Date: ______________

CHILD HEALTH BC

PEDIATRIC EMERGENCY
NURSING ASSESSMENT RECORD

Location in Department

Patient label

Name/pronoun used:

Time	Nursing Documentation Notes

Date: ______________

CHILD HEALTH BC

PEDIATRIC EMERGENCY
NURSING ASSESSMENT RECORD

Location in Department

Patient label

Name/pronoun used:

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

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

❑ Electronic Triage

CHILD HEALTH BC

PEDIATRIC EMERGENCY
NURSING ASSESSMENT 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

Revised November 2023

Date: _____

CHILD HEALTH BC

PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD

Location in Department

Patient label

Name/pronoun used:

Primary Assessment

Time: _____

Initial: _____

AIRWAY

❑ Clear ❑ Maintains own ❑ Unable to maintain

Airway Interventions ❑ None

❑ Positioning ❑ Suctioning ❑ Foreign body removed ❑ C-Spine precautions

❑ Oral Airway ❑ Nasal Airway ❑ Advanced Airway Size _____

Comments:

BREATHING

Work of Breathing:

❑ Respirations even/Unlaboured

❑ Nasal flaring ❑ Tracheal tug

❑ Head bobbing ❑ Tripod

❑ Indrawing: _____

❑ Abdominal breathing

❑ Chest Symmetrical

❑ Chest Nonsymmetrical

Air Entry:

A - Absent

N - Normal

↓ - Decreased

W - Wheezes

C - Crackles

L R

Adventitious Sounds:

❑ Snoring

❑ Stridor

❑ Wheezing

❑ Gurgling

❑ Grunting

❑ Crackles

Cough:

❑ None

❑ Productive

❑ Non-productive

Comments:

Breathing Interventions ❑ None

❑ SpO_2 Monitoring ❑ ABG ❑ RT called

❑ Capnography

❑ Oxygen by:

❑ Nasal Prongs ❑ Face mask ❑ Non-rebreather _____ Lpm

❑ Heated Humidifed High Flow Therapy _____ FiO_2

❑ BVM at 100%

❑ PRAM initiated

❑ Needle Thoracostomy ❑ L ❑ R Time: _____

❑ Chest tube ❑ L ❑ R Time: _____ Size: _____

❑ Other: _____

CIRCULATION

Pulses

Central:

❑ Normal

❑ Weak

❑ Bounding

❑ Absent

❑ Doppler

Peripheral:

❑ Normal

❑ Weak

❑ Bounding

❑ Absent

❑ Doppler

Skin Temperature:

❑ Cool

❑ Warm

❑ Hot

❑ Dry

❑ Diaphoretic

Colour:

❑ Normal

❑ Pale

❑ Flushed

❑ Cyanotic

❑ Mottled

❑ Jaundice

Pulse Location:

Central/Peripheral: _____ /_____

Capillary Refill:

❑ Central ____ seconds

❑ Peripheral ____ seconds

Fontanelles:

❑ Closed

❑ Soft/Flat

❑ Depressed

❑ Bulging

Mucous Membranes:

❑ Dry

❑ Moist

Comments:

Circulation Interventions ❑ None

❑ Cardiorespiratory Monitoring

❑ Vascular access obtained (see fluid balance record)

❑ Fluid bolus initiated (see fluid balance record)

❑ CPR initiated (see resuscitation record)

❑ Other: _____

DISABILITY/NEUROLOGICAL STATUS

❑ Glucose POCT: _____

❑ Alert ❑ Voice ❑ Pain ❑ Unresponsive

❑ Behavior normal for child

❑ Seizure activity

❑ Extremity weakness/deficits

❑ Hypotonia/Floppy

❑ Headache

❑ Photophobia ❑ Blurred Vision

Pupils:

❑ PERRLA

Right: _____ mm

❑ Brisk ❑ Sluggish ❑ Fixed

Left: _____ mm

❑ Brisk ❑ Sluggish ❑ Fixed

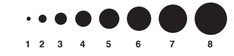
Disability Interventions ❑ None

❑ Siderails up

❑ Seizure pads on siderails

❑ Universal falls precautions initiated

Pupil size (mm)



Comments:

EXPOSURE

❑ Clothing removed

Exposure Interventions ❑ None

❑ Active re-warming: _____

Date: _____

CHILD HEALTH BC

PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD

Location in Department

Patient label

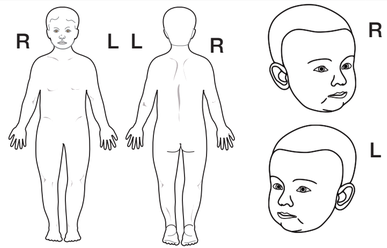
Name/pronoun used:

Secondary Assessment

Time: _____

Initial: _____

MUSCULOSKELETAL



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

Musculoskeletal Interventions ❑ None

❑ Dressings applied ❑ Splint: _____

❑ 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

Comments:

CARDIOVASCULAR

Heart Sounds: ❑ S1, S2 clear

Heart Rhythm: ❑ Regular ❑ Irregular

Chest Pain: ❑ N/A ❑ No ❑ Yes

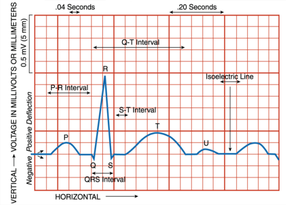
Description: _____

Cardiovascular Interventions ❑ None

❑ Cardiorespiratory Monitoring

❑ ECG (e.g. 12 lead) Time:_____

Lead: _____ Impression: _____ Rate: _____ PR: _____ QRS: _____ QT: _____



Initial Monitor Strip

ABBREVIATIONS

ABG	Arterial Blood Gas	FiO_2	Fraction of Inspired Oxygen	mm	Millimetre	PEWS	Pediatric Early Warning System
ADR	Adverse Drug Reaction	h	Hour	mmol/L	Millimole per litre	POCT	Point Of Care Testing
BP	Blood Pressure	HR	Heart Rate	MRP	Most Responsible Practitioner	PRAM	Pediatric Respiratory Assessment Measure
BVM	Bag Valve Mask	IDC	Independent Double Check	#	Number	PTN	Patient Transfer Network
CEDIS	Canadian Emergency Department Information System	kg	Kilogram	N/A	Not Applicable	R	Right
cm	Centimeter	L	Left	NG	Nasogastric	Resp	Respiration
CPR	Cardiopulmonary Resuscitation	LBM	Last Bowel Movement	NKDA	No Known Drug Allergies	RN	Registered Nurse
C-Spine	Cervical Spine	LMP	Last Menstrual Period	NPO	Nothing Per Mouth	RT	Respiratory Therapist
CTAS	Canadian Triage and Acuity Scale	Lpm	Litre per minute	O_2 Sat	Oxygen Saturation	S1S2	First heart sound, Second heart sound
ECG	Electrocardiogram	MCFD	Ministry of Children and Family Development	OG	Orogastric	SpO_2	Saturation of Peripheral Oxygen
ED	Emergency Department	mL	Milliliter	PERRLA	Pupils Equal, Round and React to Light and Accomodation	Temp	Temperature

Date: _____

CHILD HEALTH BC

PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD

Location in Department

Patient label

Name/pronoun used:

Secondary Assessment

Time: _____

Initial: _____

GASTROINTESTINAL

Bowel Sounds: ❑ Present ❑ Absent

Abdomen:

❑ Soft ❑ Rigid

❑ Non-tender on palpation

❑ Tender/Pain: _____

❑ Flat ❑ Distended

❑ Tubes insitu: _____

❑ Breast fed ❑ Formula

Symptoms:

❑ Nausea

❑ Vomiting # of times ____ colour _____

❑ Hematemesis

❑ Diarrhea # of times ____ colour _____

❑ Constipation

❑ LBM: _____

Gastrointestinal Interventions ❑ None

❑ NG tube ❑ OG tube

Size: _____ ❑ L ❑ R

Length: _____

Time: _____

Comments:

GENITOURINARY

❑ Pain: _____

❑ Burning

❑ Urgency

❑ Frequency

❑ Hematuria

❑ Last void: _____

❑ Number of wet diapers in last 24 hours: _____

Penile/Scrotal:

❑ Pain

❑ Discharge

❑ Swelling

Vaginal:

❑ Bleeding

❑ Pain

❑ Discharge

Genitourinary Interventions ❑ None

Catheter type:

❑ Foley ❑ Other: _____

Size: _____ Time: _____

❑ Urine POCT ❑ Mid-stream ❑ Catheter

❑ Negative ❑ Positive: _____

Comments:

REPRODUCTION ❑ N/A

❑ LMP: _____ ❑ Sexually active

❑ Pregnant: _____ weeks

Gravida: _____ Para: _____ Abortus: _____

❑ Discharge ❑ Bleeding Amount: _____ Duration: _____

Reproduction Interventions ❑ None

❑ Pregnancy test:

❑ Negative ❑ Positive

Comments:

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

Revised November 2023