



Triage on the Wards

National Pediatric Nighttime Curriculum

Written by Becky Blankenburg, MD, MPH

Lucile Packard Children's Hospital, Stanford





Objectives

1. To refine your own system for triaging pages and phone calls at night.
2. To identify ways of proactively improving your triage abilities.
3. To help learners struggling with appropriately triaging tasks.

Triage

Definition:

- “A process for sorting injured [or sick] people into groups based on their need for or likely benefit from immediate medical treatment. Triage is used in hospital emergency rooms, on battlefields and disaster sites, [and at night] when limited medical resources must be allocated.”

- American Heritage Dictionary



Triage

- Derived from the French word *trier*, meaning “to sort”
- First used by the chief surgeon of Napoleon’s army (Dominique-Jean Larrey) in the early 19th century
- First published report of civilian ED triage in 1966





Case 1

You are the intern on-call and simultaneously receive the following 5 pages. How do you prioritize them? What do you do?

1. “Josh has bad abdominal pain.”
2. “Sophia’s mom just arrived from work and would like to hear how she is doing.”
3. “Dr. Smith (Zach’s private physician) just called and is upset that you didn’t start him on Ceftriaxone. He would like a call back immediately.”
4. “Molly [12 with pre-B cell ALL just admitted with fever and neutropenia] has a blood pressure that’s 70/30.”
5. “Alex is breathing harder. Would like to start Albuterol.”



General Principles to Improve Ability to Triage on the Wards

- What do you do?
- How can you help others improve their ability to triage?



General Principles to Improve Ability to Triage on the Wards

- Get good sign-out
- Check on sicker patients at beginning of shift
- Anticipate how patients will get sicker and what you will do in response
- Look/ask for trends
 - Trends in vitals, trends in pain, etc



General Principles to Improve Ability to Triage on the Wards cont

- Check-in with each other
- Know your resources ahead of time (physicians in-hospital (and outside), nurses, respiratory therapists, etc)



General Principles to Improve Ability to Triage on the Wards cont

- Communicate delays/concerns to your attending
 - Some delays can lead to poor patient outcomes (and your attendings can be helpful mobilizing resources, if they know)
- Communicate delays to families and nurses (when possible)
 - Most people are remarkably understanding if they just have appropriate expectations



Case 2

You are the nighttime senior resident and receive several calls from nurses that they are concerned that your intern isn't returning her pages. You have noticed that your intern tends to have a "deer in the headlights" look when receiving new information and has a hard time multitasking.

What can you do to help your intern prioritize and multitask?



How to Help Learners Who Are Having a Hard Time Triaging

- Share organizational strategies with the intern.
- Practice making “To Do” lists.
- Discuss how quickly pages need to be returned.
- Discuss how helpful it can be to set appropriate expectations.
 - eg, “It will take me an hour to review that chest x-ray.”
- Discuss strategies for triaging duties (as discussed on prior slides).
- Check in with the intern periodically.



When to Escalate Care: Calling Rapid Responses or Codes

What's the difference between Rapid Response Teams and Code Teams?

- Varies from hospital to hospital
- General differences include
 - Different team members
 - Different response times

Rapid Response Teams

- Rapid Response Teams are usually composed of one of the following groups:
 - PICU RN and RT
 - PICU RN, RT, PICU Attending/Fellow
 - PICU RN, RT, Hospitalist Attending/Fellow
 - PICU RN, RT, PA
- Slightly Slower Response Time





Code Teams

- Code Teams usually include all of the following:
 - PICU Attending/Fellow or Hospitalist
 - PICU RN
 - PICU RT
 - +/- Pharmacist
- Faster Response Time



Take Home Points

1. Take proactive steps to aid you in triaging pages and phone calls at night.
2. Pay attention to the learners you are supervising and help them to appropriately triage their tasks.
3. Know who and what your resources are at night.
4. Remember that there is always back-up – even if it means bringing in a fellow or attending from home.



References

- Schmitt BD, Thompson DA. Triage Documentation: Setting a Best Practice. <http://www.answerstat.com/articles/5/42.html>, 2005.
- Sharek P, et al. Effective of a Rapid Response Team on Hospital-wide Mortality and Code Rates Outside the ICU in a Children's Hospital. JAMA, 298(19): 2267-2274, 2007.
- Thompson T, Stanford K, Dick R, Graham J. Triage Assessment in Pediatric Emergency Departments: A National Survey. Ped Em Care, 26(8):544-548, 2010.