# Triage Assessment Tool for Children's Cancer Services 3rd Edition (2026)

Review date November 2030

Patients may present with problems other than those listed below, these would be captured as "other" on the log sheet checklist. Practitioners are advised to refer to the latest version of NCI-CTCAE common toxicity criteria to assess the severity of the problem and seek further clinical advice regarding management.

**Caution!** Please note patients who are receiving or have received IMMUNOTHERAPY may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

| All green = self care advice | 1 Amber = Telephone review within 24hrs | 2 or more Amber = Escalate to red | Red = Attend for assessment as soon as possible / consider 999 |
|---|---|---|---|

| Toxicity / Symptom ↓ Grade → | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| **Shortness of breath / difficulty breathing**<br>Is it a new symptom? How long for? Is it getting worse? Change in respiratory rate/effort of breathing? Is there any respiratory noises (Wheeze/Stridor)? Is there a cough? Is it affecting activity level? Is there accompanying paleness, or mottling? Consider: choking, asthma or VIW exacerbation, anaemia, infection. | None or no change from normal. | New onset shortness of breath with moderate exertion | New onset shortness of breath with minimal exertion | Shortness of breath at rest | Life threatening symptoms (change of colour, choking, grunting, noisy breathing, agitation)<br><br>Advise 999 |
| **Bleeding and Bruising**<br>Is there active bleeding? How long?<br>Site of active bleeding? Is there any injury/ trauma involved? Is the bleeding spraying, pouring or enough to make a puddle? Is the patient on anticoagulants? New bruises or petechiae? Are they localised (in one area) or multiple/widespread? Any blood in urine or stools? Any nose bleeds or gum bleeding? Is the latest platelet count known? | None | Mild, self limiting bleeding, controlled by conservative measures. New localised bruising.<br><br>Monitor and arrange full blood count if on treatment. | Bleeding that is not self limiting or keeps restarting and/or multiple sites of petechiae/bruising<br><br>Arrange for urgent full blood count and review. | Uncontrolled bleeding. Moderate to severe petechiae / purpura / bruising.<br><br>Advise 999 | |
| **Consciousness & Cognitive/ Neurosensory / neuromotor**<br>Establish patients level of consciousness using AVPU (alert, responds to voice, responds to pain, unresponsive). This may indicate the need for urgent 999 action.<br>When did the problem start? Is it continuous? Is it getting worse?<br>Is it affecting mobility/function? Any constipation or faecal / urinary incontinence? Any vision changes? Paralysis (consider cord compression) | None | Any new or increased signs of sensory loss, paraesthesia (abnormal sensation, pins & needles), weakness or vision changes and / or loss of function, altered gait, aggitation, repetitive movements, loss of awareness, stiffening or level of consciousness. | | | |
| **Activity**<br>Recent change in activity levels and ability to carry out activities of daily living? Appear or feel generally unwell or exhausted? Is this a new problem? Is it getting worse? How many days? Any other associated symptoms? Consider usual levels of activity in assessment, and normal for personal response to stage of current treatment. Consider treatment related fatigue | No change from normal | New mild symptoms. No impact on usual activity.<br><br>Ensure planned review is scheduled | Symptomatic. Greater restriction on play or normal activities, and less time spent active. | Lying around much of the day. Minimal active play or normal activities. Sleepy, lethargic, floppy. | |
| **Pain**<br>Is it a new problem? Where is it? How long has it been a problem? Has any analgesia been given & effect? How does child describe it? Can they score it? Is there pain around a device (shunt, Ommaya reservoir, feeding device, CVAD) If infusion running, consider extravasation. | None or no change from normal.<br>Pain score 0 | Mild pain. Not interfering with function or activity.<br>Pain score 1-3<br><br>Arrange for review at next scheduled appt. Consider phone review | Moderate pain. Pain interfering with function but not activity.<br>Pain score 4-5 | Severe pain interfering with function and activity.<br>Pain score 6-8 | Severe disabling pain.<br>Repeated headaches (often worse in the morning) which may or may not affect function.<br>Pain score 8-10 |
| **Fever**<br>Receiving or has received Systemic Anti Cancer Therapies (SACT) within the last 8 weeks or immunocompromised?<br>Recent Blood count known?<br>On G-CSF?<br>Has any antipyretic medication been given?<br>Use Sepsis Six © principles | 36°C-37.4°C | | 37.5°C-37.9°C<br>Remain alert and advise to call back if not settling, worsening or additional symptoms" | 38°C or above | |
| | Please note that hypothermia (<36°C) is a significant indicator of sepsis | | | | |
| | ALERT- Patients on steroids/analgesia or dehydrated may not present with pyrexia but may still have infection.<br>(If there are signs of sepsis through combination of symptoms in the Tool arrange urgent assessment and review / consider 999) | | | | |
| **Infection**<br>**Advise to take temperature and follow fever toxicity if pyrexial**<br>Are there any specific symptoms, such as pain, burning/stinging or difficulty passing urine? Cough and/or sputum? Any shivering, chills or shaking episodes? Localised signs of infection e.g. redness, swelling, inflammation. | None | Localised signs of infection or inflammation otherwise generally well | Signs of infection [e.g. access device or line, abdominal pain,] and generally unwell. | Signs of severe symptomatic infection. | Potential life threatening sepsis (severe symptoms e.g. difficulty breathing, floppy, altered consciousness, clammy / sweaty skin, extreme discomfort)<br><br>Advise 999 |
| **Skin and / or Infectious Disease Contacts**<br>Where is the problem? How much of body is affected? Use rule of 9's to assess localised vs widespread as % of BSA. How long has it been there? Is it getting worse? Is the area associated with recent infusion/injection? Are there any of following - rash, pain, feeling generally unwell, broken or cracked skin, problems with nails, dry or itchy skin, weeping, swelling, warm to touch? Is the rash non-blanching? Risk of GVHD?<br>Close contact with infectious diseases (Chicken pox, shingles, measles, other) > 15 minutes? | No rash or no change from normal.<br>No known infectious contacts or no direct close contact. | Localised rash/skin changes covering <10% BSA with or without itching, redness. No pain. | Rash/skin changes covering 10-30% BSA that is limiting normal activity with or without painful redness or swelling or itching.<br><br>And/or close contact with infectious disease longer than 15 minutes, without symptoms | Rash/skin changes covering >30% with or without associated symptoms. Generally unwell or sudden onset non-blanching rash. GVHD flare up.<br><br>And/or direct infectious disease contact with symptoms. | |
| **Nausea, Eating & Drinking**<br>How many days? What is oral intake? Taking antiemetics as prescribed? Excessive thirst? Assess urinary output and colour? What is impact on wellbeing and activity level? | None/ no change from normal. | Able to eat/drink reasonable intake. | Able to eat/drink but intake is significantly decreased and impact on wellbeing and/or activity level | Oral intake significantly decreased, with or without debilitating nausea. Excessive thirst. Prolonged nausea with other concerns from parents e.g. behaviour change, weaknesses, headache. | |
| **Vomiting**<br>Caution in the case of infants.<br>How many days? How many episodes? What is oral intake? Is there any constipation or diarrhoea (see specific toxicity) Any particular triggers or patterns, e.g. every morning on waking? Possible infectious causes? Assess patient's urinary output and colour. | None | 1 episode in 24hs | 2-5 episodes in 24hrs. | Over 6 episodes in 24 hrs. Repeated early morning vomiting (may only be one episode a day). | |
| **Mucositis**<br>Is the patient able to eat or drink? Are there any mouth ulcers, white patches on mucosa or pain on swallowing? If yes, for how many days? Is there any evidence of infection?<br>Consider mixed symptoms and potential for systemic fungal infections, especially post transplant and high dose therapies. Consider personal history of post-treatment mucositis. | None | Painless ulcers, mild redness, mild soreness. Patient able to eat, drink and talk as normal.<br><br>Personal history of severe post-treatment mucositis - escalate to amber → | Painful ulcers and/or redness. Mild soreness but able to maintain some fluids and soft diet. | Painful ulcers and redness, difficulty eating and drinking. | Significant pain, significant decrease in fluids and diet, and/or reduced urinary output, and / or difficulty talking and swallowing. |
| **Urinary output**<br>Passing urine / nappies wet? Colour of urine? Are they drinking normally? Discomfort/Pain? Consider urinary obstruction in certain tumour types. Consider infection. | No change from normal. | Normal urine output. Clear light straw coloured urine | Reduced urine output / nappies less wet. Urine colour dark. Discomfort. | Poor or absent urine output / dry nappies. Dark urine. Sunken fontanelle in babies. Few or no tears when crying. Dry mouth. Drowsy. Pain. | |
| **Diarrhoea**<br>How many days?> How many times in 24 hours? Abdominal pain/ discomfort? Any blood or mucus in stool? Any regimen specific antidiarrhoeal medication given? Eating and drinking normally? Recent contact with anyone who has diarrhoea?<br>Consider infectious causes; post transplant; constipation/overflow.<br>Caution in the case of infants. | None or no change from normal | Increase of up to 3 bowel movements a day above pre treatment normal. | Increase of up to 4-6 episodes a day above pre treatment normal or nocturnal bowel movements and / or moderate cramping.<br><br>If diarrhoea persists after taking regimen specific antidiarrhoeal escalate to red →<br><br>If patient is or has been on immunotherapy escalate to red → | Increase of up to 7-9 episodes a day OR incontinence/severe cramping/mucus/bloody diarrhoea | Increase >10 episodes a day or grossly bloody diarrhoea |
| **Constipation**<br>How long since bowels opened? What is normal? Is there any pain and/ or nausea or vomiting? Is the patient on laxatives - have they been given? Is the patient eating/drinking normally? Recent antidiarrhoeal medication been given? Is wind being passed?<br>Note: The Bristol stool chart can be used to assess bowel movement | None | Mild - no bowel movement for 24hrs over pre-treatment normal | Moderate - no bowel movement for 48-72 hrs above normal pattern despite active intervention (Medication).<br><br>If associated with pain / vomiting escalate to red → | Severe- 72 hours or more of no bowel movement and/or pain, nausea, vomiting | No bowel movement for > 96 hours - consider paralytic ileus |
| **Other:**<br>Parental or healthcare professional concerns<br>**NOTE: patients who have previously received immunotherapies** may have immediate or delayed (>8 weeks after treatment), subtle or severe, and / or life threatening inflammatory or autoimmune responses affecting any part of the body. | None or no change from normal | Mild self limiting concerns able to be managed by non-triage related advice or reminder of existing advice and adherence to advice / medicines | Concerns not otherwise listed above which require non urgent planned review.(This could include further telephone review with CNS, ANP or Doctor) | Major concern not otherwise covered above. | |



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The Children & Young People's Cancer Association

YOUNG LIVES vs CANCER

UKONS Oncology Nursing Society