

# 24 Hour Triage Rapid Assessment and Access Toolkit for Children and Young People V2 (2020) Log Sheet

Hospital name and department:

Patient details	Patient history	Enquiry details
Name: .....	Diagnosis (Inc. other diagnoses / co-morbidities):	Date: <b>Call start time:</b>
NHS no: .....		Who is calling?
Hospital no: .....	Male <input type="radio"/> Female <input type="radio"/>	What phone number do you want us to call back on?
DoB: .....		Reason for the call (in caller's own words):
Age: .....	Consultant team:	
Phone no: .....		

What treatment is the patient receiving? (Please tick below)

Chemotherapy (incl. oral maintenance)  Immunotherapy  Car-T  Radiotherapy  Post Stem Cell Transplant  Surgery  None

When did the patient last receive treatment?: .....

What is the patient's temperature?: ..... °C **please note that hypothermia is a significant indicator of sepsis**

When was the patient last discharged / reviewed? ..... Have you called any other healthcare professional in the last 48 hours? Yes\*  No

Does the patient have a central line? Yes  N  Does the patient have a shunt / Ommayer Reservoir / other medical device? Yes  N

Advise <input type="radio"/> Follow up/review <input type="radio"/> Assess <input type="radio"/> <b>REMEMBER two or more amber = RED</b>	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Infection <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Shortness of breath / difficulty breathing <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Bleeding and / or bruising <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Neurosensory / Neuromotor <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Activity <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Pain <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Rash and / or infectious disease contacts <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Nausea, eating, drinking <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Vomiting <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Mucositis <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Urinary output <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Diarrhoea <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Constipation <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Other (please state) <input type="radio"/> <input type="radio"/> <input type="radio"/>	Attending for assessment at:	Receiving team notified: Yes <input type="radio"/> N <input type="radio"/> Call end time:

Triage practitioner details

Signature:	Designation:
Print name:	Date:

Review of actions taken: (Review no later than 24 hours after call. Single Ambers require earlier call back)

Signature:	Designation:
Print name:	Date:

Hospital logo:

