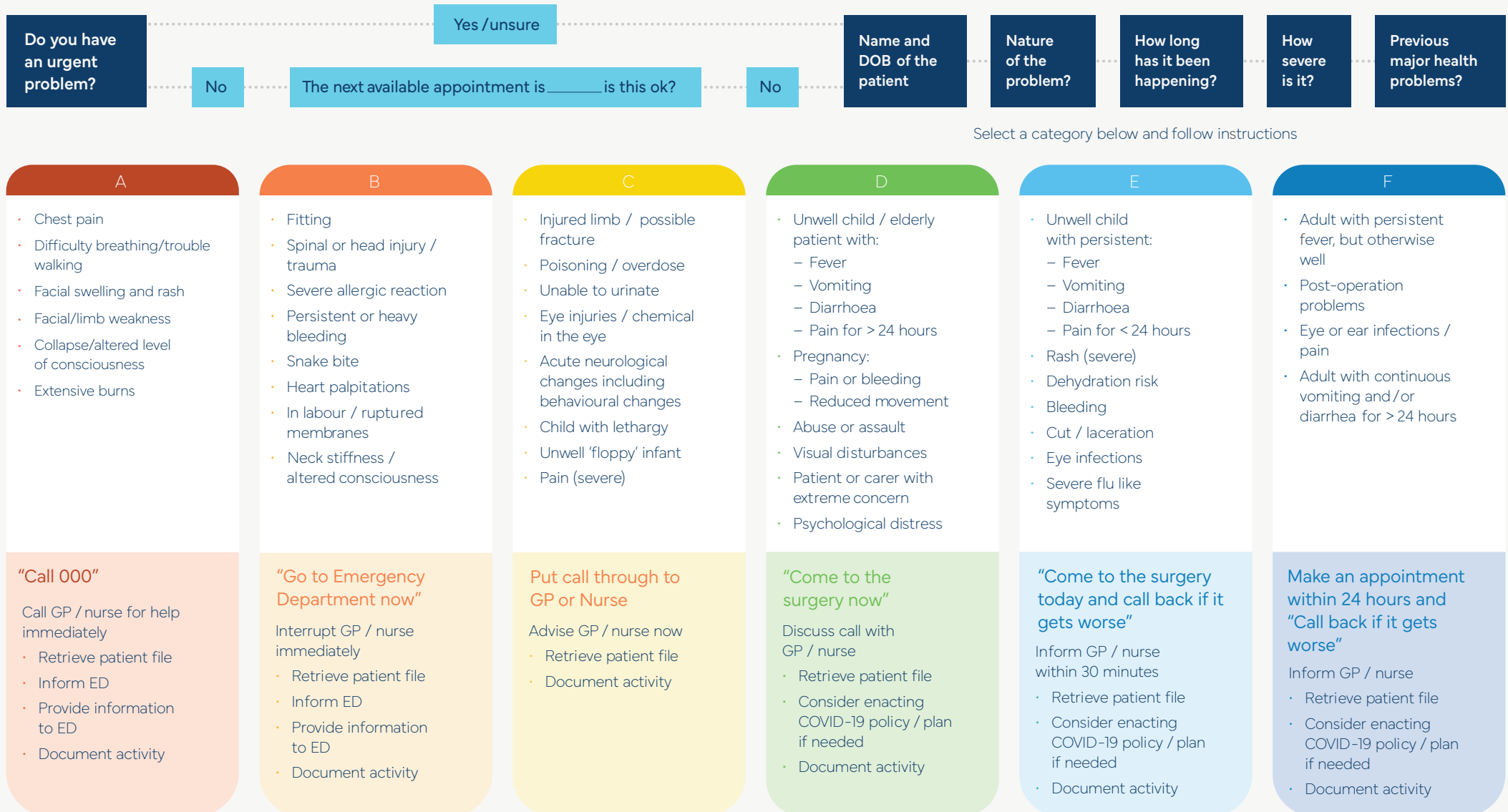


POPGUNS Triage Process

Prioritisation of Patients: a guide to urgency for non-clinical staff



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 (Are you at home? Are you 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 have you felt like this?)
6. Severity of their problem (On a scale of 1 to 10 how severe is the pain? [if applicable])
7. Any previous major health problems (Are you on any medication? Do you have any allergies?)

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 (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 health records 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 ambulance.

PATIENTS PRESENTING WITH SYMPTOMS OF POTENTIAL COMMUNICABLE DISEASES

- Such as flu/influenza, measles, chicken pox 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.
- Follow practice guidelines for patients presenting with COVID-19 like symptoms.
- Clinical staff treating the patient should wear as a minimum, a surgical mask, gloves and when collecting nose and/or throat swabs, protective eyewear.
- If the patient is bleeding or vomiting put gloves on before you assist them.

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