If You’re The Worst You Get Seen First

Techniques to Patient Triage and Evaluation
Amber Hart, RVT, VTS(ECC)
MedVet Cincinnati
Triage

- From the French word ‘Tier’ meaning to separate out
- Defined as the assignment of degrees of urgency to wounds or illness to decide the order of treatment
- First used by the military to assess the wounded on the battlefields
- Medically is now used to treat those whose conditions have the likelihood of being life-threatening first
- Triage doesn’t just happen in the ER lobby

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Good communication is key for effective evaluation and efficient treatment.

- It starts on the telephone before they even reach the building
- Once in the building communication is essential between the team members and then back to the clients
Telephone Triage

Evaluation starts before a patient arrives.

Present a good attitude
- smile when you talk
- show empathy
- don’t argue

Take notes
- write it down
- you won’t remember
- Err on the side of caution
- assume the worst

Ask questions
- get the complaint
- the when
- the where
- and how
Owner Triage

Talk to the owners

• Listen and acknowledge what they have to say
• Ask questions (don’t assume the circumstances)
• Keep the owners updated and informed
• Be honest with wait times and explain delays
• Keep them updated on their pet when they are separated
• When possible have the pet wait with the owner
Triage as a Team

The team NEEDS to effectively communicate with each other.

- Don’t panic
- Speak in clear tones
- Speak directly and relevantly
How to Triage in the Hospital

• Triage happens in every lobby and throughout the building

• Walk-ins, phone lines, hospitalized/boarding patients, appointments

• Anytime the schedule does not go as planned; a triage plan should take effect

• Consideration includes evaluation of waiting patients, treatment of admitted patients, and planning for the in-coming cases
Steps of Triage

First Glance

Hands-On

Gathering Information
Step 1: First Glance

That first look - what do you see when you approach?

- Visually: anything noticeable or of concern
- Attitude: reaction and engagement with surroundings
- Respiratory Pattern/Effort: labored or exaggerated in any way
- Body Position: showing pain, discomfort, weakness, favoring
Step 2: Hands-On

First hands-on evaluation - getting a little more information. Typically this is getting vitals and assessing the results.

- Heart Rate
- Respiratory Rate
- +/- Temperature
- MM / CRT
- Capillary Refill Time
- Pulse Quality
Step 3: Gathering Information

Complete evaluation with some initial diagnostics.

Complete physical exam
- Blood Pressure

Emergency blood work database
- Blood Glucose
- PCV/TS
- Electrolytes
- Blood Gases
- Lactate
- BUN

+- Imaging
- FAST scan ultrasound
- Radiographs
So how do you make decisions?

When multiple patients present how do you prioritize?

Respiratory

Cardiovascular

Mentation
Respiratory

• What do they look like?
  - Are they dyspneic or in distress?
  - Are they cyanotic?
  - Is there a pattern to their breathing?
  - Are they orthopneic, reluctant to lay down, craning out their neck?

• What do they sound like?
  - Do they have crackling or wheezing?
  - Do they have loud or absent lung sounds?
Cyanosis is a blue appearance of the mucous membranes.

It occurs when there is enough blood without oxygen that you can physically see the unsaturated (blue) blood.

A lot of blood has to be unsaturated for this to be visible to the naked eye.

In a dog with a normal amount of red blood cells, cyanosis will not be evident until $\frac{1}{3}$ of the blood is unsaturated

This correlates with a pulse oximetry reading of 67%

Things have to be really bad before you can see cyanosis.
Cardiovascular

Do they have adequate circulation to promote good perfusion?

• What is their heart rate and rhythm?

• What is their pulse quality?

• Do they have palpable pulses?

• What is their mucous membrane color?

• What is their capillary refill time?
asystole

Ventricular fibrillation

Pulseless electrical alteration

Ventricular tachycardia
Mentation

- Evaluate mentation in light of environment

- Mentation abnormalities may be due to systemic illness or primary CNS disease

- Altered mentation states demand higher rates of oxygen metabolism, furthering altering the symptoms of presentation
<table>
<thead>
<tr>
<th>Abbrev.</th>
<th>Status</th>
<th>Patient Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAR</td>
<td>Bright, alert, responsive</td>
<td>Alert and attentive to the environment, engaged in interactions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dogs – tail wagging, sitting in front of the cage, +/- barking or whining</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cats – sitting in front of the cage, watching staff</td>
</tr>
<tr>
<td>QAR</td>
<td>Quiet, alert, responsive</td>
<td>Quiet and observant, responsive to interaction but reserved, resting and relaxed</td>
</tr>
<tr>
<td>DEP</td>
<td>Depressed</td>
<td>Quiet, resting, responsive to interaction, but subdued, dull eyed, that ‘I don’t feel good look’</td>
</tr>
<tr>
<td>OBT</td>
<td>Obtunded</td>
<td>Responsive, but responses are delayed or inappropriate, when not stimulated patient is resting/sleeping</td>
</tr>
<tr>
<td>STUP</td>
<td>Stuporous</td>
<td>Only responds to painful or annoying stimulus</td>
</tr>
<tr>
<td>COMA</td>
<td>Comatose</td>
<td>Does not respond to any stimulus</td>
</tr>
<tr>
<td>Acronym</td>
<td>State</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>DYS</td>
<td>Dysphoric</td>
<td>State of uncontrolled, uncoordinated responses following administration of pain medication (particularly opioids) restlessness, whining, howling, panting, hallucinations, agitation, salivating May be distracted temporarily</td>
</tr>
<tr>
<td>ANX</td>
<td>Anxious</td>
<td>Pacing, restless, whining/vocalizing, +/- panting, nervous</td>
</tr>
<tr>
<td>AS*</td>
<td>Asleep</td>
<td>A patient that is sleeping No evaluation on mentation has been made</td>
</tr>
<tr>
<td>SED*</td>
<td>Sedate</td>
<td>A patient that is quiet and resting, dull or slow Mentation is minimally evaluated The cause is drug induced, recovery is monitored</td>
</tr>
</tbody>
</table>

*At least every 4 hours* a patient should be woken up to evaluate and document mentation status.
Triage Challenge!

- 14w puppy - quiet, not eating
- 5y Labrador - head low, slow stridorous respiration
- 7y toy poodle - seizuring
- 2y golden doodle - pretty sure he ate a sock 2 days ago
- 2y feline - straining to urinate for 6 hours
- 9m great dane - tail laceration, wagging his tail
- 5y feline - head outstretched, gasping to breathe
14 week old puppy

Presentation: 24 hour history of not eating and has been very quiet for the last several hours

Triage:
• Respiratory: no abnormalities observed
• Cardiovascular: slightly bradycardiac, fair pulses
• Mentation: obtunded to stuporous

Status: Critical

Differentials: Potentially hypoglycemic, hypotensive

Thoughts: Even mild GI upset, can cause acute decompensation

Action: Dextrose supplementation with intravenous fluids
5 year old Lab

Presentation: after a walk he starting breathing loudly, walked into the lobby with his head down, making a high pitched wheezing noise

Triage:
• Respiratory: stridorous, slightly orthopneic
• Cardiovascular: tachycardiac
• Mentation: depressed and quiet

Status: Critical

Differentials: Potential laryngeal paralysis (common signalment)

Thoughts: can quickly become dyspneic and cyanotic

Actions: Sedation and oxygen supplementation
7 year old toy poodle

Presentation: no previous medical history, presenting in status epilepticus

Triage:
• Respiratory: no abnormalities observed
• Cardiovascular: not evaluated at presentation
• Mentation: actively seizing

Status: Critical

Differentials: Rule out metabolic vs neurologic cause of activity

Actions: Immediate sedation to stop seizure activity
2 year golden doodle

Presentation: 24 hour of decreased appetite, owners are concerned he ate a sock 2 days ago, 2 episodes of vomiting in the last 12 hours

Triage:
- Respiratory: no abnormalities observed
- Cardiovascular: slightly tachycardiac
- Mentation: BAR

Status: Stable

Differentials: Potential GI foreign body (common signalment)

Thoughts: while a common occurrence, could progress and become critical

Actions: diagnostics needed to determine cause of symptoms
2 year old feline

Presentation: 3 hour history of vocalizing, frequent attempts to defecate outside the litter box

Triage:
- Respiratory: slightly increased respiratory rate
- Cardiovascular: bradycardiac
- Mentation: depressed

Status: Urgent

Differentials: urethral obstruction / feline lower urinary tract disease

Thoughts: owners may described straining to defecate (constipation) and vomiting, when it is straining to urinate

Actions:
- Electrolytes (K+) assessment, fluids, pain control, ECG
- Unblocking procedure
9 month old great dane

Presentation: tail was shut in car door, end of tail is lacerated, owner attempted bandaging, with limited success

Triage:
- Respiratory: no abnormalities observed
- Cardiovascular: no abnormalities observed
- Mentation: BAR! Tail wagging!!

Status: stable

Differentials: tail laceration

Thoughts: he is painting the lobby with blood, owner may be excited

Actions:
- move patient and owner into room to limit mess
- attempt to apply a temporary bandage till further evaluation
5 year old feline

Presentation: presents gasping for each breath

Triage:
• Respiratory: gasping breaths, cyanotic, crackles bilateral
• Cardiovascular: tachycardic
• Mentation: laterally recumbent

Status: critical

Differentials: Respiratory distress, heart failure cause

Thoughts: stress of treatment may worsen the progress

Actions: oxygen supplementation, diuretics, ‘hurry up and wait’
So in what order do you go?

- 14w puppy - quiet, not eating
- 5y Labrador - stridorous respirations
- 7y toy poodle - seizing
- 2y golden doodle - ate a sock
- 2y feline - straining to urinate
- 9m great dane - tail laceration
- 5y feline - gasping to breathe
Triage Tips

• You don’t have to completely treat each patient before moving on.

• All the patients need treatments, but you can usually proceed in steps.

• Establish a code system for chart, cage card, or board labeling.

<table>
<thead>
<tr>
<th>PRIORITY 1</th>
<th>May survive if life saving measures are applied</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE</strong></td>
<td>• Poisoning</td>
</tr>
<tr>
<td></td>
<td>• Collapse</td>
</tr>
<tr>
<td></td>
<td>• Snake Bite</td>
</tr>
<tr>
<td></td>
<td>• Bloat (GDV)</td>
</tr>
<tr>
<td></td>
<td>• Heat-stroke</td>
</tr>
<tr>
<td></td>
<td>• Open Fracture</td>
</tr>
<tr>
<td></td>
<td>• Actively Seizuring</td>
</tr>
<tr>
<td></td>
<td>• Allergic Reactions</td>
</tr>
<tr>
<td></td>
<td>• Road Traffic Accident</td>
</tr>
<tr>
<td></td>
<td>• Difficulty Breathing</td>
</tr>
<tr>
<td></td>
<td>• Excessive Bleeding</td>
</tr>
<tr>
<td></td>
<td>• Paralysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIORITY 2</th>
<th>Likely to survive if care is given within hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE</strong></td>
<td>• Closed Fractures</td>
</tr>
<tr>
<td></td>
<td>• Diarrhoea</td>
</tr>
<tr>
<td></td>
<td>• Actively Vomiting</td>
</tr>
<tr>
<td></td>
<td>• Bowel Obstruction</td>
</tr>
<tr>
<td></td>
<td>• Urinary Tract Problems</td>
</tr>
<tr>
<td></td>
<td>• Birthing Difficulties</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIORITY 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE</strong></td>
<td>• Skin Conditions</td>
</tr>
<tr>
<td></td>
<td>• Lameness</td>
</tr>
<tr>
<td></td>
<td>• Sore Eyes/Ears</td>
</tr>
<tr>
<td></td>
<td>• Abscess</td>
</tr>
<tr>
<td></td>
<td>• Minor Wounds</td>
</tr>
<tr>
<td></td>
<td>• Chronic Diseases</td>
</tr>
</tbody>
</table>
## Alternative Patient Labeling

<table>
<thead>
<tr>
<th>Status</th>
<th>Concern</th>
<th>Time Frame</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stable</strong></td>
<td>Non-life threatening</td>
<td>Within hours</td>
<td>Limping</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mild GI disease</td>
</tr>
<tr>
<td><strong>Urgent</strong></td>
<td>Could become life threatening</td>
<td>Within minutes</td>
<td>Severe anemia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Respiratory compromise</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GDV</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hemoabdomen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Intoxications</td>
</tr>
<tr>
<td><strong>Critical</strong></td>
<td>Actively life threatening</td>
<td>NOW</td>
<td>Unresponsive patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CPA</td>
</tr>
</tbody>
</table>
Know Your Friends in Triage
Oxygen

- It won’t hurt in most cases
- Can be a low stress treatment to offer
  - Especially in cats
- Frequently, it is a life saving intervention
- You can use it before, during, and after treatments and diagnostics
Multiple ways to deliver Oxygen

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Fluids

- Can be a generally supportive treatment that is relatively low cost.
- Can be used in acute/emergent situations for volume resuscitation.
- Variety of types to address various states and diseases.

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<table>
<thead>
<tr>
<th>FLUID TYPE</th>
<th>COMPONENT (unit)</th>
<th>BUFFER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pH</td>
<td>Sodium (mEq/L)</td>
</tr>
<tr>
<td>0.9% Saline</td>
<td>5.5</td>
<td>154</td>
</tr>
<tr>
<td>0.45% Saline</td>
<td>5.6</td>
<td>77</td>
</tr>
<tr>
<td>Plasmalyte A</td>
<td>7.4</td>
<td>140</td>
</tr>
<tr>
<td>Plasmalyte 56</td>
<td>5.0</td>
<td>40</td>
</tr>
<tr>
<td>Normosol-R</td>
<td>7.4</td>
<td>140</td>
</tr>
<tr>
<td>Normosol-M</td>
<td>5.0</td>
<td>40</td>
</tr>
<tr>
<td>Lactated Ringer’s solution (LRS)</td>
<td>6.5</td>
<td>130</td>
</tr>
<tr>
<td>Hetastarch</td>
<td>5.5</td>
<td>154</td>
</tr>
</tbody>
</table>
Beware the quiet patient!

- Just because they aren’t demanding your doesn’t mean they aren’t critical
  - Especially NEONATES

- Look beyond the gross/ugly wound/injury to the invisible (and typically worse) problem
It’s all a matter of perspective

To an owner their pet is critical and should be treated as such.

• Can they be moved to a room?
• Can something be initiated and then have them wait?
• Can someone communicate with them?
  🔄 Sometimes acknowledging their concern is all it takes
  🔄 Reassure them that they will be seen

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Post Triage Review

- Some patients will need ongoing monitoring
- Some patients have the potential to decompensate again
Any Questions?