# Topic Overview: Triage of Children

## Module P1

Date of last update: April 10th 2013

### Topic overview (Handout)

#### Triage

The term triage is derived from the word "trier", to pick or sort. It was first used in Napoleonic wars of the late 18th century to prioritise medical care. In Australia "The National Triage Scale" (NTS) was implemented in 1993 becoming the first triage system to be used in all publicly funded emergency departments (ED) throughout Australia. In the late 1990's the NTS then underwent refinement & was renamed the Australian Triage Scale (ATS) [1].

Triage is an essential process that underpins the delivery of emergency care. It aids in prioritisation, determining the urgency of need for emergency treatment. The NSW guidelines advise there should be a rapid assessment carried out within 2 mins, and the triage process completed within 10 minutes.

The following table is the ATS categories for treatment acuity & performance thresholds.

| ATS category | Treatment acuity (maximum waiting time) | Performance indicator (%) |
|---|---|---|
| 1 | Immediate | 100 |
| 2 | 10 minutes | 80 |
| 3 | 30 minutes | 75 |
| 4 | 60 minutes | 70 |
| 5 | 120 minutes | 70 |

The five-tiered triage scales have been shown to be a valid & reliable method of categorising people who present to emergency departments.

Triage decision-making is an inherently complex and dynamic process. It requires highly skilled interpersonal and communication skills. The triage nurse has a responsibility to be polite, professional and reassuring whilst eliciting the information required for making a triage decision. The principles of paediatric assessment at triage are the same as those for adult assessment, however, age influences the pattern of presentation, assessment and management, as children are prone to rapid deterioration[2].

History taking in paediatrics relies heavily on the information provided by the parents or care-givers. It is vital not to disregard parental anxiety when triaging children. Parents know their children best and interpreting this

This project was possible due to funding made available by Health Workforce Australia
HealthWorkforce An Australian Government Initiative
NSW Health
Sydney Clinical Skills and Simulation Centre

information will aid the triage nurse in the decision making process. Recognising the potential for a life-threatening situation is the first most important aspect of triage.

A focused history should consider the following

The primary complaint

precipitating event and duration of symptoms

mechanism of injury in trauma

Any risk factors for serious illness or injury, including previous medical history

Children are often frightened of the unfamiliar hospital environment and staff, and of what might happen to them. A key component to paediatric triage is to engage the child, developing rapport and trust in both the child and parents.

Tools to aid paediatric triage include such things as:

- Normal age specific vital signs charts
- Paediatric triage tool
- Age appropriate toys
- Paediatric Glasgow Coma Score
- Paediatric pain tools

So, in summary, paediatric triage requires experienced nurses with well developed interpersonal and communication skills. Using the ATS as a guide the following points should be followed to guide triage decision making:

- Principles of triage
- Assessment at *first look*
- Listen to parents
- ABCD's, Fluids in, Fluids out
- Know what is *'normal''* & *"red flags"*
- Use appropriate equipment to engage & tools to assess

References:

Emergency Triage Education Kit, 2007, Australian Government Department of Health and Ageing

This project was possible due to funding made available by Health Workforce Australia

HealthWorkforce An Australian Government Initiative

NSW Health

Sydney Clinical Skills and Simulation Centre