❑ Electronic Triage

CHILD HEALTH BC

For CTAS Level 4 and 5

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

Appearance:
❑ Looks well
❑ Unwell

Work of Breathing:
❑ Adequate
❑ Concerns identified

Circulation:
❑ Normal
❑ Concerns identified

Interventions

❑ 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 ❑ **Allergy band applied**

❑ Allergies:

Infection Control Screen

Does the patient have symptoms suggestive of an infectious process?

❑ No ❑ Yes, precautions initiated: _____

STOP

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

❑ Falls assessment completed

Sepsis Screening

❑ 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_2: _____ 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 ❑ N/A

❑ Nausea ❑ Vomiting ❑ Diarrhea ❑ Constipation Last BM: _____
❑ Bowel Sounds ❑ Breast fed ❑ Formula Comments: _____

GU ❑ N/A

❑ Dysuria ❑ Frequency ❑ Urgency ❑ Hematuria ❑ Distention
Number of diapers/voids 24 hours: _____ Last void: _____
Describe any changes: _____

❑ U/A sent
❑ U bag applied

♀ ♂ ❑ N/A

❑ Pain ❑ Bleeding LNMP: _____ G: _____ P: _____ A: _____
❑ Known pregnancy ❑ Penile discharge ❑ Penile pain ❑ Scrotal pain
Comments: _____

MSK ❑ N/A

Rash, wound or injury and location	Colour	Warmth	Movement	Sensation	Pulse location: _____
					Strength (0 - +4)

SWELLING	PAIN	DEFORMITY	LACERATION	R	L

Date: _____

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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

Comments: _____

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: _____

Safety measures implemented: _____

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

Time	Nursing Documentation Notes

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
❑ Other: _____

Transfer/Consult Time: _____ h

❑ PTN: _____ h
❑ Telehealth/Telepicu _____ h
❑ Hospital: _____
❑ Other: _____

Printed Name	Signature	Initials