The Children & Young People's Cancer Association

SUPPORTING TEACHING NOTES

Triage Toolkit for Children's Cancer Services

This document provides teaching notes to support the Training Scenarios offered as part of the Triage Toolkit for Children's Cancer Services 3rd Edition 2026. It is intended to be used in conjunction with the Training Presentation, Training Manual & Competency Document.

Glossary of terms

ALL: Acute Lymphoblastic leukaemia
AML: Acute Myeloid Leukaemia
CCN: Children's Community Nursing/Nurse
CNS: Clinical Nurse Specialist
CVL: Central venous line
CYP: Children or Young Person
FBC: Full Blood Count
IV: Intravenous
IVAB: Intravenous Antibiotic
PICU: Paediatric Intensive Care Unit
POSCU: Paediatric Oncology Shared Care Unit
PTC: Principal Treatment Centre
TPN: Total Parenteral Nutrition
VP: Ventriculoperitoneal
A&E: Accident and Emergency
CT: Computed Tomography
IT: Intrathecal
LP: Lumbar Puncture
MRI: Magnetic Resonance Imaging
N/A: Not Applicable
PE: Physical Education
PJP: Pneumocystis jirovecii pneumonia
RAG: Red, Amber, Green
SBAR: Situation, Background, Assessment, Recommendation
TT: Triage Toolkit

The Scenarios

Educators may use local 'real case' scenarios in place of any of these options offered.

These are scenarios offered by members based on anonymised or composite real scenarios they have experienced.

Educators the screen shots of the Log sheets in this guide do not show all the text. Please refer to the master copy Scenario pdfs on the CCLG Triage Toolkit webpage.

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Scenario 1: Pritesh

Mum rings to say that Pritesh has not been himself for past 48 hours. He has no signs of illness, but he has been quieter the past 2 days. Mum apologies frequently for wasting their time because Pritesh doesn't have a temperature, but she just isn't sure about him and wanted to talk it through with someone.

- **Patients Name: Pritesh Shah**
- **Age: 6 years old**
- **Diagnosis: ALL (Philadelphia positive)**
- **Male/Female: Male**
- **Consultant: Dr Saunders**
- **Date/time: 12/12/25 @ 0925**
- **Who is calling: Mum- Mallika**
- **Contact Number: 07911 254062**
- **What treatment is the patient receiving: Maintenance**
- **When did the CYP last have any treatment: On maintenance (Mercaptopurine, methotrexate and imatinib treatment) Last intrathecal 6 weeks ago.**
- **What is the CYP temperature: 37.4˚C**
- **Have you called any other healthcare professional in last 5 days: Yes, Mum worried and spoke to 'a nurse' not sure who no specific findings. Can't locate previous log sheet.**
- **Does the CYP have a CVL: Yes - Portacath**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device: No**

Scenario 1: Pritesh

Information from telephone assessment

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	None
Consciousness & Cognitive/Neurosensory/neuromotor	None
Activity	Restricted play – choosing to lay on sofa, watching tv and complained walking home from school yesterday which is unusual
Pain	Mild pain (abdominal). Laying curled up, watching TV
Fever	37.4
Infection	None
Skin and/or Infectious Disease Contacts	No rash and no known infectious disease contact
Nausea, Eating & Drinking	Able to eat and drink reasonable
Vomiting	None
Mucositis	None
Urinary Output	No change from normal
Diarrhoea	None
Constipation	Mild – not had bowels open for 36 hours
Other	None

Scenario 1: Pritesh

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 1: Pritesh
Outcome

Remember: 2 Ambers = Red and therefore automatically should be asked to attend for review

Spiked temperature to 38.2˚C whilst awaiting review.

Not neutropenic on blood tests. Admitted for management of febrile illness and constipation.

Scenario 2: Hannah

Dad rings to say Hannah has a temperature and he will need to bring her in for assessment. Explained to dad that he is correct but a few more questions need to be asked to confirm Hannah's current clinical status.

- **Patients Name: Hannah Williams**
- **Age: 3 years old**
- **Diagnosis: Wilm's tumour**
- **Male/Female: Female**
- **Consultant: Dr Finn**
- **Date/time: 30/11/2025 @ 1850**
- **Who is calling: Dad – Peter Williams**
- **Contact Number: 07458 559562**
- **What treatment is the patient receiving: Chemotherapy**
- **When did the CYP last have any treatment: 10 days ago had Vincristine and actinomycin D**
- **What is the CYP temperature: 38.2˚C**
- **Have you called any other healthcare professional in last 5 days: Yes – a phone call 5 days ago due to reduced intake**
- **Does the CYP have a CVL: Yes – Hickman line**
- **Does the CYP have a shunt/ Ommaya reservoir/lumbar port other medical device: No**

Scenario 2: Hannah

Information from telephone assessment

Learning point – reiterate that it was explained to dad that Hannah will need to come in for assessment, ask if anybody else in the home can start preparing for them to come in whilst dad answers questions. Explain to dad that you will be asking some more questions so handover to medical team can be comprehensive and accurate.

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	Slight shortness of breath after running around with sister
Bleeding and Bruising	Few bruises on legs
Consciousness & Cognitive/Neurosensory/neuromotor	Alert, no concerns
Activity	Slightly more tired than normal
Pain	None
Fever	Yes – 38.2
Infection	Coryzal, slight cough
Skin and/or Infectious Disease Contacts	Couple of marks/spots around mouth – very faint. Did see cousin who developed spots on soles of feet, groin and in mouth the following evening
Nausea, Eating & Drinking	Low appetite for last week – linked to a previous TT call
Vomiting	1 in 24 hours
Mucositis	Mild redness
Urinary Output	No change from normal
Diarrhoea	None
Constipation	None
Other	Dad wondering if Hannah has what her cousin has but is worried because she is post chemotherapy

Scenario 2: Hannah

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 2: Hannah
Outcome –

Dad wasn't happy about having to complete the phone assessment as he knew she needed admitting. He said next time he would just bring her and not call. A nurse who Dad, had a good relationship with took time to explain to Dad after they arrived, why it had been important. She explained that by continuing the phone assessment they knew to isolate Hannah as soon as she had arrived due to potential infectious contact, protecting other children in the clinic. She also explained that sometimes there is something else mentioned that a parent may not recognise as significant, but the call handler recognises would escalate the review to more rapid and urgent. Dad understood after this was explained fully.

Hannah reviewed. Hand, foot and mouth diagnosed. Hannah admitted due to temperature and required IV antibiotics and pain management. Not neutropenic on admission, but counts dropping.

Scenario 3: Joe

Joe's mum rings with concerns. She explains that he isn't right in himself. He has refused to go to school this week (attends half days when he can) and appears tired, and a bit grumpy. Mum thought this was because he had been finding school a bit harder and hadn't done well on some tests, as he still went to his friends yesterday, but he did complain of a headache and vomited this morning. He hasn't had a temperature.

- **Patients Name: Joe Jackson**
- **Age: 12 years old**
- **Diagnosis: Diffuse Midline Glioma**
- **Male/Female: Male**
- **Consultant: Dr Merri**
- **Date/time: 10/12/25 @ 1140**
- **Who is calling: Mum – Kathryn Small**
- **Contact Number: 07700 092048**
- **What treatment is the patient receiving: no active treatment**
- **When did the CYP last have any treatment: N/a**
- **What is the CYP temperature: 36.9˚C**
- **Have you called any other healthcare professional in last 5 days? No**
- **Does the CYP have a CVL: No**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? Yes, VP shunt**

Scenario 3: Joe

Information from telephone assessment

Toxicity/Problem	None
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	None
Consciousness & Cognitive/Neurosensory/neuromotor	Joe is alert and no change to vision or gait which are previously altered
Activity	Less active than normally has been, not attending school.
Pain	Pain – score 5/10 before analgesia. Pain to head
Fever	None
Infection	None
Skin and/or Infectious Disease Contacts	No rash, saw friends yesterday who's son then vomited overnight
Nausea, Eating & Drinking	Has eaten small breakfast
Vomiting	1 this morning
Mucositis	None
Urinary Output	Normal
Diarrhoea	None
Constipation	None
Other	None

Scenario 3: Joe

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Remember: 2 Ambers = Red and therefore automatically should be asked to attend for review

Scenario 3: Joe
Outcome:

Joe needs to come in for urgent assessment as 2 Ambers. He attends his POSCU – conscious levels appear stable but Joe's pain increases, and he has another 4 vomits. Query whether this is related to a viral infection that he has picked up from his friend, but a CT scan and shunt series is ordered and completed which shows that Joe has a blocked shunt and requires safe transfer to PTC for management.

Scenario 4: Omar

Omar's mum rings because he has had a temperature. Before she put him to bed it was 37.8˚C and he has just woken again and on checking his temperature it is now 38.3˚C. This is the first time Omar has had a temperature since diagnosis and starting treatment, but mum knew she was meant to phone in and thinks she needs to bring him straight in. Mum is very anxious, and Omar can be heard crying in the background with additional breath sounds also heard. Mum says she is getting in the car now to come. Reassurance given and asked mum to see if anybody else at home to help calm Omar down whilst she answers some questions so we can ensure Omar is getting the right help.

Learning point – reiterate the importance of making sure Omar's mum is calmed down as much as possible prior to completing the Triage Assessment and that despite Omar having a temperature and knowing he will need to be assessed; it is important to complete the assessment systematically.

- **Patients Name: Omar Haddad**
- **Age: 5 years**
- **Diagnosis: Burkitts Lymphoma**
- **Male/Female: Male**
- **Consultant: Dr Friend**
- **Date/time: 13/12/25 @ 2145**
- **Who is calling: Mum – Layla Mansoor**
- **Contact Number: 07457 431357**
- **What treatment is the patient receiving: Chemotherapy**
- **When did the CYP last have any treatment: 7 days ago**
- **What is the CYP temperature: 38.3˚C**
- **Have you called any other healthcare professional in last 5 days? no**
- **Does the CYP have a CVL: Yes, double lumen hickman line**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Information from telephone assessment

Scenario 4: Omar

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	**Omar has woken up and has a raspy, barking cough with noisy breathing when he is crying. During the call Omar is calmed by his dad and big sister. It is then audible that he has stridor and is distressed.**
Bleeding and Bruising	
Consciousness & Cognitive/Neurosensory/neuromotor	
Activity	
Pain	
Fever	**Yes 38.3˚C**
Infection	
Skin and/or Infectious Disease Contacts	
Nausea, Eating & Drinking	
Vomiting	
Mucositis	
Urinary Output	
Diarrhoea	
Constipation	
Other	

Scenario 4: Omar

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Learning point – as it is clear Omar will need an ambulance – the remainder of the tool does not need to be completed as it would cause delay to start the 999 call.

Scenario 4: Omar
Outcome:

Advised that due to Omar's breathing – mum should hang up and call 999 to get an ambulance. Explained that she should explain his diagnosis and that he has recently had chemotherapy. Mum initially resistant because she feels that she will be quicker than an ambulance to get Omar to hospital but suggested that the paramedics can start treatment on Omar that will help his breathing and that is the safest thing for Omar.

Omar taken to local A&E by ambulance (also POSCU), was stabilised in A&E and then admitted to the ward for IVABs. Positive for Parainfluenza 1.

Scenario 5: Jodie

Mum rung because she is worried Jodie has had a couple of emotional and inappropriate verbal outbursts. She seems to be getting restless and although she seems unaware of her behaviour, she is getting agitated. Mum says this is very out of character and initially she thought it was an outburst of emotion since diagnosis, but she now thinks the agitation is building. Mum able to answer the questions for Jodie as she doesn't feel Jodie is able to do this herself currently. Mum emotional but rational.

- **Patients Name: Jodie Green**
- **Age: 14 years old**
- **Diagnosis: ALL with CNS involvement**
- **Male/Female: Female**
- **Consultant: Dr Friend**
- **Date/time: 10/12/25 @ 1500**
- **Who is calling: Mum – Helen Green**
- **Contact Number: 07450 423104**
- **What treatment is the patient receiving: Chemotherapy**
- **When did the CYP last have any treatment: 1 week ago, 3rd LP, and IT methotrexate.**
- **What is the CYP temperature: 36.5˚C**
- **Have you called any other healthcare professional in last 5 days: No**
- **Does the CYP have a CVL: Yes, unaccessed Portacath.**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device: No**

Scenario 5: Jodie

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	A few bruises from cannulations but healing
Consciousness & Cognitive/Neurosensory/neuromotor	Verbal inappropriate outbursts, agitated, unsettled, not always aware of own behaviour, new symptoms which are getting worse. Is orientated but doesn't seem aware of emotions
Activity	Sleepier than normal and laying around on the sofa, but can't seem to get comfortable and changing position frequently.
Pain	None
Fever	None
Infection	None
Skin and/or Infectious Disease Contacts	None
Nausea, Eating & Drinking	Very hungry.
Vomiting	None – mum giving antiemetics
Mucositis	None
Urinary Output	No problems
Diarrhoea	None
Constipation	None
Other	

Scenario 5: Jodie

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 5: Jodie
Outcome:

Advised to attend for urgent review.

On initial triage – thought to be steroid and behaviour related – considered discharge but mum was concerned that the behaviour was very out of character for Jodie. 1st presentation to POSCU and so admitted for observation. Short episodes of not recognising family members. Transferred to PTC. Went on to develop seizures and had an MRI, was diagnosed with Methotrexate encephalopathy Toxicity. Methotrexate toxicity can build over repeated doses. Initial symptoms may be quite subtle. Families often notice character changes.

Scenario 6: Jacob

Jacob is being cared for by his aunt today as his mum has to work. Mum is on her way home but asked Aunt to call whilst she is travelling. She reports that Jacob has vomited 5 times today. He doesn't feel very well and is refusing food. He reported that mum had given him some anti-sickness this morning before aunt arrived and she has given him one dose of ondansetron. He has had sips of squash but won't eat.

Learning point – although speaking directly to Jacob's mum would be ideal, his Aunt has been his caregiver for the day and can give an accurate picture of how he has been today.

- **Patients Name: Jacob Petit**
- **Age: 7 years**
- **Diagnosis: Osteosarcoma**
- **Male/Female: Male**
- **Consultant: Dr Jaxon**
- **Date/time: 1/12/25 @ 1700**
- **Who is calling: Aunt – Katy. Mum is at work, but on her way home now.**
- **Contact Number: 07457 972748**
- **What treatment is the patient receiving: Chemotherapy**
- **When did the CYP last have any treatment: 4 days ago. Aunt says he was an inpatient but doesn't know the name of treatment given.**
- **What is the CYP temperature: 36.4˚C**
- **Have you called any other healthcare professional in last 5 days: No**
- **Does the CYP have a CVL: Yes, double lumen Hickman line**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device: No**

Scenario 6: Jacob

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	None
Consciousness & Cognitive/Neurosensory/neuromotor	None
Activity	Not been playing. Been occasionally asking for particular TV shows but isn't very engaged.
Pain	Mild abdominal pain
Fever	No
Infection	No
Skin and/or Infectious Disease Contacts	No
Nausea, Eating & Drinking	Oral intake significantly decreased
Vomiting	5 x since 9am.
Mucositis	None
Urinary Output	Urine is dark in colour – passed twice.
Diarrhoea	No
Constipation	No
Other	Aunt feels this is one of most unwell times she has seen him.

Scenario 6: Jacob

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 6: Jacob
Outcome –

Advised to attend hospital (local POSCU). Red scores and amber scores. Aunt confirmed that they could wait for his mum to return to work (likely in next 20 minutes) prior to leaving – this was agreed. She explained that Jacob has just asked for a drink so she will get him to have some sips of squash.

On arrival – Jacob had had a further 2 vomits since phone call. He was found to have dry mucous membranes, prolonged capillary refill and low blood pressure = hypovalaemia due to dehydration and was given a fluid bolus, IV fluids and IV antiemetics.

Scenario 7: Zayd

Zayd's brother, Qusai, calls to say that Zayd is feeling unwell. He uses the term that he feels "rough" and Qusai repeats this throughout the call. There is shouting heard in the background, in Arabic – the language spoken in the family home. Qusai shouts back at the relatives in Arabic and then comes back to the call to say that Zayd says he feels hot & cold, is shivering and Qusai says he thinks he looks awful. Call difficult to take as lots of additional noise and not great signal.

- **Patients Name:** Zayd Al-Basri

- **Age:** 15 years old

- **Diagnosis:** Hodgkin's Lymphoma

- **Male/Female:** Male

- **Consultant:** Dr Jeffries

- **Date/time:** 13/12/25 @ 2045

- **Who is calling:** Older brother, Qusai. Mum in the home but doesn't speak English. Dad usually responsible for Zayd's hospital visits and treatment but is on a night shift. Qusai speaks fluent English and is able to translate for mum. Zayd also fluent in English.

- **Contact Number:** 07911 821650

- **What treatment is the patient receiving:** chemotherapy

- **When did the CYP last have any treatment:** 9 days ago

- **What is the CYP temperature:** ?˚C Qusai can't find the thermometer, he reports that Zayd feels hot to touch on his face, neck and chest.

- **Have you called any other healthcare professional in last 5 days:** Yes – Qusai thinks that his dad took Qusai to A&E 2 days ago because he was worried about Qusai but he doesn't know the outcome, nurse thought she Zayd heard in background saying they did bloods and sent him home as no fever. Also heard saying he had bloods today by CCN team.

- **Does the CYP have a CVL:** Yes

- **Does the CYP have a shunt/ Ommaya reservoir/other medical device:** No

Scenario 7: Zayd

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	None
Consciousness & Cognitive/Neurosensory/neuromotor	No concern but tired
Activity	Tired and not wanting to get up – Qusai reports that Zayd is normally like this because he is a teenager.
Pain	None reported
Fever	Unrecordable but presumed fever
Infection	Reports of rigors
Skin and/or Infectious Disease Contacts	Qusai reports his niece has chicken pox
Nausea, Eating & Drinking	Qusai reports that Zayd is being fussy and doesn't want anything to eat
Vomiting	Twice
Mucositis	No
Urinary Output	Thinks it is ok
Diarrhoea	Zayd won't answer Qusai
Constipation	Zayd won't answer Qusai
Other	Healthcare concerns that Qusai likely neutropenic and has been unwell for 48 hours at home

Scenario 7: Zayd

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 7: Zayd
Outcome –

Advised Qusai bring Zayd to hospital urgently. Difficult to fill in full Log Sheet due to circumstances. Qusai said that there is no one to bring Zayd as his dad is at work, he said he will ask dad to bring him when he finishes his night shift. Explained that it is important that Zayd comes straight away and Qusai asked to ring ambulance on 999 – Qusai starts getting agitated and says that he isn't doing that.

Decision made that there is potential that Zayd ha Febrile neutropenic sepsis and therefore 999 called from the unit. Zayd attends with his mum.

Zayd is pyrexial on arrival, having rigors and has low blood pressure. He requires 2 fluid boluses. He starts first line antibiotics.

During admission the family undergo re-education with interpreter to ensure understanding about chemotherapy and how to access care whilst undergoing treatment.

The A&E Zayd was taken to was also contacted to reiterate the path of care for oncology patients and ensure 2-way communication is improved.

Scenario 8: Isaac

Isaac's father, Graham, calls. He sounds worried but is able to stay composed. He explains that Isaac has had worsening mouth pain for several days. Today he has refused all oral medications including pain relief and anti-sickness. He says that Isaac says it is "too sore to swallow." He has tried to continue giving them, but Isaac has spat them out this evening and has started to refuse sips of fluids. Slight whimpers heard in background and Isaa's dad verbalises "I don't want to force him to take them, even though I know they will help".

- **Patients Name: Isaac Friedman**
- **Age: 6 years**
- **Diagnosis: High Risk ALL**
- **Male/Female: Male**
- **Consultant: Dr Khan**
- **Date/time: 13/12/25 @ 1840**
- **Who is calling: Dad – Graham Friedman**
- **Contact Number: 07922 441880**
- **What treatment is the patient receiving?: Chemotherapy**
- **When did the CYP last have any treatment: 6 days ago**
- **What is the CYP temperature: 37.5˚C**
- **Have you called any other healthcare professional in last 5 days? No**
- **Does the CYP have a CVL: Yes, Portacath (unaccessed)**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 8: Isaac

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	Mild gum bleeding when brushing teeth last night, Isaac refused teeth brushing this morning
Consciousness & Cognitive/Neurosensory/neuromotor	Alert, withdrawn and tearful
Activity	Tired, lying on sofa
Pain	Severe oral pain, crying when swallowing
Fever	37.5˚C
Infection	Localised signs of infection
Skin and/or Infectious Disease Contacts	None
Nausea, Eating & Drinking	Very poor intake, sips of fluids and a few bites of soft bread
Vomiting	None
Mucositis	Ulcers on tongue, cheeks, and gums; father reports “white patches” and “big sores”
Urinary Output	Decreased – 1 big wee this morning but nothing since
Diarrhoea	None
Constipation	Yes – no bowel movement for 2 days
Other	Unable to swallow medications, Dad getting worried

Scenario 8: Isaac

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 8: Isaac
Outcome –

Advised bringing Isaac to hospital for management of mucositis. Dad relieved and said he had been worried to call. Dad reported he would leave now and be there within 30 minutes.

On arrival Isaac pale, tired and in significant pain. Also dehydrated. Commenced on IV fluids and IV analgesia.

Education to both parents on management of mucositis, including calling early and red flags of when to call.

Scenario 9: Neve

Neve's mum calls sounding frightened and tearful. Call received by local POSCU ward as out of hours. She says that Neve completed immunotherapy (blinatumomab) for high risk ALL three months ago and has been doing well. Over the last week, however, Neve has become increasingly tired, pale, and irritable but mum had put it down to it being close to the end of term and Neve pushing herself to get back to school. Today she complained of leg pain and a headache, then fell asleep on the sofa straight after school. Mum says, "This is exactly how she was when she relapsed last time." She is convinced the cancer is back.

- **Patients Name: Neve O'Connell**
- **Age: 13 years old**
- **Diagnosis: High-risk Acute Lymphoblastic Leukaemia (ALL) – previous relapse**
- **Male/Female: Female**
- **Consultant: Dr Friend**
- **Date/time: 17/12/25 @ 2030**
- **Who is calling: Mum – Rosalind O'Connell**
- **Contact Number: 07911 087395**
- **What treatment is the patient receiving?: Immunotherapy completed 3 months ago**
- **When did the CYP last have any treatment: 3 months ago**
- **What is the CYP temperature: 37.4˚C**
- **Have you called any other healthcare professional in last 5 days? No**
- **Does the CYP have a CVL: No**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 9: Neve

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	**No**
Bleeding and Bruising	**No new bruises**
Consciousness & Cognitive/Neurosensory/neuromotor	**Slightly irritable – mum puts this down to tiredness and doesn't think it's a cognitive issue.**
Activity	**Symptomatic – fell asleep on sofa this afternoon**
Pain	**Mild headache and leg pain. Mum reports this hasn't been impacting Neve and only complained this afternoon**
Fever	**37.4 ˚C**
Infection	**None**
Skin and/or Infectious Disease Contacts	**None**
Nausea, Eating & Drinking	**Eating slightly less, drinking well.**
Vomiting	**No**
Mucositis	**No**
Urinary Output	**Normal**
Diarrhoea	**No**
Constipation	**No**
Other	**Mum concern and saying that she thinks Neve has relapsed**

Scenario 9: Neve

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

1 definite amber (activity), "other" could be considered an amber on parental concern

Discussion point – Nurse knows family well and Mum very reliable. The "Other" amber score can be downgraded to green (as per discussion with the doctor, Neve feeling better after a nap, Mum happy with advice and can call back).

Scenario 9: Neve
Outcome –

Explained to mum that the CNS team are not in the hospital currently, she will discuss with doctor and call mum back. POSCU nurse in charge discusses with doctors - decided that if mums concerns can be alleviated on the phone, and Neve does not spike a temperature, and no increase in pain then Neve can come in for review tomorrow morning at 9am.

Mum called back – she feels slightly calmer as Neve has woken and said her headache has gone. She is still worried that she has relapsed, but she feels reassured by being reviewed tomorrow morning instead of overnight. Red flags reiterated to mum about if Neve needs to be seen overnight and advised mum ring back if she has any more concerns, even if it is overnight.

The following morning, Neve attends for bloods and review. She is pale, tired and is irritable. Her investigations show – low cortisol, abnormal thyroid function but normal blood counts and no blasts on blood film.

The POSCU liaise with the PTC and Neve is admitted to start IV fluids and hydrocortisone replacement. It is thought that she may have Delayed Immune-related endocrine toxicity. She is referred for endocrine review at PTC.

Scenario 10: Theo

Call received by neighbour of Theo (Mrs Fishman) direct to CNS. Mrs Fishman is a retired Healthcare assistant. She explains that she is worried something isn't right. She had come to see Theo because she could hear shouting, the door had been open so she had gained access. Theo was at home alone, but had explained that his step-brother was meant to be looking after him, he had just left prior to Mrs Fishman entering the home. He had explained that his step-brother was stressed and overwhelmed, and he and Theo had had an argument (which was when Mrs Fishman had heard the shouting.) Mrs Fishman doesn't know Theo very well but is aware that he has had surgery for his osteosarcoma (Mrs Fishman states that it was not an amputation), as his mum had updated her last week. The CNS knows Theo well, so is happy to take call from Mrs Fishman and Theo on loudspeaker. Theo crying off and on and can explain that his leg feels like it is burning. He said that his step-brother had been saying he has been making a fuss. Mrs Fishman says the house doesn't smell clean and Theo reports he hasn't eaten today. Mum is at work until 1800, step-brother (19) is only person at home with Theo. Team aware that mum is a single mum and has been struggling with juggling work hours and Theo's hospital visits. Mrs Fishman has tried to ring Theo's mum but she isn't answering. Theo said that she can't take calls at work and she hasn't read his Whatsapp messages from lunchtime.

- **Patients Name: Theo Ioannidis**
- **Age: 14 years**
- **Diagnosis: Osteosarcoma**
- **Male/Female: Male**
- **Consultant: Dr Malik**

- **Date/time: 1/12/25 @ 1400**

- **Who is calling: Mrs Fishman (neighbour) & Theo on loudspeaker**

- **Contact Number: 07450 542860 (Mrs Fishmans number)**

- **What treatment is the patient receiving?: Currently post-operative care.**

- **When did the CYP last have any treatment: Surgery 7 days ago. No recent chemo**

- **What is the CYP temperature: Not known, Theo says he asked his step-brother to find the thermometer but he didn't. Theo feels hot, but shivery and Mrs Fishman says he is sweating.**

- **Have you called any other healthcare professional in last 5 days? Unknown**

- **Does the CYP have a CVL: Yes, double lumen Hickman line**

- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 10: Theo

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	Breathing fast, ? due to pain. No respiratory symptoms.
Bleeding and Bruising	None reported
Consciousness & Cognitive/Neurosensory/neuromotor	Distressed and tearful, ? confusion but as Mrs Fishman doesn't know Theo well it is difficult to assess. He is orientated.
Activity	Unable to mobilise without support, step-brother has been refusing to help him (according to Theo)
Pain	Severe pain – Theo able to score as 9/10. Says he can't bare it. Hasn't had any analgesia since this morning as his step-brother didn't know what to give
Fever	Presumed febrile.
Infection	Surgical wound still covered by dressing but ooze to dressing and Theo reports that it feels like it is burning
Skin and/or Infectious Disease Contacts	None known
Nausea, Eating & Drinking	Not eaten, does have an empty bottle of water next to him.
Vomiting	Feels nauseas but not vomited.
Mucositis	None
Urinary Output	Theo reports that he passed urine this morning before mum left for work.
Diarrhoea	None
Constipation	Not for 48 hours
Other	Safeguarding concerns from professionals and neighbour.

Scenario 10: Theo

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 10: Theo

Outcome –

Advised that Theo must attend hospital immediately as he needs an urgent assessment. Mrs Fishman states that she can't drive and Theo's brother is refusing – saying "he is fine" and "Mum will deal with it later".

Seriousness explained, and risk of infection and sepsis and Mrs Fishman states that she understands and is worried for Theo and will try his mum again, she asks if she should call an ambulance if there is concern about Sepsis. CNS explained that it is important that Theo gets to hospital very quickly and is worried about the delay with getting hold of mum and then mum getting home to bring Theo and agrees that an ambulance is best, CNS states that she can call for an ambulance from the unit – but asks that Mrs Fishman stays with Theo whilst they wait and help keep him calm. Mrs Fishman thankful that they can call 999 and states she will stay with Theo and will attend hospital with him, if he would like.

Paramedics attend and transfer Theo to hospital. On arrival to unit, Theo is febrile, dehydrated and in severe pain. His wound is starting to show signs of infection. He is stabilised and admitted for IV fluids, pain management and IV antibiotics.

Safeguarding referral made due to concern that Theo has had inadequate supervision. The hospital social work team meet with mum and stepbrother. There is a plan for safe discharge, CCN support, assessment of home environment and agreement that Theo will always be in the care of an appropriate adult.

Scenario 11: Nicole

Nicole's mum rings, she sounds anxious and close to tears. She says that Nicole has been quieter than normal all day, and is has been on the sofa looking pale for past 2 hours. As she is speaking, you can hear a male voice (confirmed to be Nicole's father) in the background saying "she is fine, she just got cold when we went outside for a walk – you're overreacting again".

Nicole's mum tries to continue the call, when dad take's the phone and sounding irritated says, "Look Nicole is fine, we just went for a little walk to get some fresh air and it tired her out and I think she got a bit chilly. Coming into hospital for every little thing is ridiculous." He states "her mum is just making a drama, Nicole is better off at home where she can rest, than coming to hospital."

Nicole can be heard in the background and it can just be made out that she says "mummy, my tummy hurts." Nicole's father then says "Stop fussing over her – you are scaring her".

The parents argue in English and Romanian. It is clear that dad's opinion is that they waited until morning, but mum felt concerned enough that they should ring this evening.

Despite not being able to obtain a full triage – the nurse is able to complete some of the Log sheet.

- **Patients Name: Nicole Durand**
- **Age: 6 years**
- **Diagnosis: AML**
- **Male/Female: Female**
- **Consultant: Dr Hossan**
- **Date/time: 10/12/25 @ 1630**

- **Who is calling: Mum – Luiza Durand**

- **Contact Number: 07911 866354**

- **What treatment is the patient receiving?: Chemotherapy**

- **When did the CYP last have any treatment: 12 days ago**

- **What is the CYP temperature: 37.5 ˚C**

- **Have you called any other healthcare professional in last 5 days? No**

- **Does the CYP have a CVL: Yes, double lumen hickman line**

- **Does the CYP have a shunt/ Ommaya reservoir/other medical device: No**

Scenario 11: Nicole

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None reported
Bleeding and Bruising	None reported
Consciousness & Cognitive/Neurosensory/neuromotor	Nicole alert and has been heard in background
Activity	Slight reduction in activity, has still been on a walk today and has been playing with Barbies.
Pain	Mild pain
Fever	37.5 ˚C when last taken, due to chaotic nature of call, hard to ascertain when this was
Infection	No obvious signs
Skin and/or Infectious Disease Contacts	No rash confirmed
Nausea, Eating & Drinking	Eating and drinking more than when she was an inpatient – dad interrupts mum when she is listing what she has eaten, stating "they don't need to know all that"
Vomiting	None
Mucositis	None that mum can tell
Urinary Output	Has passed urine 3 or 4 times today.
Diarrhoea	None
Constipation	Bowels open yesterday evening.
Other	Healthcare professional concern

Scenario 11: Nicole

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 11: Nicole
Outcome –

Despite only having one amber score, for fever. The call was chaotic and there is healthcare professional concern that dad is minimising symptoms and that there is conflicting accounts (potentially another amber) Nicole is high risk due to treatment protocol.

Decision made to bring Nicole in for face-to-face review. Mum states that she will bring her in. Dad again heard saying that he thinks this is ridiculous and "you are wasting everyone's time, you can take her yourself".

On arrival to the unit, Nicole is slightly pale and has a low haemaglobin. The visit to hospital allows the nurses to have an open conversation with mum about how she is coping and if she needs some support considering how dad was on the phone earlier that day. Mum accepts referral to psychology and asks to speak to the hospital social worker when she is available. Nicole has a group and save and it is arranged that she has a blood transfusion the following day. Mum is happy to take her home overnight, after a period of observation.

Scenario 12: Maddox

Panicked call received by Maddox's mum. Maddox hadn't woken at his usual time and she therefore had overslept from when she would have normally been awake. She has come into his room and he is not rousable. He is breathing but is pale and cold to touch. Mum said she knew there was something wrong when she phoned yesterday. You can hear Maddox's mum screaming his name and a baby cry in the background. Mum said that she is at home alone with Maddox and his sister, as dad is away with work.

- **Patients Name: Maddox Lacy**
- **Age: 4 years**
- **Diagnosis: Wilm's Tumour**
- **Male/Female: Male**
- **Consultant: Dr Kay**
- **Date/time: 8/12/25 @ 0700**
- **Who is calling: Mum – Kaitlyn Lacy**
- **Contact Number: 07451 298535**
- **What treatment is the patient receiving?: Chemotherapy**
- **When did the CYP last have any treatment: 7 days ago**
- **What is the CYP temperature: Feels cold to touch**
- **Have you called any other healthcare professional in last 5 days? Mum implies she called a Healthcare professional yesterday – not clarified**
- **Does the CYP have a CVL: Yes, double lumen Hickman line**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 12: Maddox

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	
Bleeding and Bruising	
Consciousness & Cognitive/Neurosensory/neuromotor	**Unrousable**
Activity	
Pain	
Fever	**Feels cold to touch**
Infection	
Skin and/or Infectious Disease Contacts	
Nausea, Eating & Drinking	
Vomiting	
Mucositis	
Urinary Output	
Diarrhoea	
Constipation	
Other	

Scenario 12: Maddox

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Learning point : remember that if is identified that the patient requires emergency care – the caller should hang up and dial 999.

Scenario 12: Maddox
Outcome –

It was advised that mum should hang up and dial 999 – explaining that Maddox isn't rousable and that Maddox is on cancer treatment. Advised that mum stay next to Maddox to observe him closely.

Maddox likely to be taken to nearest A&E. Will call ahead and make sure team are aware of background and have the contact details of the correct team at PTC.

Maddox stabilised by paramedics and taken to local A&E. He was transferred to PTC PICU, where he remains unwell.

Scenario 13: Bella

(face to face scenario)

Call received from Francesca, Children's Community Nurse. She explains she has come to see Bella for her weekly maintenance blood tests. Bella is well in herself, no urgent immediate concerns, no fever but mum had mentioned that Bella has vomited after her mercaptopurine for past 2 days. Unusual for Bella to do this. Mum reports has been well in the days, no other concerns and Bella is playful and interactive as normal and has attended school for full days past 2 days. Francesca has already accessed Port and taken bloods, and de-accessed port but then felt she should check if Bella needs to be seen.

- **Patients Name: Bella Costa**
- **Age: 4 years**
- **Diagnosis: B-cell ALL**
- **Male/Female: Female**
- **Consultant: Dr Friend**
- **Date/time: 1/12/25 @ 1645**
- **Who is calling: CCN – Francesca Costa**
- **Contact Number: 07899 441220**
- **What treatment is the patient receiving?: Maintenance chemotherapy**
- **When did the CYP last have any treatment: on maintenance**
- **What is the CYP temperature: 36.9°C**
- **Have you called any other healthcare professional in last 5 days? No**
- **Does the CYP have a CVL: Yes, Port**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 13: Bella

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	Mild bruising on legs, not concerning
Consciousness & Cognitive/Neurosensory/neuromotor	Alert
Activity	Tired this evening, but full days at school and evening
Pain	Occasional complaints of tummy pain
Fever	36.9°C
Infection	No signs
Skin and/or Infectious Disease Contacts	No problems
Nausea, Eating & Drinking	Mum reports that appetite fluctuates, and Bella goes through phases of being very particular with food. Reports intake probably lower at the moment but still eating little and often, grazes.
Vomiting	Vomited after mercaptopurine past 2 nights. Mum hasn't tried antiemetics
Mucositis	None reported – Bella refuses to open her mouth for Francesca to check.
Urinary Output	Mum reports that school didn't report any changes and has done a wee since being home from school
Diarrhoea	No
Constipation	Last opened just over a day ago.
Other	Mum concerned that this is start of medication refusal, which occurred earlier in treatment.

Scenario 13: Bella

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 13: Bella
Outcome –

Advise given directly to Francesca who was still in Bella's home. Suggested that Francesca check if mum has any antiemetics. Mum has some ondansetron. Francesca checks and it is in date and been opened less than 60 days ago as mum reports she last gave some in October half term. Suggestion that mum gives a dose now and then tries the mercaptopurine after approximately 1 hour.

CNS says that she will ring mum tomorrow for outcome. CNS also checks when next clinic appointment is (one week away) and makes a note on the system to ask about medicine refusal and consider health play specialist / psychology referral.

Francesca gives mum advice, including signs and symptoms to watch for, advice to call the cancer team triage line if things worsen or new symptoms, and checks she understands.

Scenario 14: Josh

(face to face scenario)

Call received from Kirsty, CCN. She is at the home of Josh. Josh has ALL. She is completing his maintenance bloods and line care. Mum reports that a few days ago Josh came out of school and was feeling hot, he didn't have a temperature. He has been slightly coryzal, with a slight dry cough but mum reports that he has been attending school. Josh then reports that he had to sit out during PE yesterday because he couldn't catch his breath. Mum then recalls that he had called out in the night and was clammy and looked frightened, she thought he had had a bad dream or was having a nightmare/night terror but now she thinks he was breathing really fast, she sat him up and he settled and went back to sleep. He has got up and dressed ready for school and had his breakfast but Kirsty feels he is breathing faster than normal. When Josh hears Kirsty saying this on the phone to the CNS team, he starts getting anxious and breathing rate increases even further, he also starts coughing more.

- **Patients Name: Josh Logan**
- **Age:7 years**
- **Diagnosis: ALL**
- **Male/Female: Male**
- **Consultant: Dr Josephs**
- **Date/time: 3/12/25 @ 0825**
- **Who is calling: CCN – Kirsty O'Donnell**
- **Contact Number: 07700 121124**
- **What treatment is the patient receiving?: Maintenance chemotherapy**
- **When did the CYP last have any treatment: on maintenance**
- **What is the CYP temperature: 37.6°C**
- **Have you called any other healthcare professional in last 5 days? No**
- **Does the CYP have a CVL: Yes, hickman line**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 14: Josh

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	Shortness of breath at rest
Bleeding and Bruising	No
Consciousness & Cognitive/Neurosensory/neuromotor	No concerns
Activity	Had to sit out on PE yesterday
Pain	No
Fever	37.6°C – mum reports that Josh usually has a temperature of about 36°C, so feels this is high for him
Infection	Slight signs with coryzal symptoms and slight dry cough – mum reports this has been present for a few weeks and same as her other children/kids at Josh's school
Skin and/or Infectious Disease Contacts	No problems
Nausea, Eating & Drinking	No problems
Vomiting	No
Mucositis	No
Urinary Output	No concerns
Diarrhoea	No
Constipation	Last opened yesterday
Other	Mum worried that he is brewing a temperature. Kirsty worried about his breathing – states it is non-specific but definitely looks like work of breathing is increased.

Scenario 14: Josh

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 14: Josh
Outcome –

Advised that mum bring Josh in this morning for review. CNS will do bloods and line care. Josh's bloods were unremarkable but his symptoms progressed and he had increased shortness of breath, despite rest. He had a chest Xray which showed features consistent with Pneumocystis jirovecii pneumonia (PJP). He required admission for IV co-trimoxazole, oxygen therapy and physiotherapy.

Further education done with mum – who reported that there had been some non-compliance with prophylactic Co-Trimoxazole.

Scenario 15: Sammy

(face to face scenario)

Helen and Beth, local children's community nurses, are at the home of Sammy. Care being delivered by Helen – including bloods and Hickman line dressing. Beth stands behind Sammy and as his t-shirt is removed – she notices a rash on his back, by his shoulder blade. The rash was a localised cluster (almost in s stripe), unilateral with very small blisters on a red base. Parents hadn't raised this as a concern. Beth asked about it and parents said Sammy said his shoulder was itching a couple of days ago. They had told the doctors when Sammy was in hospital, but they weren't worried. Parents said that they thought it was due to an insect bite and showed Beth and Helen other bites on Sammy's torso.

Full assessment completed.

- **Patients Name: Sammy Connors**
- **Age: 3 years**
- **Diagnosis: Rhabdomyosarcoma**
- **Male/Female: Male**
- **Consultant: Dr Josephs**
- **Date/time: 3/12/25 @ 1645**
- **Who is calling: CCN – Beth Jones & Helen Plough**
- **Contact Number: N/A**
- **What treatment is the patient receiving?: Maintenance chemotherapy**
- **When did the CYP last have any treatment: on maintenance**
- **What is the CYP temperature: 37.2°C**
- **Have you called any other healthcare professional in last 5 days? No**
- **Does the CYP have a CVL: Yes, Hickman line**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 15: Sammy

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	Normal bruises on lower legs/knees
Consciousness & Cognitive/Neurosensory/neuromotor	No concern
Activity	No concern
Pain	Sammy denies any pain
Fever	None
Infection	None
Skin and/or Infectious Disease Contacts	Localised rash on shoulder blade with appearance of blisters. No known infectious disease contact
Nausea, Eating & Drinking	No concern, particular with foods but eats enough of what he likes
Vomiting	None
Mucositis	None
Urinary Output	No concerns – recently toilet trained and weeing well.
Diarrhoea	No concerns
Constipation	No concerns
Other	Healthcare concern – concerned that the rash appears like it may be varicella zoster

Scenario 15: Sammy

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

2 amber (Skin & Other “Healthcare professional concern”)

Scenario 15: Sammy
Outcome –

Beth explains that she is concerned that Sammy's rash could be shingles. Mum and dad agree for Beth to call the oncology team. POSCU CNS team don't answer (potentially finished shift). Attempt to contact PTC CNS and able to leave a message on answerphone. Family are unsure if there is another Triage phone line at the PTC. Meanwhile phoned through to local ward. Log sheet used to give SBAR handover to registrar. Registrar reports "I am very busy here, if he is well in himself, it probably doesn't need to be seen." Beth reiterates that Sammy is on active treatment, as he is on maintenance and she is concerned he is immunocompromised and the rash should be seen by a doctor tonight, he also has scored 2 Ambers on the Triage Toolkit which signifies that he should attend for an assessment – the doctor says "It doesn't sound severe, tell parents to monitor it and call back if it spreads or he spikes a temperature. Otherwise, the CNS team will call them on Monday." Beth states that she isn't happy with this advice and she is going to attempt to contact PTC CNS but suggests that the doctor does the same, as Beth's shift is nearly finished. The doctor replies "well, I have 3 children to see on the ward, I don't have time to chase a CNS. The child is well, he should stay at home."

As the bloods need to be taken to the hospital – Beth supports parents to take photos of the rash and upload to the PTC CNS. Beth explains that she will attempt to ring her again as she is driving the samples to the lab.

Whilst she is driving, the PTC CNS rings back. States that she has received the photograph and wanted to discuss. Beth recalls the conversation with the doctor at POSCU, describes the rash in detail and advocates clearly "I am concerned this is shingles, I am concerned that Sammy is immunocompromised and that it is Friday evening and if he doesn't get seen before Monday – it could get much worse." The CNS agrees and states that she will ring the consultant at the POSCU and then ring parents to tell them to take Sammy to hospital.

Sammy is seen, has a swab of the rash but is started on treatment Aciclovir. The swab comes back confirmed as shingles.

Scenario 16: Priya

(face to face scenario)

Jan, a Children's Community Nurse, is visiting Priya to give her week 2, day 3 dose of Cytarabine. Priya presents very well – she hasn't had a temperature, nausea is controlled with antiemetics and she is managing to do some school hours virtually. Jan checks the cytarabine and is happy to administer. Priya becomes slightly quiet during the administration – she is known to not like the flushing sensation of her Portacath but when Jan has finishes, she reports she feels a bit shivery. Jan does temperature and manual pulse on Priya – which are normal. Mum gets Priya a warm drink of tea and tries to distract her with her iPad. Jan tidies up but keeps a close eye on Priya.

- **Patients Name: Priya**
- **Age: 8 years**
- **Diagnosis: ALL**
- **Male/Female: Female**
- **Consultant: Dr Jones**
- **Date/time: 3/12/25 @ 1115**
- **Who is calling: CCN – Jan Kowalska – Face to face home visit assessment**
- **Contact Number:**
- **What treatment is the patient receiving?: IR-Low Risk: Consolidation 1**
- **When did the CYP last have any treatment: Day 3 of Cytarabine today, also on mercaptopurine and weaned off dexamethasone 8 days ago.**
- **What is the CYP temperature: 36.7°C**
- **Have you called any other healthcare professional in last 5 days? No, been seen daily for past 3 days by CCN team**
- **Does the CYP have a CVL: Yes, Port**
- **Does the CYP have a shunt/ Ommaya reservoir/other medical device? No**

Scenario 16: Priya

Toxicity/Problem	Details
Shortness of breath/difficulty breathing	None
Bleeding and Bruising	None
Consciousness & Cognitive/Neurosensory/neuromotor	Alert
Activity	Normal for stage of treatment – mum reports they are walking to Post Office later
Pain	None reported before Cytarabine or after, when shivery.
Fever	36.7°C after Cytarabine
Infection	Shivering could be sign of line infection
Skin and/or Infectious Disease Contacts	No problems
Nausea, Eating & Drinking	Well controlled and mum reports Priya is doing well with intake. Observed to eat a Brioche and drink tea whilst Beth present.
Vomiting	None
Mucositis	None
Urinary Output	No concerns
Diarrhoea	No
Constipation	Last opened this morning
Other	Mild concern

Scenario 16: Priya

Use blank Log Sheet to practice, and view completed examples on CCLG Triage Toolkit webpage

Scenario 16: Priya
Outcome –

Jan stays in home for 20 minutes after administration of Cytarabine. By this point, Priya has been up and walked around, fetching craft supplies and asking mum what time they are walking to the post office. She doesn't complain of any further shivering.

Jan explains to mum that it may have just been from the Cytarabine out of the fridge or the flush can sometimes appear cold. Explained that she has stayed to observe as shivering post flush can be an identifier for a line infection but as there are no other signs and Priya now seems back to normal self – she is happy to leave. Suggested that mum keep a close eye on Priya today, and any concerns to have a low threshold to ring the team. Mum happy with this.

Jan updates the POSCU CNS team when back in the office – who are happy with her decisions made on the visit and will document in Priya's hospital notes. Copy of TT Log Sheet sent electronically to POSCU (so incident Log sheets can be connected if Mum calls there overnight).

Follow-up call completed by CCN team next morning.