APPENDIX L-1: TRIAGE

The proposed triage system was developed to address needs of hospital EDs, as number of patients presenting to the facility begin to exceed usual capacity for the ED. The implementation and adoption of the proposed system is up to each facility, but is strongly encouraged by the Louisiana Pandemic Flu Clinical Forum where applicable. Refer to Appendix J-1 for the flow diagram associated with the triage process.

To reduce the number of worried-well and patients with minimal illness in the main ED of hospital, the triage process should begin with a Screening Triage at the perimeter of the campus. Refer to Appendix J-2 for the form associated with this step. The first step of the screening triage is to have a hospital staff quickly conduct a visual assessment to determine whether a patient looks critically ill or has an obvious injury/ailment (e.g. broken arm) that is not flu related. If so, the patient is directed to the main ED for standard triage. If the patient is not critically ill and may have a flu like illness, the hospital staff should go through the checklist of symptoms associated with the flu and listed on the screening triage tool. If the patient has one or more of the symptoms listed and again does not look critically ill, the patient is diverted to Rapid Triage. The destination of the patient whether Main ED or Rapid Triage is indicated at bottom of the screening form, initialed and timed by hospital staff, and is handed to the patient or care provider to take. Hospitals may choose to adopt duplicate copies of the screening triage form so one is kept for their own records at the screening triage station.

*Note: It would be ideal to have a nurse or an EMT perform the screening triage but in a worst case scenario and with extremely limited staffing or where the state would operate under altered standards, a non-medical staff (i.e. security guard/volunteer) may be considered for conducting the screening triage.

For patients that are diverted to the main ED, usual operating procedures for triage, assessment, and evaluation may be followed along with use of that institution’s regular forms. For patients that display flu-like symptoms at the screening triage and are sent to the rapid triage, they are to be greeted by a Rapid Triage Nurse or other Clinical professional who completes the left hand side of the form presented in Appendix J-3, titled “Pandemic Flu Triage Template.”

The goal of the rapid triage professional is to quickly evaluate and separate patients who have minor flu illnesses and thus can wait (potentially hours) in a Flu Holding Area from those whose flu symptoms need more immediate attention and need to be directed to the main ED. To assist as a guide, the “Pandemic Flu Triage Template” includes concerning abnormal findings (made bold-faced) both in the history and physical exam of the patient. If one or several of these items are noted in the patient case, it may signify that a patient cannot wait very long for care and thus should be diverted to the main ED rather than the flu holding area.

For other patients that come to the rapid triage nurse, the triage nurse or professional may note that the patient does not actually exhibit influenza-like illness (perhaps mistakenly sent by screening triage to rapid triage rather than main ED) or based on her exam she notes that what may have sounded like a flu symptom at screening triage may be a result of another medical condition. If so, the nurse would redirect these patients to the main ED and would note this disposition at the end of her section on the Pandemic Flu Triage Template.

The decision as to where a patient may be sent (either to the flu holding area or Main ED) may reflect the level of care provided at each site, the proximity of the flu holding area to other acute patient care areas of the hospital, or other institution specific variables. Certain hospitals may set-up a flu holding area in their auditorium where no clinical care can be provided, while others may have a
dedicated patient care area where basic monitoring can be done, labs can be obtained, or other medical procedures can be accommodated. Accordingly, the final distribution of patients into the flu holding area vs. main ED may differ for each hospital.

Depending on the staffing at your flu holding area, you may have additional staff, an LPN, medical students, or other paraprofessionals fill in other pertinent medical information for the patient as denoted in the green box at the bottom left hand side of the form. This includes, medications, allergies, LMP, social history. This information was not included in the triage nurse’s assessment to streamline his/her activity but is amenable change.

Once the rapid triage nurse or professional finishes her section and notes whether the patient goes to a flu holding area or main ED, you can consider the triage process finished. The form used by the rapid triage nurse can be used further to document care for the patients diverted to the flu holding area. This form is not recommended to be used for patients that are directed to the Main ED, unless the institution reviews/changes this form and finds it acceptable to do so.

The flu holding area whether a large waiting room or another designated patient care area in the hospital should be ideally in close proximity to the main ED. While it is important to keep these two areas clearly separated and delineated to avoid patient mixing and minimize contact of flu patients with non-flu patients, this will accommodate quick transfers for any patients rapidly declining in status or requiring further supplies, material, etc. from the main ED.

The flu holding area would again house patients requiring minimal/low intensity clinical supervision and who may need to wait for some time before they are evaluated by a physician, APRN, or other advanced degree clinician. The clinician when available can continue completing the right hand side of the Pandemic Flu Triage Template. This form was designed by the Pandemic Flu Clinical Forum to meet the requirements of a “medical screening exam” to satisfy EMTALA requirements. Therefore, once complete, the advanced practitioner can discharge the patient if he or she chooses to do so. If the patient is not discharged, the patient may be kept for further observation and evaluation in the flu holding area or the main ED.
APPENDIX L-2: Triage Algorithm

The algorithm below was designed by the Louisiana Pandemic Flu Clinical Forum Triage Subcommittee to serve as a guide for mass triage by Hospital EDs during a potential pandemic flu event.
Appendix L-3: Pandemic Flu Screening Triage Form

Does the patient look critically ill or have obvious injuries?

☐ Yes → Send to Main ED
☐ No → Continue Form Below

Patient Name: ______________________        Date: ____/____/____
Time:____:____

Does the patient have any of the following problems? Check all that apply. Send to Rapid Triage if one or more boxes (excluding "other") are checked.

☐ Fever
☐ Cough
☐ Sore Throat
☐ Shortness of Breath
☐ Runny nose
☐ Congestion/sinus aches
☐ Muscle Aches
☐ Exposure to anyone with the flu
☐ Other: ______________________

☐ Report to Rapid Triage
☐ Report to Main ED Triage

Screener Initials: _______
**Pandemic Flu Triage Template**

### Rapid Triage (Nurse)

<table>
<thead>
<tr>
<th>Triage Date:</th>
<th>Triage Time:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
<th>M/F</th>
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</table>

<table>
<thead>
<tr>
<th>Chief Complaint:</th>
<th>HPI:</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Vitals: BP</th>
<th>P</th>
<th>RR</th>
<th>Temp</th>
<th>SaO2</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**ROS:**

Mod-Severe Dyspnea
Chest Pain (> 1 min)
Hemoptysis
Severe Headache
Intractable Vomiting
Intractable Diarrhea
Syncope
Change in Mental Status
Other:

**PMH:**

None
HIV
Steroids
Recent chemo
Other:

**PE:**

General: NAD
Mod-Severe Distress
Toxic Appearance
Abnormal
Wheezing (Mod-Severe)
Rales
Decreased Air Flow
Retractions/Nasal Flaring
Irregular Rhythm (new)
Irregular Rate
Murmur

**Disposition:**

- [ ] Flu Holding Area
- [ ] Main ED

**Provider Signature:**

**Meds:**

**Allergies:**

**LMP:**

Pregnant? (Y/N)
If yes, 2nd or 3rd trimester (Y/N)

**Social History:**

### Medical Screening (Physician/APRN/PA)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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<tbody>
<tr>
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</table>

**Associated Signs and Symptoms:**

Non-Remarkable

Cough (productive / nonproductive)
Fever
Chills
Sore Throat
Dyspnea
Congestion
Rhinorrhea
Wheezing
Ear Pain
Myalgia/Arthralgia
Nausea/Vomiting

**ROS:**

Non-Remarkable

Headache
Syncope
Blurry Vision
Diarrhea
Abdominal Pain
Chest Pain
Back Pain
Urinary frequency/urgency

**PMH:**

Non-Remarkable

CVD
CHF
Asthma/COPD
Steroids
Recent Chemo
Malignancy
Diabetes
HIV
ESRD
Splenectomy
Age > 70 or < 6 mo
Prematurity

**PE:**

<table>
<thead>
<tr>
<th>Vitals: BP</th>
<th>P</th>
<th>RR</th>
<th>Temp</th>
<th>SaO2</th>
</tr>
</thead>
<tbody>
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</table>

**General:**

NAD
Mild / Mod / Sev. Distress
Alert
Lethargic
Oriented
Disoriented

**ENT:**

Ears Normal
Air-fluid level
Nose Normal
Rhinorrhea
Purulent Nasal Discharge
Nasal Flaring
Throat Normal
Mucus Membranes Dry
Tonsillar Exudate
Pharyngeal Erythema

**Resp:**

Normal
Wheezing/Rhonchi / Rrl
Decreased breath sound
Dullness to Percussion
Retractions

**Heart:**

Regular Rhythm
Irregular Rhythm
Reg Rat
Irregular Rate
No Murmur
Murmur Present

**Other:**

**Clinical Impression:**

**Condition:**

**Orders:**

**Disposition:**

- [ ] Discharge
- [ ] Flu Holding Area
- [ ] Main ED

**Provider Signature:**

**Time:**

*The above document was produced in conjunction with the Louisiana Pandemic Flu Clinical Forum Triage Subcommittee*