

# Triage in a Paediatric Emergency Department

## Facing the Future: standards for children in emergency care settings supplementary advice

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Standard 17 in [Facing the Future: standards for children in emergency care settings](#) states:

*Standard 17 – All children attending emergency care settings are visually assessed by a doctor or nurse immediately upon arrival with clinical assessment undertaken within 15 minutes to determine priority category, supplemented by a pain score and a full record of vital signs.*

The following supplementary advice has been provided by the [Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings](#) to support services in delivering high quality care.

Triage is the process by which a level of clinical need is assigned to a patient's presenting complaint in an emergency department. This usually involves a brief history, a pain score and the recording of a set of physiological parameters, giving an indication of how unwell the child is. Different departments will use different systems but the aim is universal: to stream the patients and ensure the sickest are seen quickest.

A full initial assessment within 15 minutes of arrival at an emergency department is a key performance indicator but as the number of attendances increases year on year triaging within that time frame becomes increasingly challenging and it may be appropriate to move to a more selective approach.

One aim of the triage process is to ensure physiological stability but in many presentations, this is not at risk. A child who has trapped their finger in a door, or twisted their ankle, is unlikely to have breathing difficulty or haemodynamic instability as a result of their injury and so is a full assessment adding value to that child's pathway? A rapid visual assessment of a child with a minor injury should exclude significant blood loss and give you all the information you require and so, under certain conditions, not all presentations require a full initial assessment. If there is concern about a patient later then a set of observations can be requested at that time.

### Possible conditions to consider for a tailored assessment:

- Isolated limb injuries without deformity: excluding cases with ingestion of drugs or alcohol
- Mental health presentations: deliberate self-harm with minor injuries excluding ingestion
- Foreign bodies in ears and noses

Children presenting with injuries would need a pain score and analgesia administration and those presenting with mental health problems would still require a mental health risk assessment but neither are likely to require a full set of observations, which can be challenging in an already distressed child.

By having an approach to triage that is more flexible and patient specific rather than 'one size fits all' the patients each receive the care they need and those presenting with more significant illness and injury are assessed more quickly without compromising quality of care.