**Paediatric Preassessment Triage Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Hospital number** | **Date of birth** | **Clinic date** |

Please answer the following questions, we’ll discuss them further with you in your assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **Unsure** |
| **Anaesthetic** | Has your child ever had an operation or anaesthetic? |  |  |  |
| Any previous concerns with an anaesthetic? |  |  |  |
| Any problems with anaesthetics in your family history? |  |  |  |
| Any history of anaphylaxis (severe allergic reaction which effects their breathing) |  |  |  |
| Has your child ever had neck or jaw surgery? |  |  |  |
| Do they have a syndrome/ condition that affects their face, neck or airway? |  |  |  |
| **Weight** | Is your child the weight that would be expected for their age? If **NO:** |  |  |  |
| Are they underweight? |  |  |  |
| Are they overweight? |  |  |  |
| **Respiratory** | Does your child have any ongoing breathing or chest problems? If **YES**, do they have: |  |  |  |
| * Breathlessness on exercise |  |  |  |
| * Breathlessness on rest |  |  |  |
| * Blue episodes (cyanosis) |  |  |  |
| * Poorly controlled asthma |  |  |  |
| * Recurrent chest infections |  |  |  |
| * Any chronic respiratory condition, such as cystic fibrosis |  |  |  |
| * Do they have noisy breathing? |  |  |  |
| * Does your child hold their breath or stop breathing in their sleep (sleep apnoea)? |  |  |  |
| Does your child need home oxygen or home ventilation? |  |  |  |
| Is your child an ex-premature baby?- less than 34 weeks |  |  |  |
| **Heart** | Does your child have any ongoing heart problems for which they are under a cardiology team? |  |  |  |
| Does your child have a heart murmur or heart rhythm problems? |  |  |  |
| Is your child on any medications for their heart? This includes diuretics. |  |  |  |
| Is your child being treated for high blood pressure? |  |  |  |
| If **YES,** has your child had a BP reading in last 3 months? |  |  |  |
| **Neuro-muscular** | Does your child have a condition that affects their brain, muscles or nerves? If **YES**, do they have: |  |  |  |
| * A curved spine or scoliosis? |  |  |  |
| * Muscle weakness? |  |  |  |
| * Cerebral palsy? |  |  |  |
| * Poorly controlled epilepsy? |  |  |  |
| * Achondroplasia? |  |  |  |
| **Gastro-intestinal** | Does your child have severe gastro-oesophageal reflux? |  |  |  |
| **Renal/Kidneys** | Has your child ever had problems with their kidneys? |  |  |  |
|  | If **YES:** *have you had a blood test in the past 6 months?* |  |  |  |
| **Liver** | Has your child ever had problems with their liver? |  |  |  |
|  | If **YES:***have you had a blood test in the past 6 months?* |  |  |  |
| **Metabolic/ hormone** | Does your child have metabolic or hormone problems?  If **YES:** do they have: |  |  |  |
|  | * Poorly controlled diabetes |  |  |  |
|  | * Another illness that affects their steroid hormones or how they metabolise food? |  |  |  |
|  | * Do they take thyroxine? |  |  |  |
| **Blood/ Haematology** | Does your child have a blood, bleeding or clotting problems? Or are they on blood thinners or anticoagulants? |  |  |  |
| Does your child have sickle cell disease or thalassaemia? |  |  |  |
| **Rheumatology** | Does your child have an inflammatory joint problem that affects the neck? |  |  |  |
|  | Does your child take steroids? |  |  |  |
| **Behaviour** | Does your child have severe learning disability or behaviour problems or anxiety? |  |  |  |
|  | Are you or your child extremely anxious about this procedure and anaesthetic? |  |  |  |

If you had a choice, would you like to attend a face to face preassessment clinic, or would you prefer to meet our preassessment team virtually? It may be necessary for us to see your child in person.

|  |  |
| --- | --- |
| Face to face |  |
| Virtual (by phone) |  |
| Don’t mind |  |

Additional Information:

**For clinical staff only:**

Orange highlighted triggers necessitate a face-to-face appointment, plus joint nurse, and Consultant preassessment. They should also instigate a discussion around whether an anaesthetic in a tertiary hospital is most appropriate.

|  |  |
| --- | --- |
| Age <2 years? *(or hospital’s own policy for a lower age limit for anaesthesia)* |  |
| Major procedure? |  |
| Face to face required or preferred? *(any highlighted in* ***orange*** *triggers identified)* |  |
| Joint nurse and Consultant PAC required? *(any highlighted in* ***orange*** *triggers identified)* |  |