

CTAS Level

Location in Department

Patient label

**PEDIATRIC EMERGENCY  
NURSING ASSESSMENT TREATMENT**

**Arrival Status to ED** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Presented to hospital by:**  Walked in  Ambulance  \_\_\_\_\_

**Transferred from:**  Scene  Hospital  \_\_\_\_\_

**Accompanied by:**  Self  Family  \_\_\_\_\_

**Physical** Height: \_\_\_\_\_ cm Age: \_\_\_\_\_

Weight: \_\_\_\_\_ kg  Actual  Estimated

**Pediatric Assessment Triangle/Critical First Look** **Interventions**

**Appearance:**  Looks well  Unwell  
**Work of Breathing:**  Adequate  Concerns identified  
**Circulation:**  Normal  Concerns identified  
 Dressing/Sling/Splint  
 Nurse initiated activities  
 \_\_\_\_\_

**Chief Complaint** \_\_\_\_\_

**Presenting Complaint/Relevant History**

**Past Medical History**

If less than 6 months: Birth weight \_\_\_\_\_ kg  
 Born at \_\_\_\_\_ weeks gestation  Previously healthy

**Last Meal:**  Last liquid: \_\_\_\_\_ h  
 Last food: \_\_\_\_\_ h  NPO

**Waiting Area CTAS Reassessment**

Reassess Time	Patient Location	Progress Notes	Initials

**Allergies**  NKDA • ADR  Allergy band applied

Allergies:

**Infection Control Screen**  
 Does the patient have symptoms suggestive of an infectious process?  
 No  Yes, precautions initiated: \_\_\_\_\_



**Medications** • Best possible medication history

None  Unknown  Pharmanet  Medication history completed

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

Last dose Last time

**Falls** **Sepsis Screening**

Falls assessment completed  Time: \_\_\_\_\_

**Immunizations**

Up-to-date  Incomplete  Due  Not given  
 Unknown  Last tetanus

**Triage RN Signature**

**Initial Focused Assessment** N/A = Not Assessed Time: \_\_\_\_\_

**A&B**  Non-laboured breathing  Laboured (see comments)  Cough  
 A/E clear to based bilaterally  Adventitious sounds: \_\_\_\_\_  
 Comments: \_\_\_\_\_  O<sub>2</sub>: \_\_\_\_\_ L/min  
 NP  Face mask  
 RT called

**C** PULSE:  Regular  Irregular  Strong  Weak Capillary Refill Time:  \_\_\_\_\_ secs (normal ≤ 2 secs)  
 SKIN:  Normal  Warm  Pale  Jaundice  Flushed  Dry  Cool  Moist

**D (Neuro)**  Alert  Drowsy  Lethargic  Irritable  Behaviour normal for child  
 Comments: \_\_\_\_\_  Glucometer: \_\_\_\_\_  
 Time: \_\_\_\_\_

**GI**  Nausea  Vomiting  Diarrhea  Constipation Last BM: \_\_\_\_\_  
 Bowel Sounds  Breast fed  Formula Comments: \_\_\_\_\_

**GU**  Dysuria  Frequency  Urgency  Hematuria  Distention  U/A sent  
 N/A Number of diapers/voids 24 hours: \_\_\_\_\_ Last void: \_\_\_\_\_  
 Describe any changes: \_\_\_\_\_  U bag applied

N/A  Pain  Bleeding LNMP: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_ A: \_\_\_\_\_  
 Known pregnancy  Penile discharge  Penile pain  Scrotal pain  
 Comments: \_\_\_\_\_

<b>MSK</b> <input type="checkbox"/> N/A	Rash, wound or injury and location		Colour	Warmth	Movement	Sensation	Pulse location: _____	
							Strength (0 - +4 )	
	SWELLING	PAIN	DEFORMITY		LACERATION		R	L

