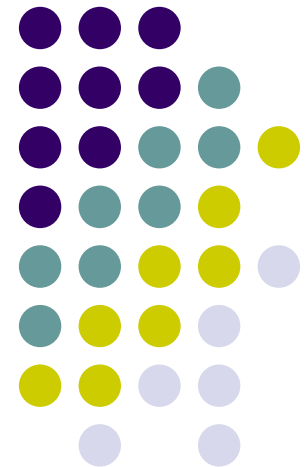


# GENI

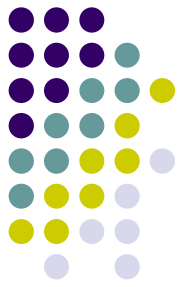
## Triage Considerations: Not only at “The Triage Desk”

Cathy Sendeki RN, ENC(C)  
Rev. Oct. 2007



# “First Look”

- General Appearance
- Work of Breathing
- Circulation



# Presenting Complaint



- The basis for Triage Decision in most cases.  
For the elderly in particular consider:
  - course of the presenting complaint
  - Co-morbidities
  - complexity

# A, B, C...

- Airway with C-spine
- Breathing
- Circulation





# Disability (Neuro status)

- Brief, focused assessment appropriate at Triage; be alert for changes from this person's usual level of consciousness.
- May be more or less active than usual
- What is different now?

# Expose



- Generally not done at Triage, but may be necessary for accurate assessment of e.g. injuries, rash, swelling.



# Vital Signs

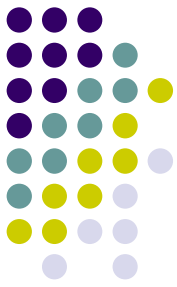
- Can be a challenge...
- Pulse: reg or irreg? Strength? Too fast or too slow? How does it relate to symptoms? Is it affected by medications?
- Respiratory rate: reg or irreg? Change from usual? Labored? Related to activity?
- BP: what is usual for this patient?

# Vital Signs



- Temperature: ? Accurate.
  - what does a “normal” temp mean?
- O2 sat accurate? Meaningful?

# Pain



- Location: Central or Peripheral
- Acute or Chronic
- Severity



# Mechanism of Injury

- High risk e.g. Ped struck
- Head trauma: fall from  $>3'$ , or down 5 stairs
- Low risk e.g. fall from standing position

# Selected Emergencies: Cardiac



- Acute Coronary Syndrome:  
may present as:
  - shortness or breath
  - nausea
  - elevated blood glucose
  - dizziness
- CHF
- Pulmonary Edema
- Atrial Fibrillation
- etc

# Selected Emergencies: Respiratory



- Consider underlying conditions...
  - COPD
  - skeletal abnormalities
  - previous injuries
  - aspiration

# Selected Emergencies: Neuro.



- TIA
- Stroke

# Selected Emergencies: GI



- Diverticulitis
- Bowel Obstruction
- Constipation
- Diarrhea
- Vomiting
- GI bleed

# Selected Emergencies: GU

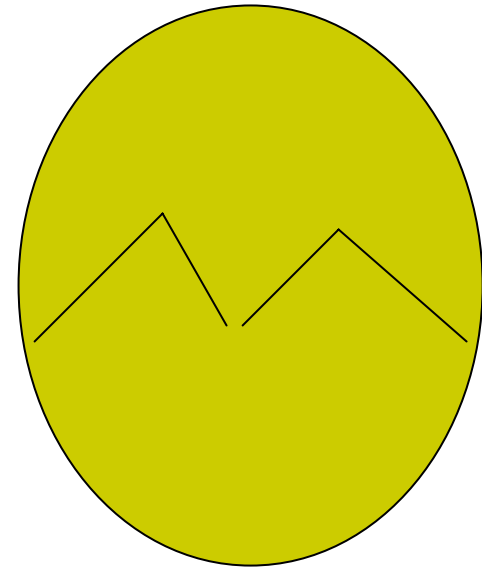


- Retention
- Incontinence
- Vaginal Bleeding

# Selected Emergencies: Trauma



- Definition (From TNCC)
- “Injury to human tissues and organs resulting from the transfer of energy from the environment. Injuries are caused by some form of energy that is beyond the body’s resilience to tolerate.”



# Selected Emergencies: Joint / Skeletal Pain



- History
- Consider Infection
- Gout
- Compression Fracture



# Selected Emergencies: Psychiatric Illness



- Suicide risk
- Depression
- As with other age groups, consider medical emergencies, but also psychiatric illness (previously known or new presentation.)

# Selected Emergencies: General Weakness

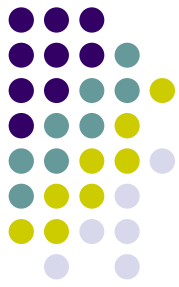


- Many considerations!!
- V.S. important
- history

# Geriatric Triage Screening: Modified ISAR



- e.g. Modified ISAR (Identification of Seniors at Risk)
  1. fall in the last 4 weeks
  2. home help situation—is there any help? Is it enough for the present situation? and: is our pt. the caregiver for someone left at home?
  3. chronic illness instability—have you been in the hospital in the last 6 months.



## Modified ISAR cont'd

4. problems seeing—could indicate hallucinations, possibly delirium.
5. changes in memory, which could indicate delirium, dementia, or depression.
6. 5 or more medications—or should be on more meds than presently taking.
7. unintentional weight loss

# Geriatric Triage Screening: TRST



- ‘Triage Risk Screening Tool’ for Adverse Outcomes / Functional Decline
  1. History or evidence of cognitive impairment (poor recall or not oriented.)
  2. Difficulty walking, transferring, or recent falls
  3. 5 or more medications
  4. ER use in previous 30 days or admitted in past 90 days
  5. RN professional recommendation
- High risk if #1 alone, or the presence of 2 or more of these factors.



- Triage is
  - Challenging
  - Interesting
  - Crucial
  - An opportunity to use everything you know to quickly assess and assign a Triage level.
  - A process of “sorting” used in many situations.