1.0 PURPOSE:

To standardize the policy & process for triage

2.0 POLICY:

Patient requiring emergency care are triaged according to the documented triage policies. Triage is carried out by qualified and trained individuals based on good clinical practice guidelines

3.0 DEFINITIONS:

3.1 Triage: Triage is the medical screening and sorting (classification) of a number of patients to determine the priority of need for treatment and transportation. This sorting generally results inpatients being placed into one of three general priority categories:

a. **High Priority (Red):** those who need immediate treatment and immediate transport in order to survive
b. **Intermediate Priority (Yellow):** those who will most likely survive but require treatment
c. **Low Priority (Green):** those who require little or no treatment or whose treatment and transportation can be delayed.
d. Annexure 1 summarizes basic triage principles using specific examples.

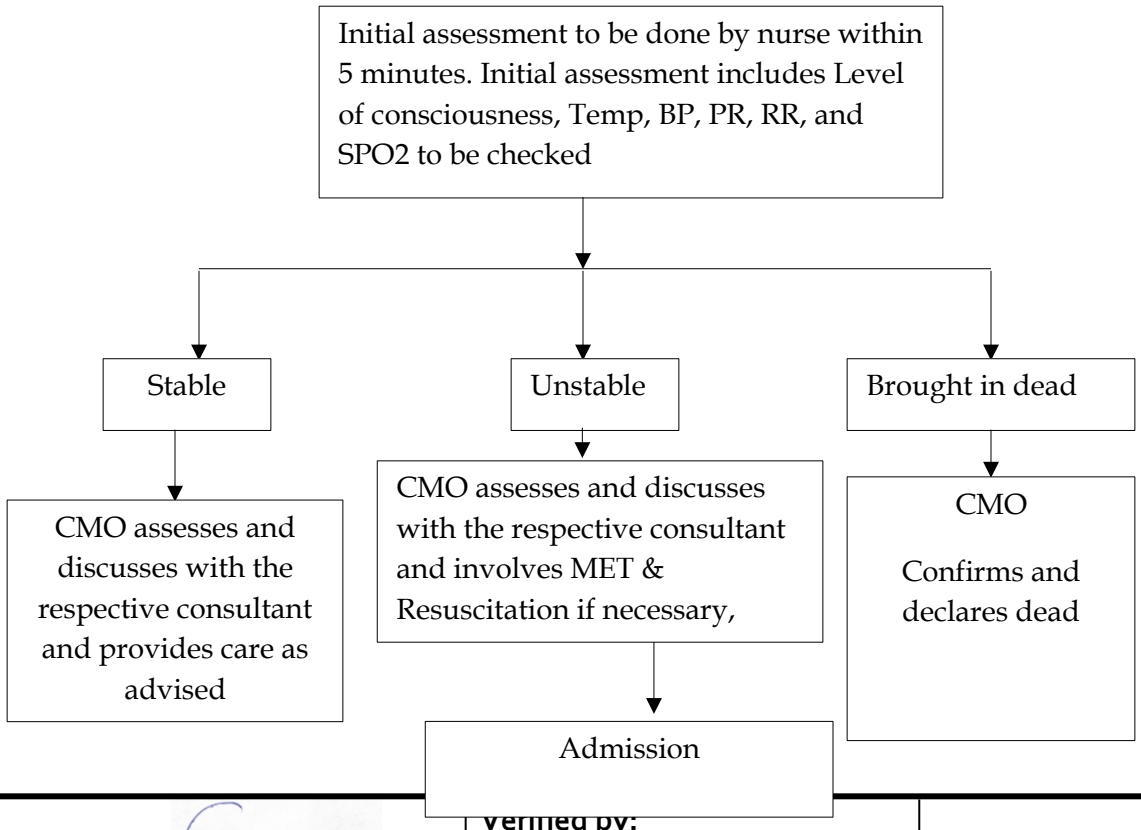
3.2 Mass Casualty: A mass casualty situation is an event where the number of patients exceeds the initially available treatment and transport capacity. Incidents involving two or more patients should be managed by triaging the patients' condition, and matching their individual needs to the available resources. In normal daily care, **urgency** is the sole triage criteria.

In mass casualty triage two (2) factors determine priority: **urgency** and **potential for survival.** A rapid system for field triage in mass casualty settings is included in Annexure2.

4.0 PROCESS DETAILS:

For process details pertaining the triage process – refer to the triage process diagram for emergency area – casualty

ANNEXURE 1: TRIAGE PROCESS DIAGRAM – EMERGENCY AREA



ANNEXURE 2: TRIAGE COLOR CODE

TRIAGE COLOUR CODE
Category 1: High Priority– color code - Red
• Airway and breathing difficulties • Shock • Uncontrolled or suspected severe bleeding • Open chest or abdominal wounds • Pneumothorax • Severe head injuries or head injuries with decreasing levels of consciousness • Severe medical problem Emergency Personnel (CMO, Nurse),such as :poisoning, diabetes with complications, and cardiac emergencies, etc.
Category 2: Intermediate Priority- Color Code - Yellow
• Burns without complications • Major open or multiple fractures • Back injuries with or without spinal cord damage • Eye injuries • Stable abdominal injuries
Category 3: Low Priority – Color Code - Green
• Fractures, sprains or strains, lacerations, soft tissue injuries or other injuries of a minor nature • Psychological Problems • No injuries
Category 4: Lowest priority – Color Code - Black
• Those who cannot be expected to survive even with treatment • Whose vitals are absent and dead

c) *Triage area*

- The triage area has 1 patient gurney

- IT MAY BE USED FOR RESUSCITATION WHEN NEEDED
- One triage area nurses per shift will be dedicated to the triage area patients
- The triaging in EMD is a physician directed triage.
- The triage nurses assist the triage physician in the process.

Triage Criteria and Time Lines

Triage category	Triage criteria	Time lines for Emergency Physician to see the patient
1	All patients in cardiac arrest Any patient with compromised airway, breathing ,circulation GCS < 8,Evidence of obstructed or threatened airway RR- less than 10 or more than 30 Pulse rate- less than 60 or more than 120/min SBP < 90 or >180 mm Hg All poly trauma patients, chest pain, acute stroke, severe sepsis/septic shock	Immediately
2	All patients A,B,C relatively stable but have potential to develop life threatening problems ,all non ambulatory patients with stable vitals	Within 10 minutes

3	A,B,C, vitals are stable, no clinical history suggestive of life threatening /serious medical problem	Within 30 minutes

Work Instructions in Triage area

1) Receive and greet the patient
2) Comfort and reassure
3) Triage nurse documents the vitals and takes the brief presenting history
4) Triage physician prioritizes patients as per needs
5) If the patient is accompanied by a relative/attendant they are directed to the registration counter for patient registration
6) If the patient is non ambulatory, alone, elderly or handicapped a bedside registration is done with the help of EMD executive and front office staff
7) Patient is directed to resuscitation area, treatment area or send for investigations from triage as per the need of the patient's clinical condition
8) The triage nurse documents the vitals on the ER nursing assessment sheet.
9) The triage priority is documented on the ER physician assessment sheet by the emergency physician

Resuscitation Beds

- There are 2 beds dedicated as RESUSCITATION BED'S in the ER triage area. These beds are always kept free to receive priority 1 patients and all the resuscitative equipment like defibrillator, infusion pumps, airway management kit, trauma kit, pediatric kit and ventilator is available around this bed.
- Patients requiring resuscitation are directed to resuscitation bed from the triage room.
- The other beds in treatment room can also be used for resuscitation as all the equipment is on movable trolleys.

Work Instructions for the Resuscitation Bed

- One resuscitation bed should always be kept available to receive any kind of emergency at any point of time
- The resuscitation area will have all the necessary equipment for adult and pediatric resuscitation (equipment list for resuscitation area)
- The charge nurse on shift will be responsible for co-coordinating the nursing aspect of resuscitation
- The charge nurse will mobilize staff from treatment or triage area for resuscitation and if needed will take help of the nursing director for additional manpower

e) *Decontamination Area*

- The ED has a decontamination area next to the entrance

Work Instructions for decontamination area

- All suspected contaminated cases can be directly brought in to the DECON area from the entrance or directed to DECON from the triage desk
- All personnel handling such cases must have appropriate PPE (Personal Protective Equipment) on them
- After thorough decontamination patients are shifted to the Triage / Treatment Room.
- All contaminated clothes and material are segregated and handled as per the hospital infection control/hazmat management policy.

f) *Treatment area (priority 2 &3)*

- The treatment area has 2 patient beds
- 2 of these can also be used as a resuscitation beds

Work Instructions for the Treatment bed:

- Receive the patient from triage
- Reassess the clinical condition of the patient
- Rapidly assess, treat problems related to CAB
- The nurse connects the patient to monitor, oxygen and rechecks the vitals
- The nurse will secure an IV access if asked for by the physician, preferably blood samples should be drawn on the patient at this time
- The Emergency physician will order necessary investigations and provide rapid treatment for the patient.

- The nurse administers the stat medications as ordered by the physician
- The Nurse documents the nursing notes at the appropriate place on regular intervals
- The emergency physician will call upon consultants of appropriate specialty if necessary and carry out the further line of treatment
- The nurse will follow on the investigation reports and document on the chart
- The Emergency physician will document the assessment, investigations, treatment on the initial patient assessment sheet or appropriate sheets for the presenting illness.
- If the patient requires admission the patients attendant / relatives are given the in-patient admission slip and directed to the admissions to complete the formalities
- In cases where there are no relatives / attendants or patient is not fit to be moved the physician will arrange for a bedside registration with the help of executive and front office staff.
- The patient could be admitted, observed, transferred or discharged depending upon the clinical condition and re-evaluation
- For patients staying over two hours in EMD, the dietician is informed by the nurse
- The nurse indents the medicines used for the patient and ensures appropriate billing for all the items
- The maximum duration for which the patient can be observed in EMD is 24 hours,
- Beyond 24 hours the patient is disposed from the EMD with appropriate instructions.
- In case where the observation period extends beyond 24 hours the reason for the delay should be documented on the chart by the on duty emergency physician.