

## Triage Children's Emergency Department - Summary Clinical Guideline Derby Only

Reference No: CH CLIN C58

Every Child that attends Children's Accident and Emergency should be assessed by a clinical professional within 15 minutes of arriving into the department (RCPH,2012) and should take no more than 5 minutes to complete.

There are 5 categories (numbered 1-5) which indicate the priority and speed in which a patient should be seen.

Category 1 – Immediate review within 10 minutes – these patients should be seen in Resus,

Category 2 – Very Urgent review within 20 minutes – Consider Resus if necessary

Category 3 – Urgent review within 1 hour

Category 4 – Standard review within 2 hours

Category 5 – Non-Urgent review within 3 hours (Consider streaming to GP service)

### ***Tools used for triage***

**Triage tool** – this was developed from the RCEM standards and identifies the categories that patients should be triaged in depending on their presentation.

**Streaming Tool** – SOP developed to enable nurses to stream patients arriving into CED to the GP co-location service.

**nPEWS** – please see relevant guideline (CH CLIN C32/Aug 19/v003) – using this enable the nurse to categorise the patient depending on their nPEWs score.

nPEWs 0-2 – Category 4

nPEWS low – Category 3

nPEWS medium - Category 2

nPEWS High - Category 2 or 1 (consider resus)

## CED Triage Tool

	1	2	3	4	5	Action/ Considerations
A	Airway compromise Immediate risk to airway Cyanosis/ashen/ blue Witnessed apnoea Poor respiratory effort	Apnoea reported at home Stridor at rest Grunting/drooling	Barking cough No Stridor	No compromise Difficulty swallowing - without any respiratory distress	No compromise	Airway opening manoeuvre to aid breathing High Flow oxygen Do not distress children with airway distress such as suspected FB or croup
B	Respiratory distress Severed recession Sternal recession Oxygen saturations below 85% despite 15litre oxygen Exhaustion	Moderate recession Tracheal Tug Nasal Flaring Head Bobbing Sighing respirations Unable to speak in sentences	Mild to moderate recession Oxygen saturations 93-95% in air Audible wheeze Wheeze treated with o2 and nubuliser by another health care professional	Respiratory rate normal for age of child Oxygen saturations above 95% in air Able to speak in sentences	Normal respiratory rate No increased effort	Recession in over 5 years indicate severe respiratory distress Exhaustion is a pre terminal sign
C	Cardiac arrest Major trauma requiring trauma team activation Tachycardia over 200bpm Pallor HR below 50bpm	Inappropriate tachycardia Caprefit 2-3 secs Pale/mottled Cold extremities	Appropriate tachycardia	Normal Heart rate Cap refill < 2 secs		Consider Sepsis
D	Unresponsive Child Pain score severe after analgesia GCS <13 Weak or high pitched/irritable cry Not responding to parents/carers voice Hypoglycaemic <2mmols Baby stiff to handle / neck stiffness Photophobia	Pain score moderate - severe after analgesia Crying/distressed baby Irritable Hypoglycaemia 2-6mmols Hyperglycaemia 10mmols+ Child very quiet GCS 14 Behavioural/psychiatric - violent / aggressive Active threat to self/others	Moderate limb injury On-going risk of self-harm Agitated/withdrawn Potentially aggressive Child at risk of abuse / suspected NAI Psychiatric/behavioural - very distressed	Bright and alert interacting well Playing Non-specific abdo pain		Observe interactions with parents/carers Give analgesia appropriate for pain score and re-assess Perform blood glucose in vomiting/lethargic child or those with symptoms of diabetes Consider starting a CAMHS risk assessment
E	Non blanching, spreading rash Urticarial rash with airway symptoms		Unexplained fever more than 5 days	Controlled fever in over 1 year No unexplained rashes		Consider Sepsis
nPEWS	Emergency/High	High/Medium	Medium	Low	Low/No score	
Actions / Consideration s	Call help / 2222 Start high flow oxygen Start Sepsis 6 Protocol Continuous monitoring Blood pressure Blood gas	Start oxygen if necessary Blood pressure Finish full triage assessment Commence nursing treatments - analgesia, antipyretics/ local anaesthetic/ urine collection etc Minimum hourly observation Consider blood gas	Prepare for treatment Fluid challenge Local Anaesthetic Urine collection Hourly observations	Normal Healthy child New complaint/acute Health promotion/signposting	Normal Healthy child	