



Triage of Children

Paediatric module 1

Sponsor

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Introductions



General Aims

- Learn in a team setting
- Blend clinical skills with team skills
- Reflect critically on practice

Ground Rules

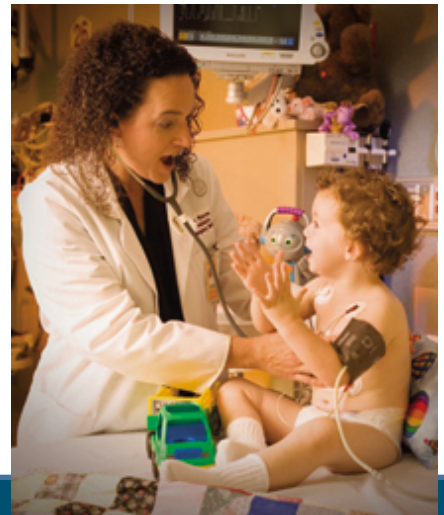
- Participation
- Privacy
- Confidentiality
- Disclaimer
- Debriefing
- Mobile phones

Session Objectives

- Discuss the principles of paediatric emergency care and triage
- Demonstrate use of equipment and tools required for paediatric assessment
- Demonstrate history taking and assessment of a paediatric patient at triage

Paediatric emergency care

- Medical care of infants, children and adolescents
- Mixed EDs see 20-30% paediatric presentations
- Kids are not just small adults
- They come with the family unit



Triage

- Determine the urgency of need for emergency care
- Assess ABC within 2 mins
- Allocate triage within 3-5 mins
- Use Australasian Triage Score



Australasian triage score

- Category 1 – immediate
- Category 2 - < 10 mins
- Category 3 - < 30 mins
- Category 4 - < 1 hour
- Category 5 – within 2 hours



Assessment

- Recognise the potential for a life threatening situation
- Do not disregard parental concerns.
- Assessment includes:
 - Airway
 - Breathing
 - Circulation
 - Disability
 - Fluids in, fluids out
 - Vital signs are vital
- Clinical indicators and red flags



Red Flags

- High risk mechanism of injury
- Co-morbidity
- Age < 3 months
- Preceding events
- Parental concerns
- Social Risk



History



- Requires highly skilled interpersonal and communication skills
 - Polite
 - Professional
 - Reassuring
- Focused history to determine clinical urgency

Paediatric tools & equipment

- Vital signs chart
- Paediatric triage tool
- Age appropriate toys for engagement



Glasgow Coma Scale or PGCS			
	0-3 yrs	Age 4-Adult	
EYES			
4	Open	Open	Open
3	To voice	To voice	To voice
2	To pain	To pain	To pain
1	No response	No response	No response
VERBAL			
5	Coos, babbles	Oriented, speaks, interacts, social	Oriented and alert
4	Irritable cry, consolable	Confused speech, disoriented, consolable	Disoriented
3	Cries persistently to pain	Inappropriate words, inconsolable	Nonsensical speech
2	Moans to pain	Incomprehensible, agitated	Moans, unintelligible
1	No response	No response	No response
MOTOR			
6	Normal, spontaneous movement	Normal, spontaneous movement	Follows commands
5	Withdraws to touch	Localizes pain	Localizes pain
4	Withdraws to pain	Withdraws to pain	Withdraws to pain
3	Decorticate flexion	Decorticate flexion	Decorticate flexion
2	Decerebrate extension	Decerebrate extension	Decerebrate extension
1	No response	No response	No response

Lets Rehearse!

- 2 year old Angie has had a fever for 3 days
- Today she is not taking anything to drink and is very lethargic, last passed urine this morning
- She is alert but quiet in Mum's arms, RR 30, nil work of breathing, HR 140,

What triage category will you give her?



Triage





Summary

- Triage determines clinical urgency for emergency care
- Assessment at *first look* is important
- Listen to the concerns of the parents
- Know what is ‘*normal*’

Acknowledgments

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