

Difficulty i	n b	reathing	g in c	<u>hild o</u>	ver 1	year			
Triage									
		Δ		Date		PEWS			
	Age			Time					
Place Patient Identification Sticker here	n BM Weight			Triage Ca	tegory				
			kg	Discriminator					
Brief History: Child accompanied by									
Triage nurse signature									
Clinician Review		LPs (see Essay		T'	1-1-				
Clinician name:		History From:		Time/date:					
PC:	•			1					
HPC:									
PMH:	DH:		SH:		Allergie	S:			
Signs of Neglect: Yes		No 🗆	If yes please detail on ED card						

Examination							
Grunting: Y / N Subcostal recession Y / N Intercostal recession Y / N		PEWS	Time				
Sternal recession Y / N		<u> </u>					
CVS		/ \					
		0					
Resp		CNS					
Nesp		CNO					
Rash	other						
Imp	Plan						
	perform -routine uncomp conside	Chest X-ray	/ if + I fluid intake +				
Useful Guidelines: Pneumonia, community acquired: guideline in children (GGC clinical guideline); Bronchiolitis in children: diagnosis and management (NICE NG9)							
Disposal (please circle)							
Home		RHC Specialty Receiving doctor					
		Time accepted Transfer to location					
advice sheet □		SAS blue light time ordered SAS within 1 hour time ordered					
Review prior to discharge		Review prior to transfer					
If PEWS >1 at triage, repeat PE\ and discussion with senior is essential PEWS at discharge	Doctor Time o	Still appropriate for planned transfer? Y / N Doctor Name Time of review PEWS at discharge					
	Grade:	Si	Signature:				
Additional notes on ED card: Yes No No							