

ACORNS

Telephone Assessment Covid-19 Autumn/Winter

 = Potential PIMS symptom/sign

Patient Name Label:

Record Failed Contacts: Total time





Date Time

.....

.....

.....

Referral Diagnosis..... Date of referral.....

Telephone call No / Date / Time/Initials					
1. Child & carer ID confirmed Y / N					
2. Phone call with: Mum / Dad/ Other					
3. Hours since CED or last ACORN contact					
4. Any member of family 'bubble' with possible or confirmed Covid symptoms  Y/N					
5. Have they contacted NHS 111/119  Y/N					
General State & Behaviour:					
5. Do they feel their child is getting better since leaving ED? Y/N					
6. Any deterioration? Y/N					
7. If there is a chronic background condition are they off their baseline? Y/N/ NA					
8. Is the child: Alert Watching Playing Wriggling/ moving about as usual <hr/> Not playing or not interested More sleepy / lethargic Confused  More difficult to rouse than usual <hr/> Irritable / Difficult to rouse					
9. Are they distressed but consolable with Mum /Dad Y/N / NA Continuous or High pitched cry Yes					
Amber or Red Signs & Symptoms:					
10. Any alteration in their breathing Y / N Any change in breathing rate Y/ N Faster breathing? Y / N >60 0-1yr / >50 1-2yrs / >40 over 2yrs Sucking in/Tug/SC/IC Y / N Wheezy Y / N Unusual noises Y / N New, Continuous Cough  Y / N					

Calculate & complete if any feeding issues

Total 24hr requirement for weight of

@150mls /kg (100% unweaned).....

@100ml/kg (66% if non weaned 100% if weaned)

@80mls/kg (80% if weaned, inadequate if unweaned)

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Telephone call No / Date / Time/Initials					
11. Temperature: any ↑ since last call? * Y/N					
12. Warm hands and feet? Y / N					
13. Pink tongue Y / N					
14. Any unusual marks/rashes Y / N Widespread red rash / Mucous membrane * (Mouth,inner eye lids, vaginal/urethral) changes					
15. Non Blanching Rash Y/N					
16. Headache/ Confusion * Y / N					
17.Moving their head & neck well Y / N					
18.Wriggling/ Moving about normally Y / N					
19. Unrelieved pain, esp at rest Y / N					
20. Swollen/hot/painful legs/joints Y / N Swollen fingers / toes / neck * Y / N					
21. Bilateral conjunctivitis * Y / N					
Intake:					
22. Are they drinking anything? (incl breastfeeding) calculate % Y / N					
23. Are they eating anything? Y / N					
24. If D&V-Are they being given the dioralyte every 10 mins? Amount? Y / N					
25. Are they having all their medicines and inhalers as prescribed in CED? Y / N Time last given Antibiotics: Time last given Analgesia: Time last given inhalers:					
Output:					

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26. Passing urine in usual amounts Y/N					
27. No. of hours since last wet nappy / PU					
28. Vomiting Y/N No. of vomits: Blood or coffee grounds Y/N Bright or fluorescent yellow /bile Y/N					
29. Diarrhoea? No. of stools <12hrs Y/N Diarrhoea /Abdo pain (intermittent) * Y/NBlood in stool? Y/N					
Telephone call No / Date / Time/ Initials					
Parental Concerns:					
30. Do you have any particular concerns right now? Y/N					
No. of AMBER signs(1 per system) or RED					
Nurse Name & Signature					
Plan and Advice Given: See Generic Care Plan Overleaf					
Further Telephone or AccuRx contact planned for (date & time)					
Ongoing clinical concerns discussed with Senior Doctor or CED review by ACORNS					
Reinforce worsening S&S, advice & action GP / NHS 111 / CED re-attendance in emergency					
Immediate CED/ 999 Ambulance					
Discharge from ACORNS					
Comments:					

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Advised if any Corona Virus concerns to contact NHS 111 on '111 or on line at https://111.nhs.uk/covid-19					
Advised to check ACORNS FB page & ACORNS leaflet for info and contact advice					

Ref: Clinical Pathways for Sick Children South East Coast Network Dec 2016 / NICE guidelines 2016 / <https://www.rcpch.ac.uk/resources/guidance-paediatric-multisystem-inflammatory-syndrome-temporally-associated-covid-19-pims/> / www.nhs.uk/conditions/coronavirus-covid-19/symptoms/coronavirus-in-children/

Specify which ACORNS pathway followed Generic/ BRUE / Crying baby / Cellulitis

<u>Home Based Plan of Nursing care</u>	<u>Date & Sign</u>
<p>Goal:</p> <ul style="list-style-type: none"> To provide safe structured telephone +/- video assessment and support to Families with acutely unwell children at home To accurately sign post Covid-19 concerns to on NHS 111 via '111 or on line at https://111.nhs.uk/covid-19 Healthcare staff and families will be placed at minimal risk of any further infection <p>Generic Plan of Care:</p> <ul style="list-style-type: none"> Maintain/ Provide all Covid-19 Infection Prevention & Control practices and advice to ensure all healthcare staff and families are informed and not placed at further risk. Provide regular telephone contact with parents as required Explain/ discuss the child's condition with the parents, carers and child. Respond appropriately to parental reports using professional decision making and ACORNS traffic light pathway. Provide written, evidence based advice relevant to child's condition. Review history of illness/symptoms observed by the parent/carer/child. Discuss current prescribed treatment and any supportive treatment. Re-inforce worsening signs & symptom Safety Net advice and what action to take. Allow parents/carers to ask questions, ensuring their views are taken into account when planning child's care. Provide appropriate and up to date explanation if child requires further reassessment in CED. Share information on a need to know basis with health care professionals and children's services. 	