**A&E Paediatric Nursing Assessment Documentation**

|  |  |
| --- | --- |
| Name: | PAS No. |
| Next of kin: Weight:Accompanied by: Allergies: |
| Brief history including recent medication: |
| **AIRWAY AND BREATHING** | **Yes** | **No** | **CIRCULATION** | **Yes** | **No** |
| Airway compromiseTrauma/c.spine immobilised**Stridor** |  |  | Capillary refill <2 seconds**If >2 seconds: ……………. Seconds** |  |  |
|  |  |
| **Bradycardia** |  |  |
| **Grunting** |  |  | **Tachycardia** |  |  |
| Wheeze |  |  | **Hypotension** |  |  |
| **Tachypnoea** |  |  | Skin colour:  |  |  |
| **Bradypnoea/apnoea** |  |  |  **Pale** |  |  |
| Tracheal tug |  |  |  **Mottled** |  |  |
| Recession: |  |  |  Normal |  |  |
|  Intercostal |  |  |  |  |  |
| Subcostal |  |  | **Reduced urine output** |  |  |
| Sternal |  |  | **Cold peripheries** |  |  |
|  |  |  |  |  |  |
| **Nasal flare** |  |  |  |  |  |
| **Cyanosis** |  |  |  |  |  |
| Fatigue |  |  |  |  |  |
| **New oxygen requirement** |  |  |  |  |  |
|  |
| **DISABILITY** | **EXPOSURE** |
| A ▯ **V** ▯ **P** ▯ **U** ▯  |  |  | Temperature: ……………………..°C**< 36’ or if under 3mths and >38’** |  |  |
| Pupils: EqualReactingComments: |  |  | Rash:Blanching**Non-blanching** |  |  |
| Posture: |  |  | **Unwell looking child** |  |  |
|  Decorticate |  |  |  |  |  |
|  Decerebrate |  |  | **Weak/high pitched or continuous cry**  |  |  |
|  Normal |  |  |  |  |  |
| Blood glucose: ……………………mmol |  |
| **Date and time:** | **Signature:** |

**IF YES TO ANY BOLD CRITERIA, PLEASE COMPLETE AND FOLLOW THE SEPSIS SCREEING TOOL**