CTU SR TRIAGE GUIDE 🔑

Start of the night: **Preparation** is key

Set yourself up for a good start!
- ☐ Print out tracker (if not already done)
- ☐ Get contact info of team members on overnight
- ☐ Check who is on for XC and CA
- ☐ Meet daytime Senior for handover at start of shift
- ☐ Touch base with on-call Staff and get contact info
- ☐ Quick review of CTU site policies and resources
  - ☐ Exception to transfer policy
  - ☐ Dispo options: DTU, Family practice, Geri/10C, RAC referral, EDiCare etc.
  - ☐ Where are procedure kits located?

Pager's going off: Receiving the consult
- ☐ Have your tracker and computer access ready
- ☐ Always ask for:
  - ☐ Demographics: full name, MRN, location
  - ☐ Stability: VS, LOC, BIPAP, pressors?
  - ☐ What has been done? 📝
  - ☐ What is the patient getting now?
  - ☐ What does ED physician think is happening?
- ☐ If needed, ask for EDP to put in imaging orders
- ☐ If procedure may be needed (taps, LP) up to your discretion whether to ask ED physician upfront

♦ *Protip:* unless 100% certain, triage first and re-discuss with EDP later if better served for alternative dispo

Steps for every consult: **ABC-DART**!

ACUITY 5-10min
"How quickly do I need to see this patient?"
- ☐ If patient sounds acutely ill, eyeball first!
- ☐ Urgency via ED physician: are you worried about this pt?
  - ☐ ABCs OK? (e.g. LOC, BP, HR, O2 requirements)
- ☐ Urgency via bloodwork:
  - ☐ CBC (Hgb, Plt, neutropenia)
  - ☐ Metabolics (Na, K, Ca, acidosis, lactate, gluc)
  - ☐ Liver panel (thousands club, coags)
- ☐ Urgency via imaging:
  - ☐ Brain/chest/abdo (anything life-threatening)

BEDSIDE and BACKGROUND up to 30min
"Who is this patient and how do they look?"
- ☐ Chart review: sicker= know more about patient
  - ☐ VS trend, EHS notes, interventions done
  - ☐ Talk to RN about concerns
- ☐ Bedside:
  - ☐ Focused Hx and PEx, fill out Caution sheet
  - ☐ Bring US for quick volume/organ scan
  - ☐ Do all relevant exams for verification later
  - ☐ Pre-emptive code discussion if issue or MSI
- ☐ Background check:
  - ☐ Prev notes, imaging, cardiac tests, labs, micros
  - ☐ Med Rec to get snapshot of health
  - ☐ If time allows, access Careconnect and print

COVERING Orders 5-10min
"What further testing and treatments are needed?"
- ☐ Bloodwork? Imaging? Urine? Micro? Cardiac?
- ☐ Management: think of the ABCs
  - ☐ LOC: Use DIMS approach
  - ☐ Breathing: Nebs? RT? Diuresis? ABx?
  - ☐ Circulation: More or less volume? BP and HR control? Systemic Abx? Telemetry?
- ☐ Communicate to RN if critical orders needed

DISPOSITION 5min
"Is this an appropriate CTU admission?"
- ☐ Patient is appropriate and requires CTU admission
  - ☐ Use triage PPO to admit with covering orders
- ☐ Patient too unstable for CTU admission currently
  - ☐ May need a few hours of therapy and reassess → Exception to transfer
  - ☐ Way too sick and needs ABCs managed first → Call ICU / discuss with ED physician
- ☐ Patient not acutely ill and may be able to go home
  - ☐ Submit covering orders for workup and mgmt
  - ☐ Tell RN that decision to admit is TBD

ASSIGNMENT 5-10min
"How complex is this patient?"
- ☐ Single/few active issues → MSI3 straight forward and stable
- ☐ Complex + sick + intertwined issues → IM Jr
- ☐ Ideally, write a triage note to help capture pt status and issues (some prefer to write note on review) esp. if patient is going to ward soon
- ☐ Give learner time limit and high yield areas of focus
- ☐ If available, direct learner to resource for guidance ex. Hui

REVIEW and Teach 15-20min
"Did my housestaff find anything else?"
- ☐ Improve presentation flow and fill any gaps 📝
- ♦ *Protip*: help break down all issues by: *Prov Dx / DDx / Investigations / Management*
- ☐ Review all admission orders prior to submission
- ☐ One Minute Preceptor* for teaching on the fly
- ☐ Four Quadrant Model* for feedback 📝

TASKS and Follow-up
"What do I need to keep an eye on?"
- ☐ Keep big board updated with information
- ♦ *Protip: lay eyes on sick patients often!* 📝
- ☐ Make checklists of patient issues to follow up on
  - ☐ Explicitly assign tasks to learners
- ☐ Keep track of AM patient issues to handover

♦ *Protip: when stuck, provide care that you think will best serve your patient over the next 24 hours*