# **POPGUNS triage process**

emergency department

Document activity

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





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Do you have an urgent problem? NO	YES/UNSU		Name and date of birth of the patient?  Nature of the problem	····· has it been ······ s	How severe is it?  Previous major health problems?
<ul> <li>Chest pain</li> <li>Difficulty breathing/ trouble talking</li> <li>Facial swelling and rash</li> <li>Facial/limb weakness</li> <li>Collapse/altered level of consciousness</li> <li>Extensive burns</li> </ul>	<ul> <li>Fitting</li> <li>Spinal or head injury/ trauma</li> <li>Severe allergic reaction</li> <li>Persistent or heavy bleeding</li> <li>Snake bite</li> <li>Heart palpitations</li> <li>In labour/ruptured membranes</li> <li>Neck stiffness/altered consciousness</li> </ul>	<ul> <li>Injured limb/possible fracture</li> <li>Poisoning/overdose</li> <li>Unable to urinate</li> <li>Eye injuries/chemical in the eye</li> <li>Acute neurological changes including behavioural changes</li> <li>Child with lethargy</li> <li>Unwell, 'floppy' infant</li> <li>Pain (severe)</li> </ul>	<ul> <li>Unwell child/elderly patient with:         <ul> <li>fever</li> <li>vomiting</li> <li>diarrhoea</li> <li>pain for more than 24 hours</li> </ul> </li> <li>Pregnancy:         <ul> <li>pain or bleeding</li> <li>reduced movement</li> </ul> </li> <li>Abuse or assault</li> <li>Visual disturbances</li> <li>Patient or carer with extreme concern</li> <li>Psychological distress</li> </ul>	<ul> <li>Unwell child with persistent: <ul> <li>fever</li> <li>vomiting</li> <li>diarrhoea</li> <li>pain for less than 24 hours</li> </ul> </li> <li>Rash (severe)</li> <li>Dehydration risk</li> <li>Bleeding</li> <li>Cut/laceration</li> <li>Eye infections</li> <li>Severe flu-like symptoms</li> </ul>	<ul> <li>Adult with persistent fever but otherwise well</li> <li>Post-operation problems</li> <li>Eye or ear infections/pain</li> <li>Adult with continuous vomiting and/or diarrhoed for more than 24 hours</li> </ul>
<ul> <li>"Call 000"</li> <li>Call GP/nurse for help immediately</li> <li>Retrieve patient file</li> <li>Inform emergency department</li> <li>Provide information to emergency department</li> </ul>	"Go to emergency department now"  Interrupt GP/nurse immediately  Retrieve patient file  Inform emergency department  Provide information to emergency department	Put call through to GP or nurse  Advise GP/nurse now  Retrieve patient file  Document activity	<ul> <li>"Come to the surgery now"</li> <li>Discuss call withGP/nurse</li> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>	"Come to the surgery today and call back if it gets worse" Inform GP/nurse within 30 minutes  Retrieve patient file Consider enacting COVID-19 policy/plan if needed	Make an appointment within 24 hours and "Call back if it gets worse" Inform GP/nurse  Retrieve patient file  Consider enacting COVID-19 policy/plan if needed  Document activity

## Front desk triage

### How to manage common scenarios faced by reception staff



#### IS THIS AN EMERGENCY?

- When answering the telephone, 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 listed on the reverse of this document to assess the patient's status.

#### **ASK THE PATIENT - TRIAGE STEPS**

- 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?).
- Nature of their problem (patient may prefer to speak to the practice nurse or on-call doctor).
- 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 EMERGENCIES IN THE CLINIC**



Patients should immediately be seen by the on-call doctor or other medical professional on duty.



Patients should be directed to the emergency department of their nearest hospital.



Patients or patients with worsening symptoms should be referred to the practice nurse or on-call doctor.



Patients should be advised to attend the clinic immediately and triaged by the practice nurse (may then be slotted in between appointments or at the end of the session).



Patients should make an appointment for the day and be advised to call back if symptoms worsen.



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 telephone, advise the caller to hang up and call 000 immediately for an ambulance.
- Where a receptionist is unable to determine the urgency of a telephone 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 ambulance.

### PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

- Patients with symptoms of diseases such as flu/influenza, measles, chicken pox should be isolated to a secluded area of the medical practice such as the nurses' office. Where possible, a notice of isolation is to be fixed to the door to limit access to this area.
- Follow practice guidelines for patients presenting with COVID-19 like 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 gloves on before you assist them.

#### **EMERGENCY ACTION PLAN**

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

Call 000 for ambulance, police or fire service