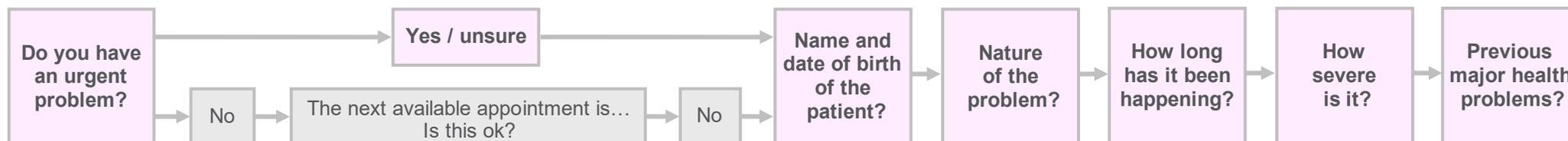


POPGUNS Triage Process

Prioritisation of patients: a guide to urgency for non-clinical staff



Select a category below and follow the instructions.

| Category A | Category B | Category C | Category D | Category E | Category F |
|--|---|---|--|--|---|
| <ul style="list-style-type: none"> Chest pain Difficulty breathing / trouble talking Facial swelling and rash Facial / limb weakness Collapse / altered level of consciousness Extensive burns | <ul style="list-style-type: none"> Fitting Spinal or head injury / trauma Severe allergic reaction Persistent or heavy bleeding Snake bite Heart palpitations In labour / ruptured membranes Neck stiffness / altered consciousness | <ul style="list-style-type: none"> Injured limb / possible fracture Poisoning / overdose Unable to urinate Eye injuries / chemical in the eye Acute neurological changes including behavioural changes Child with lethargy Unwell 'floppy' infant Pain (severe) | <ul style="list-style-type: none"> Unwell child / elderly patient with fever, vomiting, diarrhoea, or pain for > 24 hours Pregnancy pain or bleeding, or reduced movement Abuse or assault Visual disturbances Patient or carer with extreme concern Psychological distress | <ul style="list-style-type: none"> Unwell child with persistent: <ul style="list-style-type: none"> fever vomiting diarrhoea pain for < 24 hours Rash (severe) Dehydration risk Bleeding Cut / laceration Eye infections Severe flu-like symptoms | <ul style="list-style-type: none"> Adult with persistent fever, but otherwise well Post-operation problems Eye or ear infections / pain Adult with continuous vomiting and/or diarrhoea for > 24 hours |
| <p>“Call 000” Call GP / nurse for help immediately</p> <ul style="list-style-type: none"> Retrieve patient file Inform emergency department Provide information to emergency department Document activity | <p>“Go to emergency department now” Interrupt GP / nurse immediately</p> <ul style="list-style-type: none"> Retrieve patient file Inform emergency department Provide information to emergency department Document activity | <p>Put call through to GP or nurse Advise GP / nurse now</p> <ul style="list-style-type: none"> Retrieve patient file Document activity | <p>“Come to the surgery now” Discuss call with GP / nurse</p> <ul style="list-style-type: none"> Retrieve patient file Consider enacting COVID-19 policy / plan if needed Document activity | <p>“Come to the surgery today and call back if it gets worse” Inform GP / nurse within 30 minutes</p> <ul style="list-style-type: none"> Retrieve patient file Consider enacting COVID-19 policy / plan if needed Document activity | <p>Make an appointment within 24 hours “Call back if it gets worse” Inform GP / nurse</p> <ul style="list-style-type: none"> Retrieve patient file Consider enacting COVID-19 policy / plan if needed Document activity |

Front desk triage

Common scenarios faced by reception staff

Is this an emergency?

When answering the phone, 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](#) on page 1 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. (Are you at home? Are you alone?)
4. Nature of their problem. (The 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?)

On-the-day clinic emergencies

Category A: Patients should be seen immediately 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 health records 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 phone, advise the caller to hang up and call 000 immediately for an ambulance.
- Where a receptionist is unable to determine the urgency of a phone 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

- Such as flu/influenza, measles or chicken pox should be isolated to a secluded area of the practice, (e.g. the nurses office). Where possible, a notice of isolation should be fixed to the door to limit access to this area.
- Follow practice guidelines for patients presenting with COVID-19 symptoms.
- Clinical staff treating the patient should wear (as a minimum) a surgical mask, gloves and (when collecting nose and/or throat swabs) protective eyewear.
- If the patient is bleeding or vomiting, put on gloves before you assist them.

Emergency Action Plan

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

Call 000 for ambulance, police or fire service.

WWW.PRACTICEASSIST.COM.AU

WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.
Rural Health West is funded by the Australian Government and WA Country Health Service.

This resource is based on POPGUNS Triage Process documents developed by Adelaide PHN and Country SA PHN. Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice. WA Primary Health Alliance takes no responsibility for any loss, injury or damage arising directly or indirectly following the use of this information. Disclaimer: WA Primary Health Alliance's publications and the material within them are intended for use by health professionals for general information purposes and do not replace clinical decision making. Please read our [full disclaimer](#). While the Australian Government contributed funding for this material it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.