any written safety-netting advice given? (includes advice on patient info leaflets or leaflets sent via SMS messaging as written)	[ ] No – verbal advice only [ ] Yes – verbal and written advice
Was the safety-netting advice documented in the medical notes?	[ ] No [ ] Yes
What went well? (e.g. if told to return if ongoing symptoms was a specific time frame given?)	**Suggestions for improvements?** (e.g. no safety-netting advice given and may have been clinically appropriate, or only very vague advice such as 'any problems, let me know')
Assessor name & signature:	**Date:**