

Initiate STH ED Triage 1.1 -Encounter details:Emergency, Stephens Jeremy, 07/09/2020, Open, ENC0005

ED Triage Form ☐ Finalise ☐ Generate document ☐ Mark as significant ☐ Send for authorisationActual date of assessment 18/12/2020 11:14 Assessed/performed by RHIANNON,Hales (Role:admini) ☒ ☐ ☐ ☐ ☐ Copy...

Emergency department attendance route

☒ Ambulance ☐ Walk-in

Oxygen scale 2

☐ Yes ☒ No

STH Covid Form



Ambulance Observations

Respiration	Sa o2	Temp	Systolic BP	Diastolic BP	Pulse	Glucose	PEFR	GCS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NR = Not Recorded, UR = Unrecordable

CAVPU Assessment

☐ New confusion or agitation ☐ Alert ☐ Voice ☐ Pain ☐ Unresponsive

Oxygen Delivery Method

☐ Air ☐ Non-rebreathe ☐ Nasal cannulae ☐ Hudson ☐ Venturi

Glasgow Coma Scale

Eye Opening Response ...Verbal Response ...Motor Response ...

Pain Score

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10☐ Not recorded ☐ Un-recordable

Pupil Details

NEWS2 Score

Not Complete

Ambulance Handover Notes

Pre-Hospital Medication

☐ Medication Given Prior to Arrival

Ambulance crew released

☐ Yes ☐ No

Continue with triage

☐ Yes ☐ No

RAC Nurse:

Rhiannon Hales

18/12/2020 11:14

Initiate STH ED Triage 1.1 -Encounter details:Emergency, Stephens Jeremy, 07/09/2020, Open, ENC000564

ED Triage Form Finalise Generate document Mark as significant Send for authorisation

Actual date of assessment 18/12/2020 11:14

Assessed/performed by RHIANNON,Hales (Role:admini)

Copy...

Emergency department attendance route☐ Ambulance ☒ Walk-in**Oxygen scale 2**☐ Yes ☒ No

STH Covid Form

Triage Observations

Respiration	Sa o2	Temp	Systolic BP	Diastolic BP	Pulse	Glucose	PEFR	GCS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NR = Not Recorded, UR = Unrecordable

CAVPU Assessment☐ New confusion or agitation ☐ Alert ☐ Voice ☐ Pain ☐ Unresponsive**Oxygen Delivery Method**☐ Air ☐ Non-rebreathe ☐ Nasal cannulae ☐ Hudson ☐ Venturi**Glasgow Coma Scale****Eye Opening Response** ...**Verbal Response** ...**Motor Response** ...**Pain Score**☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10☐ Not recorded ☐ Un-recordable**Pupil Details****NEWS2 Score****Not Complete****Triage Nursing Notes****Existing Allergies**

Allergen	Onset date	Severity (Reaction)
Dairy foods	02 November 2017	Moderate(Diarrhoea and vomiting)

Record New Allergies

No records entered

Analgesia☐ Analgesia offered and given ☐ Analgesia offered and declined ☐ IV analgesia required ☐ Analgesia not indicated

Medication Plan: Dispense within the limitations of your own practice / PGD as appropriate

- ☐ Paracetamol 500mg Oral
- ☐ Paracetamol 1G IV
- ☐ Ibuprofen 200mg Oral
- ☐ Co-Codamol 8/500 Oral
- ☐ Co-Codamol 30/500 Oral
- ☐ Codeine 30mg Oral
- ☐ Oramorph 10mg
- ☐ Oramorph 20mg
- ☐ Other

Capacity / Mental Health

Does the patient have capacity concerns

☐ Yes ☐ No

Does the patient have Mental Health concerns

☐ Yes ☐ No

Does this presentation raise issues of child or vulnerable adult safeguarding or domestic violence?

☐ Yes ☐ No

Care, Safeguarding and Mental Health Notes, including patient description

Do you have a CAMHS worker

☐ Yes ☐ No

Are you happy we share your attendance with CAMHS

☐ Yes ☐ No

Task Management

IAU task requested

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> ECG | <input type="checkbox"/> X-Ray required | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> VBG | <input type="checkbox"/> Cannulation | <input type="checkbox"/> Urine dip |
| <input type="checkbox"/> Pregnancy test | <input type="checkbox"/> Analgesia | |

Triage Nurse

Rhiannon Hales

18/12/2020 11:22

Initiate STH ED Triage 1.1 -Encounter details:Emergency, Stephens Jeremy, 07/09/2020, Open, ENC0005640, DXC HealthCare

ED Triage Form

Actual date of assessment: 18/12/2020 11:14 Assessed/performed by: RHIANNON,Hales (Role:admini)

Emergency department attendance route: ☒ Ambulance ☐ Walk-in

Oxygen scale 2: ☐ Yes ☒ No

STH Covid Form

Suspend Reassign Previous Finish Cancel

Respiration- 0 to 80

Sa O₂ - 0 to 100

Temp - 0 to 50

BP Systolic - 0 to 300

BP Diastolic – 0 to 300

Pulse – 0 to 300

Glucose – 0 to 60

PEFR – 0 to 850

GCS auto calculates from below drop downs

All above have 2 refusals, NR=Not recorded, UR=Unrecordable

GCS drop downs

Eye opening response

4. Eyes open spontaneously
3. Eyes open to verbal command, speech or shout
2. Eyes open to pain (not applied to face)
1. No eye opening

Verbal Response

5. Oriented
4. Confused conversation, but able to answer questions
3. Inappropriate responses, words disemble
2. Incomprehensible sounds or speech
1. No verbal response

Motor response

6. Obeys commands for movement
5. Purposeful movement to painful stimulus
4. Withdraws from pain
3. Abnormal (spastic) flexion, decorticate posture
2. Extensor (rigid) response, decerebrate posture
1. No motor response

It knows patients age, doesn't show NEWS2 score