Children's Health Ireland at Crumlin

ENDOCRINE DAY TEST

PATIENT DETAILS

Full Name: .....
Address: .....
.....
HCR No: .....
DOB: ___ / ___ / ____

Test to be done:

Date of Test:

NEXT OF KIN DETAILS

Parent / Legal Guardian 1	*Parent / Legal Guardian 2*
Name:	Name:
Relationship to child:	Relationship to child:
Home Phone No: Mobile No:	Home Phone No: Mobile No:

CONSULTANT SECTION

Bone Age X-Ray: Yes □ No □

BLOODS TO BE ORDERED *(please tick)*

ACTH		FBC		HBAIC		Insulin		Oestradiol		TFTS		IGF-1	
Cortisol		Ferritin		GH		LH/FSH		Osmolality		Ttg/IgA		17OHP	
LH/FSH		Lipid profile		Testosterone		U/E		Genetics					

Other:

Priming: Yes □ No □ N/A □

BOY testosterone IM 3-5 days before testing **Yes** □

Girls oral ethinyl estradiol for 3 days before testing **Yes** □

Prescription given to patient: **Yes** □ **No** □

Admission Card Complete **Yes** □ **No** □

Name of Consultant *(print name):* .....

Signature of Consultant:.....**Date:**..... **Time:**.....

DAY OF TEST

Weight: .....**kg** **Height / Length:** .....**cm** **Growth Velocity:**.....

Gender: Male □ **Female** □ **Fluid** □ **Identity Bracelet(s) correct and in situ:** One □ Two □

Understand Reason for Admission: Y □ **N** □ **Parents/NOK Contacted: Y** □ **N** □

OBSERVATIONS **BP:** **HR:** **RESP:** **O_2 Sats :** **Temp:**

MEDICATION ON ADMISSION

Medication	Dose	Frequency	Route	Last Given

ALLERGIES

Allergies Documented in HCRN: Yes □ *No* □

Allergic to medication: Y □ N □ Name: Reaction Type:

Allergic to plasters / tape: Y □ N □ Name: Reaction Type:

MEDICAL / SURGICAL HISTORY

History of seizures: Y □ N □ **Comment:**

Cardiac History: Y □ N □ **Comment:**

Information obtained from *(print name):*.....**Date:**..... **Time:**.....

Registered Nurse Name *(print name):*..... NMBI:..... **Date:**..... **Time:**.....

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EVALUATION / COMMUNICATION

DISCHARGE

	Yes	No	N/A	Signature	NIMBI
IVC removed					
Awake and Alert					
Eating and Drinking					
Vital signs within normal range					
OPD / PPC appointment date					
Date and Time of Discharge					
Results discussed at MDT / Parents informed					
Social Work / Psychology / Dietician?					

Information obtained from *(print name)*:..... Date:..... Time:.....

Registered Nurse Name *(print name)*:..... NMBI:..... Date:..... Time:.....