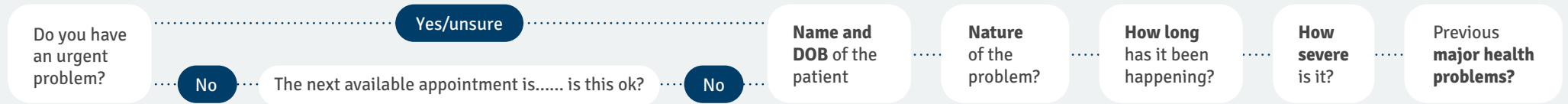


# POPGUNS Triage Process

Prioritisation of Patients: a Guide to Urgency for Non-clinical Staff



Select a category below and follow instructions

A	B	C	D	E	F
<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>Unwell child / elderly patient with:                             <ul style="list-style-type: none"> <li>Fever</li> <li>Vomiting</li> <li>Diarrhoea</li> <li>Pain for &gt; 24 hours</li> </ul> </li> <li>Pregnancy:                             <ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>Unwell child with persistent:                             <ul style="list-style-type: none"> <li>Fever</li> <li>Vomiting</li> <li>Diarrhoea</li> <li>Pain for &lt; 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 style="list-style-type: none"> <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 diarrhoea for &gt; 24 hours</li> </ul>
<p><b>“Call 000”</b></p> <p>Call GP / nurse for help immediately</p> <ul style="list-style-type: none"> <li>Retrieve patient file</li> <li>Inform ED</li> <li>Provide information to ED</li> <li>Document activity</li> </ul>	<p><b>“Go to Emergency Department now”</b></p> <ul style="list-style-type: none"> <li>Interrupt GP / nurse immediately</li> <li>Retrieve patient file</li> <li>Inform ED</li> <li>Provide information to ED</li> <li>Document activity</li> </ul>	<p><b>Put call through to GP or Nurse</b></p> <ul style="list-style-type: none"> <li>Advise GP / nurse now</li> <li>Retrieve patient file</li> <li>Document activity</li> </ul>	<p><b>“Come to the surgery now”</b></p> <ul style="list-style-type: none"> <li>Discuss call with GP / nurse</li> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>	<p><b>“Come to the surgery today and call back if it gets worse”</b></p> <ul style="list-style-type: none"> <li>Inform GP / nurse within 30 minutes</li> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>	<p><b>Make an appointment within 24 hours and “Call back if it gets worse”</b></p> <ul style="list-style-type: none"> <li>Inform GP / nurse</li> <li>Retrieve patient file</li> <li>Consider enacting COVID-19 policy/plan if needed</li> <li>Document activity</li> </ul>

# 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):

1. 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—is the patient at home? Are they alone?
4. Nature of their problem—patient may prefer to speak to the practice nurse or on call doctor.
5. Duration of their symptoms—how long has the patient felt like this?
6. Severity of the problem—on a scale of 1 to 10, how severe is the pain? (If applicable).
7. Any previous major health problems—is the patient on any medication? Do they have any allergies?

## 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

## On the day emergencies in the clinic

### Category A

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

### Category B

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

### Category C

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

### Category D

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

### Category E

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

### Category F

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's health record 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 an ambulance.

## Patients presenting with symptoms of potential communicable diseases

If a patient presents with symptoms such as flu/influenza, measles, chicken pox, etc., the patient 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 in this area. Patients with flu-like symptoms should be required to wear a surgical mask.

Clinical staff treating the patient should wear—as a minimum—a surgical mask, gloves, and when collecting nose and/or throat swabs, protective eye wear.

If the patient is bleeding or vomiting, put gloves on before you assist them.