

## Abdominal Pain

### Triage

Age .....  Place Patient Identification Sticker here  Weight .....kg	Date  Time	PEWS   
	Triage Category	

**Brief History:** Child accompanied by .....

Pain score  
Triage nurse signature .....

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Named resus/majors/minors nurse .....Handover time .....

Administer analgesia if required (time.....)  
Give urine collection kit  
If vomiting commence oral fluid challenge (time.....)

### Clinician Review

Clinician name:	History From:	Time/date:	
PC:			
HPC:			
PMH:	DH:	SH:	Allergies:
Signs of Neglect: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes please detail on ED card	

**Examination**

General Appearance: PEWS: Time:

CVS / \  
 o  
 \ / ext genitalia

Resp

Hips/Spine:

Other:

**Imp Plan**

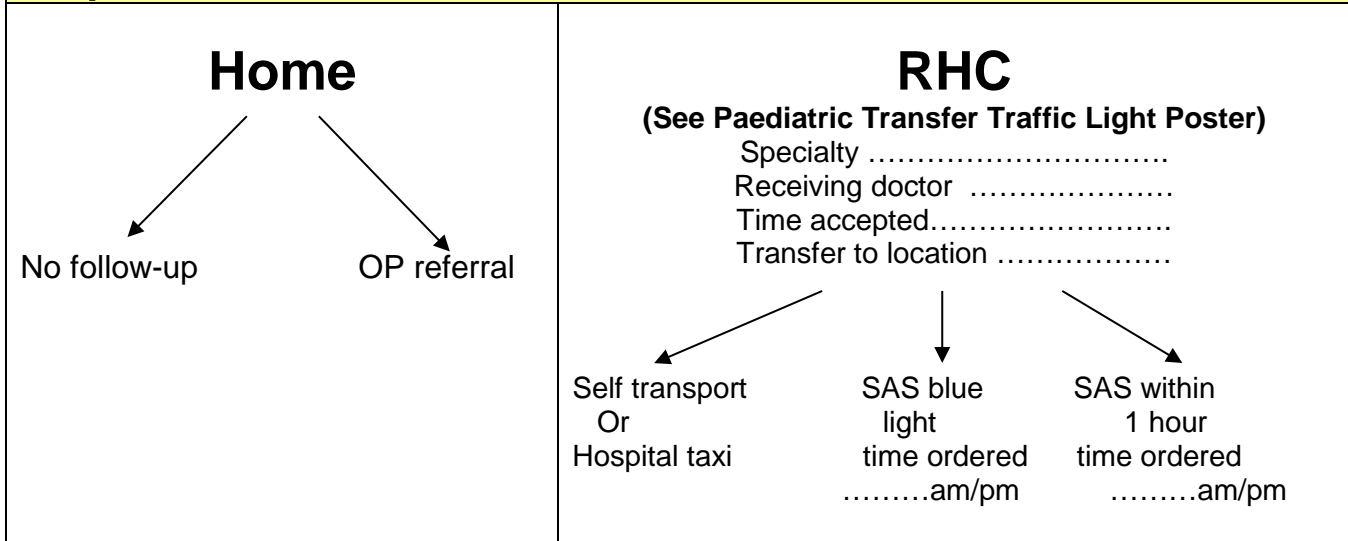
Imp Plan

**NB females >12 must have urine BHCG performed**

**Useful Guidelines: 'Drink Until Called Paediatric Fasting Guidance'**

**If patient is <1 year for senior review in ALL cases**

**Disposal (please circle)**



<p>Review prior to discharge</p> <p>If PEWS &gt;1 at triage, repeat PEWS and discussion with senior is essential</p> <p>PEWS at discharge .....</p> <p>Time .....</p>	<p>Review prior to transfer</p> <p>Still appropriate for planned transfer? Y / N</p> <p>Doctor Name .....</p> <p>Time of review .....</p> <p>PEWS at discharge .....</p>
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Name: Grade: Signature:

Additional notes on ED card: Yes  No