Triage Summary Tool

For all CTAS 1 & 2 notifications going to RESUS "Broadcast to ED STAT", CTAS 2 notification "Broadcast to ED Alerts"

MENTAL HEALTH

Registered under Psychiatry

FORM A (Section 18) filled out by a physician for patient to see a psychiatrist
FORM C (Section 19) judges warrant
FORM G (Section 24) Certificate of involuntary admission
H-7 (Community Treatment Order) Patient has conditions for continued care they are not complying with

Registered under Emergency

Section 20 arrested under the mental health act.
*Please notify security of any involuntary patients

MATERNAL CARE

Assess in Emergency

- Unstable clinical status
- Obstetrical Concern < 16 weeks gestation
- Bleeding/pain in the first trimester
- Suspected post-partum PE
- Gynecologic oncology concerns
- Gynecologic concerns (not pregnant)
- Other

Assess in Maternal Care (RUH ONLY)

- 16 weeks or greater, unless concern is clearly non-obstetrical
- Hyperemesis gravidarum at any gestation (process being reviewed)
- Postpartum up to 6 weeks from delivery for concerns of
  - Wound infection/concern
  - Perineal infection/concern
  - Bleeding
  - Hypertension
  - Postdural puncture headache

Emergency Delivery

- Broadcast to "Emergency Delivery"
- State "Emergency Delivery, room #, and gestational age

SEXUAL ASSAULT

1. Assess at triage for possible injuries and stability, discuss with an ED doc to confirm stability
2. Obtain only basic history (do not ask for in-depth story)
3. Call switchboard and request the SART physician on call. If there is no physician listed, the kit will be collected by one of the ED Physicians. Mon-Fri from 0730-1600 notify the SANE RN Christin McPhee at 306-491-8207
4. Sexual Assaults can be seen in any ED

VOCERA DOWNTIME

Dial 3-2-1 and request the following be paged to the ED Physicians:

1. CTAS 1 or 2
2. Chief complaint
3. Patient location

Switchboard will page out the notification, which the physicians will receive as text messages.

TRIAGE REASSESSMENTS

Patients waiting in Emergency need to be reassessed according to CTAS guidelines while waiting to be seen by a Physician. This is a team effort, but ideally should be directed by the triage captain.

CTAS 1 – continuous
CTAS 2 – every 15 minutes
CTAS 3 – every 30 minutes
CTAS 4 – every hour
CTAS 5 – every 2 hours

Reassessment does not necessarily require a full set of vital signs every time. A simple statement indicating no further concerns are voiced will be sufficient if this is the case.

TAKING A RADIO PATCH FOR CES

1. Take info from EMS as you would for any other patient
2. "Call CES Charge Nurse" on vocera, or dial 0203
3. They will come to triage to retrieve the patch note
4. CES is responsible for putting out their own broadcasts and alerts

NOTIFYING CONSULTANT UPON PATIENT ARRIVAL

- If patient is going directly to a bed, the bedside RN is responsible for notifying the consultant service and documenting time of call.
- If patient is delayed in waiting room, or Ambulance Hold, the Triage RN will notify and document the time of call.

AMBULATORY CARE

- Must be stable
- Phone attending physician and get ok to send to Amb Care
- Register and triage patient
- Phone Amb Care at 1155 and provide info on patient
- Send chart with patient
- Amb Care will notify you of disposition (home or back to ED). Do not discharge patient out of ED until you receive the call from Amb Care.

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TRAUMA

Level I Trauma

Physiologic (with visible signs or clear history of significant trauma)

- SBP < 90
- RR ≤ 10 or ≥ 30, or requiring intubation
- GCS ≤ 12

Anatomic

- Penetrating trauma to head, neck, torso or groin
- Burns: 20% TBSA (2nd & 3rd degree)

Special populations meeting Level II, but will upgrade Level I

- Pregnant patients ≥ 20 weeks gestation
- Geriatrics (Age ≥ 70)

Level II Trauma

(Any of the following)

Mechanism

- Highway speed MVC
- Rollover
- Fall from ≥ 10 feet
- Death of same car occupant
- Rearward displacement of front axle
- Significant passenger compartment intrusion
- Severe facial injury with potential for airway compromise
- Suspected spinal cord injury (neurological deficits)
- Two or more long bone fractures
- Pedestrian or cyclist vs car ≥ 30 km/hr
- ATV or motorcycle vs car ≥ 30 km/hr
- Large animal trauma
- Ejected from vehicle
- Other (traumatic event)

Any UNSTABLE Level II trauma will be called as a Level I

Direct for Trauma Consult

Registered under Trauma Physician – page and discuss how to handle, i.e. full trauma page or just notify resident

Notifications

1. **Switchboard – Dial 3-4-5**
   a. Level 1 Trauma
   b. Where patient is coming from
   c. Brief list of injuries
   d. Stable vs unstable
   e. ETA in exact time (i.e. 1940)
   f. If ETA is less than 10 minutes request "**Trauma team to Emergency**" and ensure Switchboard notifies TTL
2. Vocera
   a. "Broadcasts to ED Alerts"
   b. State Level and ETA
   DO NOT PROVIDE ANY OTHER DETAILS OVER VOCERA

See Adult Trauma Triage Guideline for more informaiton

CODE BLUE

As soon as you receive notification regarding an incoming Code Blue, "Broadcast to ED STAT"

1. State "Code Blue, ETA"
2. Provide report directly to Trauma RN and Doc. Do not provide additional details over Vocera.

STROKE ALERT

FAST – Face, Arms, Speech, Time of onset

VAN (Request report from EMS/Inform switchboard if VAN + or -)

VISION (eyes deviated to one direction)
APHASIA (unable to name object)
NEGLECT (ignore one side when both are touched)

Last Seen Normal (LSN) < 24 hours

Required Information from Paramedics

1. full name
2. DOB & PHN
3. FAST Info, full set of vital signs
4. Van + or –
5. ETA

Notify Switchboard

1. Give Registration Pre Registration if available
2. Call Switchboard 3-2-1 and state "ED Stroke Alert". Provide info as above
   a. You may complete the triage note prior to arrival
   b. Report to bedside RN with updates
   c. When patient arrives, dial 3-2-1 and request "Stroke team to Emergency"
   d. Update Registration team with time of arrival

Broadcast to ED STAT **"Stroke Alert, ETA".** As all Stroke Alerts meet at the muster point, you do not need to include this in broadcast. Do not provide additional patient details over Vocera.

STEMI ALERTS

EMS will follow their process, and if **stable** patient will go directly to CCU/Cath Lab. If unstable they stay in Emergency.

Walk in STEMI RUH

1. Chest pain patient, CTAS 2, Priority 1 ECG
2. STEMI is identified, Triage RN broadcasts to ED Alerts "**STEMI Alert and patient location/destination in department**"
3. ED Doc directs care, confirms STEMI
4. Physician/Staff fax to STEMI shortcut on Printer
   a. 9-1-888-220-1120
5. ED Doc Calls 321 to ask for the **LifeNet** Cardiologist
6. The Cardiologist directs care

NOTE: All ED Physicians receive text messages with the Level 1 Trauma and Stroke Alert information

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