

Accidental Ingestion							
Triage							
If not accidental use MH proforma and ED car		Date	PEWS				
Place Patient Identification Sticker here		Time					
		Triage Category					
	Weightkg	Discriminator					
Brief History: Child accompanied by							
Clinician Review Clinician name: History From:		Time/date:					
Cililician name.	Thistory From.	Time/date.					
PC:							
HPC:							
PMH: DH:	SH:	Allerg	es:				

Examination					
General Appearance:		PEWS:	Time:		
CVS			/ \		
Resp			\ /		
Other:					
Imp			Plan		
Is social work referral required? Y/N Is Health Visitor referral required? Y/N					
Useful Guidelines: Toxbase. If	not av	/ailable d	n Toxbase/und	lear call NPIS.	
If patient is <1 year for senior review in ALL cases					
Disposal (please circle)					
Home	RHC				
	Specialty Receiving doctor Time accepted				
N. 6.11				ocation	
No follow-up	No follow-up				
		*		\	
		Self tra	nsport	SAS blue SAS within	
		Or light 1 hour Hospital taxi time ordered time ordered		light 1 hour time ordered	
		поѕрна		am/pmam/pm	
		·			
Review prior to discharge		Review prior to transfer			
If PEWS >1 at triage, repeat PEWS and discussion with senior is essential		Still appropriate for planned transfer? Y / N			
		Doctor Name			
		Time of review			
PEWS at discharge		PEWS at discharge			
Name:	Grad	le: Signature:			
			If you place at	tail on ED card	
Signs of Neglect: Yes □	No		If yes please de	tali dii ED Calu	