

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:	
				Call start time:	
NHS No:		Consultant team:		Who is calling?	
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?	
DoB:				Reason for the call (in caller's own words):	
Age:		Yes (Look for other TT related log sheets.) No			
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	
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:

