

Difficulty in breathing in child under 1 year

Triage

Age Place Patient Identification Sticker here BM Weightkg	Date Time	PEWS Triage Category Discriminator
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Brief History: Child accompanied by

Triage nurse signature

Named resus/majors/minors nurse Handover time

If temperature $\geq 38^{\circ}\text{C}$ \rightarrow give paracetamol or ibuprofen (if dosing interval allows)

Clinician Review

Clinician name:	History From:	Time/date:	
PC: HPC:			
PMH:	DH:	SH:	Allergies:

Examination

Grunting: Y / N Subcostal recession Y / N Intercostal recession Y / N Sternal recession: Y / N	PEWS Time
CVS / \ o \ /	CNS
Resp	other
Rash	other

Imp Plan

	-If severe respiratory distress/ diagnostic uncertainty- perform Chest X-ray -routine blood tests are not indicated in children with uncomplicated pneumonia/ bronchiolitis -bronchodilators rarely work in under 1's consider discharge ONLY if <ul style="list-style-type: none"> O₂ sats ≥92% in air + tolerating >50% oral fluid intake + tolerating oral antibiotics (if indicated) + no other concerns
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Useful Guidelines: Pneumonia, community acquired: guideline in children (GGC guideline);
 Bronchiolitis in children: diagnosis and management (NICE NG9); Wheeze in <2 (GGC guideline)

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

Disposal (please circle)

<h3>Home</h3> <p>↓</p> <p>advice sheet <input type="checkbox"/></p>	<h3>RHC</h3> <p>Specialty</p> <p>Receiving doctor</p> <p>Time accepted.....</p> <p>Transfer to location</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>↙</p> <p>SAS blue light time ordered</p> </div> <div style="text-align: center;"> <p>↘</p> <p>SAS within 1 hour time ordered</p> </div> </div>
Review prior to discharge If PEWS >1 at triage, repeat PEWS and discussion with senior is essential PEWS at discharge Time	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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Signs of Neglect: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please detail on ED card
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