



Vital Signs in Children 2015/2016

Record #	
Patient reference	

Please submit all data online: <https://rcem.l2s2.com>
The deadline for data submission is 31 January 2016.

Casemix

Q1	Date of arrival (dd/mm/yyyy)	dd/mm/yyyy		
Q2	Time of arrival or triage – whichever is earliest (use 24 hour clock e.g. 11.23pm = 23:23)	HH:MM		
Q2a	Time patient first assessed by doctor	HH:MM		
Q2b	Grade of doctor first assessing patient	ST3 or below		
		ST4 or above		
Q3	Age of patient on attendance	Below 1	8	
		1	9	
		2	10	
		3	11	
		4	12	
		5	13	
		6	14	
		7	15	

First vital sign recording

Q4	Were the following vital signs recorded in the ED notes?			
Q4a	Temperature	Yes		No
		Time	HH:MM	Time not recorded
Q4b	Respiratory rate	Yes		No
		Time	HH:MM	Time not recorded
Q4c	Heart rate	Yes		No
		Time	HH:MM	Time not recorded
Q4d	Oxygen saturation	Yes		No

		Time	HH:MM	Time not recorded	
Q4e	GCS or AVPU score	Yes		No	
		Time	HH:MM	Time not recorded	
Q4f	Capillary refill time	Yes		No	
		Time	HH:MM	Time not recorded	

Q5a	Were the vital signs recorded as a part of a formalised scoring system (e.g. PEWS, POPS or ManChEWS)?	Yes		
		No → (go to Q6)		
Q5b	(Only answer if YES to Q5a) What formal scoring system was used?	Paediatric early warning score (PEWS)		
		Paediatric observation and priority score (POPS)		
		Royal Manchester Children's Hospital early warning score (ManChEWS)		
		Other (please specify)		

Abnormal vital signs

Q6	Were any of the recorded vital signs abnormal (as defined in the audit standards)?	Yes		
		No → (go to Q9)		
Q7	(Only answer if YES to Q6) Is there specific evidence in the ED record that the clinician recognised the abnormal vital signs?	Yes		
		No		
Q8	(Only answer if YES to Q6) Is there evidence in the ED record that the abnormal vital signs were acted upon?	Yes		
		No		

Repeat vital sign recording

Q9a	Was a repeat set of vital signs recorded in the ED record?	Yes		
		No → (go to Q11)		
b	(Only answer if YES to Q9a) Temperature	Yes		No
		Time	HH:MM	Time not recorded
c	(Only answer if YES to Q9a) Respiratory rate	Yes		No
		Time	HH:MM	Time not recorded
d	(Only answer if YES to Q9a) Heart rate	Yes		No
		Time	HH:MM	Time not recorded
e		Yes		No

	(Only answer if YES to Q9a) Oxygen saturation	Time	HH:MM	Time not recorded	
f	(Only answer if YES to Q9a) GCS or AVPU score	Yes		No	
		Time	HH:MM	Time not recorded	
g	(Only answer if YES to Q9a) Capillary refill time	Yes		No	
		Time	HH:MM	Time not recorded	
Q10	(Only answer if YES to Q9a) Were any of the recorded repeat vital signs abnormal (as defined in the audit standards)?	Yes			
		No			

Discharge

Q11	Was the patient discharged home?	Yes	
		No → END	
Q11 a	(Only answer if YES to Q11) When the patient was discharged home, were their vital signs normal?	Yes	
		No	
		Not recorded	
Q12	(Only answer if YES to Q11) Is there documented evidence of review by a senior doctor (ST4 or above in emergency medicine or paediatrics, or equivalent non-training doctor)?	Yes	
		No	

Notes