

# 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: <span style="color: #e91e63;">Call start time:</span>
NHS no:		Who is calling?
Hospital no:		
DoB:	Male <input type="radio"/> Female <input type="radio"/>	What phone number do you want us to call back on?
Age:	Consultant team:	Reason for the call (in caller's own words):
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 ● 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	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Infection	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Shortness of breath / difficulty breathing	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Bleeding and / or bruising	<span style="color: green;">●</span> <span style="color: red;">●</span> <span style="color: red;">●</span>
Neurosensory / Neuromotor	<span style="color: green;">●</span> <span style="color: red;">●</span> <span style="color: red;">●</span>
Activity	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Pain	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Rash and / or infectious disease contacts	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Nausea, eating, drinking	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Vomiting	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Mucositis	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Urinary output	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Diarrhoea	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Constipation	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>
Other (please state)	<span style="color: green;">●</span> <span style="color: orange;">●</span> <span style="color: red;">●</span>

Action taken / advice given:

Attending for assessment at:

Receiving team notified: Yes ☐ N ☐  
 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:

