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TÜRKİYE ULUSAL AJANSI
TURKISH NATIONAL AGENCY

CHEST PAIN PEDIATRIC PATIENT ANAMNESIS FORM

CHILD'S IDENTIFICATION AND ADMISSION INFORMATION

Full Name:	Date and Time of Admission: /
National ID Number:	Protocol Number:
Gender: Female ☐ Male ☐	Date of Birth:
Name of Accompanying Person:	Relationship to the Child:
Arrival at the Hospital: ☐ In arms ☐ Walking ☐ By ambulance ☐ By private vehicle ☐ Other:	

COMPLAINT:	CHEST PAIN	
When did the child's complaint start?	.....	Mode of Onset: ☐ Sudden ☐ Gradual
Has the child experienced a similar complaint before?	☐ Yes ☐ No – When:	
Character of pain:	☐ Pressing ☐ Stabbing☐ Burning ☐ Sharp ☐ Cramping	
Location and radiation of pain:	☐ None ☐ Left chest ☐ Right chest ☐ Upper abdomen ☐ Left arm ☐ Lower jaw ☐ Back	
Factors that aggravate the pain:	☐ None ☐ Breathing ☐ Exercise ☐ Touching ☐ Coughing	
Factors that relieve the pain:	☐ None ☐ With medication ☐ Rest ☐ Change of position	
Are there any additional complaints?	☐ No ☐ Yes:	
ACCOMPANYING ADDITIONAL COMPLAINTS:	☐ Shortness of breath ☐ Dyspnea on exertion ☐ Cough ☐ Cyanosis ☐ Pain on exertion ☐ Sweating ☐ Tachycardia ☐ Syncope or near syncope ☐ Restlessness ☐ Fatigue ☐ Abdominal pain ☐ Nausea ☐ Vomiting	
Is there heart disease in the family?	☐ No ☐ Yes– Who:.....What:	
Is there a history of early death in the family?	☐ No ☐ Yes– Who: ..... Cause:..... At what age:.....	
Known allergies: ☐ None ☐ Yes:	Current medications: ☐ None ☐ Yes:	
Previous surgeries: ☐ None ☐ Yes:	Chronic medical conditions: ☐ None ☐ Yes:	
When did the child last eat/drink?:	Vaccination status: ☐ Complete ☐ Incomplete – Which ones are missing?:	

İZMİR KÂTİP ÇELEBİ ÜNİVERSİTESİ

ADEM AFAT

MAVİ PENCERE
Special Education Association

ISTITUTO DEI SORDI DI TORINO

UNIVERSIDADE CATÓLICA PORTUGUESA

VSL Medicine

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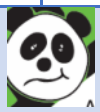
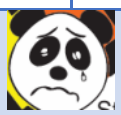
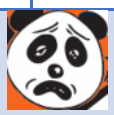
ADDITIONAL INFORMATION:	

VITAL SIGNS OF THE CHILD

Blood pressure	Heart Rate (Pulse)	Respiratory rate	Body Temperature	SpO2 (%)	AVPU /GCS

Height and weight: ..... cm / ..... gr

THE SEVERITY OF CHEST PAIN

NO	MILD		MODERATE		SEVERE		VERY SEVERE		UNBEARABLE	
0	1	2	3	4	5	6	7	8	9	10
										
0	MILD PAIN				MODERATE PAIN				SEVERE PAIN	

TRIAGE LEVEL AND WAITING TIME	Critical	Very urgent	Urgent	Semi urgent	Not urgent
					
	0 minutes	10 minutes	60 minutes	120 minutes	240 minutes

RECOMMENDATIONS AND PLAN

Details of the Healthcare/ Triage Personnel Taking Anamnesis	
Full Name:	.....
Title:	Doctor ☐ Nurse ☐ Paramedic ☐ EMT ☐ Other:.....
Signature / Date:	.....

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Sample Scenarios / Sign Language Recording

CHEST PAIN PEDIATRIC PATIENT ANAMNESIS FORM	
QUESTIONS – (*HEALTHCARE PROFESSIONAL*) SIGN LANGUAGE	ANSWERS – (PATIENT RELATIVE) SIGN LANGUAGE
Hello, I hope everything is okay. Can I have the child's ID card?	*(MOTHER GIVES CHILD'S ID CARD) Here you are.*
What is your name and surname?	*My name is Ayse …. .*
Are you the child's mother?	*Yes, I am.*
How did you bring your child to the hospital?	*My child was brought by ambulance.*

CHILD'S HEALTH PROBLEMS-COMPLAINTS	
QUESTIONS: *HEALTHCARE PROFESSIONAL*	ANSWERS: *MOTHER*
What is your child's complaint?	*My child has chest pain.*
When did the complaint start?	*It started two days ago.*
Did it start suddenly or gradually?	*It started suddenly.*
Has your child had a similar complaint before?	*No, he hasn't had a similar complaint before.*
Can you describe the character of the pain? How does your child describe it?	*He says it feels like pressure on his chest.*
	He says it feels like something is pricking/stabbing inside.
Does the pain spread from the chest to anywhere else?	*No, it doesn't.*
	Yes, it radiates to his left arm and jaw.
What makes the pain worse?	*It doesn't change.*
	It increases with movement.
	It increases when breathing.
What makes the pain better?	*It doesn't change.*

	It gets better with rest.
	It gets better when he takes medication.
Does your child have any other complaints?	*No, there are no other complaints.*
Does anyone in your family have heart disease?	*No, nobody.*
	Yes, his father has heart disease.
Has anyone in your family died at an early age?	*No, nobody.*
	Yes, his older brother died of heart disease at the age of 10.
Does your child have any allergies?	*I don't know.*
Is your child taking any medication regularly?	*No, he isn't taking any medication.*
Has your child had any surgeries?	*No, never.*
Does your child have any medical conditions?	*No, none.*
Are your child's vaccinations up to date?	*Yes, they are.*
When did your child last eat / drink?	*He ate 1 hour ago.*
Is there any additional information you would like to share regarding your child's condition?	*No, nothing.*

Do you know your child's height and weight?	*No, I don't know.*
May we measure your child's current height and weight with you?	*Of course, we can. (HEALTHCARE PROFESSIONAL MEASURES THE CHILD'S HEIGHT AND WEIGHT WITH THE MOTHER.)*
May we measure your child's vital signs with you?	*Of course, we can. (HEALTHCARE PROFESSIONAL MEASURES THE CHILD'S VITAL SIGNS WITH THE MOTHER.)*
If your child were to rate his pain on a scale from 1 to 10, , what score would he give?	*He would give it an 8.*

TRIAGE LEVEL

HEALTHCARE PROFESSIONAL DETERMINES THE TRIAGE LEVEL AND INFORMS THE MOTHER.

HEALTHCARE PROFESSIONAL:

- *- Unfortunately, your child's condition is very urgent and the triage level is RED.*
- *We will immediately take your child to the emergency room. We will perform an ECG , then start treatment.*

MOTHER:

- *Thank you. Please help.*

(HEALTHCARE PROFESSIONAL IMMEDIATELY TAKES THE CHILD AND MOVES TO THE EMERGENCY ROOM.)