

Paediatric Fastrack Interim order form

Date:
Time:
Emergency Medicine Doctor (PRINT):

Place patient label here

Accepting Paediatric Doctor(PRINT):

Working diagnosis	
Relevant PMHx	
Regular Medications	

<p>Investigations performed (circle as appropriate)</p> <p>FBC / U+E / CRP / LFT / Blood Cultures</p> <p>MSU / CXR / NPA / Other _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Relevant Results:</p> </div>	<p>Treatment started in ED:</p> <p>Fluids (oral / NG / IV): Fluid type and rate</p> <p>_____</p> <p>Medication: Dose and frequency</p> <p>_____</p> <p>Oxygen: Yes / No</p>
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Suspected COVID: Yes No COVID-19 Swab sent:

Interim Orders

Observations: hourly 2 hourly

Isolation: Yes No

Fluids charted (if indicated): Yes No

To be completed prior to ward transfer:

Medication chart completed: Paediatric Registrar notified

Interim Orders completed: PEWS < 4

Signed: _____

MCRN: _____