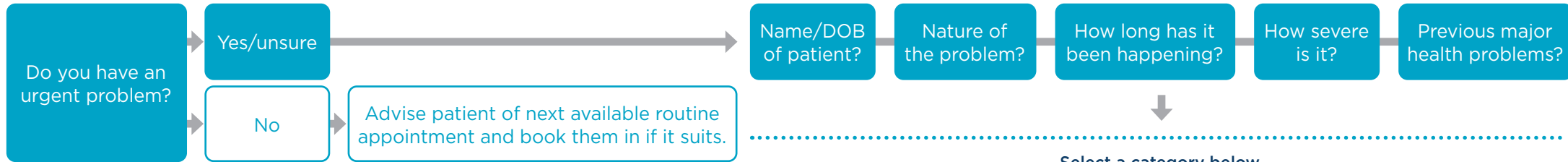


POPGUNS Triage Process

Prioritisation Of Patients: a Guide to Urgency for Non-clinical Staff



Category A

Symptoms:

- » chest pain
- » difficulty breathing
- » altered level of consciousness
- » fitting
- » uncontrollable bleeding
- » spinal injury.

Call 000
Inform GP

If relevant:

- » retrieve patient file
- » inform emergency department (ED)
- » provide information to ED.
 - o Document activity.

Category B

Symptoms:

- » head injury
- » severe allergic reaction
- » persistent or heavy bleeding
- » major burns
- » major injuries
- » bites if unwell.

Go to ED
Inform GP

If relevant:

- » retrieve patient file
- » inform ED
- » provide information to ED.
 - o Document activity.

Category C

Symptoms:

- » extreme psychological distress or patient in danger
- » poisoning
- » heart palpitation
- » eye injuries
- » acute neurological changes including behavioural changes
- » child with lethargy.

Interrupt GP (or nurse)
Inform GP

- » retrieve patient file.
 - o Document activity.

Category D

Symptoms:
(severe pain or other severe symptoms)

- » Pregnancy:
 - o pain or bleeding ruptured membranes
 - o reduced movement
- » abuse or assault
- » visual disturbance
- » patient with extreme concern.

Discuss with GP or nurse as soon as available
Inform GP

- » retrieve patient file.
 - o Document activity.

Category E

Symptoms:

- » Unwell child with persistent:
 - o fever
 - o vomiting
 - o diarrhoea
 - o other symptoms
- » acute rash
- » dehydration risk
- » bleeding
- » eye infections.

Go to surgery now
Inform GP

- » tell patient to call back if symptoms get worse
- » retrieve patient file.
 - o Document activity.

Category F

Symptoms:

- » adult with persistent fever, but otherwise well
- » post-op problems
- » ear infections.

Make an appointment within 24 hours
Inform GP

- » tell patient to call back if symptoms get worse.
 - o Document activity.

Front desk triage

How to manage common scenarios faced by reception staff

Is this an emergency?

When answering the telephone, all callers should be asked if the matter is an emergency prior to being placed on hold. Ask the patient: 'Is this an emergency or can I place you on hold for a moment?'

Consider the triage steps and categories listed on the reverse of this document to assess the patient's status.

Ask the patient (triage steps):

1. Confirm the patient's name and phone number.
2. Does the patient attend the surgery—i.e. does the practice have previous medical records on hand?
3. Location—is the patient at home? Are they alone?
4. Nature of their problem—patient may prefer to speak to the practice nurse or on call doctor.
5. Duration of their symptoms—how long has the patient felt like this?
6. Severity of the problem—on a scale of 1 to 10, how severe is the pain? (If applicable).
7. Any previous major health problems—is the patient on any medication? Do they have any allergies?

On the day emergencies in the clinic

Category A

Patients should immediately be seen by the on call doctor or other medical professional on duty.

Category B

Patients should be directed to the emergency department of their nearest hospital.

Category C

Patients (or patients with worsening symptoms) should be referred to the practice nurse or on call doctor.

Category D

Patients should be advised to attend the clinic immediately and triaged by the practice nurse—they may then be slotted in between appointments or at the end of the session.

Category E

Patients should make an appointment for the day and be advised to call back if symptoms worsen.

Category F

Patients should make an appointment within 24 hours and call back if symptoms worsen.

All emergency cases dealt with by reception are to be recorded in the patient's health record by the staff member concerned, in addition to the clinical notes recorded by the practice nurse or doctor(s) treating the patient.

Scheduling care

Reception staff should reserve a number of unbooked appointment times each day for 'on the day' urgent appointments such as unwell children and the elderly, lacerations, and suspected fractures.

If your practice does not operate on an appointment system, patients should be triaged on walk-in and advised of the expected waiting time to see the doctor, nurse, or Aboriginal health worker.

Where a patient is assessed as in need of urgent medical attention over the telephone, advise the caller to hang up and call 000 immediately for an ambulance.

Where a receptionist is unable to determine the urgency of a telephone call, the patient should be transferred to the practice nurse or on call doctor for triage.

If a patient presents in person and requires urgent medical assistance after the doctor has left, call 000 for an ambulance.

Patients presenting with symptoms of potential communicable diseases

If a patient presents with symptoms such as flu/influenza, measles, chicken pox, etc, the patient should be isolated to a secluded area of the medical practice such as the nurses office. Where possible, a notice of isolation is to be fixed to the door to limit access in this area. Patients with flu-like symptoms should be required to wear a surgical mask.

Clinical staff treating the patient should wear—as a minimum—a surgical mask, gloves, and when collecting nose and/or throat swabs, protective eye wear.

If the patient is bleeding or vomiting, put gloves on before you assist them.

EMERGENCY ACTION PLAN

- » Remain calm and don't panic.
- » Be aware of, and respond to, the safety needs of the emergency.
- » Assess which patient needs to take priority.
- » Deal with any injuries or illness in order of severity.

Call 000 for
ambulance, police,
or fire service.