

Atraumatic Limp

Triage			
<p style="text-align: right;">Age</p> <p>Place Patient Identification Sticker here</p> <p style="text-align: right;">Weightkg</p>	Date	PEWS	
	Time		
	Triage Category		
Brief History: Child accompanied by			
Duration of Limp			
Pain score			
Systemic upset Y / N			
Non weight bearing Y / N			
Triage nurse signature			

Named resus/majors/minors nurse Handover time			
Consider analgesia			
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:
 Description of limp:

Hips	Knee Ankle Other	Spine and other joints
------	------------------------	------------------------

CVS / \
 o
 \ / ext genitalia

Resp

Other:

Imp Plan

--	--

Useful Guidelines: GGC irritable hip, limp, septic arthritis, hip pain. Clyde limp guideline

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

Disposal (please circle)

<p>Home</p> <p>↓</p> <p>Opt in STC</p> <p>+</p> <p>advice sheet <input type="checkbox"/></p>	<p>Virtual Fracture Clinic RAH</p> <p><input type="checkbox"/></p>	<p>RHC</p> <p>(See Paediatric Traffic Light Poster)</p> <p>Specialty</p> <p>Receiving doctor</p> <p>Time accepted.....</p> <p>Transfer to location</p> <p>↙ ↓ ↘</p> <p>Self transport or Hospital taxi ordered SAS blue light time ordered SAS within 1 hour time</p>
---	---	--

Review prior to discharge / Review prior to transfer

<p>Review prior to discharge</p> <p>If PEWS >1 at triage, repeat PEWS and discussion with senior is essential</p> <p>PEWS at discharge 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>
---	--

Name: Grade: Signature:

Additional notes on ED card: Yes No