**Pediatric Assessment Triangle/Critical First Look**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Appearance</th>
<th>Weight</th>
<th>Accompanied by</th>
<th>Transferred from</th>
<th>Present to hospital by</th>
<th>Past Medical History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height:</td>
<td>______ cm</td>
<td>______ kg</td>
<td>Self</td>
<td>Hospital</td>
<td></td>
<td>If less than 6 months: Birth weight ______ kg</td>
</tr>
<tr>
<td>Age:</td>
<td>______</td>
<td>______ kg</td>
<td>Family</td>
<td></td>
<td></td>
<td>Born at _____ weeks gestation</td>
</tr>
</tbody>
</table>

**Interventions**

- Dressing/Sling/Splint
- Nurse initiated activities

**Waiting Area CTAS Reassessment**

<table>
<thead>
<tr>
<th>Reassess Time</th>
<th>Patient Location</th>
<th>Progress Notes</th>
<th>Initials</th>
</tr>
</thead>
</table>

**Infection Control Screen**

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

**Medications**

- Best possible medication history

- Last dose
- Last time

**Falls**

- Falls assessment completed
- Time: __________________________

**Sepsis Screening**

- Up-to-date
- Incomplete
- Due
- Not given

**Immunizations**

- Unknown
- Last tetanus

**Triage RN Signature**

**Initial Focused Assessment**

- N/A = Not Assessed
- Time: __________________________

**A&B**

- Non-laboured breathing
- Laboured (see comments)
- Cough

**C**

- PULSE: Regular
- Irregular
- Strong
- Weak
- Capillary Refill Time: ______ secs (normal ≤ 2 secs)

**D (Neuro)**

- Alert
- Drowsy
- Lethargic
- Irritable
- Behaviour normal for child

**GU**

- N/A
- Dysuria
- Frequency
- Urgency
- Hematuria
- Distention

**GI**

- N/A
- Nausea
- Vomiting
- Diarrhea
- Constipation

**MSK**

- N/A
- Rash, wound or injury and location

**Allergies**

- NKDA • ADR • Allergy band applied

- Allergies: __________________________

- Last Meal: Last liquid: ______ h
- Last food: ______ h
- NPO

**Past Medical History**

- If less than 6 months: Birth weight ______ kg
- Born at _____ weeks gestation
- Previously healthy

- Last BM: ______
- U/A sent
- U bag applied

**Presenting Complaint/Relevant History**

- Last food: ______ h
- Last liquid: ______ h

**Pediatric Assessment**

- Looks well
- Adequate
- Concerns identified
- Concerns identified

- Normal
- Concerns

- A/E clear to based bilaterally
- Adventitious sounds: __________________________

- ADR
- Fever
- Rash, wound or injury and location

- ADR
- Fever
- Rash, wound or injury and location

- Colour
- Warmth
- Movement
- Sensation

- SENSATION

- Strength (0 - 4+)

- Rash, wound or injury and location
- Colour
- Warmth
- Movement
- Sensation

- SWELLING
- PAIN
- DEFORMITY
- LACERATION

- R
- L
**For CTAS Level 4 and 5 only**

**Patient label**

**Location in Department**

---

**PEDIATRIC EMERGENCY NURSING ASSESSMENT TREATMENT**

---

### Psychosocial

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Psychosocial Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appropriate/Cooperative</td>
<td>- Certified</td>
</tr>
<tr>
<td>- Uncooperative</td>
<td>- Clothing and belongings removed</td>
</tr>
<tr>
<td>- Threatening to leave</td>
<td>- Restraint protocol</td>
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<tr>
<td></td>
<td>- Social Worker</td>
</tr>
<tr>
<td>At Risk to</td>
<td>- MCFD</td>
</tr>
<tr>
<td>Self/Others</td>
<td>- Psychiatry consult</td>
</tr>
<tr>
<td>- Suicidal ideation</td>
<td>- Other:</td>
</tr>
<tr>
<td>- Homicidal ideation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Contract to safety</td>
</tr>
<tr>
<td>Violence and Aggression</td>
<td>- Violence and Aggression ALERT</td>
</tr>
<tr>
<td>- Confusion/Disorientation</td>
<td>- HEARTSMAP completed</td>
</tr>
<tr>
<td>- Angry/Irritable</td>
<td>- Time:</td>
</tr>
<tr>
<td>- Paranoid/Suspicious</td>
<td></td>
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<tr>
<td>Substance Use</td>
<td></td>
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<tr>
<td>- Substance intoxication/Withdrawal</td>
<td>- Other:</td>
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</tbody>
</table>

**Comments: ________________________________**

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### Fluid Balance

#### Intake

<table>
<thead>
<tr>
<th>Time</th>
<th>Site</th>
<th>Cath size</th>
<th>Initials</th>
<th>Solution/Blood</th>
<th>Amount</th>
<th>IV in</th>
<th>Oral</th>
<th>Time</th>
<th>Urine</th>
<th>Other</th>
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#### Output

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Initials</th>
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</table>

**Safety measures implemented:**

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### Psychosocial Interventions

- Certified
- Clothing and belongings removed
- Restraint protocol
- Social Worker
- MCFD
- Psychiatry consult
- Other: ________________________________
- Contract to safety
- Violence and Aggression ALERT
- HEARTSMAP completed
- Time: __________

---

**Discharge Time: __________ h**

<table>
<thead>
<tr>
<th>Home</th>
<th>Other:</th>
<th>_________</th>
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</table>

**Transfer/Consult Time: __________ h**

<table>
<thead>
<tr>
<th>PTN:</th>
<th>Telehealth/Telepicu</th>
<th>Hospital:</th>
<th>Other:</th>
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</table>

**Accompanied by:**

<table>
<thead>
<tr>
<th>Self</th>
<th>Family/caregiver</th>
<th>RCMP</th>
<th>BCAS</th>
<th>Other:</th>
<th>_________</th>
</tr>
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</table>

**Discharge instructions provided**

<table>
<thead>
<tr>
<th>Verbalized understanding of discharge instructions/medications</th>
<th>Other:</th>
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</tbody>
</table>

**Printed Name**

**Signature**

**Initials**

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Revised Dec 2018