

Triage Position Statement

April 2011

Purpose of document

To define the activities of triage, initial assessment and streaming and indicate the added value of each to the patient pathway in the emergency /urgent care settings.

Triage

Triage is a complex decision making process designed to manage clinical risk. A rapid assessment is made to identify or rule out life/limb threatening conditions to ensure patient safety. This assessment may take the form of a few specific questions selected to rule in or out serious conditions, or include a full initial clinical assessment (see below). The result is the assignation of a priority to the patient thus helping manage workload and ensure the sickest patients are seen first. This process needs to be undertaken by a trained clinician.

Well defined red flag presentations, e.g. crushing chest pain or profuse bleeding may be recognised by non-registered health care workers such as Emergency Department (ED) or Urgent Care Centre (UCC) reception staff who should seek the immediate assistance of a registered clinician (see Appendix 1). Assessing urgency in other presentations is a more complex process, and requires the skills of a trained health care professional.

Initial clinical assessment

This may be a part of triage or may occur subsequently. This requires not only the vital signs to be measured but also includes a brief history and immediate plan of care. This process allows the clinician to start any immediate treatment needed and to order relevant investigations prior to the definitive clinician assessment allowing a faster and more efficient pathway for the patient.

Streaming

Streaming is the process of allocation of patients to specific patient groups and/or physical areas of a department. Streaming adds value by managing queues, and by matching the patient needs to the practitioner so that the right skills are available to the patient at first point of contact.

Triage standard

Triage is a face to face encounter which should occur within 15 minutes of arrival or registration and should normally require less than 5 minutes contact.

Triage should be viewed as a brief intervention - it is not a consultation.

Triage environment

The triage area should not be isolated from the rest of the clinical space and should be equipped with panic/personal safety alarms. It should have more than one entrance which enables easy exit if the safety of staff or well-being of the patient is compromised. The triage environment should be conducive to the exchange of confidential information, and consideration should also be given to visualisation of the waiting environment.

Staff undertaking the triage role

Staff undertaking this role should be registered healthcare professionals experienced in emergency/urgent care who have received specific training and can demonstrate developed interpersonal skills so that they are able to communicate effectively with patients and their families in what is often a stressful situation.

Training

Individual departments should have an agreed and documented triage training process for staff which is auditable.

Competency framework

A broad competency framework for clinical staff undertaking triage is currently being developed for reference as a national guideline. Some elements of the triage process, such as initial recognition of urgency, may be undertaken by an unregistered health worker, e.g. reception staff using clearly defined "red flags" which identify urgency (see Appendix 1).

For this reason non-registered health care workers in emergency settings should have basic training in red flag presentations and how to call for immediate assistance.

Governance/Audit

The triage process should be robust, reproducible, clearly documented and auditable. Triage audit should include time to triage and pain assessment. In addition, triage audit should support national standards, e.g. pain assessment and identification of time-dependant clinical conditions such as cardiac chest pain, stroke thrombolysis and early antibiotic therapy in sepsis.

Post Triage Interventions (analgesia, referral for investigation, streaming)

Local policies should be in place to facilitate early administration of analgesia and referral for investigations such as radiology.

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Appendix 1

Initial Recognition

