



AURA ACUTE CHECKLIST

Awareness • Understanding • Response • Assessment

1 MAIN ISSUE (ONE SENTENCE)

Examples: barking cough, stomach cramping, left ear pain, fever with chills.

2 WHEN DID THIS START?

Examples: sudden at 2 AM; gradual all day; began after school.

3 WHAT WAS HAPPENING BEFORE IT STARTED?

Examples: cold wind, big day/event, travel, conflict, overstimulation, new food, poor sleep, big argument.

4 HOW HAS THIS CHANGED OR PROGRESSED?

Examples: nose → throat → chest; dry → wet; chills → heat → sweat; fine → exhausted.

5 WHERE IS IT LOCATED?

Examples: right ear only; lower left belly; moves to the back; stays in one spot.

6 WHAT MAKES IT BETTER?

Examples: heat, cool air, pressure, warm drinks, sitting up, movement, being held.

7 WHAT MAKES IT WORSE?

Examples: cold air, talking, eating, lying down, exertion, emotions, time of day.



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8 IS THERE A TIME PATTERN?

Examples: wakes at 3 AM; worse at bedtime; crashes at 2 PM; worse after midnight.

9 WHAT DOES IT FEEL LIKE? (SENSATIONS)?

Examples: burning, stabbing, pressure, fullness, tickling, tight, electric, throbbing. Use your own adjectives.

10 IS THERE ANY DISCHARGE?

Describe color, texture, smell, thickness, frequency. Examples: thick yellow mucus; watery eyes; green stringy mucus; foul-smelling stool.

11 HOW IS ENERGY / BEHAVIOR?

Examples: clingy, irritable, sleepy, restless, wild, whiny, wants to be alone, wants to be held.

12 HOW IS THIRST & APPETITE?

Examples: not drinking; very thirsty; craving cold water; refusing food; nursing more; nursing less; other cravings

13 FEVER DETAILS?

Examples: temperature, sudden rise; chills first then heat; heat first; sweats; alternating heat/chills; specific time of day; hands/feet cold; face bright red; wants to be covered or uncovered



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14 STOOL / URINE / VOMITING — ANY CHANGES?

Examples: diarrhea; constipation; green stool; mucous stool; straining; strong urine smell; frequent urination; vomiting after drinking; vomiting after coughing.

15 SKIN / RASHES — ANYTHING NEW?

Examples: hives; redness; swelling; eczema flare; hot skin; cold skin; clammy; goosebumps; stinging; burning; itchy; worse from scratching.

16 SLEEP — HOW IS IT AFFECTED?

Examples: restless; waking often; wants to be held; whimpering; only sleeps upright; only sleeps on you; worse lying flat; falls asleep suddenly.

17 TRIGGERS — WHAT SETS IT OFF?

Examples: cold wind; getting chilled; emotions; exertion; excitement; eating; lying down; overheating; loud noise; overstimulation.

18 ANY RECENT EXPOSURES?

Examples: sick contacts; cold wind; damp weather; overheating; allergens; new foods; chemicals; new detergents; animals; dust; mold.

19 HAS ANYTHING CHANGED IN ROUTINE?

Examples: schedule shift; travel; new childcare; poor sleep; skipped nap; big day/event; less food; more activity; stress in home.



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20 INTUITION — WHAT DO YOU FEEL IS GOING ON?

Examples: teething; overtired; “coming down with something”; emotional upset; overstimulated; needs rest; needs comfort.

21 HYDRATION — HOW MUCH ARE THEY DRINKING?

Examples: drinking normally; refusing to drink; only sips; very thirsty; dry lips; fewer wet diapers; darker urine.

22 PAIN LEVEL — HOW INTENSE IS IT?

Examples: mild; moderate; severe; “stops activity”; cannot sleep; crying with pain; pain comes in waves.

23 PAIN MOVEMENT — DOES IT TRAVEL OR RADIATE?

Examples: stomach → back; ear → jaw; headache moves around; pain switches sides; comes and goes suddenly.

24 FUNCTION — WHAT CAN THEY NOT DO THAT THEY USUALLY CAN??

Examples: won't walk; not playing; not talking; won't lie down; refuses food; can't nap; avoids swallowing; clings constantly.

25 FINAL NOTES / ANYTHING YOU WANT TO ADD

Examples: odd symptoms; small details; gut feelings; unusual behavior; patterns you noticed.
