# EMERGENCY – INITIAL ASSESSMENT AND RECORD OF CARE FLOWSHEET- PEDIATRICS

**Date/Time:**

**Triage Level:** _____ **ID:**

**Mode of Arrival:** ☐ Walked ☐ Wheelchair ☐ Stretcher ☐ Carried

**Location:** ☐ **WR** ☐ **TR#** _____

**Accompanied by:**

Re-assessed at:

Re-assessed level(s):

**Key Contact:** *(name, relationship, ph#s)*

☐ Parent ☐ Personal Guardian Copy of document: ☐ Personal Guardian

**Notified:** ☐ No ☐ Yes Response:

**Presenting Problem:**

☐ CPR in Progress *(see Code Blue Record)*

**Developmental Milestones Achieved:** ☐ WNL

☐ Term ☐ Prem. ____weeks gest ☐ NICU Birth Weight ***(kg)*** _____

**Has had:** ☐ Measles ☐ Mumps ☐ Rubella ☐ Chicken Pox ☐ Other: ☐ Other:

**Exposure to:** ☐ HIV ☐ Hepatitis ☐ TB ☐ Other: ☐ Other:

**Immunizations**:☐ Up to date ☐ None ☐ Other:

**Pertinent History:**

**Allergies:***(describe reaction(s))* ☐ None Known ☐ Medi Alert on ☐ Facility-specific Allergy/Intolerance Record completed ☐ Agency Alert on

☐ Food:

☐ Drug:

☐ Latex:

☐ Environment:

**Chronic/Congenital Abnormalities**

| Vital Signs | | | | |
|---|---|---|---|---|
| **T** *(°C)* | **P** *(per min)* | **R** *(per min)* | **BP** *(mmHg)* | |
| **SpO₂** *(%)* | **Wt** *(kg)* | **Pain** *(0-10)* | **BG** *(mmol/L)* | |

**Diet:**

**Current Meds**: ☐ NA ☐ See Best Possible Medication History (BPMH)

## AIRWAY C-SPINE

**Is patient talking and alert:** ☐ Yes ☐ No

**Airway Patent:** ☐ Yes ☐ No ☐ Oral ☐ Tracheostomy

**Action:**

**C-Spine Abnormalities:** ☐ Pain/tenderness If yes, where:

Mechanism of injury: _____ ☐ None noted

Position in vehicle: _____ ☐ NA

Seatbelt worn: ☐ Yes ☐ No ☐ NA Speed: _____km/h

Fall from height: _____ ☐ NA

☐ Spine Board ☐ Neck Immobilization – type:

## BREATHING

☐ **WNL** = Eupnea, non-laboured, chest symmetrical, no SOB

**Rhythm** : ☐ Regular ☐ Irregular ☐ Paradoxical ☐ Asymmetrical

**Action:**

**O₂** ☐ No ☐ Yes _____L/min.

☐ Nasal ☐ E-tube ☐ Mask

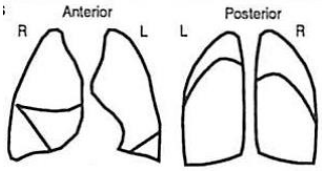
☐ Non re-breathing Mask ☐ BVM

**Quality:** ☐ SOB ☐ SOBOE

**Breath Sounds:**

1. Clear 4. Bronchial 7. Absent
2. Crackles 5. Diminished
3. Wheezes 6. Stridor
8. Other:

f = fine c = coarse i = inspiratory e = expiratory




☐ Retractions ☐ Nasal congestions ☐ Nasal flaring ☐ Grunting

☐ Cough ☐ Productive *Describe*:

## CIRCULATION

**Skin Colour:** ☐ Normal ☐ Pale/Ashen ☐ Cyanotic ☐ Flushed

**Skin Temp:** ☐ Hot ☐ Warm ☐ Cool ☐ Cold

**Skin Moisture:** ☐ Dry to touch ☐ Clammy

**Bleeding:** Site: _____

**Cap Refill:** ____

**Action:**

**IV in situ:** ☐ No ☐ Yes #1 #2

## CENTRAL NERVOUS SYSTEM

### Glasgow Coma Scale

| | | |
|---|---|---|
| **Eyes Open (E)** | 4 Spontaneously | |
| | 3 To voice | |
| Eye(s) Closed by Swelling (C) | 2 To pain | |
| | 1 None | |
| **Verbal Response (V)** | 5 Orientated (coos, babbles) | |
| | 4 Confused (irritable, cries) | |
| Endotracheal Tube (ET) Tracheostomy (T) | 3 Inappropriate Words (cries to pain) | |
| | 2 Incomprehensible Sounds (moans to pain) | |
| | 1 None | |
| **Motor Response (M)** | 6 Obeys Command (normal spontaneous movement) | |
| | 5 Localizes Pain (withdraws to touch) | |
| | 4 Flexion Withdrawal (withdraws to pain) | |
| | 3 Abnormal Flexion - decorticate | |
| Muscle Relaxant (R) | 2 Abnormal Extension - decerebrate | |
| | 1 None (flaccid) | |
| | **Total** | |

### Pupils

**Size/Reaction**

1 2 3 4 5 6 7 8 9

Reactions: **N** – Normal **S** – Sluggish **F –** Fixed

**Rt** **Lt**

### Limbs

**Motor Power**

3 Strong
2 Moderate
1 Weak
0 Absent

Arms **Rt** **Lt**

Legs **Rt** **Lt**

☐ **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

**Action:**

***Original remains at hospital*** ***Photocopy to referral hospital***

**Systems Assessment:** *complete pertinent to presenting problem(s)*

## CARDIOVASCULAR

☐ **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

**Pain:** (PQRST) Pain score 0 -10 ____

**Assessment:**

Edema_____

Bruising/Bleeding_____

Other: _____

☐ Irregular HR ☐ Weak pulse:☐ Central ☐ Distal

**Action:**

☐ Monitor ☐ Strips attached Rhythm -

## GASTROINTESTINAL

☐ **WNL** = Bowel sounds x4, abd soft, non-tender, no distention, no nausea, no vomiting, BM of normal frequency and consistency

**Pain:** (PQRST) Pain score 0 -10 ____

**Assessment:**

☐ Nausea ☐ Vomiting ☐ Projectile vomiting

☐ Difficulty swallowing/Drooling

Abdomen: ☐ Distended ☐ Tender ☐ Firm ☐ Pain

Bowel Sounds: ☐ Hyperactive ☐Hypoactive

Stools: ☐ Constipation ☐Diarrhea ☐ Bloody

Bleeding_____

**Action:**

☐ NG tube inserted Size____ Suction: ☐ Continuous ☐ Intermittent

## GENITOURINARY

☐ **WNL** = voids without difficulty, urine clear, amber, no foul odor, no genital discharge, volume sufficient for patient.

**Pain:** (PQRST) Pain score 0 -10 ____

**Assessment:**

☐ Burning/itching/pain ☐ Urine abnormal colour or cloudy

☐ Distention Last time voided _____ Amount_____

**Action:**

☐ Catheter inserted Size - _____

Drainage: ☐ Continuous ☐ Hourly

## REPRODUCTIVE

☐ **NA** LMP: _____ ☐ Menstrual changes

Pregnant: ☐ Yes ☐No ☐Unknown FHR _____EDC_____

**Pain:** (PQRST) Pain score 0 -10 ____

**Assessment:**

Bleeding/Discharge_____

Packing ☐ Yes ☐ No *(If yes, describe including count)*

**Action:**

## EYE, EAR, NOSE AND THROAT

☐ **NA** ☐ Contact Lens ☐ Glasses ☐ Hearing Aid

**Pain:** (PQRST) Pain score 0 -10 ____

**Assessment:**

Bleeding/Discharge _____

Packing ☐ Yes ☐ No *(If yes, describe including count)*

Foreign Body _____

**Action:**

☐ Eye rinse

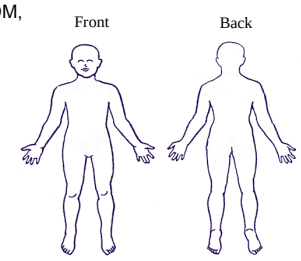
## MUSCULOSKELETAL AND INTEGUMENTARY

☐ **WNL** = no reddened areas, no bruising, no open areas, no incisions, no drains, no dressings, equal and smooth ROM, moist mucous membranes.

**Pain:**(PQRST) Pain score 0 -10____

**Assessment:**

1. Abrasion
2. Bruise
3. Burn
4. Cast/boot
5. Deformity
6. Dressing
7. Laceration
8. Rash
9. Reddened
10. Splint/slab
11. Swelling
12. Tear




☐ Jaundice

Pulses *(location)* _____

☐ Dry lips ☐ Dry mucous membranes ☐ Sunken eyes

Fontanels: ☐ Soft ☐ Flat ☐ Sunken

Paresthesia _____

☐ Abnormal ROM ☐Weakness

☐ Packing ☐ Yes ☐ No *(If yes, describe including count)*

**Action:**

Tetanus Given: ☐ No ☐ Yes Name/dose:

## PSYCHOSOCIAL

☐ **WNL** = appropriate behaviour, cooperative, mood euthymic.

Caregiver's description of child's usual response to separation/stress:

Mental/Behavioral/Emotional Status Assessment: *(caregiver/patient)*

Patient's/Caregiver's description of present condition:

**Action:**

☐ Behaviour:

☐ Living situation/family:

☐ Alcohol/drug use:

☐ Hygiene:

☐ Cultural/Religious Concerns:

☐Suicide risk screening done *(check one of the following)*

☐ Suicide Assessment Record (SAR-143) ☐ Saskatchewan Suicide Framework and Protocol ☐ Other: _____

**ID(s)**