The Royal College of Emergency Medicine

Paediatric Emergency Department COVID-19 Care Record

Patient name: Date of Birth: NHS Number: Hospital number:	Date: Time of arrival: Named nurse: Clinician: Grade:

AFFIX LABEL

Initial nursing assessment

Previous attendance Y/N

Name: **Time:**

Parental responsibilities:

Investigations: (tick when done)

	Requested (initials)	Done (initials)
Blood tests	☐	☐
Blood cultures	☐	☐
CXR	☐	☐
VBG/Cap-G	☐	☐
ECG	☐	☐
Viral swabs	☐	☐
Urine	☐	☐
Pregnancy test	☐	☐
CT/POCUS	☐	☐

Vital signs taken at (time)

T: °C **HR**: /min **BP**: mmHg **RR** /min **SpO_2** % (O_2) **BM** mmol/L **PEWS**

Focused history

Respiratory
- ☐ Cough
- ☐ Breathless
- ☐ Coryzal
- ☐ Sore throat
- ☐ Pleuritic chest pain
- ☐ Wheeze

GI
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhoea
- ☐ Abdo pain
- ☐ Feed <50%
- ☐ Feed 50-75%

Neurology
- ☐ Headache
- ☐ Focal neurology
- ☐ New confusion
- ☐ Inconsolable
- ☐ Agitated
- ☐ Seizure(s)

General and other
- ☐ Fever
- ☐ Myalgia
- ☐ Loss of taste or smell
- ☐ ↓ urine output
- ☐ ↓ fluid intake
- ☐ Rash
- ☐ Ear pain
- ☐ Arthralgia
- ☐ Lympadenopathy
- ☐ Lethargy
- ☐ Conjunctivitis
- ☐ Parental anxiety

History and onset of symptoms: (Free text)

High-risk patient? Y/N If YES, details:

Safeguarding concerns? Y/N If YES, details:

Comorbidities:

Safeguarding issues? Y/N

Prematurity? Y/N, if YES details:

Travel abroad? Y/N

Family member travel abroad (<6w) Y/N

Household members COVID-19 symptoms? Y/N

Household members confirmed COVID-19? Y/N

Medications

Recent antibiotics/steroids/NSAID?

Immunisation up to date? Y/N If NO, details:

Seasonal flu vaccine? Y/N

Allergies and Adverse Drug Reactions

List the medications or substances and the nature of the reaction (write NKDA if none)

It is mandatory to complete this section

Medicine/substance	Reaction

Sign (Name)	Date

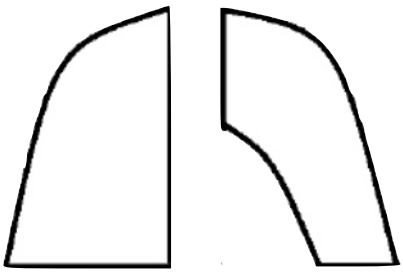
Allergy status unconfirmed	Sign (name)	Date and time

Examination

Overall impression (free text):

A:

Patent: Adjuncts required:



B:

RR:

SpO_2: (L/min)

Respiratory effort:

CXR findings:

C:

HR: CRT:

BP: Heart sounds:

Evidence of shock?

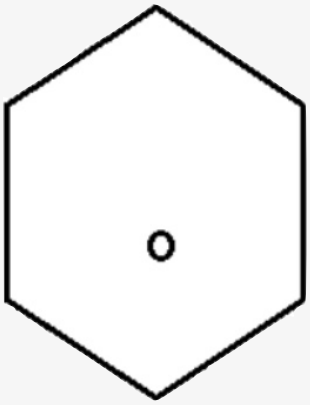
D:

A/V/P/U Pupils:

Paeds GCS: Focal Neurology: Y/N

Meningism: Y/N

E:



Temp:

Skin:

Mucous membranes:

E*:

N*:

T*:

Clinically ☐ malnourished ☐ obese

*Only examine if indicated; wear standard PPE + faceshield

Primary diagnosis

COVID-19 Likely ☐ Possible ☐ Unlikely ☐

Other (please specify):

Secondary diagnoses/problems:

1

2

3

Drug prescription chart

Date	Time	Drug	Dose	Route	Prescriber (sign/name)	Given by	Time
		Paracetamol (as per BNFC or 15 mg/kg)					

Oxygen prescription

Date: Time:	Date: Time:	Date: Time:	Date: Time:
Circle target oxygen saturation 88-92% 94-98% Other……..	Circle target oxygen saturation 88-92% 94-98% Other……..	Circle target oxygen saturation 88-92% 94-98% Other……..	Circle target oxygen saturation 88-92% 94-98% Other……..
Device:	Device:	Device:	Device:
Starting flow rate ……L/min	Starting flow rate ……L/min	Starting flow rate ……L/min	Starting flow rate ……L/min
Maximum flow rate .....L/min	Maximum flow rate .....L/min	Maximum flow rate .....L/min	Maximum flow rate .....L/min
Sign (Name)	Sign (Name)	Sign (Name)	Sign (Name)

A Air
N nasal cannulae
V Venturi (state %)

SM Simple Mask
NRBM Reservoir mask
HF High Flow (state device)

CPAP Patient on CPAP
NIV Patient on NIV

Blood gas results

Gases/Time	1	2	3
VBG or Cap-G			
pH			
pO_2			
pCO_2			
Lactate			
BE			
HCO_3^-			

Urine

Pregnancy test:

Biochemistry results time

Test	Result	Reviewed by	Features suggestive of COVID-19 in ADULTS!
Sodium			
Potasium			
Urea			
Creatinine			
ALT			May be elevated
Bilirubin			May be elevated
Procalcitonin			Normal (↑ with bacterial 2ry infection)
Troponin			May be elevated if myocarditis
CRP			Markedly elevated
Amylase			
LDH			

Haematology results time

Test	Result	Reviewed by	Features suggestive of COVID-19 in ADULTS!
WCC (total)			Decreased
Lymph count			Decreased
Neutro count			
Platelets			
PT			
APTT			
D-dimer			

Senior review

Situation (likely diagnosis):

Background:

Assessment:

Recommendations:

Time:			
Oxygen and supportive treatment	☐	☐	☐
Ventilatory support (not suitable for escalation)	☐	☐	☐
Ventilatory support (consider intubation)	☐	☐	☐
Intubation and ventilation	☐	☐	☐

Sign (Name): Grade: Date/Time:

Discharge

Can the patient be discharged home safely? Y or N

If yes, ☐ verbal ☐ written discharge advice given ☐ isolation instructions given ☐ follow-up required

Sign (Name): Grade: Date/Time: