PALF Pediatric Acute Liver Failure

Physical Assessment

Patient ID__ __ - __ __ __ __ - __ __ __

Date of evaluation *(mm/dd/yy)*: ___ / ___ / ___

Time of evaluation *(24 hr.)*: ____ : ____

Time-point *(if applicable)*: ☐ 8 Week ☐ 6 Month ☐ 12 Month

Measure				Time (if different from above)	Not Done
Height/Length	__ __ __.__	cm	1 ☐ Actual 2 ☐ Estimate	__ : __	☐
Weight	__ __ __.__ __	kg		__ : __	☐
Vitals:					
Pulse/Heart Rate (HR)	__ __ __	beats/minute		__ : __	☐
Blood Pressure (BP)	__ __ __ / __ __ __	mmHg		__ : __	☐
Respiratory Rate (RR)	__ __	breaths/minute		__ : __	☐
FiO_2	__ __ __.__	%		__ : __	☐
Temperature	Today: __ __.__	° C		__ : __	☐
	Previous date: Min __ __.__ Time: __ : __ Check if NA: ☐	° C	Max __ __.__ ° C __ : __ ☐		
Fluids *(since the last assessment)*:					
Total fluids	____	ml		__ : __	☐
Total output	____	ml		__ : __	☐
Glasgow Coma Scale:	__ __	Total: (3-15)	☐ Not assessable	__ : __	☐
Eye Responses	__	Sub-score: (1-4)	☐ Not assessable		☐
Verbal Responses	__	Sub-score: (1-5)	☐ Not assessable		☐
Motor Responses	__	Sub-score: (1-6)	☐ Not assessable		☐
Neurological *(closest to the time of the routine daily lab draw & research sample)*:					
Encephalopathy stage	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not assessable			__ : __	☐
Physical Exam:					
Ascites	☐ No ☐ Yes		☐ Not assessable	__ : __	☐
Jaundice	☐ No ☐ Yes			__ : __	☐
Splenomegaly	☐ No ☐ Yes		☐ Not assessable	__ : __	☐
Hepatomegaly	☐ No ☐ Yes		☐ Not assessable	__ : __	☐
Digital clubbing	☐ No ☐ Yes			__ : __	☐
Spider angioma	☐ No ☐ Yes			__ : __	☐
Kayser-Fleischer rings	☐ No ☐ Yes			__ : __	☐
Pupillary reactions *(check all that apply)*	☐ Reactive ☐ Unequal		☐ Fixed ☐ Dilated	__ : __	☐