

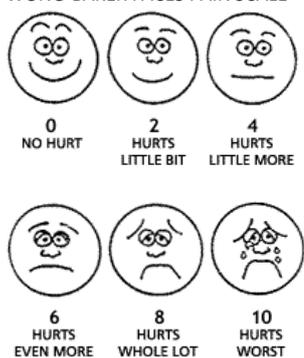
# ER PEDIATRIC TRIAGE NOTE

DATE:	TIME:	ARRIVED BY:	Pt ACCOMPANIED BY:	ESI CAT
NAME	DOB	VERIFIED NAME/DOB.	YES	NO
FAMILY, DEFINED BY AND INCLUSION APPROVED BY Pt.			TRIAGED BY:	

CHIEF COMPLAINT:	started-	hrs	days ago
head	neck	SEE 2 <sup>nd</sup> PAGE FOR ADDITIONAL NOTES	
face	mouth		
runny nose	foreign body		
SOB	fever		
cough	earache / pulling at ears		
chest	Extremity		
nausea	back pain		
vomiting x	diarrhea		
abd pain	seizure		
rash	ingestion		
Injury:			
Syncope	LOC		

<b>VITALS:</b> Head Circumference: _____ /10 in                      cm BP                      / HR RR Temp                      F SpO2                      % Height                      in                      cm Weight                      lbs                      kg BMI                      BSA                      sm	<b>PAIN SCALE:</b> QUALITY: LOCATION: ONSET: DURATION: ALLEVIATING: PRECIPITATING: Provider Notified if greater or equal to 4
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**WONG-BAKER FACES PAIN SCALE**



0 NO HURT      2 HURTS LITTLE BIT      4 HURTS LITTLE MORE

6 HURTS EVEN MORE      8 HURTS WHOLE LOT      10 HURTS WORST

**HUMPTY DUMPTY FALLS RISK ASSESSMENT:**

1) AGE?  
 - Less than 3 years old: Score 4  
 - 3 years old to 6 years old: Score 3  
 - 7 years old to 12 years old: Score 2  
 - 13 years old to above: Score 1

2) GENDER?  
 - Male or female under 3 years old: Score 3  
 - Male over 3 years old: Score 2  
 - Female over 3 years old: Score 1

3) DIAGNOSIS?  
 - Neurological Diagnosis: Score 4  
 - Alterations in Oxygenation (Respiratory Disease, Dehydration, Anemia, Anorexia, Syncope/Dizziness, etc): Score 3  
 - Psych/Behavioral Disorders: Score 2  
 - Other Diagnosis: Score 1

4) COGNITIVE IMPAIRMENTS?  
 - Not aware of limitations: Score 3  
 - Forgets limitations: Score 2  
 - Orientated to own inability: Score 1

**NEEDS ASSESSMENT:**

1) WHAT LANGUAGE DO YOU PREFER TO HAVE YOUR MEDICAL CARE DISCUSSED ?  
**ENGLISH**      OTHER:

2) DO YOU HAVE ANY BARRIERS TO LEARNING?

3) ARE YOU SUFFERING FROM ANY OF THE FOLLOWING TYPES OF ABUSE?

4) DO YOU HAVE A LIVING WILL OR ADVANCED DIRECTIVE?  
 YES                      NO                      N/A

5) IF YES, DO YOU HAVE A COPY ON FILE AT GLWACH?  
 YES                      NO                      N/A

6) WOULD YOU LIKE INFORMATION ON LIVING WILLS OR ADVANCED DIRECTIVES?  
 YES                      NO                      N/A

**SUBSTANCE USE:**

NONE      COUNSELING DONE OR REFERRAL MADE

TOBACCO      PPD

ETOH

STREET DRUGS

**ALLERGIES:**      **NKDA**

**FOOD**

**RELATED TO INJURY/ACCIDENT**

DATE:                      TIME:

PLACE OF ACCIDENT/INJURY

LOCATION OF ACCIDENT

RELATED CAUSE CODE

5) ENVIRONMENTAL FACTORS?  
 - History of Falls: Score 3  
 - Patient use assistive devices: Score 2  
 - None: Score 1

6) MEDICATION USAGE?  
 - Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Antidepressants, Laxatives/Diuretics, Narcotics: Score 3  
 - One of the meds listed above: Score 2  
 - Other Medications/None: Score 1

7) AT RISK FOR FALLS IF SCORE IS 12 OR ABOVE (Min Value: 6 Max Value: 19)

**SCORE IS:**

Please see Risk Standard Protocols →

**LOW RISK Standard Protocol (score 6-11)**

- Orientation to Room
- Environment clear of unused equipment, furniture's in place, clear of hazards
- Patient and family education available to parents and patient

**HIGH RISK Standard Protocol (score 12 and above)**

- Identify patient with a "Humpty Dumpty sticker"
- Educate patient/parents of falls protocol precautions
- Accompany patient with ambulation

Children Under 4yo do not need Falls Risk.

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Female ONLY Data:				
LMP	U-Unknown	Could you be pregnant?	YES	NO
		Pregnant for	Wks based on LMP	
Joint Commission / AAAHC / NCQA / HIS Related				
Pt Overall Feeling?	Does Patient Feel Safe at home?	YES	NO	
Any Hospitalizations, specialty care, ER visits, since your last Appointment?		YES	NO	
PHQ-2: Over the past 2 weeks, how often have you been bothered by any of the following problems?				
1) Little interest or pleasure in doing things.	2) Feeling Depressed or Hopeless.	Positive PHQ-2 (Score 3 or Greater)? If Yes		
0 = Not at all	0 = Not at all	Alert Provider, Document Suicidal and/or Homicidal		
1 = Several days	1 = Several days	Ideation below and accomplish Full PHQ-9 via TSWF-		
2 = More than half the days	2 = More than half the days	CORE 2 <sup>nd</sup> Screening tab		
3 = Nearly every day	3 = Nearly every day			
NO PHQ-2 Depression Screen Negative		YES PHQ-2 Depression Screen Positive. Score:		
3) Thinking about Suicide?	YES	NO		
4) Thinking about Homicide?	YES	NO		
			D-STICK:	
			TIME: /	
			TIME: /	
AUTOCITE MEDICATIONS CONFIRMED		YES	NO	
MED's HAVE BEEN RECONCILED AND A LIST GIVEN TO Pt.		YES	NO	
CURRENT MEDICATION:	DOSAGE:	FREQUENCY:		
ADDITIONAL NOTES:				