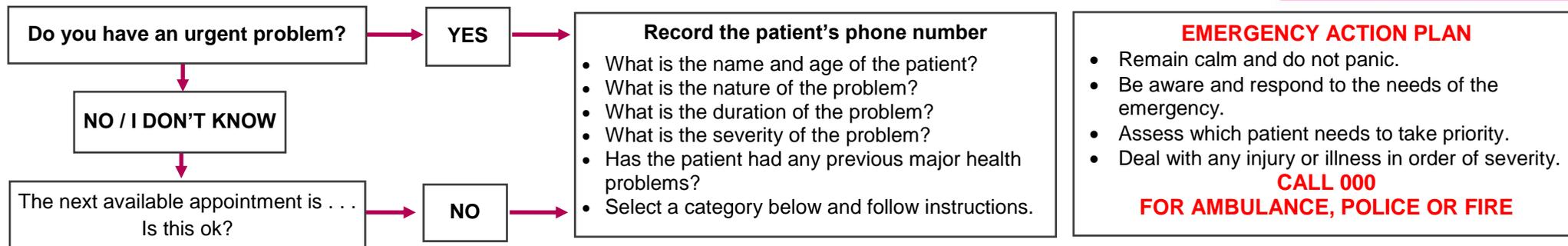


Triage: A guide to urgency for non-clinical staff in general practice for telephone and walk in presentations



Instruction	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6
Practice to ask the patient or caller to describe the problem/s, and categorise accordingly:	<ul style="list-style-type: none"> • Chest pain • Breathing difficulties/trouble talking • Facial swelling and rash • Collapse/altered consciousness • Facial/limb weakness • Extensive burns • Sick patient you have concerns about 	<ul style="list-style-type: none"> • Fitting • Bleeding (heavy or persistent) • Spinal or head injury/trauma • Snake bite • Heart palpitations • In labour/ruptured membranes • Neck stiffness/altered consciousness 	<ul style="list-style-type: none"> • Unable to urinate • Unwell 'floppy' infant • Poisoning/overdose • Eye injuries/chemical in the eye • Pain (severe) • Injured limb/possible fracture 	<ul style="list-style-type: none"> • Unwell child/elder with fever, vomiting, diarrhoea or pain for >24 hours • Pregnancy: pain or bleeding; reduced foetal movement • Abuse or assault • Visual disturbance • Patient or carer with extreme concern • Psychological distress 	<ul style="list-style-type: none"> • Unwell child/elderly with fever, vomiting, diarrhoea or pain for <24 hours • Rash (severe) • Cut/laceration • Severe flu like symptoms 	<ul style="list-style-type: none"> • Adult with fever, but otherwise well • Post op problems • Eye or ear infections/pain • Adult with continuous vomiting and/or diarrhoea for >24 hrs
Tell the caller to:	Call 000	Go to emergency department now	Put call through to nurse/doctor	Come to surgery now Advise the on-call nurse/doctor	Come to surgery today and call back if gets worse	Make an appointment within 24 hours and call back if gets worse
Practice/ Receptionist	Call nurse/doctor for help immediately	Interrupt nurse/doctor immediately	Advise nurse/doctor now	Discuss with nurse/doctor	Inform nurse/doctor within 30 minutes	Inform nurse/doctor
Practice/ Receptionist	Retrieve patient file Document activity	Retrieve patient file Document activity	Retrieve patient file Document activity	Retrieve patient file Document activity	Retrieve patient file Document activity	Retrieve patient file 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? (ie Does the practice have previous medical records to hand?)
3. Location. (*“Are you at home?” “Are you 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 have you felt like this?”*)
6. Severity of their problem. (*“On a scale of 1 to 10 how severe is the pain?”* [if applicable].)
7. Any previous major health problems. (*“Are you on any medication?” “Do you have any allergies?”*)

EMERGENCY ACTION PLAN

- Remain calm and don not panic.
- Be aware and respond to the needs of the emergency.
- Assess which patient needs to take priority.
- Deal with any injury or illness in order of severity.

**CALL 000
FOR AMBULANCE, POLICE OR FIRE**

ON THE DAY EMERGENCIES IN THE CLINIC

- **Category 1** patients should immediately be seen by the on-call doctor or other medical professional on duty.
- **Category 2** patients should be directed to the emergency department of their nearest hospital.
- **Category 3** patients or patients with worsening symptoms should be referred to the practice nurse or on call doctor.
- **Category 4** patients should be advised to attend the clinic immediately and triaged by the practice nurse (may then be slotted in between appointments or at the end of the session).
- **Category 5** patients should make an appointment for the day and be advised to call back if symptoms worsen.
- **Category 6** patients should make an appointment within 24 hours and call back if symptoms worsen.

PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

- Such as ‘influenza(‘flu), measles, chicken pox 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.
- If the patient is bleeding or vomiting, put gloves on before you assist them.

SCHEDULING CARE

- Reception staff should reserve several 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 ambulance.
- Clinical staff treating the patient should wear as a minimum, a surgical mask, gloves and when collecting nose and/or throat swabs, protective eyewear.

All emergency cases dealt with by reception should be recorded by the staff member involved in the patient health record in addition to the clinical notes recorded by the practice nurse or doctor/s treating the patient.