

Emergency Triage Assessment and Treatment (ETAT)

World Health Organization

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Introduction

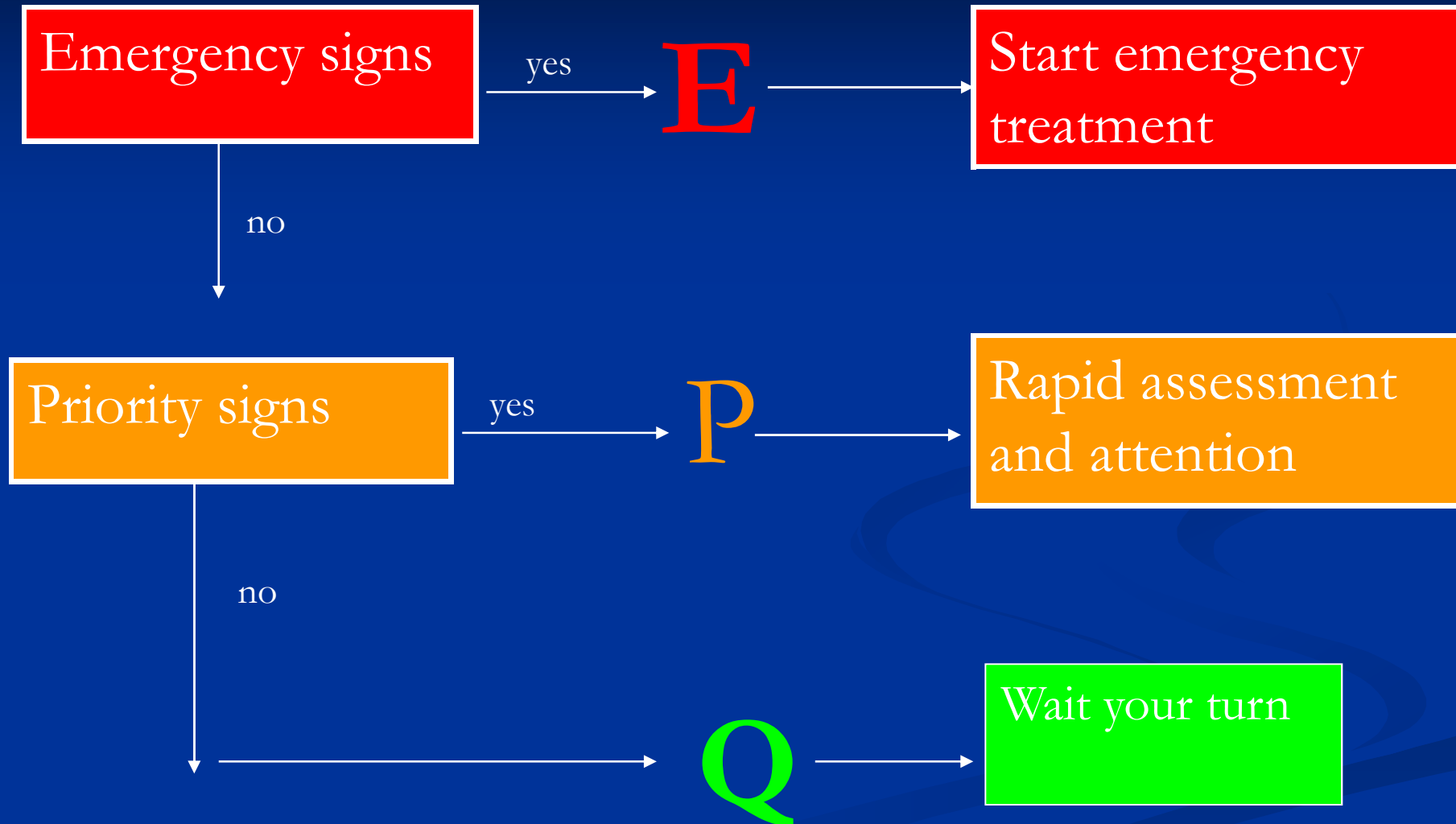
- Many deaths in hospital occur within 24 hours of admission
- Some of these deaths can be prevented if very sick children are quickly identified on their arrival and treatment is started without delay
- In many hospitals children are not checked before a senior health worker examines them; as a result, some seriously ill patients have to wait a very long time before they are seen and treated

Triage

Sorting of patients into priority groups according to their need and the resources available

Triage is the process of rapidly examining all sick children when they first arrive in hospital in order to place them in one of the following categories ...

TRIAGE



Who should triage?

- All clinical staff involved in the care of sick children
- If possible, all such staff should be able to give initial emergency treatment
- In addition, people such as gatemen, record clerks, cleaners, janitors who have early patient contact should be trained in triage for emergency signs and should know where to send people for immediate management

The ABCD concept

A

B

C

D

The ABCD concept

- A ■ Airway
- B ■ Breathing
- C₁ ■ Circulation
- C₂ ■ Coma
- C₃ ■ Convulsion
- D ■ Dehydration (severe)

Airway and Breathing

A

- Not breathing
- Central cyanosis
- Severe respiratory distress:

B

- Very fast breathing
 - Severe lower chest wall indrawing
 - Use of auxiliary muscles
 - Head nodding
 - Inability to feed
-
- If yes, is the breathing obstructed?
 - Check for head / neck trauma before treating the child

Circulation

A

- Cold hand with:
 - Capillary refill longer than 3 seconds, and
 - Weak and fast pulse

C₁

- Check for severe malnutrition

Coma and Convulsion

A

- Coma or
- Convulsing (now)

C₂

C₃

- **AVPU scale:**
 - **A** – **A**lert
 - **V** – Responding to **V**oice
 - **P** – Responding to **P**ain
 - **U** – **U**nresponsive / **U**nconscious

Dehydration (severe)

A

- Diarrhoea plus any two of these:
 - Lethargy
 - Sunken eyes
 - Very slow skin pinch

D

Emergency signs

If the child has **any sign** of the ABCD, it means the child has an emergency “E” sign and **emergency treatment** should start **immediately**

Priority signs

3TPR MOB

Priority signs

- **T**iny baby: < 2 months
- **T**emperature
- **T**rauma or other surgical condition
- **P**allor (severe)
- **P**oisoning
- **P**ain (severe)
- **R**espiratory distress
- **R**estless, continuously irritable or lethargic
- **R**eferral (urgent)
- **M**alnutrition
- **O**edema of both feet
- **B**urns

Priority signs

If the child has any priority “**P**” signs, it means the child should be put at the **front** of the queue to be **rapidly assessed** and **treated without delay**

Queue (non-urgent)

If a child has no emergency or priority signs, it means the child can **wait** his/her turn in the queue for assessment and treatment

THE END

Thanx