Date: _____

CHILD HEALTH BC

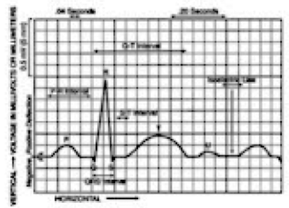
Location in Department

PEDIATRIC NURSING ASSESSMENT RECORD

Patient label

Time	Nursing Documentation Notes

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



Initial Monitor Strip

Date: _____

CHILD HEALTH BC

Location in Department

PEDIATRIC 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 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: _____

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 ❑ 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

Date: ____________

Patient label

Location in Department ☐

PEDIATRIC 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

Work of Breathing:

☐ Respirations even/Unlaboured
☐ Nasal flaring ☐ Tracheal tug
☐ Head bobbing ☐ Tripod
☐ Indrawing: ________________
☐ Abdominal breathing

Chest Movement:

☐ Symmetrical ☐ Nonsymmetrical

Sounds:

☐ Stridor
☐ Grunting
☐ Referred upper airway
☐ Audible wheeze

Cough:

☐ None
☐ Weak
☐ Productive
☐ Non-productive

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: ____________

Patient label

Location in Department ☐

PEDIATRIC 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

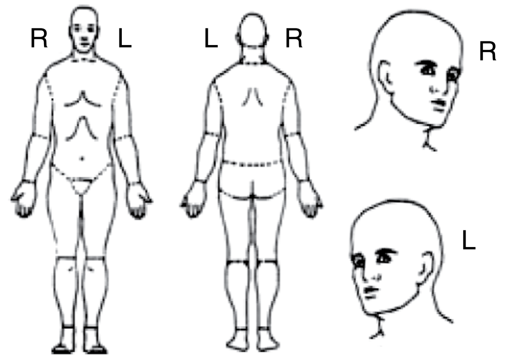
Catheter type:
☐ Foley ☐ Other: ________________
Size: __________ Time: __________

☐ 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: ____________

Patient label

Location in Department ☐

PEDIATRIC NURSING ASSESSMENT RECORD

Time	Nursing Documentation Notes