❑ Electronic Triage

CHILD HEALTH BC

PEDIATRIC EMERGENCY NURSING ASSESSMENT - TREATMENT RECORD

CTAS Level _____ **Location in Department** _____

Patient label

Name/pronoun used:

Triage

ARRIVAL STATUS TO ED: Date: Time:
❑ Walked in ❑ Ambulance ❑ Police ❑ Section 28
❑ Other: ❑ Form 21

Accompanied by: ❑ Self ❑ Family/caregiver ❑ Legal guardian ❑ Other:
Transferred from: ❑ Scene ❑ Hospital ❑ Other:

WEIGHT: kg ❑ Actual ❑ Estimated with Broselow™ **HEIGHT:** cm ❑ Actual ❑ Estimated **AGE:**

PATIENT'S PRESENTING/CEDIS COMPLAINT:

PEDIATRIC ASSESSMENT TRIANGLE
Appearance: ❑ Looks well ❑ Looks unwell
Work of Breathing: ❑ Normal ❑ Concerns identified
Circulation: ❑ Normal ❑ Concerns identified
Disability: ❑ Alert ❑ Verbal ❑ Pain/Pressure ❑ Unresponsive
Comments: _____

Infection Control Screen
Does the patient have symptoms suggestive of an infectious process? ❑ No ❑ Yes
Precautions initiated: _____

Violence Screen
❑ N/A
❑ History of violence ❑ Physically aggressive ❑ Verbally aggressive
Safety measures implemented: _____

HISTORY PERTINENT TO PRESENTING/CEDIS COMPLAINT:

VITAL SIGNS: **Glucose POCT:** mmol/L **Pain score:** **Pain Scoring Tool:**

Resp: **O_2 Sat:** % **Supplemental O_2:** **HR:** **BP:** **Temp:** **PEWS score:**

SEPSIS SCREENING: ❑ Screen Negative ❑ Screen Positive Escalation:

SUICIDE SCREEN: ❑ Risk Identified Comment:

PAST MEDICAL HISTORY: ❑ Previously healthy (If less than 6 months: Birth weight kg Born at weeks gestation)

ALLERGIES: ❑ NKDA ❑ ADR ❑ Allergies ❑ Allergy band applied

MEDICATIONS: ❑ None ❑ Unknown ❑ PharmaNet

List all medications including over-the-counter, vitamins, inhalers, herbal, and any medications that the child may have accessed	Last Dose	Last Time

IMMUNIZATIONS: ❑ Up-to-date ❑ Incomplete ❑ Not given ❑ Unknown Comment:

LAST MEAL: ❑ Last liquid: h ❑ Last solid: h ❑ NPO

INTERVENTIONS: ❑ C-Spine/Hard collar ❑ Dressing/Sling/Splint ❑ Nurse initiated activities: _____
❑ Other:

FALLS: ❑ Universal falls precautions considered and initiated **TRIAGE RN SIGNATURE:**

Waiting Area Reassessment

Reassess Time	Patient Location	Progress Notes	Initials

CHILD HEALTH BC

Location in Department

Patient label

Name/pronoun used:

PEDIATRIC EMERGENCY NURSING ASSESSMENT - TREATMENT RECORD

Date: **Time:**

Initial Focused Assessment

A&B

Airway:
❑ Clear
❑ Maintains own
❑ Other: _____

Respirations:
❑ Even/Unlaboured
❑ Other: _____

Air Entry:
❑ Clear to bases bilaterally
❑ Adventitious sounds: _____
❑ Cough

❑ O_2: _____ L/min
❑ NP ❑ Face mask
❑ RT called
❑ Other: _____

C

Pulse (location): _____
❑ Normal
❑ Weak
❑ Bounding

Capillary Refill:
❑ Central _____ secs
❑ Peripheral _____ secs

Skin Temperature:
❑ Cool ❑ Warm ❑ Hot
❑ Dry ❑ Diaphoretic

Skin Colour:
❑ Normal ❑ Pale
❑ Flushed ❑ Jaundice

D

❑ Alert ❑ Voice ❑ Pain ❑ Unresponsive ❑ Behaviour normal for child

❑ Glucose POCT: ___
❑ Time: _____

STOP

If any concerns identified in A, B, C or D, use P-ENAR documentation. Communicate, escalate and document as per BC PEWS Escalation Aid.

ENT
❑ N/A

❑ Ear ❑ Nose ❑ Throat ❑ Right ❑ Left ❑ Pain ❑ Bleeding ❑ Discharge ❑ Foreign Body

Comments: _____

GI
❑ N/A

❑ Pain
❑ Bowel Sounds

❑ Nausea
❑ Vomiting

❑ Diarrhea ❑ Constipation
Last BM: _____

❑ Breast fed
❑ Formula

Comments: _____

GU
❑ N/A

❑ Dysuria ❑ Hematuria
❑ Frequency ❑ Urgency

Number of diapers/voids 24 hours: _____
Last void: _____

❑ Penile pain
❑ Penile discharge
❑ Scrotal pain

Comments: _____

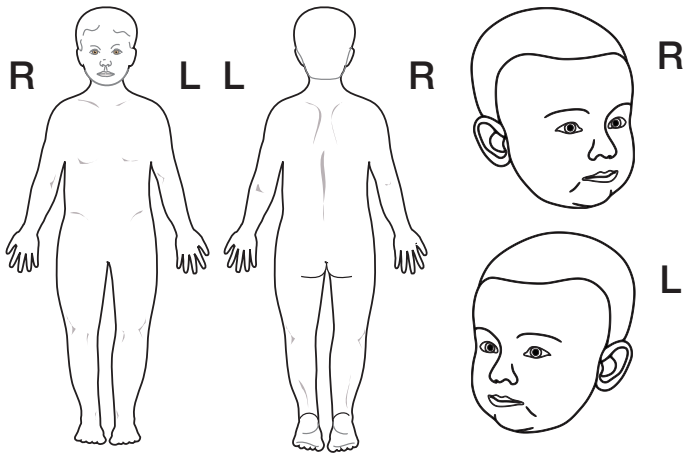
❑ Urine POCT
❑ Negative
❑ Positive: _____

Repro-duction
❑ N/A

❑ Pain ❑ Bleeding/Discharge ❑ Pregnant: _____ weeks
LMP: _____ Gravida: _____ Para: _____ Abortus: _____
Comments: _____

❑ Pregnancy Test
❑ Negative
❑ Positive

MSK
❑ N/A



Comments: _____

❑ Dressings applied ❑ Splint: _____

#	Fracture	D	Deformity	POI	Pattern of injury
#C	Compound Fracture	E	Edema		
		Er	Erythema	Pu	Purpura
A	Abrasion	H	Hematoma	R	Rash
AM	Amputation	L	Laceration	S	Swelling
B	Burn	P	Pain	T	Traction
Bi	Bite	Pet	Petechiae	///	Crush
Bl	Bleeding	Pl	Penetrating Injury	+	Bruising
C	Contusion				

❑ Concerns for non-accidental trauma (refer to guide for use); MRP made aware ❑ As per **Duty to Report Legislation** call made to MCFD 1-800-663-9122

Neuro-vascular
❑ N/A

Location:

Colour	Warmth	Movement	Sensation
❑ Normal	❑ Cold	❑ Present	❑ Present
❑ Mottled	❑ Cool	❑ Absent	❑ Absent
❑ Pale	❑ Warm	❑ Impaired	❑ Diminished
❑ Cyanotic	❑ Hot		

Pulse Strength	Right:	Left:
Pulse Location	0 = Absent 1+ = Diminished/Weak 2+ = Expected/Moderate 3+ = Full/Increasing 4+ = Bounding/Strong D = Doppler	
❑ Radial		
❑ Brachial		
❑ Femoral		
❑ Dorsalis Pedis		
❑ Posterior Tibial		

CHILD HEALTH BC

PEDIATRIC EMERGENCY NURSING ASSESSMENT - TREATMENT RECORD

Location in Department

Patient label

Name/pronoun used:

Mental Health & Substance Use

❑ Section 28 with police ❑ Form 21

Status: ❑ Appropriate ❑ Confused/Disoriented ❑ Angry/Irritable
❑ Paranoid/Suspicious ❑ Agitated/Impulsive ❑ Withdrawn

Nicotine Use: ❑ N/A
Type: _____
Route: _____
How much: _____
How often: _____
Last time used: _____

Alcohol Use: ❑ N/A
Type: _____
How much: _____
How often: _____
Last time used: _____

Substance Use: ❑ N/A
Type: _____
Route: _____
How much: _____
How often: _____
Last time used: _____

Risks Identified: ❑ None ❑ Suicidal ideation ❑ Homicidal ideation ❑ Flight risk
❑ Self harm ❑ Self-deterioration ❑ Substance Withdrawal

❑ Stated plan for harm: _____

Comments: _____

Interventions ❑ None

❑ Certified/Admitted involuntarily via the Mental Health Act

Contact: ❑ Patient aware
❑ Indigenous Patient Liaison ❑ Social Worker
❑ Mental Health Team
❑ Substance Use Team
❑ Concurrent Disorders Team
❑ Other: _____

❑ Validated screening tool(s) used based on risks identified: _____
❑ Violence and Aggression ALERT completed
❑ Safety/Risk Mitigation Plan initiated

Fluid Balance (volume documented in mL)

Intake								Output		
Time	Site	Catheter Size	Initials	Solution/Blood	IV Amount Start	IV Amount Infused	Oral Intake	Time	Type	Amount
					Total				Total	

Time	Medication	Dose	Route	Initials	IDC

ABBREVIATIONS

A	Airway	ENT	Ear, Nose and Throat	Lpm	Litre per minute	NPO	Nothing Per Mouth
ADR	Adverse Drug Reaction	GI	Gastrointestinal	MCFD	Ministry of Children and Family Development	O_2 Sat	Oxygen Saturation
B	Breathing	GU	Genitourinary	mL	Milliliter	PEWS	Pediatric Early Warning System
BP	Blood Pressure	h	Hour	mm	Millimetre	POCT	Point Of Care Testing
C	Circulation	HR	Heart Rate	mmol/L	Millimole per litre	R	Right
CEDIS	Canadian Emergency Department Information System	IDC	Independent Double Check	MRP	Most Responsible Practitioner	Resp	Respiration
cm	Centimeter	kg	Kilogram	MSK	Musculoskeletal	RN	Registered Nurse
CTAS	Canadian Triage and Acuity Scale	L	Left	N/A	Not Applicable	RT	Respiratory Therapist
D	Disability	LBM	Last Bowel Movement	NP	Nasal Prongs	Temp	Temperature
ED	Emergency Department	LMP	Last Menstrual Period	NKDA	No Known Drug Allergies		

CHILD HEALTH BC

PEDIATRIC EMERGENCY NURSING ASSESSMENT - TREATMENT RECORD

Location in Department

Patient label

Name/pronoun used:

Time	Nursing Documentation Notes

Discharge Date: _____ **Time:** _____ h

❑ Discharged by MRP
❑ Left before being seen by MRP ❑ Left before assessment complete by RN
❑ Left against medical advice
❑ Home ❑ Other: _____
Accompanied by: ❑ Self ❑ Family/caregiver ❑ Legal guardian
❑ Police ❑ Ambulance ❑ Other: _____
❑ Discharge instructions and plan provided ❑ Patient info pamphlet provided
❑ Verbalized understanding of discharge instructions/medications

Disposition Date: _____ **Time:** _____h

❑ Admission
Unit: _____

❑ Transfer
Hospital: _____

❑ Death
❑ Other: _____

Comments:

Date (mm/dd/year)	Printed Name	Signature	Initials	Designation

Revised November 2023