Patient presents to ED

Triage Assessment
Use primary survey to assess
- The chief complaint
- General appearance, affect/mood, behaviour
- Airway,
- Breathing
- Circulation
- Disability - neurological

Identify predictors of poor outcome
Adult:
- Airway/Cervical spine - partial airway obstruction
- Breathing - respiratory rate less than 9 or greater than 30 bpm; SpO2 less than 95%
- Circulation - pulse rate less than 50 or greater than 120 bpm; systolic BP less than 100 mmHg; capillary refill greater than 2 seconds + poor peripheral circulation
- Disability - alterations in conscious state; a drop in GCS of 2 points; GCS less than 12; seizure; delirium
- Environment - temperature less than 35.5 °C or greater than 38.5 °C; inhalation burn/toxic gases; envenomation
- Pain – acute and chronic pain unrelieved or unrelieved by simple analgesia
- Eyes – penetrating injury; chemical injury; sudden loss of vision; sudden onset of pain

Identify high risk or time critical categories:
- Extremes of age: less than 3 months and over 65 yrs
- High risk history e.g multiple co-morbidities; violence
- High risk mechanism of injury e.g inhalation burns
- Cardiac risk factors
- Mental Health - attempted suicide; suicidal ideation; acute situational crisis
- Effects of drugs or alcohol
- Rash
- Delirium – over 65 yrs and acute confusion/anxiety
- Difficulties with communication and poor historian

Assign an appropriate ATS category to all presenting patients in response to clinical assessment data

Children Use Paediatric Triage Tool

Mental Health Use Mental Health Triage Tool and Transfer to appropriate area

Allocate staff to the patient. Include a handover to allocated staff using a clear, brief handover tool of key information e.g. ISOBAR & MIST

ED patient care proceeds including documentation of triage assessment findings and actions undertaken.