STANDARD PAEDIATRIC OBSERVATION CHART

5 to 11 Years

Lady Ridgeway Hospital for Children

Name:
Age:
BHT Number:

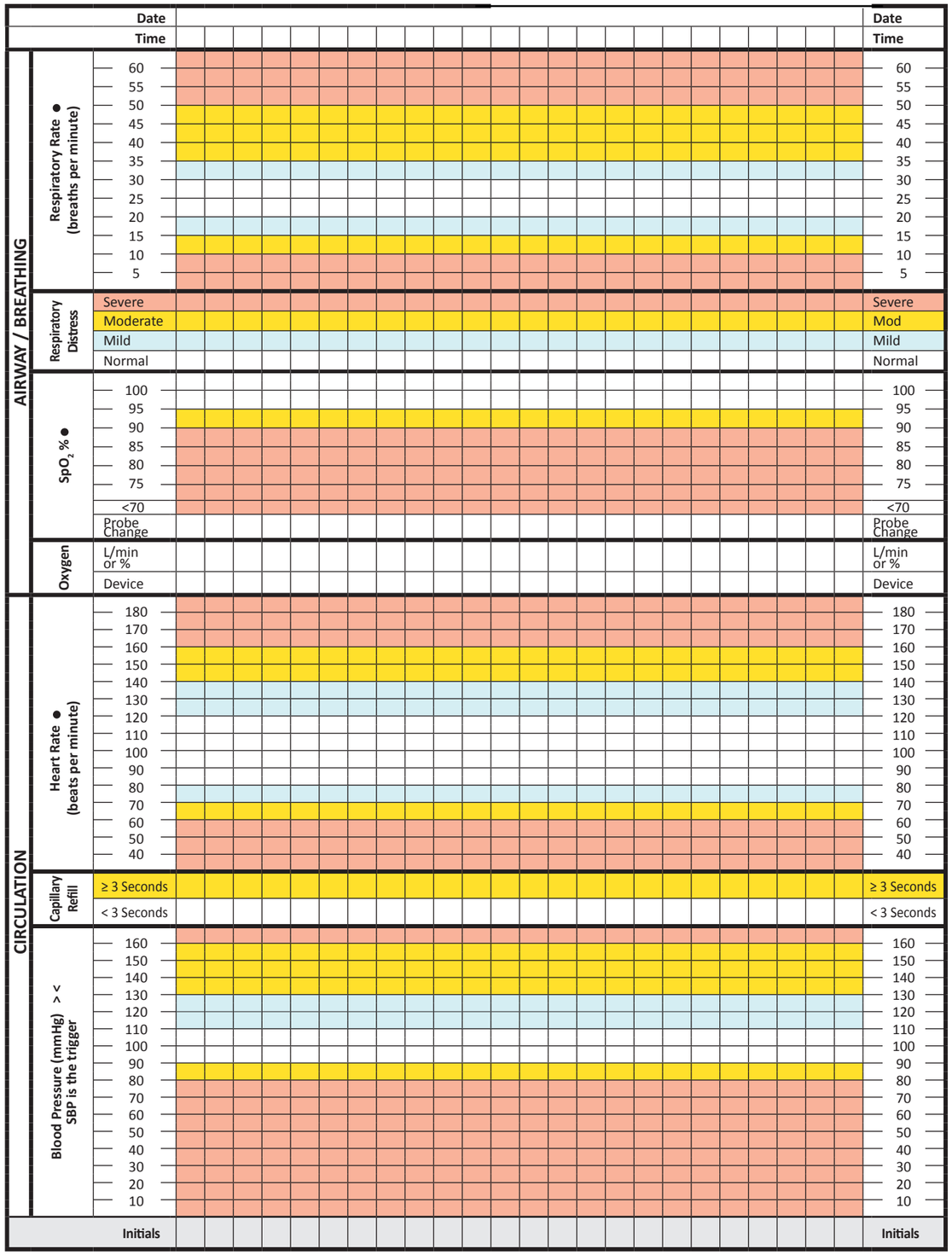
Ward Number:

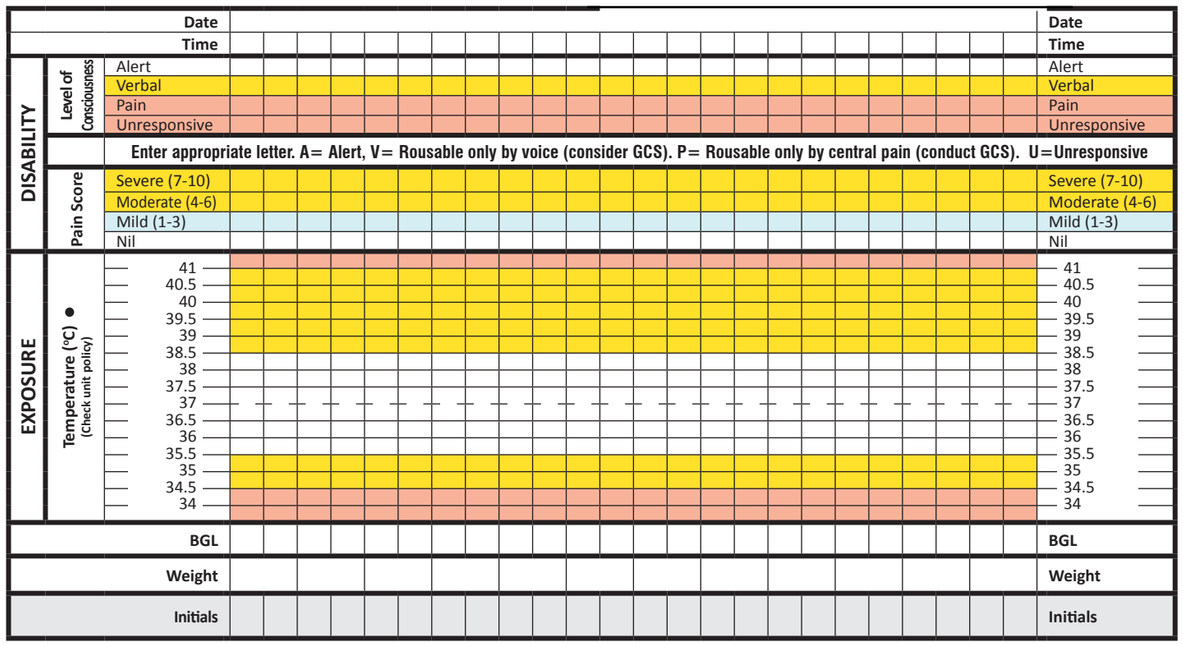
Date: **Time**

Admission to ETU
Admission to Ward
Admission to ICU

Target Parameters:

Respiratory rate:
SpO_2:
Pulse rate:
Systolic BP:
Other:





Interventions at ETU/HDU		Time	Interventions at ETU/HDU		Time
Face mask oxygen	Yes / No		IV antibiotics given	Yes / No	
Nasal prong oxygen	Yes / No		Inotropes	Yes / No	
Initial O_2 liters/min	Yes / No		IV dextrose given	Yes / No	
Oral airway inserted	Yes / No		IV adrenaline given	Yes / No	
Bag & mask ventilation	Yes / No		Defibrillation	Yes / No	
Already intubated	Yes / No		CPR for shockable rhythm	Yes / No	
Intubated in ETU	Yes / No		CPR for non-shockable	Yes / No	
Nebulisation	Yes / No		CPR successful	Yes / No	
IV access obtained	Yes / No		Sent to MICU	Yes / No	
No of IV access attempted			Sent to ward	Yes / No	
IO access obtained	Yes / No		Discharged home	Yes / No	
IV boluses given-	Yes / No		Review appointment	Yes / No	
Maintenance started	Yes / No				

Nurse's notes

Date	Time	Problem/Problems	Intervention / Comments

Doctor's Notes

Name of MO

Name of Registrar

PAEDIATRIC EMERGENCY ASSESSEMNT RECORD—LADY RIDGEWAY HOSPITAL FOR CHILDREN

Name		Age		Date	DD	M Y
Address-Town/Village				DOB	DD	M Y
Time of arrival to hospital		Time of arrival to ETU/OPD		ETU Number		
Mode of arrival	Walking / Three wheeler / public or own vehicle			BHT Number		
Source of the pt	Home	OPD	Transferred	Mobile Number		

Assessment by Medical officer in the respective unit: Name of MO: **Time**

Normal level of activity	Alert Mild decrease in activity	Moderate decrease in activity	Marked reduction in activity
Normal behavior & feeding	Sleeping or some/intermittent irritability, consolable	Irritable, agitated, inconsolable Difficulty talking or crying Difficulty feeding /eating	Agitated/ Confused Unable to talk or cry Unable to feed or eat
Respiratory rate	**Saturation in air**	**Saturation with O2**	**Air entry**
Oxygen requirement - nil	Mild O2 requirement	Hypoxaemia corrected by Oxygen	Hypoxaemia may not be corrected by oxygen
Stridor-None	Stridor on exertion	Stridor at rest	Severe Stridor
Accessory muscle use-none	Minimal accessory muscle use	Moderate recession Tracheal tug Nasal Flaring Audible wheezing	Severe recession Gasping / Grunting Extreme pallor / Cyanosis Absent breath sounds Abdominal breathing
Apnoeic Episodes-none	Abnormal pauses in breathing		Apnoeic episodes (>20 s)
Hydration-Normal	Mild dehydration	Moderate dehydration	Severe Dehydration

Pulse rate		**BP**		**Pulse pressure**	
Pulse volume- normal	Pulse-Moderate	Pulse-Thready	Pulse -Not palpable		
Line of coldness-none	Up to ankle/Wrist	Mid way up to arm/leg	Up to elbow/knee		
Skin colour- normal/pink	Mild pallor	Pale & Mottled	Grey/Cyanosed		
CRFT-Normal < 2s	CRFT 2-3 seconds	CRFT 3-4 seconds	CRFT ≥5 s		
UOP – How many hours since last UOP?		Number of Vomits for last 24hrs -	Number of Bowel motions for past 24 hours-		
AVPU score -Alert	Response to voice	Response to pain	Unresponsive		
Posture – Normal	Floppy	Decorticated	Decerebrated		
Pupils- Normal	Equal	Unequal	Reacting to light –Yes/No	Size -	
Seizures Yes/No	**Temperature**	**Pain Score out of 10-**	**RBS-**		

History & other relevant findings

Working diagnosis
Duration of illness
Problems on daily basis and treatment received including drugs
Places where child sought treatment (hospital/GP)
Were there improvements or deteriorations
Reason as to why child brought today
Known medical condition / Regular medications
Known allergies
Problems identified

Investigations: RBS, FBC, Blood culture, Grouping Rh, Urea, SE, SGPT/SGOT, Clotting, Urine FR/culture