**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 arrestUndifferentiated 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 outcomeVery severe pain | Airway risk – severe stridor or drooling with distress Undifferentiated chest painSevere 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 severityLikely to require complex work-up and consultation and/or inpatient management | Vomiting or diarrhoea without dehydrationEye inflammation or foreign body – normalvisionMinor limb trauma – sprained ankle, possiblefracture, 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.***