Nursing and Residential Triage

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Advanced Life Support Group

Date:_____ Time:_____ Completed by:_____

Patient Name_____ DOB_____ NHS no (if Known) _____

Name of GP practice or referral pathway:_____ 999 or Urgent Care Ref No:_____

Injury

Does the patient have an EoL or CCP in place? ☐

- Airway Compromise ☐
- Shortness of breath ☐
- Shock ☐
- FAS Test positive ☐
- Chest pain ☐
- Currently fitting ☐
- Major haemorrhage ☐
- Vascular compromise ☐
- Significant Mechanism of Injury ☐
- Altered conscious level ☐
- Chemical injury to the eye ☐
- Open fracture ☐
- Severe pain ☐

- Minor Haemorrhage ☐
- Smoke exposure ☐
- Direct trauma to the back ☐
- Deformity ☐
- Unable to use limb ☐
- Has been unconscious ☐
- Recent head injury ☐
- Dizziness prior to a fall ☐
- Facial swelling ☐
- Worrying wound ☐
- Moderate pain ☐

Illness

Does the patient have an EoL or CCP in place? ☐

- Airway Compromise ☐
- Shortness of breath ☐
- Shock ☐
- FAS Test positive ☐
- Chest pain ☐
- Hypoglycaemia ☐
- Currently fitting ☐
- New abnormal pulse ☐
- Altered conscious level ☐
- Oedema to the face and/or tongue ☐
- Vomiting Blood ☐
- Passing fresh or altered blood PR ☐
- Signs of meningism ☐
- Non blanching rash ☐
- Abdominal pain and back pain ☐
- Very hot ☐
- Severe pain ☐

- Headache ☐
- Unable to use limb ☐
- New confusion ☐
- Hot ☐
- Hyperglycaemia ☐
- Dizziness prior to a fall ☐
- Has been unconscious ☐
- Recent head injury ☐
- Persistent vomiting ☐
- Widespread rash or blistering ☐
- Moderate pain ☐

*Refer to End of Life or Community Care Pathway prior to calling 999, ensuring it is signed and in date. If in any doubt – call 999

999 Emergency Vehicle Response

Ambulance to be requested via 999 immediately*

*You will still be required to provide all details to the 999 call taker who will prioritise the call based on the information provided

999 ☐ Other ☐

Further Clinical Assessment required

Contact Urgent or Primary Care for clinical assessment

Urgent/ Primary Care ☐ 111 ☐

Single Point of Access ☐ 999 ☐

☐ Injury — Contact patients own GP, OOH GP, District Nurse if available or Local Primary Care Team — Illness ☐

If the patient has fallen and none of the above discriminators are present, assist patient from the floor using correct lifting aids and manual handling techniques or contact local falls/lifting service for assistance where available

Patient outcome: ED ☐ GP ☐ District Nurse ☐ SPA/Telehealth ☐ Advice only following further clinical assessment ☐ Other ☐

Audit Correct chart ☐ Correct discriminator ☐ Correct outcome ☐

Manchester Triage System

ALSG Centre for Training & Development, 29-31 Ellesmere Street, Swinton, Manchester M27 0LA. Tel: 0161 794 1999

Abdominal pain and back pain – pain in the abdomen that radiates to the back or pain from the back radiating to the abdomen
Airway compromise - An airway may be compromised either because it cannot be kept open or because the airway protective reflexes (that stop inhalation) have been lost. Failure to keep the airway open will manifest itself as snoring or bubbling sounds during breathing
Altered conscious level - Not fully alert; either responding to voice or pain only or unresponsive
Chemical injury to the eye – Any substance splashed or placed into the eye within the last 12 hours that caused stinging, burning or reduced vision should be assumed to have caused a chemical injury
Chest pain – Any pain or discomfort around the chest, may also present as neck, jaw or arm pain
Currently fitting - Patients who are having a grand mal convulsion and patients currently experiencing partial fits fulfil this criterion
Deformity - This will always be subjective. Abnormal angulation or rotation is implied
Direct trauma to the back - This may be top to bottom (loading) for instance when people fall and land on their feet, bending (forward, backwards or to the side) or twisting
Dizziness prior to a fall – if the patient reported feeling dizzy or unwell prior to a fall they may have in fact collapsed rather than falling
Facial swelling - Localised swelling to the face
FAS Test positive - facial drooping, any new weakness to limbs or changes in speech
Has been unconsciousness – A reliable witness who can state the patient was unconscious or if the patient is unable to remember the incident they are assumed to have been unconscious
Headache – Any pain around the head that is not related to a particular anatomical structure. Facial pain is not included
Hot – If the skin feels the hot the patient is said to be hot. A temperature of over 38.5°C is said to be hot
Hyperglycaemia – Glucose greater than 17mmol/l
Hypoglycaemia – Glucose less than 3mmol/l
Major Haemorrhage – A haemorrhage that is not rapidly controlled by the application of sustained direct pressure and in which blood continues to flow heavily or soak through large dressings quickly
Minor haemorrhage - A haemorrhage that is not rapidly controlled by the application of sustained direct pressure and in which blood continues to flow slightly or ooze
Moderate pain – Pain that is bearable but intense
New abnormal pulse – Heart rate of over 100 beats/min or less than 60 beats/min in adults or an irregular rhythm
New confusion – Patients with new onset confusion
Non blanching rash – A rash that does not disappear when pressure is applied (tumbler test)
Oedema to the face and/or tongue - Generalised swelling around the face usually involving the lips or swelling of the tongue of any degree
Open fracture - All wounds in the vicinity of a fracture should be regarded with suspicion. If the wound appears to be over a fracture site and looks to be deep enough for the bone to have reached the skin, then the fracture should be assumed to be open
Passing fresh or altered blood PR – In active massive GI bleeding, dark red blood will be passed PR. As GI transit time increases this becomes darker, eventually becoming malaena
Persistent vomiting – Vomiting that is continuous
Recent head injury – A history of a recent physically traumatic event involving the head. Usually this will be reported by the patient but if the patient has been unconscious this should be sought from a reliable witness
Severe pain - Pain that is unbearable; often described as the worst ever
Shock – Patient may have signs of sweating, pallor, increased heart rate, hypotension and reduced conscious level
Shortness of breath - Shortness of breath that comes on suddenly, or a sudden worsening of chronic shortness of breath
Significant mechanism of injury – Has the patient fallen from any height or down stairs? Consider location of pain/injury and frailty of the patient
Signs of meningism – Classically a stiff neck together with headache and photophobia
Smoke Exposure - Smoke inhalation should be assumed if the patient has been confined in a smoke filled space. Physical signs such as oral or nasal soot are less reliable but significant if present
Special risk of infection – a patient with an illness or on treatment which lowers the immune system for example on chemotherapy)
Unable to use limb – This could be due to pain, injury or neurological deficit
Vascular compromise - There will be a combination of pallor, coldness, altered sensation and pain to the injured limb
Very Hot – Temperature of 41 or above
Vomiting blood – Vomited blood may be fresh (bright or dark red) or coffee ground in appearance
Widespread rash or blistering – Any rash or blistering eruption covering more than 10% of the body surface area
Worrying Wound – A wound that may require cleaning or closure; contaminated wounds; wounds involving glass; puncture wounds especially from animal or human bites (consider wounds to the hand caused by a persons teeth following a punch injury), as these may require antibiotics; any wound over a possible fracture site which may indicate an open fracture.

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