**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 compromise  Trauma/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:  Equal  Reacting  Comments: |  |  | 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**