EMERGENCY DEPARTMENT PEDIATRIC FLOWSHEET

Patient Name:	Age:	DOB:
Date: / Time of Arrival:	Mode of Arrival: □ Walk □ EMS □ Police	ESI Triage Category Level: 1 2 3 4 5
Room: / Time:	Placed in Room By:	

RAPID TRIAGE ASSESSMENT

CHIEF COMPLAINT:

Does patient have infection or suspicion of infection? YES NO   Is patient on antibiotics (not prophylaxis)? YES NO

ALLERGIES: (Drug/Food Reaction) □ NKA

TONE
- □ WNL
- □ Limp
- □ Rigid
- □ Absent Muscle Tone

INTERACTIVENESS
- □ WNL
- □ Unable to Stimulate
- □ Altered Mental Status
- □ Obstructed Airway

CONSOLABILITY
- □ WNL
- □ Abnormal Response to Environment
- □ Unable to Console/Comfort

LOOK/GAZE
- □ WNL
- □ No Eye Contact
- □ Vacant Stare
- □ Unable to Recognize

SPEECH
- □ WNL
- □ Absent/Abnormal
- □ Absent/No Cry
- □ Unable to Stimulate

AIRWAY SOUNDS
- □ WNL
- □ Snori
- □ Strid
- □ Grun
- □ Wheezing
- □ Muffled/Hoarse Speech
- □ Use of Accessory Muscles to Breathe

POSITIONING
- □ WNL
- □ Sniffing Position
- □ Tripoding
- □ Prefers Seated Posture

RETRACTIONS
- □ None
- □ Supraclavicular
- □ Intercostal
- □ Substernal

NASAL FLARING
- □ Yes
- □ No

AIRWAY
- □ Patent
- □ Impaired

BREATHING
- □ Unlabored
- □ Labored
- □ Shallow
- □ Deep

CIRCULATION
- □ Palpable Pulse
- □ Strong
- □ Weak
- □ Regular
- □ Irregular
- □ Normal
- □ Jaundice
- □ Cyanotic
- □ Pallor
- □ Mottling
- □ Pale

NEURO
- □ Alert
- □ Oriented
- □ Confused
- □ Unresponsive
- □ Clear
- □ Slurred
- □ Garbled

Date &Time of Assessment: **Rapid Triage Nurse Signature:**

VITAL SIGNS	
Temp Oral/Rectal	
Pulse	
Resp	
BP Rt/Lt	
O2 Sat Room Air	
FSBS	
WEIGHT/KG	
Actual	
Stated	
HEIGHT	

Glasgow Coma Scale (GCS)

Best Eye Opening
- 4-Spontaneous
- 3-To Voice
- 2-To Pain
- 1-None

Best Verbal
- 5-Oriented (Coos/Babbles)
- 4-Confused
- 3-Inappropriate Words (Screams/Grunts)
- 2-Incomplete Sounds
- 1-None

Best Motor
- 6-Obeys Commands (Spontaneous)
- 5-Localizes Pain
- 4-Withdrawal
- 3-Flexion
- 2-Extension
- 1-None

GCS Total	

Med Reconciliation

□ See form

Sepsis Screening Completed

Yes	
No	

PAIN SCALE

0 1 2 3 4 5 6 7 8 9 10

On Arrival: ________________________________

Pain Onset: ________________________________

Location: ________________________________

VISUAL ACUITY

LT	RT	BOTH	CORRECTED
			□ YES □ NO

SKIN SIGNS

□ Normal/Warm/Dry □ Cyanotic □ Clammy □ Pale □ Hot

□ Diaphoretic □ Jaundice □ Flushed □ Hot □ Cool

INTERVENTION

- □ Ice
- □ Acetaminophen
- □ Elevated
- □ Ibuprofen
- □ Soft Splint
- □ Dressing Applied
- □ Bleeding Controlled
- □ Hard Collar Placed
- □ NPO Instruction Given
- □ Other

GAIT

□ Steady □ W/Crutches/Cane □ W/C

□ Not Observed

HISTORY

□ None □ Seizure □ Diabetes □ HTN □ Cardiac □ Asthma

□ Pulmonary □ GI □ GU □ CVA □ CA □ Substance Abuse

□ ETOH □ Psych □ Smoker □ Vape □ Migraines □Thyroid

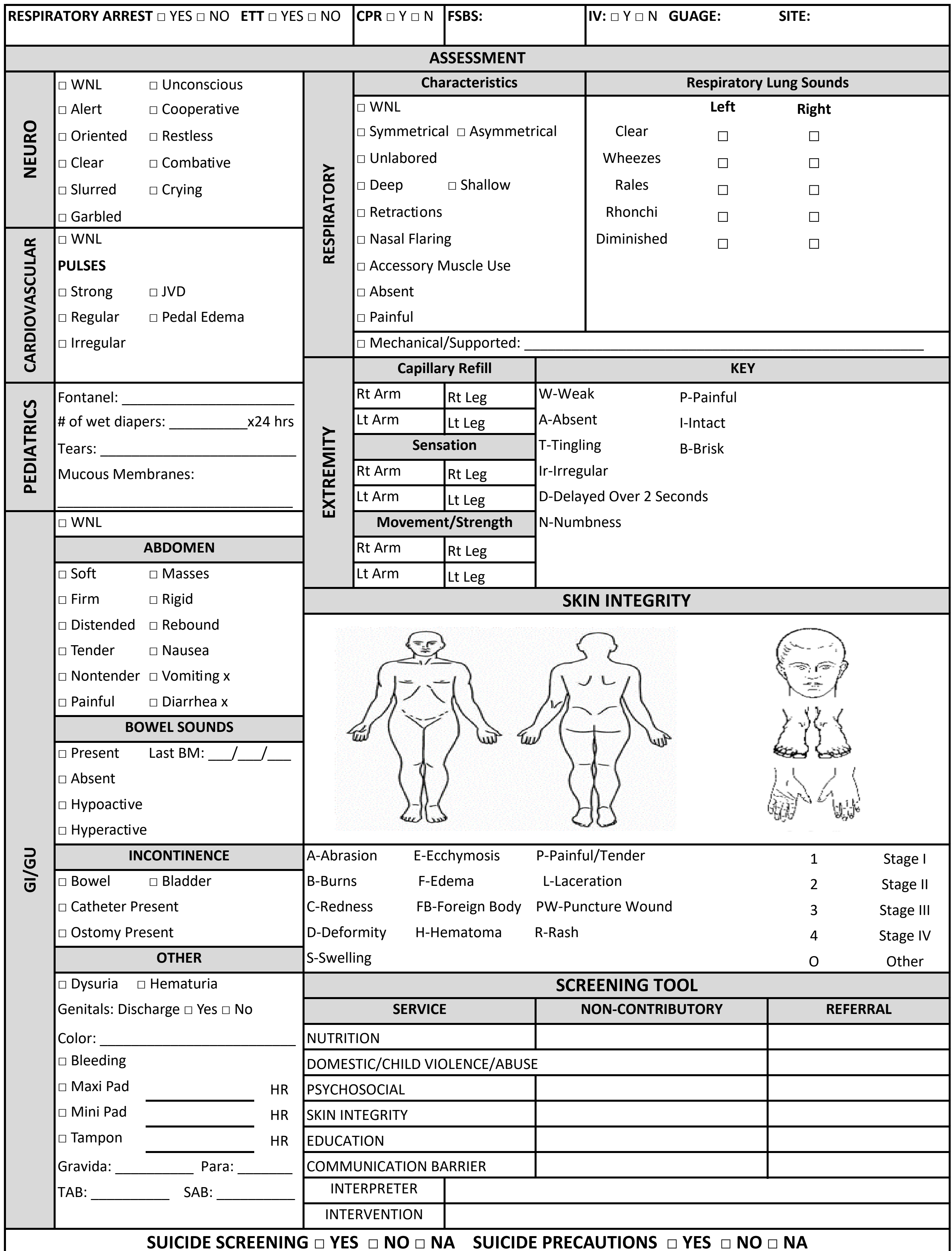
□ Dialysis Last Tx:

□ Other: ____

____

PRE-HOSPITAL CARE

TPR/BP:	SPO2: %	O2 @ LPM	CARDIAC RHYTHM:	C-SPINE PRECAUTIONS: □ YES □ NO



RESPIRATORY ARREST □ YES □ NO **ETT** □ YES □ NO	**CPR** □ Y □ N	**FSBS:**	**IV:** □ Y □ N **GUAGE:** **SITE:**

ASSESSMENT

NEURO
□ WNL □ Unconscious
□ Alert □ Cooperative
□ Oriented □ Restless
□ Clear □ Combative
□ Slurred □ Crying
□ Garbled

CARDIOVASCULAR
□ WNL
PULSES
□ Strong □ JVD
□ Regular □ Pedal Edema
□ Irregular

PEDIATRICS
Fontanel: ______________________
# of wet diapers: __________x24 hrs
Tears: ________________________
Mucous Membranes:
____

GI/GU
□ WNL

ABDOMEN
□ Soft □ Masses
□ Firm □ Rigid
□ Distended □ Rebound
□ Tender □ Nausea
□ Nontender □ Vomiting x
□ Painful □ Diarrhea x

BOWEL SOUNDS
□ Present Last BM: ___/___/___
□ Absent
□ Hypoactive
□ Hyperactive

INCONTINENCE
□ Bowel □ Bladder
□ Catheter Present
□ Ostomy Present

OTHER
□ Dysuria □ Hematuria
Genitals: Discharge □ Yes □ No
Color: ________________________
□ Bleeding
□ Maxi Pad ____________ HR
□ Mini Pad ____________ HR
□ Tampon ____________ HR
Gravida: __________ Para: _______
TAB: __________ SAB: __________

RESPIRATORY

Characteristics
□ WNL
□ Symmetrical □ Asymmetrical
□ Unlabored
□ Deep □ Shallow
□ Retractions
□ Nasal Flaring
□ Accessory Muscle Use
□ Absent
□ Painful
□ Mechanical/Supported: ____

Respiratory Lung Sounds

	Left	Right
Clear	□	□
Wheezes	□	□
Rales	□	□
Rhonchi	□	□
Diminished	□	□

EXTREMITY

Capillary Refill

Rt Arm	Rt Leg
Lt Arm	Lt Leg

Sensation

Rt Arm	Rt Leg
Lt Arm	Lt Leg

Movement/Strength

Rt Arm	Rt Leg
Lt Arm	Lt Leg

KEY
W-Weak P-Painful
A-Absent I-Intact
T-Tingling B-Brisk
Ir-Irregular
D-Delayed Over 2 Seconds
N-Numbness

SKIN INTEGRITY

A-Abrasion E-Ecchymosis P-Painful/Tender
B-Burns F-Edema L-Laceration
C-Redness FB-Foreign Body PW-Puncture Wound
D-Deformity H-Hematoma R-Rash
S-Swelling

1	Stage I
2	Stage II
3	Stage III
4	Stage IV
O	Other

SCREENING TOOL

SERVICE	NON-CONTRIBUTORY	REFERRAL
NUTRITION		
DOMESTIC/CHILD VIOLENCE/ABUSE		
PSYCHOSOCIAL		
SKIN INTEGRITY		
EDUCATION		
COMMUNICATION BARRIER		
INTERPRETER		
INTERVENTION		

SUICIDE SCREENING □ YES □ NO □ NA SUICIDE PRECAUTIONS □ YES □ NO □ NA

MEDICATIONS

Time	Medication	Route	Site	Reason	RN/LPN

MEDICATIONS

Time	Medication	Route	Site	Reason	RN/LPN

SEDATION SIDE EFFECTS

Time	Medication	Route	Site	Pain Scale/BP	RN/LPN

COMMENTS

INTAKE

Time	Oral	IVF	Rate/Pump	Site	Gauge	End Time	Amount	RN/LPN
Total								

OUTPUT

Time	Urine	Emesis	NG	Diarrhea	BM	Other	RN/LPN
Total							

IV PLACEMENT

Time	# of Attempts	Gauge	Site	RN/LPN
Time	# of Attempts	Gauge	Site	RN/LPN
Time	# of Attempts	Gauge	Site	RN/LPN

IV Discontinued			
Time	Catheter Intact, W/O redness, swelling, tenderness at Site	Bleeding Controlled	RN/LPN

Isolation Precautions
□ CONTACT □ DROPLET □ AIRBORNE INFECTION ISOLATION □ NEUTROPENIC/PROTECTIVE □ OTHER

DIAGNOSTIC STUDIES-LABORATORY

STUDY	SENT	STUDY	SENT	STUDY	SENT	STUDY	SENT
□ CBC DIFF/CBC		□ PT/PTT		□ Amylase/Lipase		□ ETOH Legal/Medical	
□ Lactic Acid		□ D-Dimer		□ Ammonia		□ Dilantin	
□ BMP		□ BNP		□ ASA/Tylenol		□ Sed Rate	
□ CPK/CPKMB/ Troponin		□ CA/Mg/Phos		□ Hepatic Function Panel		□ Beta HCG/RH	

DIAGNOSTIC STUDIES

URINE		STOOL		BACTERIOLOGY			
STUDY	SENT	STUDY	SENT	STUDY	SENT	STUDY	SENT
□ UA □ Cath □ Voided		□ O&P		□ Blood		□ Gram Stain	
□ Urine tox		□ C. diff		□ GC/Chlamydia		□ Rapid Strep	
□ UA C&S		□ Other		□ Wet Mount		□ Sputum C&S	
□ Urine Pregnancy				□ Wound			

□ 12 Lead EKG □ Repeat EKG

DIAGNOSTIC STUDIES-IMAGING

STUDY	TIME TO X-RAY	TIME BACK TO BED	STUDY	TIME TO X-RAY	TIME BACK TO BED
□ CHEST X-RAY			□ Abd Series		
□ PORTABLE			□ Rt/Lt/Hip/Pelvis		
□ Cross Table			□ Extremity		
□ C-Spine			□ CT Scan		
□ LS Spine			□ IVP/KUB		
□ Other					

SPECIAL PRECAUTIONS

□ **Patient on C-Spine Precautions**

□ **Patient on cardiac monitor, nurse accompanying on transport**

FSBS

TIME	RESULTS	RN/LPN

NURSING NOTES

Nurse ______________________________ Date ______________

Nurse ______________________________ Date ______________