

Triage



KEMRI | Wellcome Trust

saving children's lives
ETAT+
Emergency Triage Assessment and
Treatment **plus admission**



University of Nairobi



**KENYA
PAEDIATRIC
ASSOCIATION**

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



- Needs Emergency Care
- Airway
 - Breathing (Oxygen)
 - Circulation
 - Consciousness reduced
 - Convulsions
 - Dehydration - severe

Triage



Emergency Care

- TPR
 - 3 T's
 - 3 P's
 - 3 R's
- MOB

- ✓ Tiny - Sick infant aged < 2 months
- ✓ Temperature – very high > 39.5°C
- ✓ Trauma – major trauma
- ✓ Pain – child in severe pain
- ✓ Poisoning – mother reports poisoning
- ✓ Pallor – severe palmar pallor
- ✓ Restless / Irritable
- ✓ Respiratory distress
- ✓ Referral – has an urgent referral letter
- ✓ Malnutrition - Visible severe wasting
- ✓ Oedema of both feet
- ✓ Burns – severe burns

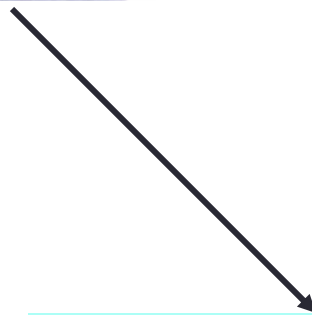
Triage



Emergency Care



Priority Care



Non-urgent - Queue

Who can do triage?

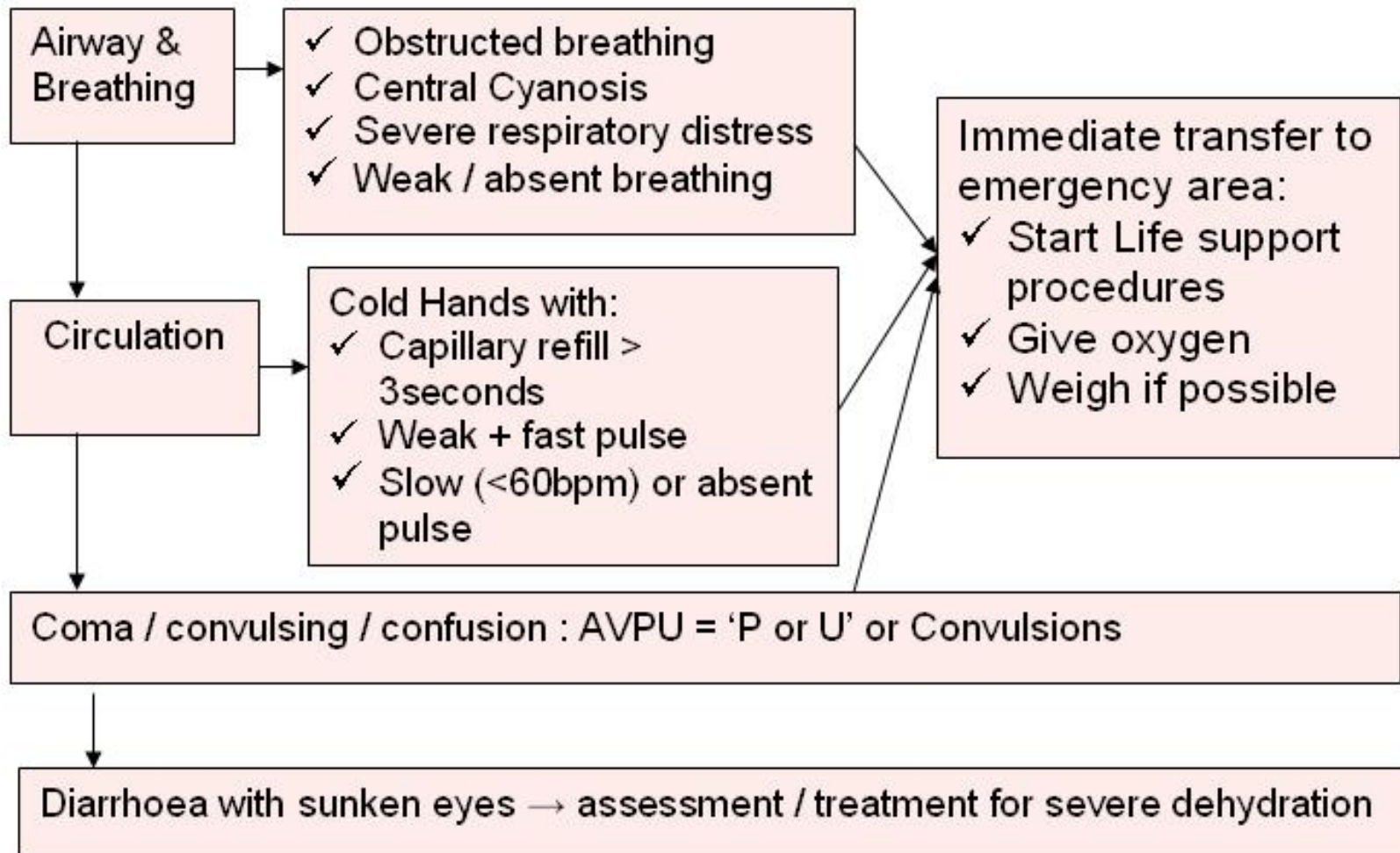
Who can do triage?

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

Emergency Signs – A, B, C, D

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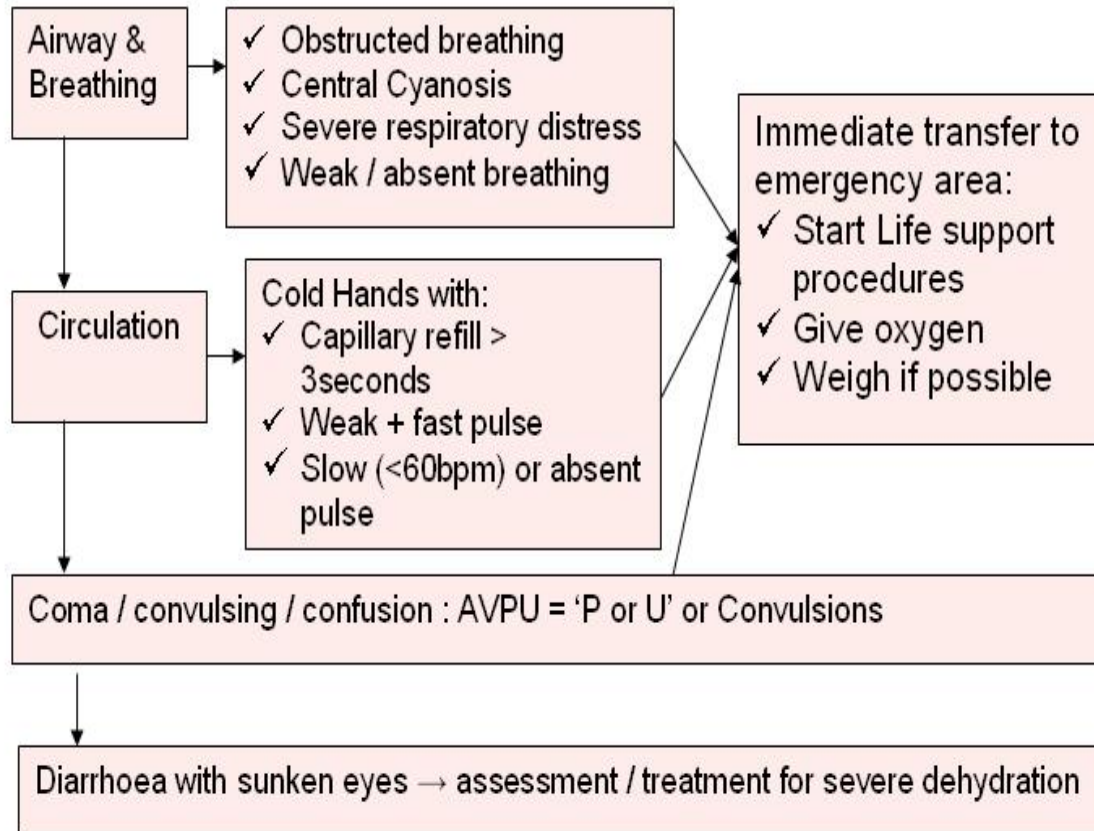
If history of trauma ensure cervical spine is protected.



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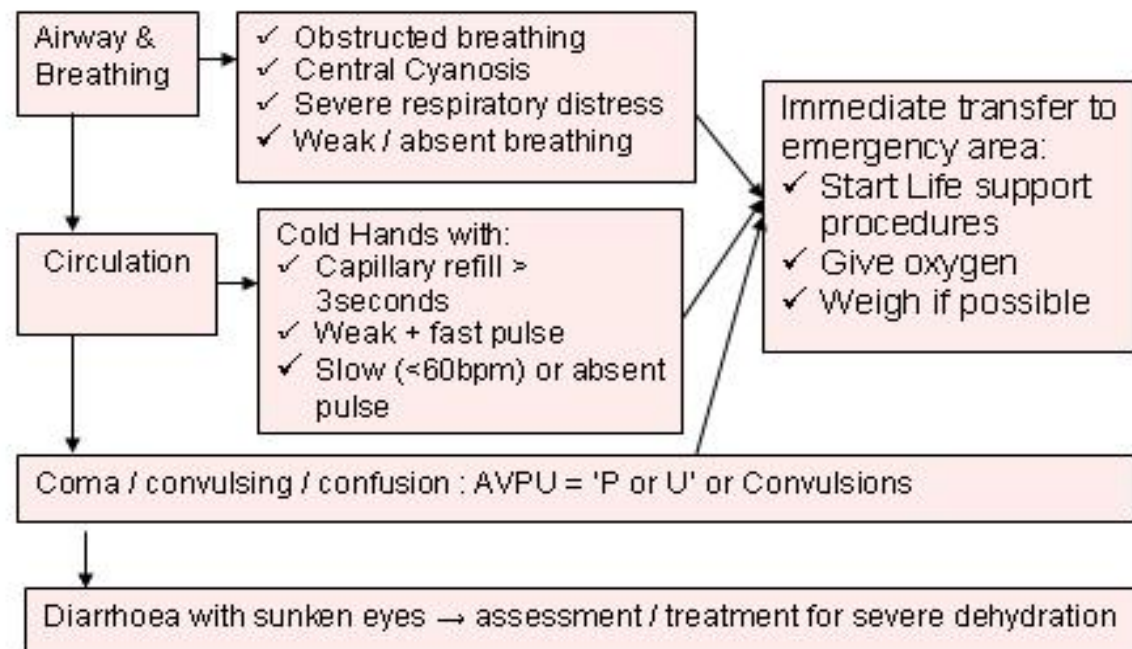


- Immediate Action
- Take to emergency area
- Clinician / Nurse sees **NOW**

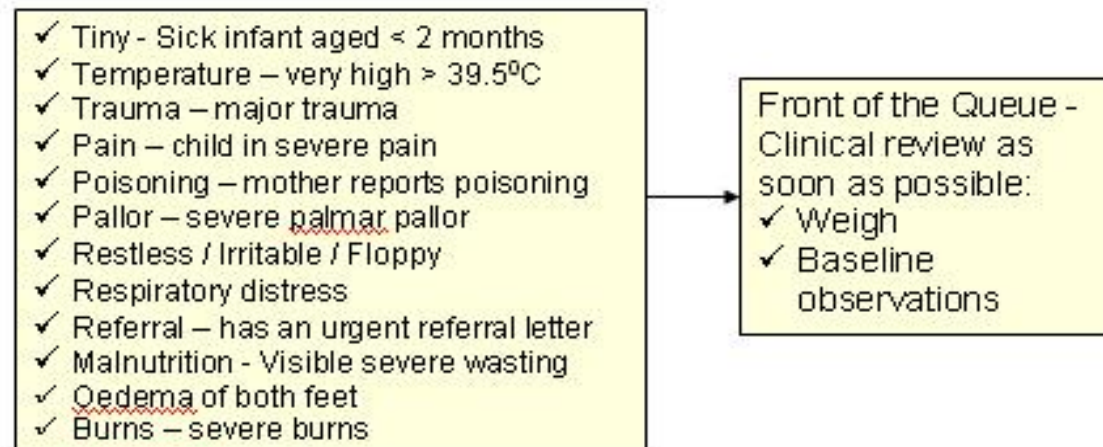
Triage...

Emergency Signs:

If history of trauma ensure cervical spine is protected.



Priority Signs



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
- Departments need to be organised so that emergencies and priorities can be appropriately handled