THE DUDLEY GROUP NHS FOUNDATION TRUST

NURSE TRIAGE IN THE EMERGENCY DEPARTMENT

Triage is the sorting of patients into categories of priority for treatment based upon the nature and severity of their illness or injury.

Nurse triage was introduced into the UK in 1983 and is now commonplace in Accident and Emergency Nursing. It is an important component of planning resource allocation.

Essentially, Nurse Triage provides a safe check-in procedure by an appropriately trained nurse whose role is to assess all patients who arrive in the department. A plan of care is organised from this screening. Effective nurse Triage should prevent a potentially harmful delay in the Waiting Room.

Triage Principles

Triage is performed by a qualified nurse with at least six months experience in Accident and Emergency, who by using their clinical experience and judgement, categorises the patient's priority for care after a rapid and efficient assessment. After triage, all patients will be seen by a doctor or a nurse practitioner.

The nursing assessment involves the collection of subjective and objective information. Children under 5 years old should be given special consideration after 6pm even if they are not critically ill.

Triage Concepts

1. Early assessment of all attenders.

2. Priority rating based upon the assessment.

3. Clear, brief documentation of the assessment and priority category, signed, dated and timed.

4. Allocation of the patient to the most appropriate clinical area for their condition and the demands placed upon the department at the time of triage.

Adjuncts to the Triage Process

1. Provision of a safe environment in which the patient will await further care.

2. Patient education and orientation to the departmental philosophy.

3. Initiation of a search for existing hospital records.

4. Control of patient flow through the department by liaison with the Nurse In Charge of the relevant clinical area.

5. Infection control

Nurse Triage

Nurse triage is performed 24hours per day.

The operational criteria for Triage Nurses are:

- They must have had at least six months' continuous experience in Accident and Emergency Nursing
- They must have attended the Departmental in-house Triage Workshop (covering both Formal and AmbulanceTriage)
- They must have had a formal assessment of competence completed by the Triage Lead (Sister Badger) or Charge Nurse Caparros
- Learners are welcome to accompany the Triage Nurse in a purely supernumerary capacity.

Role of the Triage Nurse

1. To determine the nature of the patient's problem from a brief history, noting any other pertinent information.
2. To allocate a priority for further care, and refer the patient to the most appropriate clinical area within the department.
3. To provide first aid as appropriate (e.g. temporary dressings, slings, ice packs, removal of rings etc).
4. To provide reassurance and emotional support.
5. To act as a health educator.
6. To monitor the organisation of the department in liaison with the Nurse In Charge.
7. The Triage Nurse should be prepared to reassess patients as necessary, possibly at planned intervals, while they are waiting to be seen by the doctor or nurse practitioner.
8. The Triage Nurse must either personally take all high priority patients into the appropriate clinical area and hand over to a qualified nurse, or request someone from that area to come and take the patient through.
9. If the Triage Nurse is asked to attend an ill patient in a waiting car, he or she should ideally ask another member of staff to go instead. If this is not possible, Reception must be told that the Triage Nurse is temporarily leaving the Triage Room.
10. The Triage Room should only be left unattended in exceptional circumstances, and the Reception staff should be informed (see 8 and 9).

11. In the event of a difficult triage decision, the Triage Nurse should discuss the problem with a senior colleague.

12. The Triage Nurse should identify any unaccompanied children under 16 years of age and determine and document why the child is alone. These facts must be passed onto the nurse who receives the child within the department. Children will be Triaged in the Paediatric area when this area is open.

13. Suspected non-accidental injury or sexual abuse of a child must be reported promptly to the Nurse In Charge and a senior doctor.

14. The Triage Nurse will have to inform patients and their relatives of current expected waiting times, updated as necessary.

15. Patients arriving by Ambulance will be triaged by an appropriate nurse within the department and not in the Triage Room in the first instance. They can then be allocated to a cubicle or referred to the Triage Nurse to wait in the waiting room.

16. The Triage Nurse can only give health advice to attenders (including relevant leaflets and information about local GP's, dentist, pharmacies and family planning clinics). Advice cannot be given over the telephone.

TRIAGE CATEGORIES

This account is intended as a guide and is neither comprehensive nor a list of inflexible commandments.

Many major injuries and cardiac arrests arrive by ambulance after the department has had an alert call. The Resuscitation Team personnel will be listed on the board.

The five triage categories, based on the Emergency Severity Index are:

1. **Immediate –** Immediate threat to life and major illnesses or injuries needing prompt attention.

2. **Priority –** Conditions requiring urgent treatment with no immediate threat to life, limb or function.

3. **Standard** **–** Minor Illnesses or conditions

   – Minors

   – Redirect

N.B. Acute Life Threat (ALT) will usually be due to a compromised airway, inadequate breathing, exsanguinating haemorrhage or shock from other causes.

Major trauma includes penetrating injuries of the head, chest, abdomen or perineum, a fall from a height or a RTC at >40 mph.

We aim to see patients within the time frames given below:

Immediate

Priority – Within 30 minutes

Standard – Within time order.

N.B. Remember, all patients have to be seen, treated and discharged within four hours.

CATEGORY ONE – IMMEDIATE

IMMEDIATE THREAT TO LIVE AND MAJOR ILLNESS OR INJURY REQUIRING PROMPT ATTENTION.

Possible presentations in this category include:

- Cardio respiratory arrest.
- Major trauma with ALT or dyspnoea, active major haemorrhage, severe pain or altered conscious level and all major burns or scalds.
- Severe head or facial injury with ALT or major haemorrhage, active fitting, Glasgow Coma Scale (GCS) <12 or in severe pain.
- Limb fractures or dislocations with severe pain, major bleeding, neurological signs or ischaemia; or supracondylar fractures of the humerous in children; or all cervical spine injuries.
- Abdominal pain with ALT or severe pain, haematemesis, melaena or rectal bleeding.
- Heart rate less than 40 and weak and dizzy.
- Chest pain with ALT or severe pain, dyspnoea. Severely high or low heart rate with signs of hypotension (think of MI, pneumothorax or aortic dissection).
- Chest pain with impalpable BP.
- Hypotension with signs of hypoperfusion.
- Severe asthma with ALT or the inability to talk in sentences or pulse >120 or PEFR <33% or best level or oxygen saturation <92% on air.
- Acute severe diabetes with blood sugar >11 mmol/l and ketosis, altered consciousness or high fever.
- Flaccid baby
- Acute collapse without specific symptoms (think of septicaemia (temp< 35.5ºC or > 38ºC), meningitis and anaphylactic reactions) or with sever pain, dyspnoea, abnormal pulse, unrecognised rash, fever or hypothermia (<32°C).
- Epilepsy with altered consciousness, evidence of poisoning, meningism, a rash, purpura, high fever, status epilepticus or blood sugar <3mmol/l,
- Overdosage or poisoning with ALT or involving a potentially fatal agent (e.g. paracetamol etc) or with high risk of further self-harm.
- Acute limb ischaemia.
- Anaphylaxis.

- Any eye injury involving chemical agents, a penetrating injury or severe pain or loss of vision.
- Acute vaginal bleeding with severe pain, heavy bleeding or 24 weeks pregnant.
- High pressure injection injury to the hands.
- Suspected non-accidental injury or sexual abuse of a child.
- Pyrexia >40°C in an adult and >38.5°C in a child.
- Acute psychiatric disturbance with a risk or severe harm to self or others.

CATEGORY TWO – PRIORITY

ILLNESS OR INJURY WITHOUT MAJOR THREAT TO LIFE OR LIMB REQUIRING UNRGENT TREATMENT.

Examples include:

- Major trauma with moderate pain or minor haemorrhage.
- Head or facial injury with GCS <14, history of unconsciousness, focal neurological signs or persistent vomiting.
- Burns or scalds with no more than moderate pain, or electrical or chemical burns.
- Cervical spine injury with neurological signs.
- Abdominal pain of moderate severity or with shoulder tip pain, the possibility of pregnancy, melaena, or persistent vomiting.
- Moderate chest pain or with pleuritic features and ECG changes or persistent vomiting.
- Asthma with a PEFR <50% of best or predicted level, or an oxygen saturation <92% on air.
- Acute diabetic crisis with hyperglycaemia (blood sugar >17 mmol/l), persistent vomiting or fever.
- Acute collapse with moderate pain, a history or allergy, or loss of consciousness now recovered.
- Post-ictal patients with a history of head injury, neurological signs or fever.
- Overdosage or poisoning with an agent without high risk of lethality or potential for further self-harm.
- Late presentation of paracetamol overdose
- Any limb fracture which is compound or has gross deformity.
- Acute vaginal bleeding with pain of moderate severity or possible pregnancy.
- Any acutely painful eye injury or loss of visual acuity.
- Large lacerations.
- Pyrexia >38.5°C in an adult.

CATEGORY THREE – STANDARD AND MINORS

MINOR ILLNESS OR INJURY FOR WHICH DELAYED TREATMENT WILL NOT CAUSE HARM.

Examples include:

- Head or facial injury with GCS 15.
- Burns or scalds not fitting the aforementioned criteria.
- Abdominal pain not fitting the aforementioned criteria.
- Chest pain not fitting the aforementioned criteria.
- Asthma not fitting the aforementioned criteria.
- Acute diabetic crisis not fitting the aforementioned criteria and of recent onset
- Any suspected fracture of the limbs or nose not fitting the aforementioned criteria.
- Overdosage or poisoning not fitting the aforementioned criteria.
- Acute vaginal bleeding not fitting the aforementioned criteria.
- Any acutely painful or red eye not fitting the aforementioned criteria.
- Soft tissue injuries and minor burns (<15% in adults and <10% in children).
- Minor fractures (e.g. digits)
- Primary care problems

TARGET WAITING TIMES

ADULTS

Category 1	Immediate		Immediate
Category 2	Priority		Within 30 minutes
Category 3	Standard	– Minor Illnesses or conditions	In time order
		– Minors	
		– Redirect	

CHILDREN

All children up to the age of 16 years will be seen in the Paediatric area when this area is open.
Opening hours are from 12 midday to 12midnight Monday to Friday & 8.00 am -12midnight weekends
Extended opening hours are applied when staffing allows.

When the Paediatric area is closed.
After 1900hrs children less than 5 years of age should be given special consideration, even if they are not critically ill. (This should be discussed with Nurse In Charge or Doctor in Charge)

The Dudley Group NHS
NHS Foundation Trust

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

Date: 05/07/2013

FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011493

With reference to your FOI request that was received on 18/06/2013 in connection with 'Triage criteria within A & E Department'.

Your request for information has now been considered and the information requested is enclosed.

Further information about your rights is also available from the Information Commissioner at:

Information Commissioner
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Tel: 0303 123 1113
Fax: 01625 524510
www.ico.gov.uk

Yours sincerely

Information Governance Manager
Room 34a, First Floor, Esk House, Russells Hall Hospital, Dudley, DY1 2HQ
Email: FOI@dgh.nhs.uk

The Dudley Group NHS
NHS Foundation Trust

Please find attached the Trust's 'Nurse Triage in the Emergency Department' document as requested.

Your communication has been forwarded on to the Trust's Complaints Department for them to log as a formal complaint.

Their details are:The Complaints DepartmentRussells Hall Hospital,Dudley,West MidlandsDY1 2HQ complaints@dgh.nhs.ukComplaints Department telephone: 01384 321035Trust website link to Advice,

Complaints and Compliments: http://www.dgh.nhs.uk/patients-visitors/advice-complaints-and-compliments/