

| Α | bdomii | nal P | ain | | |
|--|---------------|--------------|----------------|-----------|------|
| Triage | | | | | |
| | A mo | | Date | | PEWS |
| | Age | | Time | | |
| Place Patient Identification Sticker here | | - | Triage Cat | egory | |
| | Weight | kg | | | |
| Brief History: Child accom Pain score Triage nurse signature | | | | | |
| Named resus/majors/minors nu | | | | over time |) |
| Administer analgesia if required Give urine collection kit If vomiting commence oral fluid | | |) | | |
| Clinician Review | | | | | |
| Clinician name: | History From: | | Time/date: | | |
| PC: | | | | | |
| HPC: | | | | | |
| PMH: DH: | | SH: | | Allergie | es: |
| Signs of Neglect: Ves □ | No □ | If yes pleas | se detail on E | D card | |

| Examination | | | | | |
|--|---|---|--|--|--|
| General Appearance: | | PEWS: | Time: | | |
| CVS | | / \ | | | |
| Resp | | \ / | ext genitalia | | |
| Hips/Spine: | | | | | |
| Other: | | | | | |
| Imp | | Plan | | | |
| | | | | | |
| NB females >12 must have urine B | HCG perf | formed | | | |
| Useful Guidelines: 'Drink Until Calle | | | | | |
| If patient is <1 year | for se | enior rev | riew in ALL cases | | |
| Disposal (please circle) | | | | | |
| | RHC (See Paediatric Transfer Traffic Light Poster) Specialty | | | | |
| Home No follow-up OP referral | (Se | Specialty . Receiving of Time accep | ransfer Traffic Light Poster) doctor | | |
| | Self tran Or Hospital | Specialty . Receiving of Time accept Transfer to sport S | ransfer Traffic Light Poster) doctor | | |
| | Self tran | Specialty . Receiving of Time accept Transfer to asport S taxi times | doctorlocation | | |
| No follow-up OP referral | Self tran Or Hospital Still app | Specialty . Receiving of Time accept Transfer to sport S taxi time | ransfer Traffic Light Poster) doctor bted location AS blue SAS within light 1 hour me ordered time orderedam/pmam/pm w prior to transfer anned transfer? Y / N | | |
| No follow-up OP referral Review prior to discharge If PEWS >1 at triage, repeat PEWS and discussion with senior is | Self tran Or Hospital Still app Doctor | Specialty . Receiving of Time accept Transfer to asport S taxi time. Review | doctor | | |
| Review prior to discharge If PEWS >1 at triage, repeat PEWS and discussion with senior is essential PEWS at discharge | Self tran Or Hospital Still app Doctor | Specialty . Receiving of Time accept Transfer to asport S taxi time. Review | ransfer Traffic Light Poster) doctor bted location AS blue SAS within light 1 hour me ordered time orderedam/pmam/pm w prior to transfer anned transfer? Y / N | | |
| No follow-up OP referral Review prior to discharge If PEWS >1 at triage, repeat PEWS and discussion with senior is essential | Self tran Or Hospital Still app Doctor Time of PEWS | Specialty . Receiving of Time accept Transfer to asport S taxi time. Review | doctor | | |