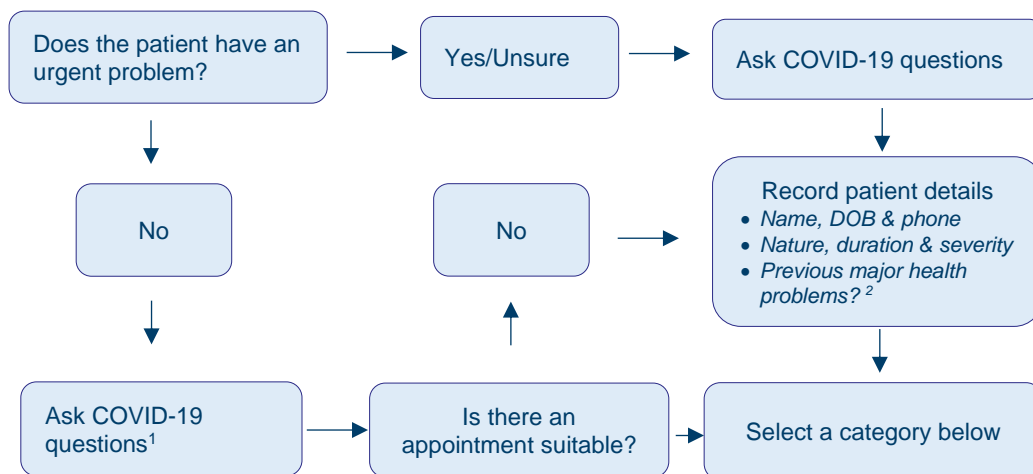


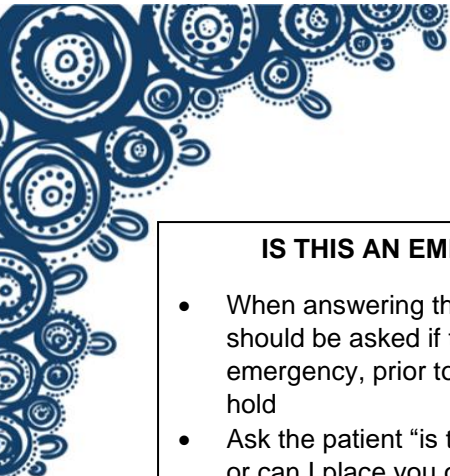
# POPGUNS Triage Process: Prioritisation of Patients- A Guide to Urgency for Non-Clinical Staff



- 1 COVID-19 suggested questions**
- Do you have any cold or flu like symptoms?
  - Have you been tested for COVID-19 & waiting for results?
  - Have you been to a designated hot spot /or an exposure site within the last 14 days?
  - Have you been in contact with a person who has tested positive for COVID-19?
  - Have you, family member or a person living with you been directed by Public Health to quarantine/isolate?
  - Have you been vaccinated for COVID-19, when?

- 2 Important considerations:**
- Does the patient have any serious illnesses, disabilities or palliative care needs?
  - Consent for ambulance/transfer of records
  - Document times, names, category, and advice
  - Elevate category if in doubt
  - Can the patient safely drive?
  - COVID-19 plan implementation

1	2	3	4	5	6
<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Breathing difficulties/trouble talking</li> <li>• Collapse/altered consciousness</li> <li>• Facial/limb weakness</li> <li>• Extensive burns</li> <li>• Sick patient you have concerns about</li> </ul>	<ul style="list-style-type: none"> <li>• Fitting</li> <li>• Bleeding (heavy/persistent)</li> <li>• Spinal/Head injury/trauma</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>• Unable to urinate</li> <li>• Unwell infant</li> <li>• Poisoning/Overdose</li> <li>• Eye injury/chemicals in eye</li> <li>• Pain (severe)</li> <li>• Injured limb/possible fracture</li> </ul>	<ul style="list-style-type: none"> <li>• Unwell child/elderly person with fever, vomiting, diarrhoea or pain for &gt;24 hours</li> <li>• Pregnancy (pain, bleeding, or reduced movement)</li> <li>• Abuse or assault</li> <li>• Visual disturbance</li> <li>• Patient or carer with extreme concern</li> <li>• Psychological distress</li> </ul>	<ul style="list-style-type: none"> <li>• Unwell child/elderly person with fever, vomiting, diarrhoea or pain for &lt;24 hours</li> <li>• Rash (severe)</li> <li>• Cut/Laceration</li> <li>• Severe flu-like symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Adult with fever, but otherwise well</li> <li>• Post-op problems</li> <li>• Eye/ear infections/pain</li> <li>• Adult with continuous vomiting and/or diarrhoea for &gt;24 hours</li> </ul>
Call 000	Go to Emergency Department now	Put call through to GP/Nurse now	Come to surgery now	Come to surgery today Call back if it gets worse	Appt within 24 hours Call back if it gets worse
Call GP/Nurse for help immediately Document activity	Interrupt GP/Nurse immediately Document activity	Advise GP/Nurse now Consider enacting COVID-19 policy/plan Document activity	Discuss with GP/Nurse Consider enacting COVID-19 policy/plan Document activity	Inform GP/Nurse Consider enacting COVID-19 policy/plan Document activity	Inform GP/Nurse Consider enacting COVID-19 policy/plan Document activity



# POPGUNS Triage Process: Prioritisation of Patients- Front Desk Triage

## ON THE DAY-EMERGENCIES

### IS THIS AN EMERGENCY?

- When answering the telephone 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”
- Consider the triage steps on the reverse of this document to assess the patient’s status

### ASK THE PATIENT-TRIAGE STEPS

- Confirm the patient’s name, date of birth and phone number
- Is the caller an existing patient of the practice?
- Where is the patient? Is the patient alone?
- Nature and severity of the problem (you may wish to transfer the call to a clinical team member)
- Duration of patient’s symptoms

### 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

Category 1	
Patient in the practice	Patient phoning the practice
Patient should immediately be seen by the GP or Nurse and call 000	Call 000
Category 2	
Patient should immediately be seen by the GP or Nurse and call 000 or be directed to the nearest emergency department	Patient should be referred to the GP or Nurse
Category 3	
Patient with worsening symptoms should be referred to the Nurse or GP	Patient with worsening symptoms should be referred to the Nurse or GP
Category 4	
Patient should be triaged by the Nurse or GP (may then be slotted in between appointments if necessary)	Patient should be triaged by the Nurse (may then be slotted in between appointments)
Category 5	
Patient should be seen on the day	Patient should make an appointment for the day and call back if symptoms worsen
Category 6	
Patient should make an appointment within 24 hours and contact practice if symptoms worsen	Patient should make an appointment within 24 hours and contact practice if symptoms worsen

*All emergency cases dealt with by reception staff should be recorded in the patient health record by the staff member concerned in addition to the clinical notes recorded by the Nurse or GP treating the patient.*

### SCHEDULING CARE

- Where a patient is assessed as in need of urgent medical attention over the phone, advise the caller to hang up and dial 000
- Reception staff should reserve appointments times each day for “on the day” urgent appointments such as unwell children & the elderly, lacerations & suspected fractures
- If your patient does not have an appointment system, patients should be triaged on walk in & advised of the expected waiting times
- Where a receptionist is unable to determine the urgency of a telephone call, the patient should be transferred to the Nurse or a GP
- If a patient presents in person and requires urgent medical assistance – call 000 for the ambulance

### PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

If a patient presents with symptoms of flu/influenza, COVID-19, measles, chicken pox etc., the patient should be isolated to a room in the practice (for example, the nurse’s office). Where possible a notice of isolation should be fixed to the door to limit access the area. Alert a GP or Nurse and follow practice guidelines.

Have gloves handy at reception in case a patient is bleeding or vomiting put gloves on before assisting them.