PEDIATRIC EMERGENCY SNAPSHOT

CAREGIVER-PROVIDED COMMUNICATION AND SUPPORT INFORMATION
This snapshot supports—but does not replace—the hospital record, assessment, or clinical judgment.
CHILD'S NAME / NAME USED: _____
DATE OF BIRTH / AGE: _____
APPROXIMATE HEIGHT / WEIGHT: _____
COMMUNICATION METHOD(S): _____
MY YES LOOKS LIKE: _____
MY NO / STOP LOOKS LIKE: _____
MY PAIN OR ILLNESS MAY LOOK LIKE: _____
BASELINE BEHAVIOR / MOVEMENT: _____
SAFETY RISKS (ELOPEMENT, PICA, OTHER): _____
TOUCH / POSITIONING THAT HELPS: _____
SENSORY TRIGGERS OR ACCOMMODATIONS: _____
COMFORT ITEMS / WORDS / PEOPLE THAT HELP: _____
IMPORTANT CAREGIVER UPDATE FOR TODAY: _____
CAREGIVER NAME / PHONE: _____
Hospital staff should verify allergies, medications, medical history, and emergency details in the clinical record.

SAFETY AND SUPPORT PROFILE

ELOPEMENT RISK: ☐ YES ☐ NO ☐ UNKNOWN
PICA / MOUTHING RISK: ☐ YES ☐ NO ☐ UNKNOWN
SEIZURE PLAN: ☐ YES ☐ NO
ALLERGIES: _____
MEDICATIONS / CONDITIONS: _____
HELPS ME: _____
MAKES THINGS HARDER: _____
DO NOT OFFER WITHOUT ASKING: _____
COMFORT ITEMS: _____
PRIMARY SUPPORT PERSON: _____

WHAT HAPPENED TODAY?

DATE / TIME: _____

WHAT HAPPENED: _____

_____

POSSIBLE OBJECT / SUBSTANCE: _____

AMOUNT / SIZE / MATERIAL IF KNOWN: _____

SYMPTOMS OR CHANGES: _____

WHO WITNESSED IT: _____

POISON CONTROL / EMS INSTRUCTIONS: _____

_____

WHAT WORKED TODAY?

The next visit should not have to begin from zero.
Successful words or visuals: _____
Successful positioning: _____
Successful people / roles: _____
Equipment tolerated: _____
Sensory changes that helped: _____
What increased distress: _____
What to try first next time: _____