Reading bank

1 Triage

1 Work in pairs. Explain what you understand by the term *triage*. Compare your answer with other students.

2 Read the text. Complete the sentences below using words from the text. You may have to change the form of the word.

1 Triage is a system where patients are prioritized for treatment to make sure those whose problems are most _____ are seen immediately.

2 The purpose of the triage process is to put patients into _____ according to their need medically and the resources available in the department.

3 Patients who need to be seen instantly are indicated in _____.

4 If patients do not need to be seen within two hours, they are categorized as _____ on the scale with the colour _____.

3 Answer the following questions.

1 What qualities of a triage nurse are mentioned?
2 What examples of instant treatment are mentioned for all patients?
3 How long does triage normally take?
4 Why is triage described as a dynamic process?
5 What category change is quoted to illustrate the dynamic process, standard to very urgent or very urgent to standard?

4 Work in pairs. Complete the text in the last paragraph, using the words below:

uncomplaining urgent aware non-urgent inordinately

Triage

The nature of triage of Emergency department work means that some sorting system is required to ensure that patients with the most immediately life-threatening conditions are seen first. A triage process aims to categorize patients based on their medical need and the available departmental resources. The most commonly used process in the UK is the National Triage Scale where the scale of urgency is indicated by a colour for ease of reference.

National Triage Scale	Colour	Time to be seen by doctor
1 Immediate	Red	Immediately
2 Very urgent	Orange	Within 5-10 minutes
3 Urgent	Yellow	Within 1 hour
4 Standard	Green	Within 2 hours
5 Non-urgent	Blue	Within 4 hours

As soon as a patient arrives in the emergency department he or she should be assessed by a dedicated triage nurse (a senior, experienced individual with considerable common sense). This nurse should provide any immediate intervention needed (eg elevating injured limbs, applying ice packs or splints, and giving analgesia) and initiate investigations to speed the patient's journey through the department (eg ordering appropriate X-rays). Patients should not have to wait to be triaged. It is a brief assessment which should take no more than a few minutes.

Three points require emphasis:

Triage is a dynamic process. The urgency (and hence the triage category) with which a patient requires to be seen may change with time. For example, a middle-aged man who hobbles in with an inversion ankle injury is likely to be placed in triage category 4 (green). If in the waiting room he becomes pale, sweaty and complains of chest discomfort, he would require prompt re-triage into category 2 (orange).

Placement in a triage category does not imply a diagnosis, nor even the lethality of a condition (eg an elderly patient with colicky abdominal discomfort, vomiting, and absolute constipation would normally be placed in category 3 (yellow) and a possible diagnosis would be bowel obstruction). The cause may be a neoplasm which has already metastasized and is hence likely to be ultimately fatal.

Triage has its own problems. In particular, patients in _____ categories may wait _____ long periods of time, whilst patients who have presented later, but with conditions perceived to be more _____, are seen before them. Patients need to be _____ of this and to be informed of likely waiting times. _____ elderly patients can often be poorly served by the process.

LIVEWORKSHEETS