

Examination

General Appearance:	Pain score	Time
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Describe deformity

Peripheral nerve (name nerve) motor function sensation

(name nerve) motor function sensation

(name nerve) motor function sensation

Peripheral pulse (name pulse) present Y/N

(name pulse) present Y/N

X-ray findings:

Imp	Plan
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Injury consistent with the mechanism Yes <input type="checkbox"/> No <input type="checkbox"/> Injury consistent with the development of the child? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any concerns regarding this child/family? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was there an unexplained delay in presentation? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the history variable between accounts? Yes <input type="checkbox"/> No <input type="checkbox"/> If you ticked any of the shaded boxes, please arrange CP review as per local policy
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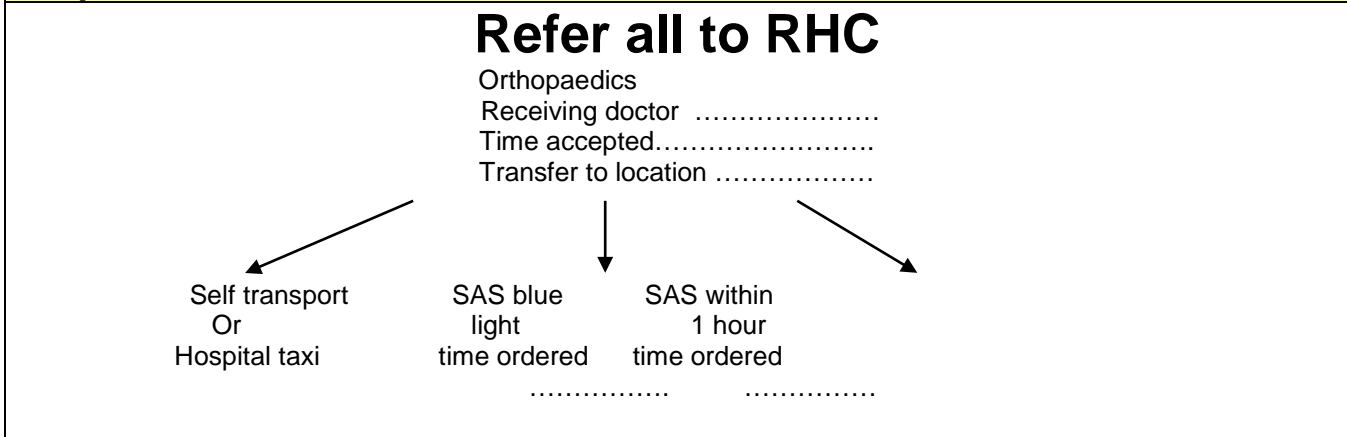
Other Professionals informed / Consider

GP <input type="checkbox"/> Health visitor <input type="checkbox"/> Social Work <input type="checkbox"/> Details	Other (please specify)
Disposal: Admit <input type="checkbox"/> Discharge <input type="checkbox"/>	

Useful Guidelines:

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

Disposal



Review prior to transfer

Still appropriate for planned transfer? Y / N

Doctor Name

Time of review

PEWS at discharge

Name:	Grade:	Signature:
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Additional notes on ED card: Yes No