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Triage First, Inc.

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Fast Track Guidelines

Inclusion Criteria

Allergy or hay fever
Allergic reaction—non-life-threatening
Anxiety—not panic attack
Back pain—non-traumatic, chronic or recurrent, able to amb w/assistance
Burns—minor, burn rechecks
Cast or splint problem—no cast removal
Cough without hemoptysis or respiratory impairment
Dental problem
Diarrhea—without signs of dehydration, non-bloody, normal vital signs
Dizziness—no acute onset, chronic lasting >2 weeks
Driver's license exam
Dysuria—male or female, no kidney stones
Eye problem—no foreign bodies or chemical exposure
Ear problem—no foreign bodies in children
Foot problem
Fracture—simple
Headache without neurological impairment, no migraines
Hematuria—no acute onset, chronic
Hepatitis exposure
Insect stings or bites without severe allergic symptoms
Lacerations—simple
Lice, crabs, scabies suspected
Mouth blisters without immunocompromise
Muscle aches
Nausea and vomiting without ABD pain and normal vital signs
Neck pain—no history of trauma
Pharyngitis
Prescription refills
Pruritis without rash
Rabies exposure and follow-up
Rash—localized
Rectal pain or itching

STD exposure (male only)
Sinusitis—chronic
Skin infection—minor, not requiring IV antibiotics or I & D
Skin lumps or bumps
Sleep disorder
Sunburn—minor, localized
Suture/staple removal
Trauma—minor, acute, not requiring surgery or recently treated and not resolving
URI—no pts with hx of diabetes, HIV, renal failure, cancer
Varicose veins
Work injuries
Wound rechecks

ER(1)

Exclusion Criteria

Any complaint of chest pain with clinical hx or needing an EKG
Any abdominal pain (other than cystitis)
Any abdominal trauma
Any condition requiring lab and x-ray workup
Any suspected pregnancy
Epistaxis

ER Triage Criteria

ER(2)

Inclusion Criteria Only: Children Under the Age of 3 Months

FAST TRACK

- Atopic dermatitis
- Circumcision problems
- Cradle cap
- Diaper dermatitis
- Impetigo
- Neonatal acne
- Scabies

INTERMEDIATE TRACK

- Alleged abuse
- Burns—minor
- Colic symptoms
- Dropped or fell without apparent injury
- Feeding problems chronic
- Immunization reaction
- Jaundice
- Minor laceration
- Questionable apnea—looks good now
- Spitting up
- URI symptoms without fever
- Urticaria

ER

- Any “lethargic” child (judgment call)
- Cyanosis
- Fever greater than 100.6R
- Ingestion
- Major burn

Near drowning
Persistent N/V/D
Petechiae
Respiratory distress
Seizure
Stopped breathing—required M to M
Tachypnea/retractions
Trauma of any type except as above

ER Triage Criteria

ER(2)

Inclusion Criteria Only: Children Aged 3 Months to 2 Years

FAST TRACK

Any fast track complaint listed for children under 3 months
Cold symptoms with temp less than 101
Conjunctivitis
Contact dermatitis
Ear pain without fever
External otitis
Pinworms
Swollen lymph nodes

INTERMEDIATE TRACK

Any intermediate track complaint listed for children under 3 months
Acute and chronic diarrhea
Alleged abuse
Asthma attack without respiratory distress
Cold symptoms with temp greater than 101
Hemophilia requiring factor
Nausea and vomiting
Serial antibiotics
Viral exanthems

ER

Any ER complaint listed for children under 3 months
Acute abdominal pain
Blunt trauma
Burns other than minor
Cyanosis
Decreased capillary refill with subjective pallor
Fever greater than 104
Ingestions

Intractable crying
Intractable or projectile vomiting (definition of projectile)
Lethargy
LOC
“Looks bad”
Near drowning
Near SIDS
Petechiae
Respiratory distress (retractions/wheezing)
Seizure—febrile or new onset
Stridor

ER Triage Criteria

ER(2)

Inclusion Criteria Only: Children Greater than 2 Years

FAST TRACK

All criteria previously mentioned
Abrasions and contusions
Minor lacerations not requiring sutures

INTERMEDIATE TRACK

All criteria previously mentioned
Abdominal pain
Headache
Lacerations
Minor trauma
Nausea and vomiting
Possible fractures
Urinary tract symptoms

ER

All criteria previously mentioned
Blunt trauma severe
LOC
Open fractures
Severe lacerations

ER Triage Criteria

ER(2)

Inclusion Criteria Only: Adolescent and Adult

FAST TRACK

- Allergy symptoms
- Cellulitis—minor
- Conjunctivitis
- Contact dermatitis
- Cough without fever
- Dental pain
- Ear pain
- Penile drainage
- Simple cystitis without vaginal discharge
- Sinus congestion

INTERMEDIATE TRACK

- Abdominal pain
- Acute urticaria without respiratory distress
- Chest pain associated with cough in patients < 25
- Corneal abrasion/foreign body
- Distal digits amputation
- Epigastric pain in patients < 35
- Flu
- Gastroenteritis
- Headache
- Jaundice/hepatitis
- Laceration
- Low back pain
- Mental disorder requiring medical clearance for admittance
- Minor nosebleed
- Multiple complaints but looks good with stable vital signs
- MVA with low risk of injury (walk in)
- Neck pain without fever
- Constipation
- PID

Probable fractures not open
Rape/sexual assault
Rectal bleeding except in the elderly
Suicidal ideation without action
Syncope under age 25 unless history of cardiac
Uncontrolled hypertension or diabetes—doesn't appear to be in distress
Vaginal bleeding—not pregnant
Vomiting with pregnancy
Weak and dizzy with stable vital signs

ER Triage Criteria

ER(2)

Inclusion Criteria Only: Adolescent and Adult

ER

Active psychosis
Active severe nosebleed
Amputations except distal digits
Any laceration with associated loss of function
Chemical injury to eye
Chest pain
Cold exposure—severe
CVA
Degloving injury
Diaphoresis
Dislocations
Disorientation
Diving injuries
Epigastric pain over 35
Esophageal foreign body with obstruction
GI bleeding—active
Headache with LOC or neuro deficit
Irregular heart rate
Kidney stone
Major trauma
Open fractures
Overdose
Rapid heart rate
Respiratory distress
Severe abdominal pain
Severe vaginal bleeding—pregnant
Severe burns
Severe crush injury
Severe intoxication
Stridor
Syncope over age 25
Unstable vital signs

Urticaria with respiratory distress
Weak and dizzy with unstable vital signs

Fast Track Guidelines

ER(3)

(Suggestions only—should be reviewed and edited by a collaborative practice team)

Exclusion Criteria Only

No children less than 6 months with fever above 100

No trauma alert patients

Trauma alert patients

Trauma alert patients may be transferred to Fast Track after a comprehensive triage in an A-Station room placed close to nurse's station

No acute chest pain patients with the following criteria:

Over 30 years old

Suspected heart history

Positive risk factors, e.g., weight, BP, smoking, etc.

Anything questionable

No geriatric patient (except with minor injury only, e.g., finger laceration)

No multisubstance abuse or OD

No tricyclic OD

No combative/confused patients

No acute epistaxis patients

Must be able to ambulate, or, if has extremity injury, must be able to transfer self from wheelchair to stretcher

No abdominal pain (other than cystitis)

No abdominal trauma

No pediatrics with suspected fracture

No pediatric burns (because of possibility of abuse—time-consuming process of appropriate forms and notification)

No pediatric lacerations

Fast Track Guidelines: Pediatric

ER(4)

Exclusion Criteria Only: Pediatric Emergencies

Infant (newborn to 3 months) with a fever of 100.5 F or higher, feeding poorly, extremely cranky, or sluggish

Child (3+ months) is feverish (>101 F), sluggish, or seems to have changed in his/her pattern of behavior

Seizure brought on by fever or acute asthma attack not responding to regular treatment or medication

Heavy bleeding from nose, mouth, or rectum

Severe abdominal pain

Severe reaction to immunization, extreme crankiness, or lethargy

Croup attack with difficulty breathing

Head injury

Suspected fracture or broken bone

Burns

Lacerations

Ingestion of chemicals, poisons, drugs, or alcohol

Fast Track Guidelines: Pediatric

ER(4)

Pediatric Triage to Fast Track vs. Emergency Department

Any pediatric patient under the age of 6 months with a fever of 100.5 F or higher should be sent to the main Emergency Department

Pediatric patients 6 months or older with any elevation of temperature can go to the Fast Track unless the child has any associated symptoms indicated on previous page under Exclusion Criteria, which would then indicate that the child should go to the main Emergency Department.

Triage to the Emergency Department would also include any child whom the triage nurse felt needed ancillary studies, such as CBC, urinalysis, blood sugar, etc.

Pediatricians request that all burns (no matter how minor) be seen in the Emergency Department because of the possibility of abuse and the time-consuming process of filing the appropriate forms and notifying the appropriate agencies.

Whether a laceration is seen in the Fast Track or ED depends on the location of the laceration, the size of the laceration, and the age of the child (i.e., a child who is going to require two or more people for restraint in order to repair the laceration)

Fast Track Guidelines

ER(5)

Purpose: Establish criteria for patients that are to be seen in the ED Fast Track and to identify the Fast Track process.

Policy

1. The decision for patient assignment to the Fast Track area will be made by the triage RN utilizing the inclusion and exclusion criteria outlined below. Those patients who are questionable for Fast Track should be discussed with the Physician's Assistant or the MD in the Fast Track area.
 - A. Inclusion Criteria: These patients may be sent to Fast Track after triage performed
 - i. Level one or two except those noted in Exclusions below (B.)
 - ii. Level one or two who require saline locks for IV antibiotic use only.
 - iii. Level three or four patients that meet the following criteria:
 - a. Digit dislocations not requiring conscious sedation
 - b. Superficial foreign bodies
 - c. Bite wounds
 - d. Joint injuries
 - e. Suspected strains or sprains
 - f. Lost or stuck contact lens, corneal abrasion, and conjunctivitis
 - g. Current URI, sinus infection, or ear infection
 - h. Non-concussive head injuries with no focal neurological deficits, active vomiting, or loss of consciousness
 - i. Wound checks
 - j. Simple lacerations
 - k. Sore throat symptoms without airway compromise
 - l. Tooth pain
 - m. Uncomplicated urinary tract infections
 - n. Uncomplicated extremity fractures
 - o. Vasovagal symptoms without syncope and without complicated medical history
 - B. Exclusion Criteria
 - i. Level one or two with the following complaints:
 - a. Need for vaginal exam
 - b. Extensive laceration repair

- c. Need for isolation
- d. Psychiatric or substance abuse problems
- e. Sexual trauma
- f. Self-inflicted wounds
- g. Missing or loose teeth with facial trauma (?)
- h. Testicular pain
- i. Vaginal bleeding or discharge
- j. Less than 3 months of age
- k. MIGRAINE headaches
- l. Epistaxis

ii. Any level three or four not described in section A (iii) above

Fast Track Guidelines (continued)

ER(5)

2. Patients will be triaged to the Fast Track area as follows: 11am to 11pm every day. The charge RN will make final decisions as to Fast Track operating hours based on staffing levels.
3. An RN, ortho tech, Physician's Assistant, and/or MD will staff Fast Track. An ED tech may assist in Fast Track.
4. Supervision of PA's is per ED and hospital policy and procedure
5. The Fast Track staff (RN's, ortho techs, and ED techs) will be responsible for opening and stocking Fast Track with the appropriate equipment (suture cart, suture light, general supply cart). They will also be responsible for entering all orders on Fast Track patients and all charges and discharges. The triage or Fast Track RN will be responsible for nursing assessment. The RN will document all treatments and procedures and discharge.
6. Any patient who requires more care than is appropriate for the Fast Track area will be immediately relocated to the main ED treatment area and the ED physician will be notified. Non-Fast-Track patients may be placed in the Fast Track area if no other beds are available. These patients will continue to be cared for by the ED physician who initiated care or his/her designee.
7. Fast Track is to be operated independently from the main ED. Charts are to be kept in the Fast Track area and the patient identifying cards are to be kept in Fast Track. The Fast Track RN or triage RN should bring an identifying card to the main desk when they room a patient if there is no dedicated PA or physician in Fast Track. This is done so that the main ED knows that these patients are in the department.
8. If any patients are left in Fast Track when the Fast Track RN is scheduled to close Fast Track, the charge RN is to be notified and report is to be given to the designated RN. At this point, all charts must be returned to the main ED and patients' bed numbers placed on the greaseboard. When the ortho tech is off duty (23:30), the ED tech is then responsible for cleaning and stocking Fast Track.

Fast Track Guidelines

ER(6)

Inclusion Criteria:

Hemodynamically stable; with vital signs appropriate for age and known PNH for any chief complaint

Cooperative, alert, and oriented, or per primary caregiver usual mental status

Fever >101.5 R, >8 wks old, <75 yo, without complicated or immunocompromising PMH
(Typical) Headache with PMH migraines, non-focal triage neuro exam

EEN FB without severe pain, bleeding, or other emergent factor

Conjunctivitis, arc welding burns, hordeolum, chalazion, dacryocystitis

URI without complicated or immunocompromising PMH

Dental pain with caution of myocardial ischemia, fever

Musculoskeletal neck, back, or extremity pain with obvious reproduction at triage with caution of myocardial or ASPVD ischemia, radiculopathy, cord compression, or change in chronic pattern

Epistaxis without anticoagulant therapy

Cough, wheeze, presumed non-cardiac chest pain with oxygen saturation $\geq 96\%$

Abdominal pain, N/V/D >10 weeks old, adult without major chronic illness

Female UTI, pelvic pain, vaginal discharge

Vaginal bleeding (not pregnant and without hemodynamic compromise)

Male UTI, urethral discharge, penile lesions

Rectal pain or itching, constipation, BRBPR without hemodynamic compromise

Traumatic extremity pain without:

- obvious fracture, major joint dislocation/subluxation
- uncontrolled bleeding or pain, neurovascular compromise, tendon injury
- multiple injuries without suspicion for child, domestic or elder abuse

Minor wounds or lacerations without significant tissue injury or multiple injuries

Wound check, removal sutures or Td immunization

Rash, lice, scabies, tinea capitis

Herpes zoster in non-immunocompromised patient and single dermatome

Ingrown nails, subungual hematomas, inclusion or mucosal cysts, herpetic whitlow

I & D of simple abscess not requiring procedural sedation and analgesia

Allergic phenomena with saturation $\geq 96\%$, without rapid progression of symptoms/signs

Venous stasis ulcers, varicose veins, simple cellulitis, simple decubitus ulcers

Fast Track Guidelines

ER(6)

Exclusion Criteria:

Without need for prolonged IVF therapy, medication, ED observation, admission, ED consultation, or transfer