

CIAMPEDS Pediatric Triage Tool

C	<ul style="list-style-type: none"> Chief Complaint 	Reason for the Child's Visit
I	<ul style="list-style-type: none"> Immunizations Isolation 	<p>Evaluation the child's current immunization status</p> <p>Evaluation of the child's exposure to communicable diseases</p> <p>Need for isolation of child upon arrival to ED (chicken pox, meningitis, tuberculosis)</p>
A	<ul style="list-style-type: none"> Allergies 	Evaluation of child's previous allergic or hypersensitivity reactions
M	<ul style="list-style-type: none"> Medications 	Evaluation of prescription and over the counter medication and supplements: dose, time of last dose, duration of use
P	<ul style="list-style-type: none"> Past Medical History Parent's/Caregiver's Impression of Child 	<p>Review of child's health status, prior illnesses, prior hospitalizations, prior surgeries, birth weight, date of last menstrual period</p> <p>Evaluation of caregiver's concerns and observations of the child's condition</p>
E	<ul style="list-style-type: none"> Events Surrounding Illness 	<p>Evaluation of the onset of the illness or circumstances of the injury</p> <p>Length of illness and any prior treatment</p> <p>Mechanism of Injury</p> <p>Injuries Suspected</p> <p>Vital signs prior to hospital arrival</p> <p>Treatment prior to hospital arrival</p>
D	<ul style="list-style-type: none"> Diet Diapers 	<p>Assessment of the child's recent oral intake and any changes in eating pattern</p> <p>Assessment of child's urine and stool output</p>
S	<ul style="list-style-type: none"> Symptoms Associated with the illness or injury 	Identification of symptoms and progression of symptoms since the time of onset of the illness or injury