



(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

WHEEZE > 1 YEAR OF AGE

Indicate findings below by: Positive / given OR Negative / not given All boxes must be populated

Date: ____ / ____ / 20____ Time: _____ Clinician: _____ CNS HS REG SMO

History See nursing assessment sheet for additional information

Cough Fever Stridor Shortness of breath

Number of days with wheeze:

Relevant past medical history

Known Asthmatic Admissions for wheeze PICU admissions History of Atopy
 Allergies Past anaphylaxis *reaction type:* _____

Interval symptom history:

Current medications

Salbutamol Fluticasone Seretide® Serevent®
 Oral steroids *Last course:* _____ *Number of courses in last 3 months:* _____

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Examination

General

Appears fatigued Dehydrated On Oxygen

Nursing observations: Normal Abnormal *(see assessment sheet)*

SS:

EMERGENCY MEDICINE - NOTES



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Respiratory

- Visible indrawing Accessory muscle use Head bobbing Tripod posture
- Unable to speak 2 to 3 words only Grunting Stridor
- Wheeze Crackles Silent chest

Ear Nose and Throat

Cardiovascular

- Excessive tachycardia (? SVT)

Abdomen

- Hepatomegaly (? cardiac failure)

Neurological

- Abnormal GCS

Musculo-skeletal

- Chest deformity

Clinical impression / Problem list