

Croup							
Triage							
		Age		DATE		PEWS	
	Ąį			TIME			
Place Patient Identificatio	n			TRIAGE CA	TEGORY		
Sticker here							
		Weight		DISCRIMI	NATOR		
Brief History: Child a	accom	panied by					
Triage nurse signature							
Named resus/majors/minors	s nurse		Ha	andover time	;		
If steroids not given pre-hos medical review and prescrip		ive Dexamethas	one 0.15 m	ıg/kg	m	g oral after	
Review 1° post Dexamathas	one	time	9				
Clinician Review							
Clinician name:		History From:		Time/date:			
DO:							
PC:							
HPC:							
PMH:	DH:		SH:		Allorgio	C'	
ΓΙVIΠ.	₽Π.		δП.		Allergie	ა.	
Signs of Neglect: Yes		No □	If yes plea	se detail on l	ED card		

Examination	
General Appearance:	PEWS: Time: Stridor: Y / N Description of stridor:
cvs	/ \ o )
Resp	
Other:	
Imp	Plan
Useful Guidelines: GGC croup	
l If patient is <1 year f	for senior review in ALL cases
Diamagality	
ועוSposai (please circle)	
Disposal (please circle)  Home	RHC Specialty Receiving doctor Time accepted Transfer to location
Home  No follow-up	Specialty Receiving doctor Time accepted
Home	Specialty Receiving doctor Time accepted
Home  No follow-up  +	Specialty
Home  No follow-up  +	Specialty
Home  No follow-up  + advice sheet □	Specialty
Home  No follow-up □ + advice sheet □  If PEWS >1 at triage, repeat PEWS and discussion with senior is	Specialty
No follow-up   + advice sheet    If PEWS >1 at triage, repeat PEWS and discussion with senior is essential  PEWS at discharge	Specialty
No follow-up   + advice sheet    If PEWS >1 at triage, repeat PEWS and discussion with senior is essential  PEWS at discharge	Specialty