NSW GOVERNMENT Health

PAEDIATRIC EMERGENCY DEPARTMENT OBSERVATION CHART

UNDER 3 MONTHS

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR110001

Additional RED ZONE Criteria

Cardiac or respiratory arrest
Circulatory collapse
Patient unresponsive
New onset of stridor

- Deterioration not reversed within 1 hour of Clinical Review
- 3 or more simultaneous 'Yellow Zone' observations
- Significant Bleeding
- Sudden decrease in Level of Consciousness (a drop of 2 or more points in GCS)
- New or prolonged seizures activity
- Floppy
- Blood Glucose Level < 2mmol/L or symptomatic
- Lactate ≥ 4mmol/L
- **Serious concern by family member**
- **Serious concern by you or any staff member**

- Senior Medical Officer or Nurse review within 10 minutes.
- Observations recorded at least 15 minutely.
- Must have continuous monitoring.

Additional YELLOW ZONE Criteria

- Increasing oxygen requirement
- Poor peripheral circulation (e.g. mottled/pallor)
- Greater than expected fluid loss
- Reduced urine output or anuria (< 1mL/kg/hr)
- Altered mental state: Agitation, combative, inconsolable.
- New, increasing or uncontrolled pain
- Blood Glucose Level 2 – 3 mmol/L
- **Concern by family member**
- **Concern by you or any staff member**

- Senior Medical Officer or Nurse review within 30 minutes.
- Observations recorded at least 30 minutely for the first hour and then hourly thereafter.
- Prioritise care if deteriorating.

Consider:

- Need for continuous monitoring.
- Whether changes in temperature reflects deterioration in your patient

BLUE ZONE RESPONSE

- Initiate appropriate clinical care
- Repeat and increase the frequency of observations as indicated by your patients conditions
- Consider whether there is an adverse trend in other observation

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AIRWAY / BREATHING

Date / Time

Respiratory Rate ● (breaths per minute): 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15

Respiratory Distress: Severe / Moderate / Mild / Normal

SpO_2 (%) ● (any amount of O_2): 100 95 90 85 80 75 <70

Oxygen: L/min or % / Device

CIRCULATION

Heart Rate ● (beats per minute): 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60

Capillary Refill: ≥ 3 Seconds / <3 Seconds

Blood Pressure (mmHg) > < Systolic Blood Pressure is the trigger: 120 110 100 90 80 70 60 50 40 30 20 10

Blood Glucose Level (BGL)

DISABILITY

GCS: EYES / VERBAL / MOTOR / TOTAL SCORE

Right Pupil: Size / Reaction

Left Pupil: Size / Reaction

Initials

Increase Frequency of Observations | Clinical Review | Rapid Response

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Initials

URINALYSIS

Date:			
Time:			
Specific Gravity		Nitrite	
pH		Bilirubin	
Blood		Urobilinogen	
Leukocytes		Protein	
Ketones		Glucose	
MSU/CSU/SPA	YES ☐	NO ☐	

MODIFIED PAEDIATRIC GLASGOW COMA SCALE

EYES OPEN

Spontaneously	4
To speech	3
To pain	2
None	1

BEST VERBAL RESPONSE

<2yrs	2 - 5 yrs	>5yrs	
Smiles, coos	Appropriate Words	Orientated	5
Cries but consolable	Inappropriate Words	Confused	4
Persistent cries / screams	Cries / Screams	Inappropriate Words	3
Grunts		Incomprehensible Sounds	2
None			1

BEST MOTOR RESPONSE

<1yr	>1yr	
Spontaneous	Obeys commands	6
Localises to pain		5
Flexion - withdrawal		4
Flexion - abnormal		3
Extension		2
None		1

Pupil Scale (mm)	KEY	
• 1	+	Reactive
● 2	SL	Sluggish
● 3	-	Non Reactive
● 4	C	Closed Eyes
● 5	T	ETT
● 6		
● 7		
● 8		

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ALLERGY / ALERTS:

WEIGHT:

Fluid Restriction: N/A ☐ Yes ☐

Volume:

Date / Time

EXPOSURE — Temperature (°C) (Check unit policy): 41 40.5 40 39.5 39 38.5 38 37.5 37 36.5 36 35.5 35 34.5 34

Pain (NRS): Moderate to severe / Mild to Moderate / Mild discomfort / No pain

0 = No pain | **≤ 2** = Mild discomfort | **2 – 4** = Mild to moderate | **4 -7** = Moderate to severe

Initials

Temperature (°C) ● (Check unit policy)

FLUID BALANCE CHART

INTAKE						OUTPUT					
TIME	INTRAVENOUS FLUIDS 1	INTRAVENOUS FLUIDS 2	ORAL & NG	PROG. TOTAL	IVC site	TIME	URINE	VOMIT	STOOL	OTHER	PROG. TOTAL
Totals				mLs		Totals					mLs

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ASSESSMENT OF RESPIRATORY DISTRESS

	MILD	MODERATE	SEVERE
Airway	• Stridor on exertion	• Stridor at rest • Partial airway obstruction	• New onset of stridor • Imminent airway obstruction
Behaviour & Feeding	• Normal • Age appropriate vocalisation	• Irritability • Difficulty crying • Difficulty feeding or sucking	• Drowsy • Unable to cry • Unable to feed or suck
Respiratory Rate	• Mildly Increased	• Respiratory rate in the Yellow Zone	• Respiratory rate in the Red Zone • Decreasing (exhaustion)
Accessory Muscle Use	• None / minimal	• Moderate recession • Tracheal tug • Nasal flaring • Head bobbing	• Severe recession • Gasping • Grunting • Extreme pallor • Cyanosis • Absent breath sounds
Apnoeic Episodes	• None	• Abnormal pauses in breathing	• Apnoeic episodes
Oxygen	• No oxygen requirement	• Commencement of oxygen • Increasing oxygen requirement	• Hypoxaemia, may not be corrected by oxygen

NEONATAL / INFANT PAIN SCALE (NIPS)

Assessment	Score=0	Score=1	Score=2
Facial expression	**Relaxed muscles** (Restful face, neutral expression)	**Grimace** (Tight facial muscles; furrowed brow, chin, jaw)	
Cry	**No Cry** (Quiet, not crying)	**Whimper** (Mild moaning, intermittent)	**Vigorous Cry** (Loud scream; rising, shrill, continuous)
Breathing patterns	**Relaxed** (Usual pattern for this infant)	**Change in breathing** (Indrawing, irregular, faster than usual; gagging; breath holding)	
Arms	**Relaxed/Restrained** (No muscular rigidity; occasional random movements of arms)	**Flexed/Extended** (Tense, straight arms; rigid and/or rapid extension, flexion)	
Legs	**Relaxed/Restrained** (No muscular rigidity; occasional random movement)	**Flexed/Extended** (Tense, straight legs; rigid and/or rapid extension, flexion)	
State of arousal	**Sleeping/Awake** (Quiet, peaceful, sleeping or alert and settled)	**Fussy** (Alert, restless, and thrashing)	

NIPS interpretation - add the scores from each of the 6 assessments to a total of between 0-7

0 = No pain ≤ 2 = Mild discomfort 2 - 4 = Mild to moderate pain 4 - 7 = Moderate to severe pain

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ALTERATIONS TO CALLING CRITERIA

Any alterations MUST be signed by a Senior Emergency Department Medical Officer

Document rationale for altering CALLING CRITERIA in the patient's health care record

DATE:		dd/MM/yy				
TIME:		hh:mm				
Next review due Date & Time		dd/MM/yy hh:mm				
	Yellow Zone	*xx-xx*				
	Red Zone	*≤ or ≥ xx*				
	Yellow Zone					
	Red Zone					
	Yellow Zone					
	Red Zone					
	Yellow Zone					
	Red Zone					
Medical Officer Name (BLOCK letters)		P. SMITH				
Medical Officer Signature		P. SMITH				

EXAMPLE

ADMISSION CHECK

Name Band: ☐ Allergy Band: Yes ☐ N/A ☐ Weight (Kg):

PRESENTING PROBLEM:

PROTOCOL COMMENCED:

IMMUNISATIONS UTD: Yes ☐ No ☐ Comment:

1. Person responsible: Relationship: Phone No:
Notified : Yes ☐ No ☐ Cannot be contacted ☐

2. Person responsible: Relationship: Phone No:
Notified : Yes ☐ No ☐ Cannot be contacted ☐

Valuables returned to the person responsible: Yes ☐ No ☐ N/A ☐

Interpreter required: No ☐ Yes ☐ Specific language:_____

Nurse (BLOCK LETTERS): Date: Time:

INJURY / NEGLECT RISK ASSESSMENT / SCREEN

1.	Inappropriate delay in presentation?	No ☐	Yes ☐
2.	Injury not explained? Injury not consistent with the stated cause?	No ☐	Yes ☐
3.	Injury not consistent with this child's development?	No ☐	Yes ☐
4.	Child under 12 months (or non-mobile) with fracture or bruising?	No ☐	Yes ☐
5.	Recurrent injuries or ingestions?	No ☐	Yes ☐
6.	Behaviour of parents / carers inappropriate?	No ☐	Yes ☐
7.	Are there any signs of neglect and/or a failure to follow medical advice?	No ☐	Yes ☐

If YES to any answer, CONSULT AND ACTIVATE LOCAL CHILD PROTECTION RESPONSE / PROCEDURE
Refer to the MANDATORY REPORTER GUIDE

Referral made to:

ED Staff Name: **ED Staff Designation:**

ED Staff Signature: **Date:** **Time:**

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MEDICAL ADMISSION AT TIME OF ACCEPTANCE OF CARE

PROVISIONAL DIAGNOSIS:

Attending Medical Officer's name:
Delegate's name (if applicable):
Accepted care of patient
Date:
Time:

Clinical plan explained to patient /carer Yes ☐
Clinical plan documented in progress notes Yes ☐

Admission completed by:
ED Medical Officer name:
ED Medical Officer signature:

PAEDIATRIC DEPARTURE CHECKLIST – ED TO WARD / OTHER FACILITY

NURSING

Verified that all documentation is complete
- Admission/Transfer forms/eMR Yes ☐
- Medications charted Yes ☐ N/A ☐
- Analgesia charted Yes ☐ N/A ☐
- IV fluids charted Yes ☐ N/A ☐
- Fluid balance up to date ☐
- Progress notes up to date ☐
- Risk assessments completed ☐

Diet: Eat & Drink ☐ Nil By Mouth ☐ IVT ☐ NG ☐

Infection status (incl. recent contact):

Precautions / Isolation required Yes ☐

Specify: Contact precautions / Respiratory

Parents / Guardian aware of transfer Yes ☐

Patient belongings sent to ward Yes ☐ N/A ☐

Medication sent to ward Yes ☐ N/A ☐

Ward accepting care:
Ward Nurse Accepting care:
ED Nurse Transferring name:
ED Nurse transferring sign:

MEDICAL

Medical handover given Yes ☐ No ☐

Outstanding results and actions handed over:

1.

2.

3.

4.

5.

Medical Officer accepting care name:

ED Medical Officer providing Handover
Name:
Sign:
Date:
Time:

PAEDIATRIC DEPARTURE CHECKLIST – ED TO USUAL PLACE OF RESIDENCE

Cannula / ID band removed Yes ☐

Discharge / referral letter Yes ☐

Discharge prescription Yes ☐

Discharge in care of parents/guardian Yes ☐

Education / Fact sheet Yes ☐

Clothes / belongings Yes ☐

AUTHORISATION FOR PAEDIATRIC DEPARTURE FROM ED

Observations within the last hour Yes ☐

Is the patient 'Between the Flags' Yes ☐ No ☐

If not, clinical reason and plan is documented and signed ☐

Alterations to calling criteria documented Yes ☐ No ☐

Frequency for observations documented Yes ☐ No ☐

SENIOR ED NURSE

Authorised as safe for departure Yes ☐

Name (BLOCK LETTERS):

Signature:

Date: **Time:**

MEDICAL AUTHORISATION

Authorised as safe for departure Yes ☐

Name (BLOCK LETTERS):

Signature:

Date: **Time:**

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