Date: _____________

CHILD HEALTH BC

Location in Department

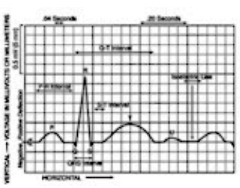
PEDIATRIC EMERGENCY
NURSING ASSESSMENT RECORD

Revised Sept 2018

Patient label

Time	Nursing Documentation Notes

Lead: _______ Impression: ____________________ Rate: ________ QT: ________ PR: ________ QRS: ________



Initial Monitor Strip

Date: _____________

CHILD HEALTH BC

Location in Department

PEDIATRIC EMERGENCY
NURSING ASSESSMENT RECORD

Patient label

Fluid Balance

Intake								Output		
Time	Site	Cath size	Initials	Solution/Blood	Amount	IV in	Oral	Time	Urine	Other
Total								Total		

Time	Medication	Dose	Route	Initials

Discharge Time: _____________ h

❏ Home ❏ Other: ______________________

Accompanied by: ❏ Self ❏ Family/caregiver ❏ RCMP ❏ BCAS
❏ Other: ______________________

❏ Discharge instructions provided ❏ Patient info pamphlet provided
❏ Verbalized understanding of discharge instructions/medications

Admission Time: _____________ h

❏ Unit: ________________

Transfer/Consult Time: _____________ h

❏ PTN: _______ h ❏ Telehealth/Telepicu _______ h
❏ Hospital: ______________________
❏ Other: ______________________

Printed Name	Signature	Initials

❏ Electronic Triage

CHILD HEALTH BC

CTAS Level

Location in Department

PEDIATRIC EMERGENCY
NURSING ASSESSMENT RECORD

Patient label

Chief Complaint

Arrival Status to ED

Date: ____________ Time: ______________

Presented to hospital by:
❏ Walked in ❏ Ambulance ❏ Other: ___________

Transferred from:
❏ Scene ❏ Hospital ❏ Other: ___________

Accompanied by:
❏ Self ❏ Family ❏ Other: ___________

Presenting Complaint/Relevant History

Physical

Weight: _______ kg ❏ Actual ❏ Estimated
Height: _______ cm Age: _________

Interventions

❏ C-Spine/Hard collar ❏ Dressing/Sling/Splint ❏ Nurse initiated activities
❏ Other: ______________________

Pediatric Assessment Triangle

Appearance:
❏ Looks well
❏ Unwell

Circulation:
❏ Normal
❏ Concerns identified

Work of Breathing:
❏ Adequate
❏ Concerns identified

Disability:
❏ Alert
❏ Verbal
❏ Pain
❏ Unresponsive

Waiting Area CTAS Reassessment

Reassess Time	Patient Location	Progress Notes	Initials

Sepsis Screening

❏ Sepsis screen completed
Time completed: ________

Infection Control Screen

Does the patient have symptoms suggestive of an infectious process?
❏ No
❏ Yes, precautions initiated: ___________

STOP

Medications

❏ 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

Allergies

❏ NKDA • ADR ❏ Allergies (please document)
❏ **Allergy band applied**

Past Medical History

If less than 6 months: Birth weight ________ kg Born at __________ weeks gestation
❏ Previously healthy

Immunizations

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

Last Meal

❏ Last liquid: __________ h
❏ Last food: __________ h
❏ NPO

Falls

❏ Falls assessment completed

Triage RN Signature

Revised Dec 2018

Date: ____________

Location in Department

Patient label

CHILD HEALTH BC
PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD

Primary Assessment

Time: ____________
Initial: ____________

Airway
❑ Clear ❑ Maintainable
❑ Not maintainable

Airway Interventions ❑ None
❑ Positioning ❑ Suctioning ❑ Foreign body removed ❑ Airway ❑ Oral ❑ Nasal
❑ Advanced Airway ETT/Supraglottic ____________________
❑ C-Spine ❑ Discontinued at ____________ hours by ____________

Comments:

Breathing

Air Entry:
A - Absent
N - Normal
↓ - Decreased
W - Wheezes
C - Crackles
L R

Sounds:
❑ Stridor
❑ Grunting
❑ Referred upper airway
❑ Audible wheeze

Work of Breathing:
❑ Respirations even/Unlaboured
❑ Nasal flaring ❑ Tracheal tug
❑ Head bobbing ❑ Tripod
❑ Indrawing: ____________
❑ Abdominal breathing

Cough:
❑ None
❑ Weak
❑ Productive
❑ Non-productive

Chest Movement:
❑ Symmetrical ❑ Nonsymmetrical

Breathing Interventions ❑ None
❑ SpO_2 Monitoring
❑ Capnography
❑ Oxygen by:
❑ NP __________ Lpm
❑ Face mask __________ Lpm
❑ Non-rebreather __________ Lpm
❑ Heated Humidifed High Flow Therapy ________ FiO_2
❑ BVM at 100%
❑ RT called
❑ PRAM initiated
❑ Needle Thoracotomy
❑ Chest tube insertion:
❑ L ❑ R Time: __________ Size: __________
❑ Other: ______________________

Comments:

Circulation

Pulses: Central: ❑ Normal ❑ Weak ❑ Bounding
Peripheral: ❑ Normal ❑ Weak ❑ Bounding

Capillary Refill Time: ❑ ______ seconds (normal less than or equal to 2 sec)

Skin Colour: ❑ Pink ❑ Pale ❑ Grey/Cyanotic ❑ Grey/Mottled ❑ Jaundice

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

Fontanelles: ❑ Closed ❑ Soft/Flat ❑ Depressed ❑ Full ❑ Bulging

Circulation Interventions ❑ None
❑ Cardiorespiratory Monitor
❑ IV Initiated (see IV flowsheet)
❑ IO initiated (see IV flowsheet)
❑ CPR initiated (see resuscitation record)
Comment: ____________________

Comments:

Disability
❑ Blood Glucose: __________ Time: __________
❑ Alert Responds to: ❑ Voice ❑ Pain ❑ Unresponsive ❑ PERRL
Pupil Size: Left: ______ mm ❑ Brisk ❑ Sluggish ❑ None
Right: ______ mm ❑ Brisk ❑ Sluggish ❑ None
❑ Photophobia ❑ Headache

Disability Interventions ❑ None
❑ Siderails up
❑ Seizure pads on siderails
❑ Falls protocol
❑ Restraint protocol

Comments:

Exposure
❑ Clothing removed

Exposure Interventions ❑ None
❑ Warm blanket provided

Comments:

Date: ____________

Location in Department

Patient label

CHILD HEALTH BC
PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD

Secondary Assessment

Time: ____________
Initial: ____________

Cardiovascular
Heart Sounds: ❑ S1, S2 clear
Heart Rhythm: ❑ Regular ❑ Irregular
Chest Pain:
❑ N/A
❑ Yes Location: ______________

Cardiovascular Interventions ❑ None
❑ Cardiorespiratory Monitor
❑ ECG: ________ hrs

Comments:

Gastrointestinal
Bowel Sounds: ❑ Present ❑ Absent
Abdomen:
❑ Soft ❑ Rigid
❑ Non-tender on palpation
❑ Tender/Pain: ____________
❑ Flat ❑ Distended
❑ Gastric tube: ____________

Symptoms:
❑ Nausea
❑ Vomiting
❑ Hematemesis
❑ Diarrhea ❑ Constipation
❑ LBM: ____________

Gastrointestinal Interventions ❑ None
❑ NG ❑ OG
Size: ________ ❑ L ❑ R

Comments:

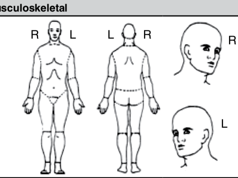
Genitourinary
Urine: ❑ N/A
❑ Pain: ____________
❑ Burning
❑ Urgency
❑ Frequency
❑ Hematuria
❑ Last void: ____________
❑ Number of wet diapers in last 24 hours: ____________

Reproduction: ❑ N/A
❑ LMP: ____________
❑ Sexually active
❑ Pregnant: ________ weeks
❑ Previous pregnancies
❑ Discharge ❑ Bleeding
Amount: ________ Duration: ________
❑ Penile discharge/Pain
❑ Scrotal pain

Genitourinary Interventions ❑ None
Catheter type:
❑ Foley ❑ Other: ____________
Size: ________ Time: ________
❑ Urine dip ❑ Mid-stream ❑ Catheter
❑ Negative ❑ Positive: __________
❑ Pregnancy test: ❑ Negative ❑ Positive

Comments:

Musculoskeletal



Musculoskeletal Interventions ❑ None
❑ See diagram
❑ Dressings applied to wounds
❑ Splint: ____________ ❑ Trauma record

#	Fracture	D	Deformity
#C	Compound Fracture	S	Swelling
A	Abrasion	H	Hematoma
L	Laceration	AM	Amputation
B	Burn	P	Pain
C	Contusion	PI	Penetrating Injury
T	Traction	///	Crush
E	Edema	+	Bruising
R	Rash		

Psychosocial
Behaviour: ❑ Appropriate/Cooperative
❑ Uncooperative ❑ Threatening to leave against medical advice
At Risk to Self/Others: ❑ Suicidal ideation ❑ Homicidal ideation
❑ Plan: ____________________
Violence and Aggression: ❑ Confusion/Disorientation ❑ Angry/Irritable
❑ Paranoid/Suspicious ❑ Agitated/Impulsive
Substance Use: ❑ Substance intoxication/Withdrawal

Psychosocial Interventions ❑ None
❑ Certified
❑ Clothing and belongings removed
❑ Restraint protocol ❑ Social Worker
❑ MCFD ❑ Psychiatry consult
❑ Other: ____________
❑ Contract to safety
❑ Violence and Aggression ALERT
❑ Heartsmap completed Time: ________

Comments:

Date: ____________

Location in Department

Patient label

CHILD HEALTH BC
PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD

Time	Nursing Documentation Notes