HOSPITAL NAME / DEPT:	UKONS/AUS 24 HOUR TRIAGE LOG SHEET (V2 2020)

Patient Details

Name:

Hospital no.....................................

DOB..

Tel no..

Patient History

Diagnosis:

Male ☐   Female ☐

Consultant.....................................

Has the caller contacted the advice line previously Yes ☐   No ☐

Enquiry Details

Date.................. Time................

Who is calling?

....

Contact no....................................

Drop in Yes ☐   No ☐

Reason for call
(in patients own words)

Is the patient on active treatment?   SACT ☐ Immunotherapy ☐ Radiotherapy ☐ Other ☐ Supportive ☐   No ☐

State regimen..   Are they part of a clinical trial   Yes ☐   No ☐

When did the patient last receive treatment?   1-7 days ☐ 8-14 days ☐ 15-28 days ☐ Over 4 weeks ☐

What is the patient's temperature?   [   ] °C   (Please note that hypothermia is a significant indicator of sepsis)

Has the patient taken any anti-pyretic medication in the previous 4-6 hours   Yes ☐   No ☐

Does the patient have a central line? Yes ☐ No ☐   Infusional pump in situ Yes ☐   No ☐

> CAUTION! Please note patients who are receiving or have received IMMUNOTHERAPY may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise	24 hour follow up	Assess	Significant medical history	Current medication
Remember: two ambers equal red!				
Fever - on SACT				
Chest Pain				
Dyspnoea/shortness of breath				
Performance Status				
Diarrhoea				
Constipation				
Urinary disorder				
Fever				
Infection				
Nausea				
Vomiting				
Mucositis				
Anorexia				
Pain				
Neurosensory/motor				
Confusion/cognitive disturbance				
Fatigue				
Rash				
Bleeding				
Bruising				
Ocular/eye problems				
Palmar Plantar syndrome				
Extravasation				
Other, please state:				

Action Taken

Attending for assessment, receiving team contacted   Yes ☐   No ☐

Triage practitioner

Signature.. Print.. Designation................................. Date   /   /

Follow Up Action Taken:

Consultants team contacted Yes ☐   No ☐   Date   /   /

Signature................................ Print... Designation.............................. Date   /   /   Time:

Oncology/Haematology 24 Hour Triage Rapid Assessment and Access Toolkit

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Affix patient label

Patient notes: