NSW GOVERNMENT Health

The Sydney children's Hospitals Network
care, advocacy, research, education

Facility:

ED TRIAGE – FIRSTNET DOWNTIME

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Triage Date: | **Triage Time:**

Type of Visit: ☐ Pre-existing inpatient ☐ Disaster ☐ Emergency Presentation ☐ Outpatient Clinic
☐ Return Visit - Planned ☐ Unplanned Return Visit for continuing condition ☐ Dead on arrival
☐ Pre-arranged Admission: nursing, clerical & medical

Presenting Problem:

Triage Category: *(Please circle)* **1 2 3 4 5**

Presenting Information:

Allergies:

Accompanied By:

Respiratory Rate:

Pulse:

Oxygen Sat: %
☐ Room Air ☐ Oxygen: _____ L/min

Temp:
☐ Oral ☐ Axillary ☐ Tympanic

BSL:

Weight: kg

BP:

Pain Score: 1 2 3 4 5 6 7 8 9 10

Infectious Contact: ☐ Yes ☐ No ☐ Unknown
Comment:

External Cause:

Immunisation up to date:
☐ Yes ☐ No ☐ Unknown

Model of Care: ☐ Fast Track ☐ Senior Early Review
☐ Sub-Specialty Review

Triage Nurse:
(Print)

Triage Nurse:
(Signature)

SCN040015

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

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SCN040.015

070518

Original - Medical Record
Copy - ED Clerical Office

NO WRITING