

Pediatric Checklist

Pediatric Checklist

Work through each item in order and mark it as completed. Add a note against anything you could not complete, and sign the form when you finish.

Name: _____

Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy

Record / MRN number: _____

BEFORE YOU START

- ☐ Confirm identity and check the record is the correct one
- ☐ Confirm consent is in place and still valid
- ☐ Check for allergies, contraindications and recent changes
- ☐ Gather the equipment and paperwork you need

PEDIATRIC - MAIN STEPS

- ☐ Check growth measurements plotted against reference ranges
- ☐ Record feeding, sleep and developmental milestones
- ☐ Review immunization status and catch-up needs
- ☐ Confirm nothing has been missed

BEFORE YOU FINISH

- ☐ Complete the record while the detail is fresh
- ☐ Agree caregiver concerns and safeguarding notes
- ☐ Give written information and contact details
- ☐ Book or confirm the next appointment

ANYTHING NOT COMPLETED

Item: _____

Reason: _____

Action needed: _____

By when: _____

Notes

Signature and date

Checked by: _____