ID インプリント

Interview Sheet Pediatric

（土日祝日・夜間ER）

受付時刻:

For patients who come to the Pediatric emergency department(weekends, holidays and nighttime).

- Only one(1) pediatrician is on duty, for the whole hospital, during the night shifts and weekend/holiday shifts.
- St. Luke's is designated emergency hospital. Please be aware that in some cases there may be a delay in your consultation due to the need to conduct an emergency case.
- Emergency Medical Care is for emergency examination and treatment(administration).
  Your understanding and cooperation are deeply appreciated.

Child's Name: **Male • Female** **Weight: kg**

Age: **Date of Birth: yy/mm/ dd / /**

Kindergartens, School

- Major complaints, symptoms, or worries that brought you(your child) here today.
  When did the problem start? How long have you(he, she) been suffering from it?

- Are you currently undergoing treatment for any illnesses?
  (No • Yes:)
- Have you (he, she) ever been allergic to medication, food or anything else?
  medication • food • asthma • atopic dermatitis • others
  (Detail about medication, food and the others)
- Are you (he, she) presently taking medication? (No • Yes)
  If yes, please show the note about the medication to a doctor.

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Pediatric Assessment Triangle ☐ **N.P** ＊要観察時、該当項目に✓を入れ、( )に記入する。

☐ **A**ppearance (T I C L S)

☐ Work of **B**reathing ( )

☐ **C**irculation to Skin ( )

HR /m. SpO2 %. PR /m. BT ℃. BP . CRT s.

判断理由: ☐PAT ☐緊急度分類表 ☐V/S 異常 ☐その他

1 ・ 2 ・ 3 ・ 4 ・ 5

トリアージ時刻 時 分 医療スタッフサイン

夜間事務職員チェック	トリアージ Ns.不在時の問診票のチェック ☐済

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