

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: Call start time:
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 <i>*detail of any recent calls</i>)
Fever		
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		
Diarrhoea		
Constipation		
Other (please state)	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:

