Triage and Treatment in the Emergency Unit <12 Years

**Step 1**

Does the patient have any RED signs?
- Unresponsive
- Airway and breathing
  - Stridor
  - Respiratory distress* or central cyanosis
- Circulation
  - Capillary refill >3 sec
  - Weak and fast pulse
  - Hypotension
  - Cold extremities
- Disability
  - Altered mental status (confused, restless, continuously irritable or lethargic) with stiff neck, hyponatraemia or fever
- Hypoglycaemia (if known)

**Step 2**

**INITIAL 1ST LINE MANAGEMENT: ABCDE APPROACH**

**A** - Airway
- Check for and correct any obstruction to movement of air into the lungs. Provide cervical spine immobilization if needed (trauma only).
- Ask for help early.

**B** - Breathing
- Identify life-threatening conditions and address them immediately before moving on to the next step.
- Gather a SAMPLE history immediately following the ABCDE approach.
- Perform a secondary exam and consider disposition. The ABCDE approach should be repeated whenever a patient’s condition changes.
- If you have intervened in any of the ABCDE categories, monitor closely and consider HANDOVER/TRANSFER to a higher level of care.

**C** - Circulation
- Evaluate whether there is adequate perfusion to deliver oxygen to the tissues; check for signs of life-threatening bleeding.

**D** - Disability
- Assess and protect brain and spine functions. Provide glucose if needed.

**E** - Exposures
- Identify all injuries and any environmental threats and avoid hypothermia.

**REFERENCE CARD**

**INITIAL 1ST LINE MANAGEMENT - ALGORITHM**
- Use the WHO Medical or Trauma Resuscitation Algorithm to guide ABCDE management
- Basic Emergency Care
- Triage and Treatment in the Emergency Unit <12 Years

**Step 3**

**PATIENT DISPOSITION (ADMISSION, DISCHARGE OR REFERRAL)**

- **Admit**
  - Critical Care Unit
  - Operating theatre
  - Ward

- **OPD**

- **Discharge**

- **Transfer/Refer**

**SCREEN** for any disease of public health concern. If suspect or confirmed case, continue the rest of the algorithm in an ISOLATION AREA and wear appropriate Personal Protective Equipment (PPE).

1. Assess risk and benefit of referral.
2. Notify receiving facility of referral. Write name of notified health worker and receiving unit on referral form.
3. Notify Emergency Medical Services (EMS; ambulance team) and provide details of case e.g. oxygen, IV fluids, medications necessary during transport.
4. Perform the pre-transport checklist.
5. Do formal handover of patient and accompanying documentation to ambulance team.

**Check for high-risk vital signs**

- Temperature (T) <36° or >39°
- Oxygen Saturation (SpO2) <92%
- AVPU other than A

- **YES**
  - Does the patient have any high-risk vital signs?

- **NO**

**This is an EMERGENCY case**
- Categorize as RED patient
- Move to Resuscitation Area or RED area
- Initiate first line management within 10 minutes*

**This is an URGENT case**
- Categorize as YELLOW patient
- Move to YELLOW area
- Initiate first line management within 2 hours*

**This is a NON-URGENT case**
- Categorize as GREEN patient
- Move to GREEN area or OPD
- Initiate first line management within 4 hours*

*On according to local time targets

**Signs of respiratory distress**
- Very fast or very slow breathing
- Labile to tachypnea or hypotension
- Nasal flaring, grunting
- Accessory muscle use (e.g., head nodding, chest flattening)

**Ingestion/exposure**
- Use of clinical signs alone may not identify all those who need life-deepening interventions. Patients with high-risk ingestions or exposures should initially be up-triaged to Red for early clinical assessment.

**Major burns**
- (the criteria below refer to partial or full thickness burns)
  - Greater than 15% of body surface area
  - Circumferential or involving face or neck
  - Inhalation injury
  - Any burn in age <2 or age >70

**Threatened limb**
- A patient presenting with a limb that is:
  - Very slow skin pinch
  - Sunken eyes
  - Nasal flaring, grunting
  - Inability to talk, eat or breastfeed

**High risk trauma**
- Road Traffic:
  - High speed or serious collision
  - Pedestrian or cyclist hit by vehicle
  - Other person in same vehicle died or in scene
  - Trapped or thrown from vehicle

**Patients with a bleeding disorder or anticoagulation**

**REMEMBER . . . Always check for signs of trauma, and if present, maintain spinal precautions.