RACGP

# Aged care facility nurse triage information

## Patient information

Patient name Surname Age

Usual treating doctor Allergies

Duration of presenting problem? Presenting problem

Medications Yes No (please have list available) Medical diagnosis Yes No (please have chart available)

Have there been any medication changes within the last week? If yes, please list Temperature

Blood pressure Pulse Respiratory rate Advance Care Directive: Yes No (if yes, please have directive available)

## Clinical information *(Please complete relevant sections below. Tick descriptions as appropriate.)*

### Abdominal pain

Where is it? Description of pain: Sharp Dull Burning Constant Coming-and-going

Other Are there any associated features? Nausea Vomiting Diarrhoea

When was the last bowel motion?

**Observations required:** Is abdomen distended? Yes No Pain assessment – how bad is the pain? (10 is extreme pain)

Urinalysis

### Breathing difficulty

How did it develop? Suddenly Gradually Other When is it present? At rest With exertion

Is there a cough? Yes No (if yes, please select) Dry Moist Other

Does the patient have chest pain? Yes No

**Observations required:** Is there sputum? Yes No (if yes, please select) Clear Coloured Blood

Other Is there a wheeze? Yes No Is there any ankle swelling? Yes No

Is the patient: Pale Sweaty Blue in colour Other

### Chest pain

Where is it? Does it radiate anywhere? Yes No (if yes, please select) Arm Neck Back

Description of pain: Sharp Dull Squeezing Pressing Burning Other

Does anything make it worse? Yes No (if yes, please select) Exertion Moving Breathing Other

Does anything make it better? Yes No (if yes, please select) Rest Antacids Anginine Other

**Observations required:** Is the patient short of breath? Yes No

Is the patient: Pale Sweaty Blue in colour Other

### Confusion loss of consciousness

How did it develop? Suddenly Slowly Other Is the patient unusually agitated or violent? Yes No

Is there any: Chest pain Headache Diarrhoea Vomiting Breathing difficulty Other

Is there any new arm or leg weakness? Yes No

**Observations required:** Conscious state: Normal Hyper alert Drowsy but easily aroused

Drowsy and difficult to arouse Unrousable Last bowel motion Last passed urine

Urinalysis Blood sugar level (if diabetic)

## Cough and cold symptoms

Is the cough: Dry Moist Does the patient have any headache or facial pain? Yes No

**Observations required:** Is there sputum? Yes No (if yes, please select) Clear Coloured Blood

Is there a wheeze? Yes No Is there nasal discharge? Yes No

## Diarrhoea or changed stool / nausea and vomiting

Is there any: Nausea Vomiting Diarrhoea Yes No How often?

What colour is the bowel motion / vomit? Is there any visible blood? Yes No

Does the patient have any abdominal pain? Yes No

**Observations required:** Is the patient tolerating fluids? Yes No Last bowel motion Blood sugar level (if diabetic)

## Falls, faints, fits and funny turns

How long did the episode last? What is the injury, if any? Is the patient in pain? Yes No

Is there any new weakness? Yes No (if yes, please select) Face Arm Leg Other

Is there any: Loss of vision Speech Hallucinations Incontinence Yes No Other

What was the patient doing at the time? Was there any associated: Light headedness Dizziness

Loss of consciousness Yes No Other

**Observations required:** Does the patient appear: Pale Sweaty Anxious Other Pain assessment – how bad is the pain? (10 is extreme pain) Blood sugar level (if diabetic) Can the patient move all limbs as normal? Yes No

## Fever

How long has the fever lasted? Is there any: Cough Abdominal pain Rash Skin infection Yes

No Other Is the patient more confused than normal? Yes No Is there any: Urinary frequency

Discomfort Offensive smelling urine Yes No Other Does the patient have a catheter? Yes No

**Observations required:** Is the patient: Shivering Sweating Yes No Other

Is the patient pale? Yes No Urinalysis

## Urinary disorders

Is there an increase in urinary frequency? Yes No Is there a recent onset of urinary incontinence? Yes No

Is there pain on passing urine? Yes No Does the patient have a catheter? Yes No

**Observations required:** Is the patient sweating? Yes No Is there an increase in confusion? Yes No Urinalysis

## Lacerations

Where is the laceration? Has the bleeding stopped? Yes No

**Observations required:** How big is the laceration?

What equipment is available? Butterfly stitches Glue Suture kit Other

Additional notes:

Doctor contacted:

Doctor's orders:

The RACGP would like to acknowledge the work of the Hunter Urban Division of General Practice (now the Hunter Medicare Local) in developing the content of this resource