**SAQ 23**

**References**

* <https://www.acem.org.au/getattachment/d19d5ad3-e1f4-4e4f-bf83-7e09cae27d76/G24-Implementation-of-the-Australasian-Triage-Scal.aspx> Accessed 28th Jan 2015
* <https://www.acem.org.au/getattachment/693998d7-94be-4ca7-a0e7-3d74cc9b733f/Policy-on-the-Australasian-Triage-Scale.aspx> Accessed 28th Jan 2015
* Cameron p. 861 - 864

1. **Complete the following table on the Australasian Triage Scale (ATS):**

*One mark for each cell below. 20 marks total. Borderline mark is 15. Bits in red (or similar concept) needed to score borderline mark. Significant leeway granted in last column, given subjective nature of triage, EXCEPT the arrested patient has to be a Cat 1 descriptor!*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Treatment Acuity\*** | **Description of Category** | **Clinical Descriptors (indicative only)** |
| **1** | Immediate | **Immediately Life-Threatening Conditions** | Cardiac arrest  Respiratory arrest  Immediate risk to airway – impending arrest  Undifferentiated Major Trauma |
| **2** | Within 10 minutes | **Imminently Life-Threatening**  The potential for time-critical treatment (e.g. thrombolysis, antidote) to make a significant effect on clinical outcome  Very severe pain | Airway risk – severe stridor or drooling with distress  Undifferentiated chest pain  Severe respiratory distress  Circulatory compromise  Very severe pain - any cause  BSL < 3 mmol/l  Drowsy, decreased responsiveness any cause (GCS< 13)  Acute hemiparesis/dysphasia Behavioural/Psychiatric: - violent or aggressive - immediate threat to self or others |
| **3** | Within 30 minutes | **Potentially Life-Threatening**  The patient's condition may progress to life or limb threatening, or may lead to significant morbidity, if assessment and treatment are not commenced within thirty minutes of arrival  Situational Urgency | Severe hypertension  Moderately severe blood loss – any cause Moderate shortness of breath  Seizure (now alert)  Head injury with short LOC- now alert  Trauma - high-risk history with no other high-risk features |
| **4** | Within 60 minutes | **Potentially Serious**  Significant complexity or severity  Likely to require complex work-up and consultation and/or inpatient management | Vomiting or diarrhoea without dehydration  Eye inflammation or foreign body – normal  vision  Minor limb trauma – sprained ankle, possible  fracture, uncomplicated laceration |
| **5** | Within 120 minutes | **Less Urgent**  Clinico-administrative problems  Results review, medical certificates, prescriptions only | Minimal pain with no high risk features  Low-risk history and now asymptomatic  Minor symptoms of existing stable illness  Minor wounds - small abrasions, minor lacerations (not requiring sutures)  Scheduled revisit e.g. wound review, complex dressings |

\*Maximum waiting time for medical assessment and Rx

**2. List two administrative functions of the ATS. For each, provide one example of how it’s used for that purpose.**

**a.** Measure of Access and Activity *Something about ability to meet waiting times needed.*

Performance indicator thresholds specified by ACEM (see reference), stipulating proportions of cases within categories that should meet waiting time target. These are: ATS 1 – 100%; ATS 2 – 80%; ATS 3 – 75%; ATS 4 and 5 – 70%. Failure to meet thresholds may indicate resource deficits. Average waiting time in each category also an indicator.

**b.** Quality Assurance*Any one of the following will score 2.5:*

Benchmarking against like hospitals, determining admission rate per category, accuracy or validation of triage allocation, utility for staff training / credentialing, workforce management.

*2.5 marks each. 5 marks in total. Borderline mark is 2.5. Bits in red (or similar concepts) needed for borderline mark. Significant leeway granted in descriptors.*

***Overall borderline mark is 17.5 / 25.***