

TRIAGE

Identifying children who need care immediately



Why triage?



Why triage?

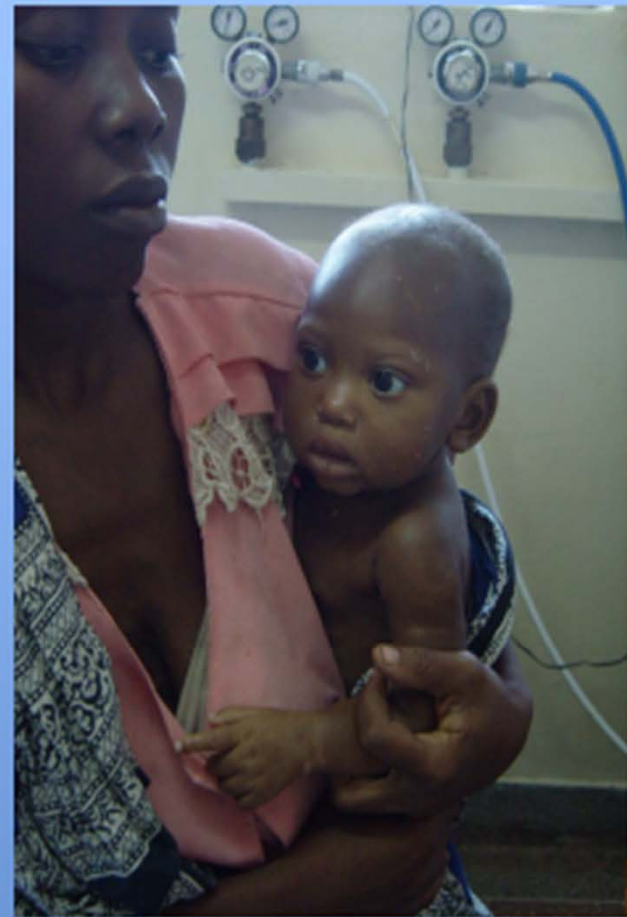


- Some children will die waiting to be seen
- Of all the children dying in hospital >50% will die within 24 hours
- Some children can only be saved if treatment starts immediately

Who is most likely to die rapidly?



A



B

Triage



Emergency Care

Priority Care

Non-urgent

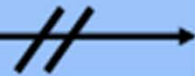
Triage



Needs Emergency Care

- Airway
- Breathing
- Circulation
- Coma / Convulsions / Confusion
- Dehydration (severe)

Triage



Emergency Care

Priority Care

- ✓ Tiny baby (<2 months)
- ✓ Temperature <36.5°C or >38.5°C
- ✓ Trauma or other urgent surgical condition
- ✓ Poisoning
- ✓ Pallor (severe)
- ✓ Pain (severe)
- ✓ Restless, Continuously irritable, or lethargy
- ✓ Respiratory distress (RR>60/min)
- ✓ Referral (child has urgent referral letter)
- ✓ Malnutrition: Visible severe wasting
- ✓ Oedema of both feet
- ✓ Burns (major)
- ✓ Bleeding

• TPR

- 3 T's
- 3 P's
- 3 R's

• MOBB

Triage



Emergency Care



Priority Care



Non-urgent - Queue

Who can do triage?

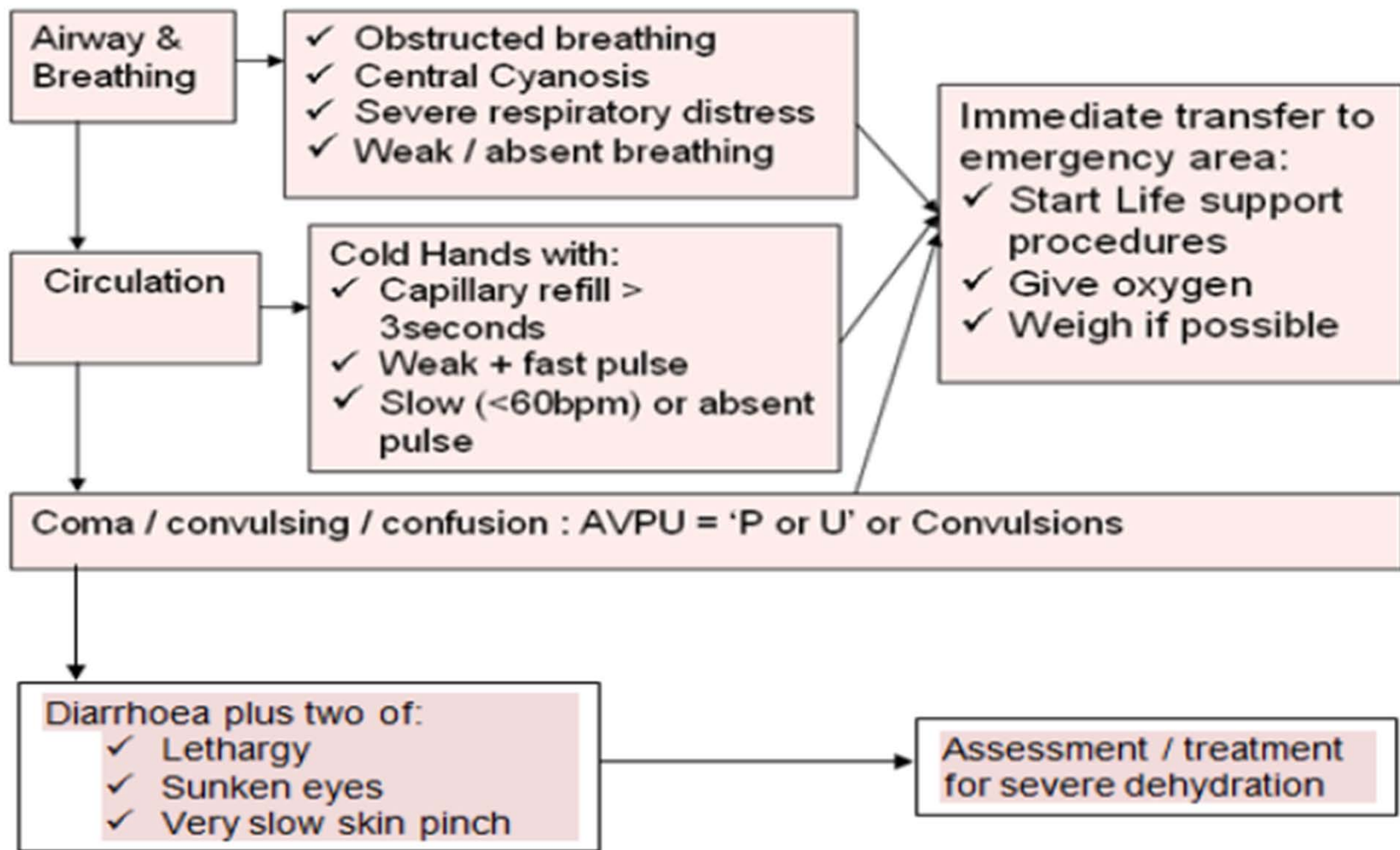
Who can do triage?

- Anyone:
 - Doctor
 - Nurse
 - Cleaner
 - Records Clerk
- Simple tool
- Used in Malawi and deaths of children were reduced.

Emergency Signs – A, B, C, C, D

Emergency Signs:

If history of trauma ensure cervical spine is protected.



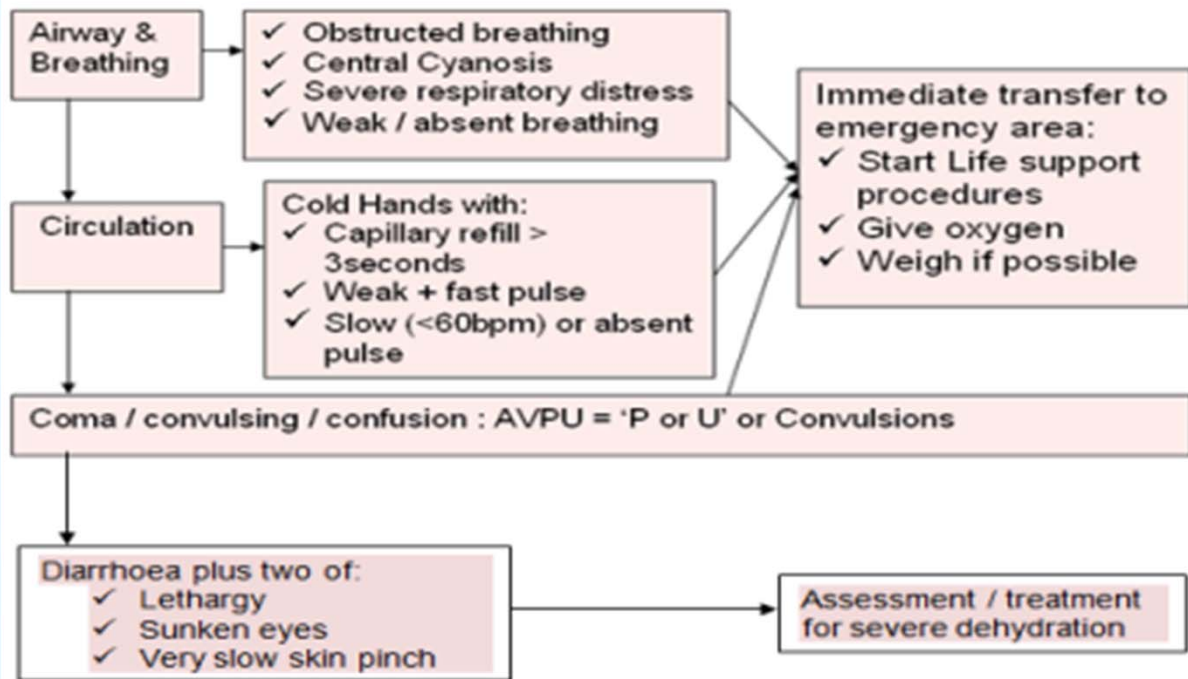
Emergency Signs – A, B, C, C, D

- If there are any emergency signs
 - Immediate transfer to emergency area
 - Clinician / Nurse sees **NOW**
 - Immediate assessment and resuscitation

Triage...

Emergency Signs:

If history of trauma ensure cervical spine is protected.



Priority Signs:

- Tiny baby (<2 months)
- Temperature <36.5°C or >38.5°C
- Trauma or other urgent surgical condition
- Poisoning
- Pallor (severe)
- Pain (severe)
- Respiratory distress (RR >60/min)
- Restless, continuously irritable, or lethargy
- Referral (child has urgent referral letter)
- Malnutrition: Visible severe wasting
- Oedema of both feet
- Burns (major)
- Bleeding

Non-urgent - children with none of the above signs

QUESTIONS?

Summary

- Triage is sorting ONLY
 - Diagnosis or Treatment are not the responsibility of the person doing triage
- In a busy department it is a continuous / frequent process
- Patients may need to be reassessed as their triage category may change with time
- Departments need to be organised so that emergencies and priorities can be appropriately handled

ACKNOWLEDGEMENTS



FIMNCI



Myanmar Ministry of Health
and Sports

KEMRI | Wellcome Trust

