

General Paediatric Proforma

Triage

Age Place Patient Identification Sticker here Weightkg	Date Time	PEWS
	Triage Category Discriminator	

Brief History: Child accompanied by

Triage nurse signature

Named resus/majors/minors nurse Handover time

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:

CVS / \
o
Resp \ / ext genitalia
Other:

Imp Plan

Imp Plan

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

Disposal (please circle)

<p style="text-align: center;">Home</p> <p style="text-align: center;"> </p> <p>No follow-up OP referral</p> <p>Advice leaflet Y/N</p> <p>Name of leaflet</p>	<p style="text-align: center;">RHC</p> <p>Specialty Receiving doctor Time accepted..... Transfer to location</p> <p style="text-align: center;"> </p> <p>Self transport SAS blue SAS within Or light 1 hour Hospital taxi time ordered time ordered am/pm am/pm</p>
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<p style="text-align: center;">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 style="text-align: center;">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>
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Name: **Grade:** **Signature:**

Additional notes on ED card: Yes No