## **DEDER GENERAL HOSPITAL**

## **Emergency Department Triage Form**

1. Patient information

| RR       Less than 9       9-14       15-20       21-29       more than 29       RI         HR       Less than 41       41-50       51-100       101-110       111-129       more than 129       HI         SBP       Less than 71       71-80       81-100       101-199       more than 199       SE         Temp       Less than 35       35-38.4       38.5 or more       Te         AVPU       Alert       Reacts to Voice       Reacts to Pain       Unresponsive       AV         Trauma       No       Yes       Tr         Pain       No pain       1-3/10       4-7/10       ≥ 7/10       Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Pa        | atien                                                                                                                                                                                                                                       | t Name:_                                                                                                                               |         |                                                                                                                                                                                                                                                                                                                                                                              |          | A                | ge:                     | Date                                                                                                                                                                                                 | of Arrival:            |                |                      |            | _        |  |
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| 3. Origin of Referral — Government Hosp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ca        | ard N                                                                                                                                                                                                                                       | umber:_                                                                                                                                |         | Sex:Time of Arrival:                                                                                                                                                                                                                                                                                                                                                         |          |                  |                         |                                                                                                                                                                                                      |                        | Time of triage |                      |            |          |  |
| 4. Pre-Hospital care/first aid given? Yes  NO  State  No  Non-trauma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.        | Mo                                                                                                                                                                                                                                          | ode of ar                                                                                                                              | rival t | to the H                                                                                                                                                                                                                                                                                                                                                                     | ospital/ | <b>ED</b> - Ambu | ılance                  | ☐ Private                                                                                                                                                                                            | car□ Walking           | g 🗖 Ca         | rried                | l □ Taxi □ | ]        |  |
| 5. Chief Complaint:  a) Non-trauma - Chest pain   Fever   Diarrhea/Vomiting   Headache   Sudden collapse   poisoning   Convulsion   Respiratory problem   Abdominal pain   others  b) Trauma - RTI   Fall accident   Suicide   Gunshot   Stab   Burn   Foreign body swallow   Other specify    c) Ob/Gyn - Vaginal bleeding   Labor pain   Lower abdominal pain   seizure   other  6. Past Medical illness   Seizure   Other    7. History of allergy   No   Yes   (specify)   Seizure   Other    8. Vital sign recording: BP   RR   HR   T   Sp02   RBS   Pain seizure   Other    9. Condition on arrival Modified Early Warning Score (MEWS)  Triage Early Warning Score (TEWS)  ADULT TRIAGE SCORE   Seizure   Seizur | 3.        | Ori                                                                                                                                                                                                                                         | Origin of Referral – Government Hosp □ Private Hosp □ Health cent □ Police station □ Self □                                            |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| 5. ChiefComplaint:  a) Non-trauma - Chest pain   Fever  Diarrhea/Vomiting   Headache   Sudden collapse  poisoning   Convulsion   Respiratory problem   Abdominal pain   others  b) Trauma - RTI   Fall accident   Suicide   Gunshot   Stab   Burn   Foreign body swallow   Other specify    c) Ob/Gyn - Vaginal bleeding   Labor pain   Lower abdominal pain   seizure   other  6. Past Medical illness   Seizure   Other    7. History of allergy   No   Yes   (specify)    8. Vital sign recording: BP   RR   HR   T   Sp02   RBS   Pain seizure    9. Condition on arrival Modified Early Warning Score (MEWS)  Triage Early Warning Score (TEWS)  Mobility   Walking   With Help   Stretcher/Immobile   Mobility   Stretcher/Immobile   Mobility   Stretcher/Immobile   Mobility   Stretcher/Immobile   Mobility   Mobil | 4.        | Pre                                                                                                                                                                                                                                         | Pre-Hospital care/first aid given? Yes □ NO □                                                                                          |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| a) Non-trauma - Chest pain   Fever   Diarrhea/Vomiting   Headache   Sudden collapse   poisoning   Convulsion   Respiratory problem   Abdominal pain   others be provided   Abdominal pain   others be provided   Sucided   Gunshot   Stab   Burn   Foreign body swallow   Otherspecify   Collaboration   Company   Condition   Condition | 5.        |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| collapse   poisoning   Convulsion   Respiratory problem   Abdominal pain   others b)   Trauma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | a) Non-trauma - Chest pain □ Fever□ Diarrhea/Vomiting □ Headache □ Sudden collapse□ poisoning □ Convulsion □ Respiratory problem □ Abdominal pain □ others b) Trauma - RTI □ Fall accident □ Suicide □ Gunshot □ Stab □ Burn □ Foreign body |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| b) Trauma - RTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| swallow    Otherspecify  c) Ob/Gyn - Vaginal bleeding    Labor pain    Lower abdominal pain    seizure    other  6. Past Medical illness  7. History of allergy No    Seizure    |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| c) Ob/Gyn - Vaginal bleeding  Labor pain  Lower abdominal pain seizure other  6. Past Medical illness  7. History of allergy No  Yes  (specify)  8. Vital sign recording: BP  RR  HR  T  SpO2  RBS  Pain segment  Spots  Spots  RBS  Pain segment  Spots  RB |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| 6. Past Medical illness  7. History of allergy No □Yes □ (specify)  8. Vital sign recording: BP RR HR T Sp02 RBS Pain s  9. Condition on arrival Modified Early Warning Score (MEWS)  Triage Early Warning Score (TEWS)  ADULT TRIAGE SCORE  Mobility  ADULT TRIAGE SCORE  ADULT TRIAGE SCORE  Mobility  ADULT TRIAGE SCORE  Mobility  ADULT TRIAGE SCORE  ADULT TRI |           | swallow □ Other specify                                                                                                                                                                                                                     |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| 8. Vital sign recording: BP RR HR T Sp02 RBS Pain s  9. Condition on arrival Modified Early Warning Score (MEWS)  Triage Early Warning Score (TEWS)  ADULT TRIAGE SCORE    3   2   1   0   1   2   3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                             | c) $\mathbf{Ob}/\mathbf{Gyn}$ - Vaginal bleeding $\square$ Labor pain $\square$ Lower abdominal pain $\square$ seizure $\square$ other |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| Source   Server   Moderat   Mild   | 6.        | Past Medical illness                                                                                                                                                                                                                        |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| Source   Server   Moderat   Mild   | 7.        | His                                                                                                                                                                                                                                         |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            |          |  |
| ADULT TRIAGE SCORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                | _квэ                 | Pai        | n score_ |  |
| ADULT TRIAGE SCORE   3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              | unica Le | irry warn        | ing oc                  | ore (MEV                                                                                                                                                                                             | <b>4</b> 5)            |                |                      |            |          |  |
| Mobility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rriage Da | - <b>-</b> y • •                                                                                                                                                                                                                            |                                                                                                                                        | ) 5100  | 12113)                                                                                                                                                                                                                                                                                                                                                                       |          | ADULT TI         | RIAGE                   | SCORE                                                                                                                                                                                                |                        |                |                      |            |          |  |
| Less than 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                             | 3                                                                                                                                      |         | 2                                                                                                                                                                                                                                                                                                                                                                            |          |                  |                         |                                                                                                                                                                                                      | 2                      |                |                      | 3          |          |  |
| Less than 41   41-50   51-100   101-110   111-129   more than 129   Hess than 71   71-80   81-100   101-199   more than 199   SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mobility  |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          | Walking          | With I                  | Help                                                                                                                                                                                                 | 21-29 r                |                | more than 29         |            | Mobility |  |
| Less than 71   71-80   81-100   101-199   more than 199   SET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      |            | RR       |  |
| AVPU  Alert Reacts to Yoice Reacts to Pain Unresponsive AV  Pain No pain 1—3/10 4—7/10 ≥ 7/10 Pa  Score  Total Modified Early Warning (MEWS) Triage Score:  Total Modified Early Warning (MEWS) Triage Score:  **Seizure (current) **Seizure (current) **Seizure (post-ictal) **Acute focal neuro symptoms **Seizure (post-ictal) **All other patients **Interatened limb OR **Closed fx **Minor dislocation **Pregnancy + vaginal bleeding **P | HR        |                                                                                                                                                                                                                                             |                                                                                                                                        |         | han 41                                                                                                                                                                                                                                                                                                                                                                       | 41-50    | 51-100 101       |                         | 10                                                                                                                                                                                                   |                        |                | more than 129        |            | HR       |  |
| AVPU  Alert Reacts to Voice Reacts to Pain Unresponsive AV  Pain No pain 1—3/10 4—7/10 ≥ 7/10 Pa  Score  Total Modified Early Warning (MEWS) Triage Score:  9. Determine Triage Color  Triage Score   7   8- Reduced consciousness   8- Seizure (current)   8- Seizure (post-ictal)   9- Seizure (post-ictal)    | SBP       | Less                                                                                                                                                                                                                                        | ess than 71 71-                                                                                                                        |         | )                                                                                                                                                                                                                                                                                                                                                                            | 81-100   | 101-199          |                         |                                                                                                                                                                                                      | more than 199          |                |                      |            | SBP      |  |
| Trauma  No Yes  No pain 1—3/10 4—7/10 ≥ 7/10 Pa  Score  Total Modified Early Warning (MEWS) Triage Score:  9. Determine Triage Color  Triage Score   >7   5-6   3-4   0-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Temp      |                                                                                                                                                                                                                                             | Le                                                                                                                                     |         | han 35                                                                                                                                                                                                                                                                                                                                                                       |          | 35-38.4          |                         |                                                                                                                                                                                                      | 38.5 or more           |                |                      |            | Temp     |  |
| Total Modified Early Warning (MEWS) Triage Score:    Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AVPU      |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          | <u>A</u> lert    | Reacts to <u>V</u> oice |                                                                                                                                                                                                      | Reacts to <u>P</u> ain |                | <u>U</u> nresponsive |            | AVPU     |  |
| Total Modified Early Warning (MEWS) Triage Score:  9. Determine Triage Color  Triage Score   >7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trauma    |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          | No               | Yes                     |                                                                                                                                                                                                      |                        |                |                      |            | Trauma   |  |
| # Reduced consciousness (current)   # Surn (face/inhalation)   # Hypoglycemia (Glu<3)   # Hemorrhage (uncontrolled)   # Pregnant + abdominal trauma / pain   # Threatened limb OR   # Compound fx.   # Major dislocation (not finger/toes)   # Diabetic & Glu > 11 with ketonuria   # SOB OR Chest pain (acute)   # Sob OR Chest pain (acute)   # Occupancy   Vomiting blood   # Occupancy   Vomiting   Vomiting   # Addominal pain (acute)   # Addominal pain (acute |           |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          | No pain          | 1-3/                    | 10                                                                                                                                                                                                   | 4—7/10                 |                | ≥ 7/1                | 0          | Pain     |  |
| 9. Determine Triage Color  Triage Score   >7   5-6   3-4   0-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | score     |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              | Tota     | l Modifio        | d Earl                  | v Wannin                                                                                                                                                                                             | a (MEWS) Twi           | ago C          | ao no                |            | score    |  |
| Triage Score   >7   5-6   3-4   0-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9 Doto    | rmir                                                                                                                                                                                                                                        | e Triage                                                                                                                               | Color   |                                                                                                                                                                                                                                                                                                                                                                              | 10ta     | ii Moaiile       | u Earl                  | y warnin                                                                                                                                                                                             | ig (MEWS) IT           | age S          | соге                 | •          |          |  |
| * Seizure (post-ictal) * Burn (face/inhalation) * Hypoglycemia (Glu<3) * Hemorrhage (sontrolled) * Pregnant + abdominal trauma / pain * Threatened limb OR * Compound fx. * Major dislocation * Pregnancy + vaginal bleeding * Pregnancy + non-abd trauma * DM (Gluc >17 w/o ketonuria) * Abdominal pain (acute) * Coughing blood OR Vomiting blood * Poisoning / Overdose  Pain  * Hemorrhage (controlled) * Closed fx * Minor dislocation * Pregnancy + vaginal bleeding * Pregnancy + non-abd trauma * DM (Gluc >17 w/o ketonuria) * Abdominal pain (acute) * Vomiting (ongoing, no blood) * Vomiting (ongoing, no blood) * Vomiting (ongoing, no blood) * All other * Minor dislocation * Pregnancy + vaginal bleeding * Pregnancy + non-abd trauma * DM (Gluc >17 w/o ketonuria) * Abdominal pain (acute) * Vomiting (ongoing, no blood) * Vomiting (ongoing, no blood) * All others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                             | >7                                                                                                                                     |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        | 0-             | 2                    |            | ĺ        |  |
| * SOB OR Chest pain (acute)  * Coughing blood OR Vomiting blood  * Poisoning / Overdose  Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ioit      |                                                                                                                                                                                                                                             | (current) * Burn (face/inhalat * Hypoglyce                                                                                             |         | * Seizure (post-ictal)  * Acute focal neuro symptoms  * Psychosis/aggression  * Burn (>20%, electric, chem, circumf.)  * Hemorrhage (uncontrolled)  * Pregnant + abdominal trauma / pain  * Threatened limb OR  * Compound fx.  * Major dislocation (not finger/toes)  * Diabetic & Glu > 11 with ketonuria  * SOB OR Chest pain (acute)  * Coughing blood OR Vomiting blood |          |                  |                         | * Hemorrhage (controlled) * Closed fx * Minor dislocation * Pregnancy + vaginal bleeding * Pregnancy + non-abd trauma * DM (Gluc >17 w/o ketonuria) * Abdominal pain (acute) * Vomiting (ongoing, no |                        |                |                      |            |          |  |
| Pain Sever Moderat Mild  Accomment: If any present: If any present (& not red): If present (& not R / O): All others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Precent   |                                                                                                                                                                                                                                             |                                                                                                                                        | 3 3 3 3 |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        | arrival        |                      |            |          |  |
| Aggregation on the If any present: If any present (& not red): If present (& not R / O): All others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pain      |                                                                                                                                                                                                                                             |                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         | N                                                                                                                                                                                                    | Moderat N              |                | ld.                  |            |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Assessm   | ent:                                                                                                                                                                                                                                        | If any present:                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                              |          |                  |                         |                                                                                                                                                                                                      |                        |                |                      | .N         | _        |  |
| Transfer to-Resuscitation room Procedure room Waiting room Regular OPD Home Treatment and investigation on triage Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Treatme   | nt and                                                                                                                                                                                                                                      | d investiga                                                                                                                            | ation o | n triage _                                                                                                                                                                                                                                                                                                                                                                   |          |                  |                         |                                                                                                                                                                                                      |                        | Hom            | ne 🔲                 |            |          |  |