GUIDELINES FOR PREHOSPITAL PATIENT TRIAGE

By Catherine V. Cauthorne, RN, EMT
Field Coordinator
Tidewater EMS Council, Inc
Norfolk, Virginia

As technology and associated skills in EMS advance, greater utilization of available facilities and resources are demanded thus impacting the capabilities of an EMS system to provide and sustain optimum care

In this age of patient advocacy, it has become acceptable in many areas to define "medical emergency" as any situation where the victim (or his family) believes to warrant immediate medical attention However, this is not necessarily recognized as a valid definition to an ambulance/rescue agency charged with the responsibility of providing the most expeditious and effective care possible to clients commensurate with the severity of their problem Response time is obviously crucial to the delivery of prehospital EMS Faced with a number of potential and actual cases, the responding agency must delineate, in advance, a system for triaging patients according to treatment priority within the shortest possible time span

In order to determine the status of persons who seek access to an EMS system, a classification system to assess severity is essential Basically, all patients may be divided into three categories

1) **Emergent:** these patients have a life-threatening injury/illness which, if not treated immediately, will result in death or permanent disability Examples include cardiac arrests, hemorrhagic shock and pulmonary edema
2) **Urgent.** these patients have an injury/illness that will require intervention within the next four to eight hours in order to preclude death or permanent disability Examples include incipient congestive failure, open and closed (severe) fractures, and gastrointestinal (GI) bleed patients
3) **Non-urgent.** these individuals require medical attention, but may be treated at convenience due to the lack of urgency Examples include sore throats, earaches, nervous tremors and colds

It must be emphasized that a patient's condition may deteriorate within a very short time span, thus necessitating reevaluation of the initial situation and reassessment of the urgency of treatment If any questions exist in the mind of the evaluator, the patient must be given the benefit of the doubt, with appropriately prompt access to medical care provided.

Determining the initial placement into one of the three categories cited above is primarily a function of the ambulance personnel on the scene, with appropriate consultation with an emergency department (ED) physician via ambulance to hospital communications systems.

Identification of patients in the emergent category may be accomplished by conducting the following assessment

1) Is there real or incipient threat of airway closure or inhibition of breathing?
2) Is there inhibition of the patient's circulation as indicated by inadequate or absent pulse or blood pressure?
3) Is there immediate or incipient threat of exsanguination by active external or internal bleeding?
4) Is the patient unconscious?

While these questions are not totally inclusive as evaluation criteria, a "yes" answer to any of the above indicates the probability of a condition requiring immediate medical intervention either on the scene or in the hospital ER These questions pertain to the status of three systems essential to life, the central nervous system, circulatory system and respiratory system Failure of any of these organ systems to perform will result in death or permanent disability The primary patient assessment performed by ambulance personnel at the scene should provide immediate data for classification of the patient as emergent Again, if there is any doubt the error must be on the side of caution and the patient's well being

If this assessment does not indicate an emergency situation, then the following questions may be asked to ascertain whether the person is classified as urgent

1) Is the person in significant pain with appropriate physiologic changes in pulse blood pressure, etc ?
2) Is a deformity present?
3) Is there a loss of blood volume exceeding one pint?
4) If not treated within a reasonable period of time, will his condition deteriorate to emergent?
5) Is there a significant disruption of normal body functions?

These questions address the status of the patient who requires treatment for a condition affecting optimum function of the body systems, without being immediately life-threatening A majority of ambulance patients will fall into this category

If the answers to these questions are negative, then by elimination the person is considered to be in the non-urgent category However, ambulance personnel should be cautioned against superficial or casual examination of a patient whose presenting complaint may possibly mask the real problem A classic example is the patient who complains of a headache three days after a fall and is dismissed with "take an aspirin," when the real problem is a slow intracranial bleed, which will terminate in death or massive disability unless recognized and treated

It is intellectually and morally obvious that the patient whose condition is most severe should receive priority in treatment, and that time elapsed prior to medical intervention is a crucial factor in reducing morbidity and mortality

When a certain population must be served with a finite amount of resources (i e , ambulances, medical personnel and medical equipment) the establishment of priorities is imperative If treatment of individuals who have sustained a critical injury/illness is delayed due to improper utilization of available resources, the end result will inevitably be higher mortality and morbidity rates, with attendant needless suffering and cost in lives and productivity