



Patient arrives at health facility

SCREEN for any disease of public health concern. If suspect or confirmed case, continue the rest of the algorithm in an ISOLATION AREA and wear appropriate Personal Protective Equipment (PPE).

Step 1

TRIAGE

(The objective is to sort patients according to severity of illness or injury and initiate medical care in order of priority)

Does the patient have any **RED** signs?

• Unresponsive
AIRWAY AND BREATHING

- Stridor
- Respiratory distress* or central cyanosis

CIRCULATION

- Capillary refill >3 sec
- Weak and fast pulse
- Heavy bleeding
- HR <50 or >150

DISABILITY

- Acute convulsions
- Any two of:
 - Altered mental status
 - Stiff neck
- Hypoglycaemia
- Hypothermia or fever
- Headache

OTHER

- High-risk trauma*
- Poisoning/ingestion or dangerous chemical exposure*
- Threatened limb*
- Snake bite
- Severe acute chest or abdominal pain (> 50 years)
- ECG with acute ischaemia (if done)
- Violent or aggressive

PREGNANT WITH ANY OF:

- Heavy bleeding
- Severe abdominal pain
- Seizures or altered mental status
- Severe headache
- Visual changes
- SBP ≥160 or DBP ≥110
- Active labour
- Trauma

YES

This is an EMERGENCY case

- Categorize as RED patient
- Move to Resuscitation Area or RED area
- Initiate first line management within 10 minutes*

Does the patient have any **YELLOW** signs?

AIRWAY AND BREATHING

- Any swelling/mass of mouth, throat or neck
- Wheezing (no red criteria)

CIRCULATION

- Vomits everything or ongoing diarrhoea
- Unable to feed or drink
- Severe pallor (no red criteria)
- Ongoing bleeding (no red criteria)
- Recent fainting

DISABILITY

- Altered mental status or agitation (no red criteria)
- Acute general weakness
- Acute focal neurologic complaint
- Acute visual disturbance
- Severe pain (no red criteria)

OTHER

- New rash worsening over hours or peeling (no red criteria)
- Visible acute limb deformity
- Open fracture
- Suspected dislocation
- Other trauma/burns (no red criteria)
- Known diagnosis requiring urgent surgical intervention
- Sexual assault
- Acute testicular/scrotal pain or priapism
- Unable to pass urine
- Exposure requiring time-sensitive prophylaxis (eg. animal bite, needlestick)
- Pregnancy, referred for complications

YES

This is an URGENT case

- Categorize as YELLOW patient
- Move to YELLOW area
- Initiate first line management within 2 hours*

Did the patient arrive dead?

Move to mortuary. Notify police as required. Fill in necessary documentation.

Check for high-risk vital signs

Heart Rate (HR) <60 or >130

Respiratory Rate (RR) <10 or >30

Temperature (T) <36° or >39° C

Oxygen Saturation (SpO2) <92%

Alert, Verbal, Pain, Unresponsive other than A

Does the patient have any high-risk vital signs?

YES

NO

This is a NON-URGENT case

- Categorize as GREEN patient
- Move to GREEN area or OPD
- Initiate first line management within 4 hours*

*Or according to local time targets

REFERENCE CARD

***SIGNS OF RESPIRATORY DISTRESS**

- Very fast or very slow breathing
- Inability to talk or walk unaided
- Confused, sleepy or agitated
- Accessory muscle use (neck, intercostal, abdominal)

***INGESTION/EXPOSURE:**

Use of clinical signs alone may not identify all those who need time-dependent intervention. Patients with high-risk ingestion or exposure should initially be up-triaged to Red for early clinical assessment.

***MAJOR BURNS**
(the below criteria refer to partial or full thickness burns)

- Greater than 15% of body surface area
- Circumferential or involving face or neck
- Inhalation injury
- Any burn in age <2 or age >70

***THREATENED LIMB:**

A patient presenting with a limb that is:

- Pulseless OR
- Painful and one of the following: pale, weak, numb, or with massive swelling after trauma.

***HIGH RISK TRAUMA**

- Fall from twice person's height
- Penetrating trauma excluding distal to knee/elbow with bleeding controlled
- Crush injury
- Polytrauma (injuries in multiple body areas)
- Pregnant
- Patient with a bleeding disorder or anticoagulation

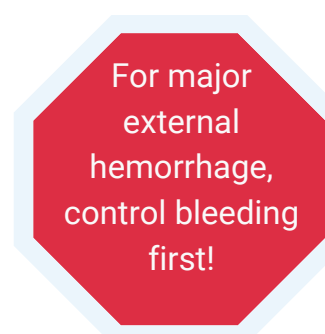
Road Traffic

- High speed or motor vehicle crash
- Pedestrian or cyclist hit by vehicle
- Other person in same vehicle died at the scene
- Trapped or thrown from vehicle

Step 2

INITIAL 1ST LINE MANAGEMENT: ABCDE APPROACH

REMEMBER... Always check for signs of trauma, and if present, maintain spinal precautions.



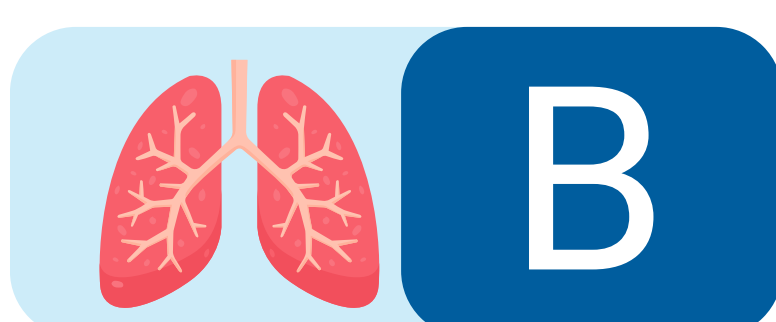
AIRWAY



A

Check for and correct any obstruction to movement of air into the lungs. Provide cervical spine immobilization if needed (trauma only).

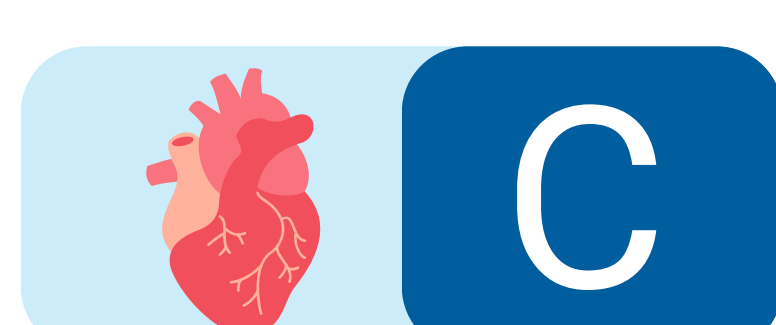
BREATHING



B

Ensure adequate movement of air into the lungs. Provide oxygen if needed.

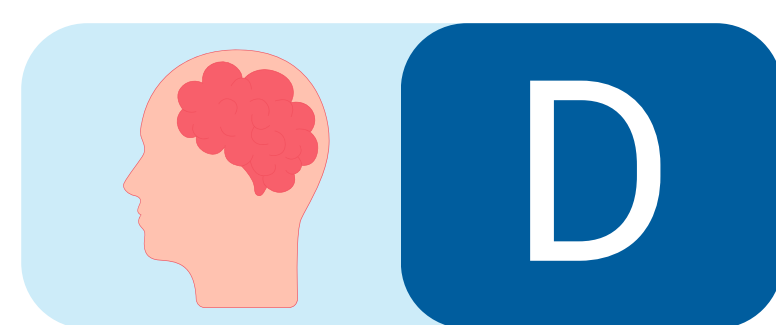
CIRCULATION



C

Evaluate whether there is adequate perfusion to deliver oxygen to the tissues; check for signs of life-threatening bleeding.

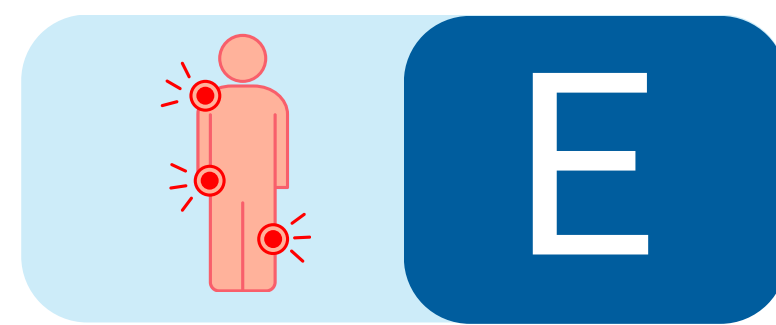
DISABILITY



D

Assess and protect brain and spine functions. Provide glucose if needed.

EXPOSURE

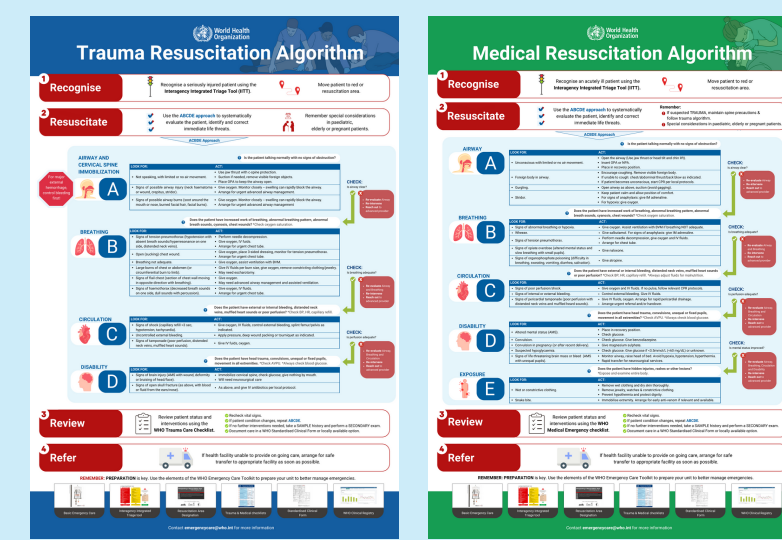


E

Identify all injuries and any environmental threats and avoid hypothermia.

- ✓ Ask for help early.
- ✓ Identify life-threatening conditions and address them immediately before moving on to the next step.
- ✓ Gather a SAMPLE history immediately following the ABCDE approach.
- ✓ Perform a secondary exam and consider disposition.
- ✓ The ABCDE approach should be repeated whenever a patient's condition changes.
- ✓ If you have intervened in any of the ABCDE categories, monitor closely and consider HANDOVER/TRANSFER to a higher level of care.

Use the **WHO Medical or Trauma Resuscitation Algorithm** to guide ABCDE management



Step 3

PATIENT DISPOSITION (ADMISSION, DISCHARGE OR REFERRAL)

Admit

OPD

Discharge

Transfer/Refer

Critical Care Unit (CCU)

Operating theatre

Ward

- 1 Assess risk and benefit of referral.
- 2 Notify receiving facility of referral. Write name of notified health worker and receiving unit on referral form.
- 3 Notify Emergency Medical Services (EMS; ambulance team) and provide details of case e.g. oxygen, IV fluids, medications necessary during transport.
EMS number to call: _____
- 4 Perform the pre-transport checklist.
- 5 Do formal hand over of patient and accompanying documentation to ambulance team.