

ESI Triage

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Emergency Department Stats

In 2016

- 145.6 million ED visits
- 42.2 million injury-related visits
- 12.6 million result in hospital admission
- 2.2 million result in critical care admission
- 39.0% patients seen in < 15 minutes

Objectives

- Define categories of ESI triage
- Identify components of pediatric triage assessment
- Verbalize importance of re-triage
- Be able to apply nursing process when analyzing triage case scenarios



What is Triage

- New trends
- Same goals
 - Quick identification of patients who need immediate care
 - Right patient, right resources, right time
 - Maximize throughput
 - Facility ambassador

PEDIATRIC CONSIDERATIONS



GENERAL



AIRWAY



BREATHING



CIRCULATION



NEURO



EXPOSURE

PEDIATRIC CONSIDERATIONS



EDUCATION



APPROACH



FAMILY CENTERED CARE



EQUIPMENT



SAFETY



RESOURCES

Standardized Approach

01 ACROSS-THE-ROOM ASSESSMENT

PAT

02 ABCDE

ASSESSMENT

03 PERTINENT HISTORY

PAST MEDICAL HISTORY

HISTORY OF ILLNESS/INJURY

04 VITAL SIGNS

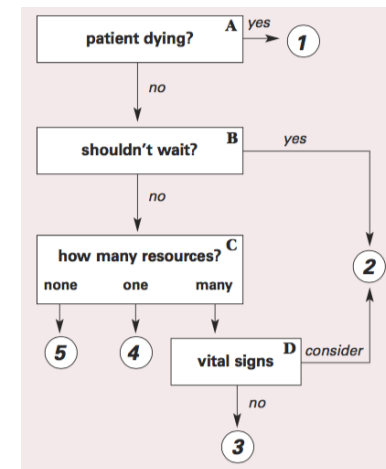
PEDIATRIC PATIENTS HAVE THEM

05 FEVER

HYPO/HYPER THERMIA

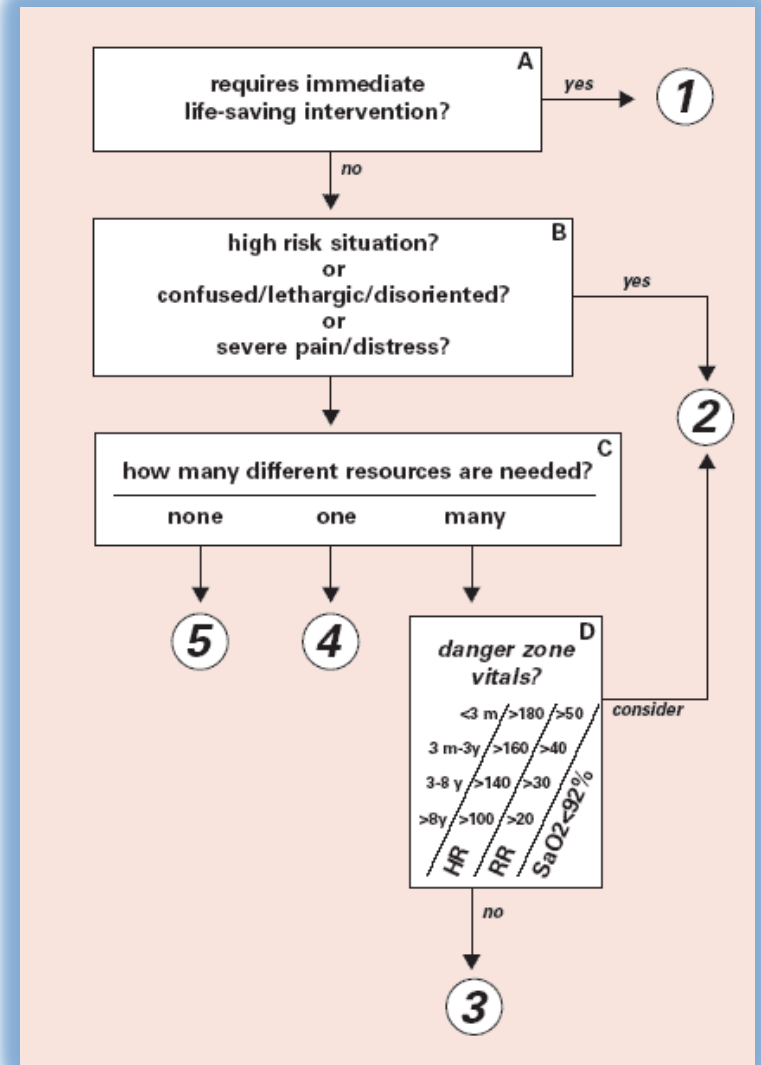
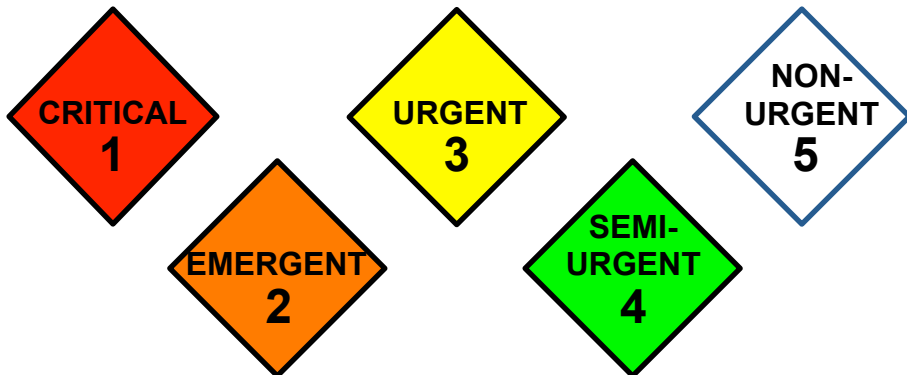
06 PAIN

ASSESS IT & ADDRESS IT



Emergency Severity Index

- 1 LIFE THREATENING (PAT)
- 2 HIGH RISK (RED FLAGS)
- 3 RESOURCES
- 4 DANGER ZONE VITALS



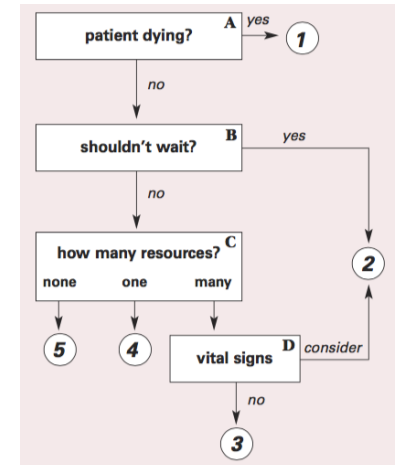
COMPONENT 1

PEDIATRIC ASSESSMENT TRIANGLE



ACROSS THE ROOM ASSESSMENT

- VENTILATION
- PERFUSION
- VENTILATION/PERFUSION
- SICK, SICKER, SICKEST
- TRAVEL/ISOLATION



RED FLAGS



RESPIRATORY



CIRCULATORY



NEURO



GI/GU



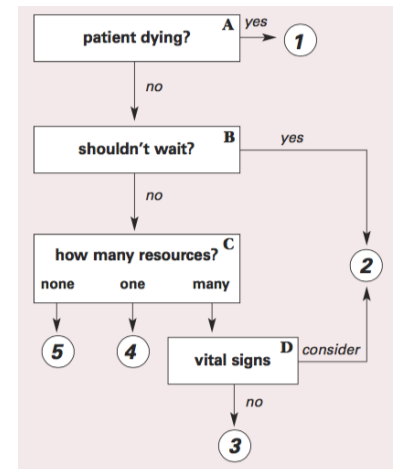
METABOLIC



ENVIRONMENTAL



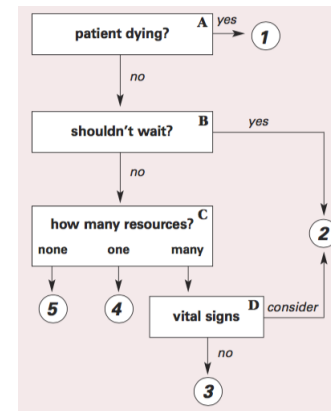
ORTHO



COMPONENT 2 ASSESSMENT



—
ABCDE
+
FOCUS



UNDERSTANDING RESOURCES

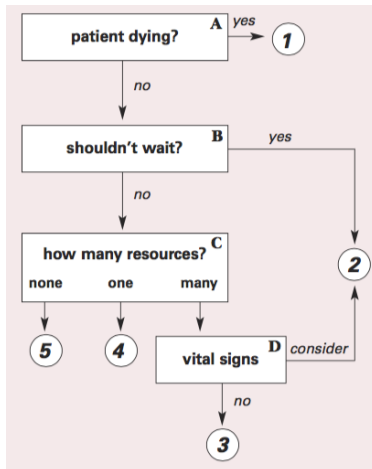
Resources	Not Resources
Laboratory (blood, urine, CSF, etc.)	History & physical (including pelvic, eye, & ear exams)
ECG X-rays CT-MRI-ultrasound angiography	Point-of-care testing
IV fluids (hydration)	Saline or heplock
IV, IM or nebulized medications	PO/PR/GT/JT medications Tetanus immunization Prescription refills
Specialty consultation (MSW)	Phone call to PCP
<u>Simple procedure</u> = 1 simple lac repair, splint formation/casting <u>Complex procedure</u> = 2 moderate sedation, chest tube, LP	Simple wound care (dressings, rechecks) Crutches, pre-formed splints, Cast check



COMPONENT 3 PERTINENT HISTORY



PAST MEDICAL HISTORY
+
HISTORY ILLNESS/INJURY

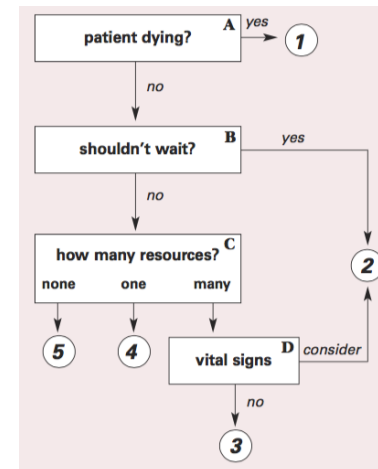


COMPONENT 4 VITAL SIGNS



Danger Zone Vitals

<3 Months	>180	>50	SaO₂ < 92%
3 Months - 3 Years	>160	>40	
3 - 8 Years	>140	>30	
> 8 Years	>100	>20	
	HR	RR	





COMPONENT 5 TEMPERATURE

Age-Temperature ESI level

- 1 - 28 days Fever over 100.4° F (38.0° C) **Level 2**
- 1 - 3 months Fever over 100.4° F (38.0° C) **Consider 2**
- 3 - 36 months Fever over 102.2° F (39.0° C) **Consider 3**
If incomplete immunizations, no obvious source of infection

UNDER 28 DAYS (HYPO/HYPER)

IMMUNOSUPRESSED

FUO

IMMUNIZATION STATUS

COMPONENT 6 PAIN

Wong-Baker FACES™ Pain Rating Scale

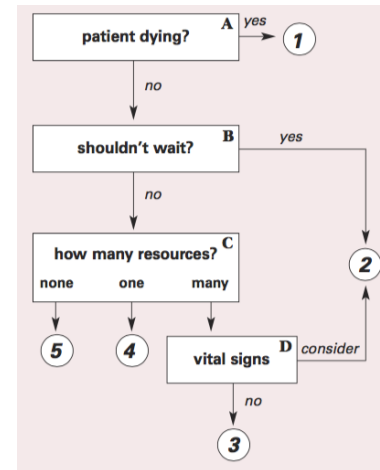


VALIDATED PAIN SCALE

NON-PHARMACOLOGICAL INTERVENTIONS

PHARMACOLOGICAL INTERVENTIONS

FAMILY SUPPORT

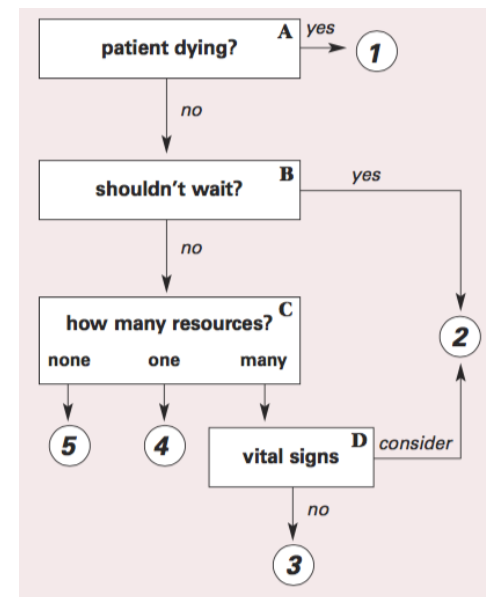


COMPONENT 7*

RE-TRIAGE/REASSESS



- POLICY & PROCEDURES
- REEVALUATE
- CONCERNS/QUESTIONS
- PEDS-FRIENDLY ENVIRONMENT
- SUPPORT
 - STAFF
 - LANGUAGE
 - SECURITY



ESI CASE REVIEW

- PAT
- ABCDE +
FOCUSED
ASSESSMENT
- PERTINENT
HISTORY
- VITAL SIGNS
- FEVER
- PAIN

