

PED DISASTER NURSING HANDOFF



Male Female (circle one) **GCS/AVPU:** _____
Age (if known): _____ **Est. Weight:** _____ kg
Allergies (if known): _____
PMH (if known): _____

Mechanism of Injury: _____

Primary Complaint (circle as applicable): **Blunt** **Penetrating**
Head Injury **Abrasions** **Lacerations** **Burn**
Fracture: RUE (open / close) LUE (open / close) RLE (open / close) LLE (open / close)
Penetrating Injury: (circle)
 Head **Chest** **Abd.** **Back** **RUE** **LUE** **RLE** **LLE**

Interventions: (circle or answer)
CT: Y / N
Xray: Y / N
Blood: Y / N
 PRBCs _____ units/mL
 Platelets _____ units/mL
 FFP _____ units/mL

Access:
 #1 Size: _____ Location: _____
 #2 Size: _____ Location: _____
 Other: _____

Tubes/Drains/Equipment:
ETT: Y / N Size: _____ Depth: _____
Chest Tube: Y / N
 Right Left Bilateral
OG / NG: _____ Fr
Foley: Y / N **Art Line:** Y / N

Medication Administration:
 _____ @ _____ _____ @ _____
 _____ @ _____ _____ @ _____
 _____ @ _____ _____ @ _____

Vital Signs:
 Temp: _____
 HR: _____
 BP: _____
 RR: _____
 O2 Sat: _____

Disposition: (circle one)
 OR PICU Acute Care

NOT PART OF MEDICAL RECORD

DO NOT SCAN

Patient Label

Here