

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:		Diagnosis (Inc. other diagnoses / co-morbidities):		Date:	
NHS No:		Consultant team:		Call start time:	
Hospital No:		Has the patient had any concerns or issues that have required a call to any healthcare professionals in the last 5 days? Yes (Look for other TT related log sheets.) No		Who is calling?	
DoB:				What phone number do you want us to call back on?	
Age:				Reason for the call (in caller's own words):	
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? °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		Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and detail of any recent calls)
Remember: 2 or more AMBER = RED							
Symptom	0	1	2	3	4	Action taken / advice given:	
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						Call end time:	

Attending for assessment at (Location):		Receiving team notified: Yes No Name:	
Triage practitioner's details			
Signature:		Designation:	
Print Name:		Date:	
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			
Signature:		Designation:	
Print Name:		Date:	

