Triage Toolkit for Children's Cancer Services 3rd Edition (2026) Log Sheet

Hospital name and department:[Form Fill text Box]

Patient details	Patient history	Enquiry details
Name: Hannah Williams	Diagnosis (Inc. other diagnoses / co-morbidities): Wilm's Tumour	Date: 30.11.2025 Call start time: 18:50
NHS No:	Consultant team: Dr Finn	Who is calling? Dad - Peter Williams
Hospital No:	Has the patient had any concerns or issues that have required a call to any healthcare professionals in the last 5 days?	What phone number do you want us to call back on? 07458 559562
DoB:		Reason for the call (in caller's own words):
Age: 3 years	Yes ✓ (Look for other TT related log sheets.) No ○	Hannah has a temp of 38.2˚C and we are bringing her in

Is the patient on active treatment?
Systemic therapy (Chemo / Targeted / Immunotherapy) ✓ CAR-T / Cellular therapy ○ Post stem cell transplant ○ Radiotherapy ○ Surgery ○ None ○

When did patient last receive treatment? Today ○ 1-7 days ○ 8-14 days ✓ 15-28 days ○ Over 4 weeks ○

Has the patient received previous immunotherapy? Yes ○ No ✓ Don't know ○

CAUTION: Immunotherapy / targeted therapy toxicities may present during or months-years after treatment.

What is the patient's temperature? 38.2 °C Note that hypothermia is a significant indicator of sepsis

Has the patient received any anti-pyretic medication in the last 4-6 hours? Yes ○ No ✓

Does the patient monitor their blood glucose? Yes ○ No ✓ If Yes: Current Blood Glucose level:

(If blood glucose above or below patients normal parameters, seek senior clinical opinion)

Does the patient have a central line? Yes ✓ No ○ Does the patient have a shunt / Ommaya reservoir / lumbar port/ other medical device? Yes ○ No ✓

Does the patient have an infusion pump running? Yes ○ No ✓

Advise	Follow up	Assess		
Remember: 2 or more AMBER = RED				
Symptom	0	1	2	3	4
Breathing		✓			
Bleeding & / or bruising	✓				
Consciousness & neuro	✓				
Activity		✓			
Pain	✓				
Fever				✓	
Infection		✓			
Skin &/or infection contact			✓		
Nausea, eating and drinking		✓			
Vomiting		✓			
Mucositis		✓			
Urinary output	✓				
Diarrhoea	✓				
Constipation	✓				
Other			✓		

Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and detail of any recent calls)
Vincristine and actinomycin D 10 days ago	Fever noted by parent just before call. During TT assessment it emerged that Hannah had been playing with cousin yesterday who has since developed dark spots on soles of feet, groin and mouth. Dad thinks he may be able to see similar dark spots in Hannah's mouth.
Action taken / advice given:	
Attend clinic assessment area for review -open until 8p.m. If not arrived by 8, go direct to ward for review. They will be aware of likely arrival. Please stay at the door on arrival and you will be directed to a side room to isolate Hannah until review undertaken. Dad happy with advice to attend but frustrated by having to complete full TT assessment.	Previous call 5 days ago due to reduced food intake. 1 amber and advice given, and follow up call OK.
Call end time: 18:58	

Attending for assessment at (Location): Clinic if before 8p.m or to ward - PTC xx

Receiving team notified: Yes ✓ No ○ Name: Both clinic (H.Jones) and ward ((

Triage practitioner's details

Signature: Helen Jones	Designation: Jnr Sister Oncology Clinic
Print Name: HELEN JONES	Date: 30-11.25

Review no later than 24 hours after call. Single Ambers require earlier call back. Start a new Log sheet if there are new symptoms.
Notes, review of actions taken

24hr follow up. Admitted to oncology ward. Non-neutropenic fever but counts dropping and hand, foot and mouth. Less well today, not drinking and headache with ongoing fever.

Signature: Helen Jones	Designation: Jnr Sister Oncology Clinic
Print Name: HELEN JONES	Date: 1st December 2025

CCLG The Children & Young People's Cancer Association
YOUNG LIVES vs CANCER
UKONS Oncology Nursing Society