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

Hospital name and department: St Elsewhere NHS Trust: Oncology Day Care

Patient details	Patient history	Enquiry details
Name: Stephen Lowry	Diagnosis (Inc. other diagnoses / co-morbidities): A.L.L.	Date: 12/08/2020 Call start time: 09.30
NHS no: 565668		Who is calling? Amanda Lowry (Mum)
Hospital no: N575757	Male ☑ Female ☐	What phone number do you want us to call back on? 07775 696 075
DoB: 10/07/2015	Consultant team: Dr. Andrews	Reason for the call (in caller's own words): Stephen seems to have a rash on his chest and back. I saw it when I washed him this morning and I don't think it was there last night
Age: 5yrs		
Phone no: 07775 696 075		

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?: 10/08/2020 oral maintenanc

What is the patient's temperature?: 36.7 °C ***please note*** *that hypothermia is a significant indicator of sepsis*

When was the patient last discharged / reviewed? 06/08/2020 Have you called any other healthcare professional in the last 48 hours? Yes* ○ No ◉

Does the patient have a central line? Yes ◉ No ○ Does the patient have a shunt / Ommayer Reservoir / other medical device? Yes ○ N ◉

Advise 🟢 Follow up/review 🟠 Assess 🔴 REMEMBER two or more amber = RED		Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	✔ 🟠 🔴	100% ALL maintenance chemotherapy Co-Trimoxazole	In third year of A.L.L. treatment on maintenance. Very few notable side effects or events during treatment and no other significant medical history. Mum noticed Rash today on chest and back, and back of neck, which she describes as red and maybe with small blisters. Stephen appears otherwise well to her, eating, drinking, playing, normal bowel movements and no temperature. While on the call she says he looks like he's itching. No known contact with infectious diseases. Not had chicken pox before.
Infection	✔ 🟠 🔴		
Shortness of breath / difficulty breathing	✔ 🟠 🔴		
Bleeding and / or bruising	✔ 🔴 🔴		
Neurosensory / Neuromotor	✔ 🔴 🔴		
Activity	✔ 🟠 🔴		
Pain	✔ 🟠 🔴		
Rash and / or infectious disease contacts	🟢 ✔ 🔴		
Nausea, eating, drinking	✔ 🟠 🔴		
Vomiting	✔ 🟠 🔴		
Mucositis	✔ 🟠 🔴	Action taken / advice given:	
Urinary output	✔ 🟠 🔴	No need for urgent attendance but this does need to be looked at today, as pattern of rash, blisters and itching could be chicken pox, and HSV status unknown at present. Mum can bring Stephen to clinic this afternoon, and knows to make receptionist aware on arrival that he could be infectious and needs isolating. Don't stand near other people in a queue to book in but catch someone's attention at the door if possible. If Stephen becomes unwell during the morning before planned review, she can call back or come up earlier but let us know first.	
Diarrhoea	✔ 🟠 🔴		
Constipation	✔ 🟠 🔴		
Other (please state)	🟢 🟠 🔴	Attending for assessment at: ANP drop in clinic at Oncology Out-patients	Receiving team notified: Yes ◉ N ○ Call end time: 09.37

Triage practitioner details

Signature:	Designation: Staff Nurse
Print name: ANGELA DOUGHTY	Date: 12/08/2020

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

Seen in ANP drop-in clinic. No HSV status recorded in labs previously so bloods taken and started oral acyclovir. Discharged home with advice on managing symptoms and to call back if unwell, fever, not drinking, or Mum is worried.

Signature:	Designation: DAY CARE MANAGER
Print name: KATHERINE SHAW	Date: 13/8/2020

Hospital logo: