

A&E Paediatric Nursing Assessment Documentation

Name:	PAS No.
Next of kin: Accompanied by:	Weight: Allergies:
Brief history including recent medication:	

<u>AIRWAY AND BREATHING</u>	Yes	No	<u>CIRCULATION</u>	Yes	No
Airway compromise Trauma/c.spine immobilised Stridor			Capillary refill <2 seconds If >2 seconds: Seconds		
Grunting			Bradycardia		
Wheeze			Tachycardia		
Tachypnoea			Hypotension		
Bradypnoea/apnoea			Skin colour:		
Tracheal tug			Pale		
Recession:			Mottled		
			Normal		
Intercostal					
Subcostal			Reduced urine output		
Sternal			Cold peripheries		
			Leg pain		
Nasal flare					
Cyanosis					
Fatigue					
New oxygen requirement					

<u>DISABILITY</u>	<u>EXPOSURE</u>
A □ V □ P □ U □	Temperature: °C < 36' or if under 3mths and >38'
Pupils: Equal Reacting	TOP TO TOE EXAMINATION Rash: Blanching Non-blanching
Comments:	
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