Waitemata
District Health Board
Best Care for Everyone

(PLACE PATIENT LABEL HERE)

SURNAME: ______________________________ NHI: __________

FIRST NAMES: ______________________________________________

Date of Birth: _______ /_______ /_______ SEX: __________

# REHYDRATION

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

Date: / /20 Time: Clinician: ☐ CNS ☐ HS ☐ REG ☐ SMO

## History *See nursing assessment sheet for additional information*

Number of days with diarhoea (Day of illness): ☐ Vomiting present ☐ Reduced urine output

☐ Infectious contacts Specify:

### Relevant past medical history

☐ Prematurity: ( Gestation, corrected gestation and BW)

☐ Failure to thrive ☐ Metabolic condition Specify:

☐ Chronic steroid treatment ☐ Con. Heart Disease

### Current medications

☐ Ondansetron ☐ Oral Rehydration Fluid ☐ Paracetamol ☐ Ibuprofen

☐ Steroids ☐ Antibiotics Specify:

## Examination

### General

Appearance: ☐ Alert ☐ Irritable ☐ Drowsy / lethargic

Dehydration: ☐ Nil ☐ Present ☐ Severe +/- signs of shock

Nursing observations: ☐ Normal ☐ Abnormal *(see nursing assessment sheet)*

### Ear Nose Throat

EMERGENCY MEDICINE - NOTES

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EMERGENCY MEDICINE - NOTES

# REHYDRATION

Indicate findings below by: ☑ Positive / given *OR* ☒ Negative / not given *All boxes must be populated*

## Respiratory

☐ Increased work of breathing *(? ketotic / ? acidotic)*

## Cardiovascular

☐ Poor volume pulses ☐ Normotensive

## Abdomen

☐ Bowel sounds present *(? Ileus)*

## Neurological

☐ GCS normal ☐ Irritable (? Hypernatraemia)

## Musculo-skeletal

## Blood results

Record abnormal results:

## Clinical impression / Problem list