

ECAT six-minute intensive training (SMIT)

Selecting an ECAT protocol



Emergency care assessment and treatment (ECAT) is a statewide, co-designed program that aims to standardise nurse-initiated emergency care.

When selecting an ECAT protocol it is important to consider the inclusion criteria, and the signs and symptoms associated with the protocol – **not just the protocol title**. This will help you to select the most appropriate ECAT protocol for your patient.

If more than one protocol could be applied, it is important to select the protocol that addresses the **higher acuity problem**. The higher acuity problem is informed by considering the priorities of airway, breathing, circulation and which protocol most closely reflects the triage presenting problem and category.

Always confirm the **inclusion criteria** before starting a protocol. The inclusion criteria appears below the title of the protocol.

ECAT protocol title

- Includes protocol name and reference number.
- Each protocol has unique inclusion criteria noted below the name – this includes more descriptive information to assist with selecting an appropriate protocol.

History prompts and signs and symptoms

- Includes history prompts and signs and symptoms relevant to the presenting condition.
- Nurses **must refer to this section to confirm the most appropriate ECAT protocol** has been identified to suit the patient's presenting problem.





STOPs provide critical reminders and guidance when selecting a protocol.

Chest pain

A3.2 Published: December 2023.

Any person, 16 years and over, presenting with chest pain or other symptoms of acute coronary syndrome.

This protocol is intended to be used by registered and enrolled nurses within their scope of practice and as outlined in [The Use of Emergency Care Assessment and Treatment Protocols](#) (PD2025_025). Sections marked  triangle or  diamond indicate the need for additional prerequisite education prior to use. Check the medication table for dose adjustments and links to relevant reference texts.



Use this protocol in conjunction with NSW Pathway for Acute Coronary Syndrome (PACSA) Flowchart and PACSA Checklist.

History prompts, signs and symptoms

These are not exhaustive lists. Maintain an open mind and be aware of cognitive bias.

Key messages

- More information about inclusion and exclusion criteria can be found by looking at the inclusion criteria, history and signs and symptoms.
- Do not use more than one protocol at a time.
- Not all patients will fit a protocol – and that's OK.

Scenario 1: Selecting a protocol for the higher acuity problem

Anthony, 55, presents to triage with central chest heaviness. It started 4 hours earlier. His blood pressure is 165/85, heart rate 102 beats per minute. He denies shortness of breath and is nauseated but has not vomited. He is diaphoretic and a tremor is noted to both hands. Anthony reports a past medical history of hypertension, high cholesterol and alcohol misuse, drinking about 6 whiskeys per day. However, he is trying to quit and his last drink was about 24 hours ago.

Pete (RN) receives Anthony in his acute bay. After reading the triage note and confirming the presenting problem and symptoms with Anthony, he opens **ECAT A3.2 Chest pain** and **A8.2 Substance withdrawal (suspected)**.

As a group, discuss:

- Signs and symptoms of both protocols in relation to Anthony's presentation.
- What is the **higher acuity problem**?
- What are Pete's next steps?

Scenario 2: Consider signs and symptoms when selecting a protocol

Nerida, 74, arrives via ambulance with pain, redness and swelling to her left lower leg. Paramedics report her leg is warm to touch and the nerves and blood vessels in her leg have not been compromised.

Her blood pressure is 107/65, heart rate 77 and temperature is 37.4. She is able to weight bear with discomfort. She cannot recall injuring her leg. Nerida has a past medical history of chronic obstructive pulmonary disease and previous cellulitis.

Becky (RN) reads the triage and confirms the presenting problem and symptoms with Nerida. Then Becky reviews the adult ECAT protocols.

As a group, discuss:

- Is there a suitable ECAT protocol that can be applied to Nerida's presentation?
- Do the inclusion criteria and signs and symptoms of **ECAT A11.1 Minor wounds** apply?
- What are Becky's next steps?

Scenario 3: Consider signs and symptoms when selecting a protocol

Cruz, 2, is crying inconsolably. He is brought in by his father, Matt, who says Cruz has not been his normal playful self for 2 days and has decreased oral intake. Over the past 2 hours he has been crying and screaming intermittently. Matt says Cruz has not been injured, has not vomited or had diarrhoea. Matt says he has not noticed Cruz having a fever at home.

At triage, Cruz's respiratory rate is 42, with mild work of breathing. His SpO₂ reading is 95% on room air; heart rate is 129 bpm; central capillary refill time is 2 seconds; and his temperature is 37.3°C. Cruz has no past medical history, was born at term and his immunisations are up to date.

Nikki (RN) reads the triage and confirms the presenting problem and symptoms with Matt. Matt says he is worried Cruz is getting worse. Nikki reviews the Paediatric ECAT protocols.

As a group, discuss:

- What is a suitable ECAT protocol that can be applied to Cruz's presentation?
- Consider the following ECAT protocol when selecting a protocol based on Cruz's history and signs and symptoms:
 - **P13.2 Recognition of a seriously unwell child**
- What are Nikki's next steps?

General discussion points

- What steps do you take when selecting a protocol?
- What do you do if more than one ECAT protocol can be applied to the presentation?
- What is the process when a patient doesn't fit a protocol?
- What critical STOP reminder resonates with a case you can recall?



For more information,
scan the QR code to visit the
ECAT website.

