**Emergency – Initial Assessment and Record of Care Flowsheet – Pediatrics**

**Date/Time:** ___ / ___ / ___

**Triage Level:** _____

**ID:**

**Location:** WR

**Mode of Arrival:**
- [ ] WR
- [ ] Walked
- [ ] Wheelchair
- [ ] Stretcher
- [ ] Carried

**Accompanied by:**
- [ ] Re-assessed at:
- [ ] Re-assessed level(s):

**Key Contact:** (name, relationship, phone)

**Copy of document:** [ ] Personal Guardian

**Notified:** [ ] No [ ] Yes

**Response:**

**Presenting Problem:**

- [ ] CPR in Progress (see Code Blue Record)

**Developmental Milestones Achieved:**
- [ ] WNL

**Prematurity:**
- [ ] Prem. _____ weeks gest
- [ ] NICU

**Birth Weight (kg):** _____

**Pertinent History:**

- [ ] Term

**Allergies:**
- [ ] None Known
- [ ] Medi Alert on

**Diet:**

**Exposure to:**
- [ ] HIV
- [ ] Hepatitis
- [ ] TB
- [ ] Other:

**Immunizations:**
- [ ] Up to date
- [ ] None
- [ ] Other:

**Chronic/Congenital Abnormalities:**

**Airway C-Spine:**
- [ ] WNL = Eupnea, non-laboured, chest symmetrical, no SOB
- [ ] Rhythm:
- [ ] Regular
- [ ] Irregular
- [ ] Paradoxical
- [ ] Asymmetrical

**Airway Patent:**
- [ ] Yes
- [ ] No
- [ ] Oral
- [ ] Tracheostomy

**Motor Response (M):**
- [ ] Grasping

**Muscle Relaxant (R):**
- [ ] None (flaccid)

**Verbal Response (V):**
- [ ] Confused (irritable, cries)

**Endotracheal Tube (ET):**
- [ ] None

**Breathing:**
- [ ] Nasal
- [ ] E-tube
- [ ] Mask

**O₂:**
- [ ] No
- [ ] Yes

**Action:**

**Spontaneously:**
- [ ] 3 To voice
- [ ] 2 To pain

**Nasal:**
- [ ] E-tube
- [ ] Mask

**Actions:**
- [ ] Non re-breathing Mask
- [ ] BVM

**Skin Colour:**
- [ ] Normal
- [ ] Pale/Ashen
- [ ] Cyanotic
- [ ] Flushed

**Skin Temp:**
- [ ] Hot
- [ ] Warm
- [ ] Cold
- [ ] Sluggish

**Skin Moisture:**
- [ ] Dry to touch
- [ ] Wet

**Circulation:**
- [ ] Hypotension
- [ ] Shock
- [ ] Tachycardia
- [ ] Bradycardia

**IV in situ:**
- [ ] No
- [ ] Yes

**Glasgow Coma Scale:**

<table>
<thead>
<tr>
<th>Glasgow Coma Scale</th>
<th>Pupils</th>
<th>Motor Power</th>
<th>Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>S – Normal</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>F – Fixed</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Size/Reaction:**
- [ ] WNL = Infant <18 mo Alert and active, ant fontanel soft and flat, PERL, vigorous cry, recognizes parent, smiles appropriately, moves all extremities
- [ ] WNL = Child >18 mo Alert, active, and oriented to person, place and time, gait stable, behavior appropriate for patient, moves all extremities on command, PERL

**Pain:**
- [ ] (PQRST) Pain score 0 -10

**Seizures:**
- [ ] General
- [ ] Local

**Motor Power:**
- [ ] 3 Strong
- [ ] 2 Moderate
- [ ] 1 Weak
- [ ] 0 Absent

**Limbs:**
- [ ] Arms
- [ ] Legs

**Reactions:**
- [ ] N – Normal
- [ ] S – Sluggish
- [ ] F – Fixed

**Action:**

**Perfusion:**
- [ ] WNL

**Perfused:**
- [ ] Spinal Board
- [ ] Neck Immobilization – type:

**Location:**
- [ ] INFANT
- [ ] CHILD
- [ ] ADOLESCENT
- [ ] ADULT

**Weight:**
- [ ] kg

**Height:**
- [ ] cm

**Temp:**
- [ ] °C

**AP:**
- [ ] mmHg

**Apical:**
- [ ] mmHg

**Diastolic:**
- [ ] mmHg

**Systolic:**
- [ ] mmHg

**HR:**
- [ ] BPM

**Resp:**
- [ ] breaths/minute

**PP:**
- [ ] mmHg

**Age:**
- [ ] Infant
- [ ] Child
- [ ] Adolescent
- [ ] Adult

**Vitals:**
- [ ] Edema
- [ ] Parastic
- [ ] Enlarged lymph node

**Central Nervous System:**
- [ ] Cerebral
- [ ] Spinal

**Location:**
- [ ] INFANT
- [ ] CHILD
- [ ] ADOLESCENT
- [ ] ADULT

**Weight:**
- [ ] kg

**Height:**
- [ ] cm

**Temp:**
- [ ] °C

**Apical:**
- [ ] mmHg

**Diastolic:**
- [ ] mmHg

**Systolic:**
- [ ] mmHg

**HR:**
- [ ] BPM

**Resp:**
- [ ] breaths/minute

**PP:**
- [ ] mmHg

**Age:**
- [ ] Infant
- [ ] Child
- [ ] Adolescent
- [ ] Adult

**Vitals:**
- [ ] Edema
- [ ] Parastic
- [ ] Enlarged lymph node

**Signs:**
- [ ] None
- [ ] Other:

**Abnormalities:**
- [ ] Peritoneal
- [ ] Hematoma
- [ ] Hematoma

**Immunizations:**
- [ ] None
- [ ] Other:

**Agent:**
- [ ] Allergen
- [ ] Drug
- [ ] Latex

**Environment:**
- [ ] Latex

**Temperature:**
- [ ] °C

**Exposure to:**
- [ ] HIV
- [ ] Hepatitis
- [ ] TB
- [ ] Other:

**Immunizations:**
- [ ] None
- [ ] Other:

**Current Meds:**
- [ ] None
- [ ] Other:

**Past Medical History:**
- [ ] WNL
- [ ] Medi Alert on

**Facility-specific Allergy/Intolerance Record completed:**
- [ ] Yes
- [ ] No

**Agency Alert on:**
- [ ] Yes
- [ ] No

**History of:**
- [ ] Brand Name
- [ ] Generic Name

**Current Medications:**
- [ ] None
- [ ] Other:

**Chronic/Congenital Abnormalities:**

**Quality:**
- [ ] SOB
- [ ] SOB E

**Breath Sounds:**
- [ ] Clear
- [ ] Bronchial
- [ ] Absent

**Skin Color:**
- [ ] Normal
- [ ] Pale/Ashen
- [ ] Cyanotic
- [ ] Flushed

**Skin Temperature:**
- [ ] Hot
- [ ] Warm
- [ ] Cold
- [ ] Sluggish

**Skin Moisture:**
- [ ] Dry to touch
- [ ] Wet

**Data Sheet:**
- [ ] Photocopy to referral hospital

**Original remains at hospital**
**Systems Assessment:** complete pertinent to presenting problem(s)

<table>
<thead>
<tr>
<th>CABIOVASCULAR</th>
<th>GASTROINTESTINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ WNL = HR reg., pulse present, strong and equal, no peripheral edema, no chest pain, no palpitations, no calf cramping during activity/rest, normal skin color and temperature, mucous membranes pink, BP WNL</td>
<td>□ WNL = Bowel sounds x4, abd soft, non-tender, no distention, no nausea, no vomiting, BM of normal frequency and consistency</td>
</tr>
<tr>
<td><strong>Pain:</strong> (PQRST) Pain score 0 -10 ______</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment:</strong></td>
<td><strong>Pain:</strong> (PQRST) Pain score 0 -10 ______</td>
</tr>
<tr>
<td>Edema</td>
<td>□ Nausea ☐ Vomiting ☐ Projectile vomiting</td>
</tr>
<tr>
<td>Bruising/Bleeding</td>
<td>□ Difficulty swallowing/Drooling</td>
</tr>
<tr>
<td>Other:</td>
<td>□ Abdomen: □ Distended □ Tender □ Firm □ Pain</td>
</tr>
<tr>
<td>□ Irregular HR □ Weak pulse:□ Central □ Distal</td>
<td>Bowel Sounds: □ Hyperactive □ Hypoactive</td>
</tr>
<tr>
<td>Action:</td>
<td>Stools: □ Constipation □ Diarrhea □ Bloody</td>
</tr>
<tr>
<td></td>
<td>Bleeding______________________________________</td>
</tr>
<tr>
<td>□ Monitor □ Strips attached Rhythm -</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENITOURINARY</th>
<th>REPRODUCTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ WNL = voids without difficulty, urine clear, amber, no foul odor, no genital discharge, volume sufficient for patient.</td>
<td>□ NA LMP: _________ □ Menstrual changes</td>
</tr>
<tr>
<td><strong>Pain:</strong> (PQRST) Pain score 0 -10 ______</td>
<td>Pregnant: ☐ Yes ☐ No ☐ Unknown FHR _______ EDC ________</td>
</tr>
<tr>
<td><strong>Assessment:</strong></td>
<td>Pain: (PQRST) Pain score 0 -10 ______</td>
</tr>
<tr>
<td>□ Burning/itching/pain □ Urine abnormal colour or cloudy</td>
<td><strong>Assessment:</strong></td>
</tr>
<tr>
<td>□ Distention Last time voided__________ Amount_________</td>
<td>Bleeding/Discharge ____________________________________</td>
</tr>
<tr>
<td><strong>Action:</strong></td>
<td>Packing ☐ Yes ☐ No (If yes, describe including count)</td>
</tr>
<tr>
<td>□ Catheter inserted Size - ________</td>
<td></td>
</tr>
<tr>
<td>Drainage: □ Continuous □ Hourly</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EYE, EAR, NOSE AND THROAT</th>
<th>MUSCULOSKELETAL AND INTEGUMENTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ NA ☐ Contact Lens ☐ Glasses ☐ Hearing Aid</td>
<td>□ WNL = no reddened areas, no bruising, no open areas, no incisions, no drains, no dressings, equal and smooth ROM, moist mucous membranes.</td>
</tr>
<tr>
<td><strong>Pain:</strong> (PQRST) Pain score 0 -10 ______</td>
<td>Pain: (PQRST) Pain score 0 -10 ______</td>
</tr>
<tr>
<td><strong>Assessment:</strong></td>
<td>1. Abrasion 7. Laceration</td>
</tr>
<tr>
<td></td>
<td>2. Bruise 8. Rash</td>
</tr>
<tr>
<td></td>
<td>3. Burn 9. Reddened</td>
</tr>
<tr>
<td></td>
<td>4. Cast/boot 10. Splint/slab</td>
</tr>
<tr>
<td></td>
<td>5. Deformity 11. Swelling</td>
</tr>
<tr>
<td></td>
<td>6. Dressing 12. Tear</td>
</tr>
<tr>
<td>□ Bleeding/Discharge</td>
<td>□ Jaundice</td>
</tr>
<tr>
<td>Packing ☐ Yes ☐ No (If yes, describe including count)</td>
<td>Pulses (location)</td>
</tr>
<tr>
<td></td>
<td>□ Dry lips □ Dry mucous membranes □ Sunken eyes</td>
</tr>
<tr>
<td></td>
<td>Fontanelles: □ Soft □ Flat □ Sunken</td>
</tr>
<tr>
<td></td>
<td>Paresthesia</td>
</tr>
<tr>
<td></td>
<td>□ Abnormal ROM □ Weakness</td>
</tr>
<tr>
<td></td>
<td>Packing ☐ Yes ☐ No (If yes, describe including count)</td>
</tr>
<tr>
<td>Action:</td>
<td><strong>Action:</strong></td>
</tr>
<tr>
<td>□ Eye rinse</td>
<td>Tetanus Given: ☐ No ☐ Yes Name/dose:</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>PSYCHOSOCIAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ WNL = appropriate behaviour, cooperative, mood euthymic.</td>
<td>□ Behaviour:</td>
</tr>
<tr>
<td>Caregiver’s description of child’s usual response to separation/stress: (caregiver/patient)</td>
<td>□ Living situation/family:</td>
</tr>
<tr>
<td></td>
<td>□ Alcohol/drug use:</td>
</tr>
<tr>
<td>Patient’s/Caregiver’s description of present condition:</td>
<td>□ Hygiene:</td>
</tr>
<tr>
<td></td>
<td>□ Cultural/Religious Concerns:</td>
</tr>
<tr>
<td><strong>Action:</strong></td>
<td></td>
</tr>
<tr>
<td>□ Suicide risk screening done (check one of the following)</td>
<td></td>
</tr>
<tr>
<td>☐ Suicide Assessment Record (SAR-143) ☐ Saskatchewan Suicide Framework and Protocol ☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>