

DEDER GENERAL HOSPITAL
Emergency Department Triage Form

1. Patient information

Patient Name: _____ Age: _____ Date of Arrival: _____

Card Number: _____ Sex: _____ Time of Arrival: _____ Time of triage: _____

2. **Mode of arrival to the Hospital/ED** - Ambulance ☐ Private car ☐ Walking ☐ Carried ☐ Taxi ☐

3. **Origin of Referral** - Government Hosp ☐ Private Hosp ☐ Health cent ☐ Police station ☐ Self ☐

4. **Pre-Hospital care/first aid given?** Yes ☐ NO ☐

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** _____

7. **History of allergy** No ☐ Yes ☐ (specify) _____

8. **Vital sign recording:** BP _____ RR _____ HR _____ T _____ SpO2 _____ RBS _____ Pain score _____

9. **Condition on arrival Modified Early Warning Score (MEWS)**

Triage Early Warning Score (TEWS)								
ADULT TRIAGE SCORE								
	3	2	1	0	1	2	3	
Mobility				Walking	With Help	Stretcher/Immobile		Mobility
RR		Less than 9		9-14	15-20	21-29	more than 29	RR
HR		Less than 41	41-50	51-100	101-110	111-129	more than 129	HR
SBP	Less than 71	71-80	81-100	101-199		more than 199		SBP
Temp		Less than 35		35-38.4		38.5 or more		Temp
AVPU				Alert	Reacts to Voice	Reacts to Pain	Unresponsive	AVPU
Trauma				No	Yes			Trauma
Pain score				No pain	1-3/10	4-7/10	≥ 7/10	Pain score
Total Modified Early Warning (MEWS) Triage Score:								

9. Determine Triage Color

Triage Score	>7	5-6	3-4	0-2	
Presentation	* Seizure (current) * Burn (face/inhalation) * Hypoglycemia (Glu<3)	* Reduced consciousness * 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 * Poisoning / Overdose	* Burn (other) * Hemorrhage (controlled) * Closed fx * Minor dislocation * Pregnancy + vaginal bleeding * Pregnancy + non-abd trauma * DM (Glu >17 w/o ketonuria) * Abdominal pain (acute) * Vomiting (ongoing, no blood)	All other patients	Dead on arrival (BLACK)
Pain	--	Sever	Moderat	Mild	

Assessment: If any present: ☐ RED If any present (& not red): ☐ ORANGE If present (& not R / O): ☐ YELLOW All others: ☐ GREEN

Transfer to-Resuscitation room ☐ Procedure room ☐ Waiting room ☐ Regular OPD ☐ Home ☐

Treatment and investigation on triage _____

Triage Officer's Name: _____ Signature: _____