

## Nursing Note

Day \_\_\_ State what illness they have (swab date here) – update day everyday and check it is correct.

- Phone call to/with parent name/s incl interpreter name if required.
- List calls and when, list any SMS' and times here.

GP- listed GP in CAP needs to be confirmed with parent

### Background-

- Medical history previously known incl birth history if less than X mths.
- Any clinical teams they are linked with incl. CFHN.
- Update and change wording everyday if required i.e- if you have copied and pasted previous
- Can put social history here if anything is relevant

### Progress

**Dated flow of history for example – update this daily EVERYDAY.**

- 14/9 presented to ED: 1/7 of fevers and cough/child was a close contact to his babysitter 2/7 who is now COVID +/parents report child was coughing a lot of last night, lethargic and very clingy. Parents deny any medical history/IUTD/NKA. Child referred to Virtual kids
- 15/9 admitted to Virtual Kids, multiple symptoms: Pale in colour, Irritable at times, felt warm, sore throat, myalgia rigor, some night sweats, and dry cough runny nose
- 16/9 Baby is Ok today, eating and drinking well Loose stool x1, runny nose improving

### Assessment-

- State audio or audio/visual/state connection quality of video.
- State who was on the video if this changes
- A-G paediatric assessment
- Include symptom tracker assessment answers and comments if relevant.

### Plan

- State plan of care discussed with the parent until next call.
- If you have given pathology results, put a note that this has been done
- if it is an intake/admission note state acceptance of service, that the service has been explained – incl that they are generally on VK service until symptoms are stable and parents are confident to continue care and/or typical disease trajectory is demonstrated
- write in follow up GP appointment and date once this has been done by parent to guide discharge planning.

- state that the RED flags for re presentation to ED have been discussed