



Section	Hospital Protocol	Date of Issue	12/13/2018
Part	Triage	Issued by	Administration- Emergency/ Urgent Care Department
Pages	4		

Introduction:

It is the standard operating procedure of Tier 1 VMC to triage patients effectively and efficiently.

The procedures for triage is as follows:

General Requirements:

Triage is an important part of the emergency hospital. It is the triage technician's job to assess every patient that comes through the door and determine the seriousness of their conditions. Following are some suggested steps for a stable and stat triage, and some other duties of the triage technician.

Stable Triage:

1. Listen for a CSR to call into the treatment room that there is a consultation, triage, or stat triage
2. TRIAGE AND STAT TRIAGE WILL BE PERFORMED BY PRIMARY TECHNICIANS ONLY AT THIS TIME. They will try to get up front to triage the patient as quickly as possible. If you are very busy, at least try to call up front and notify the CSR. Try to get up front within a few minutes to greet the client and make sure the pet is stable enough to wait.
 - a. consults can be evaluated by primary technicians or secondaries
3. Make sure your scrubs and appearance are presentable before you walk into the lobby to greet the client, i.e. there isn't blood on your hands, dog food on your scrubs, etc.
4. As you approach the client, quickly assess their pet. If the patient appears stable (i.e. not in respiratory distress, not actively bleeding, responsive, etc.) greet the client and collect a BRIEF history.
5. Greet the client politely and with a smile. Introduce yourself and make sure you are interested in what the owner has to say. Ask them their pet's name and what brings



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them into the clinic. Get some basic information including the reason they brought their pet in today, any medications they may be on, if they have been to their regular vet recently for anything abnormal, if they are eating, drinking, acting like themselves, etc.

- a. You may need to ask some specific questions relating to the pet's condition
- b. Try to ask specific questions and keep the owner on topic.

6. Once you have talked to the client, turn your attention to the patient. If there are vital signs you can collect in the lobby on your own (mucus membrane color, respiratory rate, heart rate, etc.) then do so at that time.

- a. If you feel uncomfortable collecting any or all of the vitals without help from another employee, tell the client you are going to bring the patient to the treatment area to collect the rest of its vitals. Doing this will give the client enough time to fill out any paperwork necessary for check-in.
- b. If the owner is resistant, assure them that it will be a brief assessment to ensure their pet is stable and if it is, it will be returned to them or immediately assessed by a veterinarian

7. After you bring the patient back to the treatment area and collect the rest of its vitals, decide whether it is better to leave the patient in the treatment area, or give it back to the owner to wait with them. This may be in the lobby or an exam room. This decision will depend on the condition the pet is in (i.e. if it is having seizures it may be better to leave the patient in the treatment area in case it seizes again), its anxiety level, the amount of pets in the hospital, or the amount of clients in the lobby waiting to be seen. The flow of the hospital on any given day will determine where it is best for the patient to wait.

- a. consult veterinarian on walk-ins

8. When you have decided what to do with the pet, whether it is giving it back to the owner in the lobby, putting it in an exam room with the owner, or leaving it in the treatment area to be examined by the DVM, there are still things you must do.

- a. you must input the triage information in the computer after the CSR has completed inputting the client's information. **START AN EXAM FORM**
- b. When the receiving doctor is ready to see the next patient, relay the information you collected from the owner. (may need to be moved up in priority to be seen)
 - i. ask DVM



- c. At this point if the Client is not already in an exam room, put them in one and notify the receiving doctor where to go.

Stat Triage:

1. A Stat Triage is a critical patient that comes through the door and needs immediate attention. When a critical patient arrives the client coordinators will call over the intercom for a “stat triage”. This means a technician needs to immediately drop what they’re doing and go to assess the patient. When you see the patient and the owner there are a few things to ask the owner. There may not be much time to get all the information you need. Ask what the patient’s name is, what happened leading up the critical event, and most importantly if the owner wants CPR performed on their pet if it should arrest. Sometimes all of this information must be collected in a matter of seconds. After you have collected the information you need from the owner, immediately bring the patient into the treatment area to be assessed by the DVM.
2. Every stat patient is different and may need different initial procedures performed. The DVM may ask you as the triage tech to perform some initial treatments to get the patient stable if there is not another technician available to do so. Otherwise it is important to get the owner into an exam room so the DVM can talk to them about the severity of their condition.
3. CSRs should collect emergency deposit for any stat triage to get care and life-saving measures started.
4. There are many “stat” patient conditions that require immediate attention from the doctor

It is important for the triage technician to be well versed on critical signs and symptoms so they can correctly determine which patients are critical and which are stable enough to wait.

Triage Tips:

Maintain a Positive Attitude: It can sometimes be frustrating to deal with pet owners who do not have the knowledge of pet healthcare or pet husbandry that those of us in the field have. Being polite and reassuring even when owners tell you about bad pet care decisions is important to maintain good client relationships.



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Be Honest about wait times: A key factor in keeping a client happy is not giving them unrealistic expectations about how long they will wait to see the doctor. If it will be 10 minutes tell them it

will be 10 minutes. If it will be an hour tell them it will be an hour. Usually, clients are ok with long wait times if that is what they expect. Client frustration happens when they are told to expect one wait time but are actually waiting longer. If you tell a client one wait time and a more critical patient comes in that pushes that client farther back in line, be honest. Let the client being pushed back in line know that their pet is not as critical as one that just came in, and it will be a little longer. If the clinic is busy and wait times are long, remind the client that we are an Emergency hospital and we treat patients in the order of severity.

Keep exam rooms comfortable: As a room technician, there are some things that you can do to keep the exam rooms comfortable for clients. Wiping the tables and sweeping the floor in between uses is crucial as there are many patients that will bleed, urinate, or leave some other kind of dirt in the rooms. Keeping the rooms stocked with tissue and paper towels is equally important. Also, make sure the fan in each room is turned on when you room clients. It helps with air circulations, and it acts as a noise barrier between the clients and the treatment room.

Leave an exam room open for emergencies: If necessary, the comfort room can be utilized temporarily for emergency consults. This room may be needed for a euthanasia, talking to a client about diagnostics that have been run, discharging an in depth emergency case, critical triages, etc. If there is not always one one room, you may run into a situation where you have to ask a client to return to the lobby prematurely.

Communicate everything to everyone: Communication is key to keeping everything in the clinic running smoothly. Communicate what you need to clients, the receiving doctor, the front staff, and your fellow technicians or assistants.

Contagious Patients: If the owner calls before arrival describing a possibly contagious condition (8-week-old lethargic puppy with vomiting and diarrhea, sneezing cat, etc) please advise them to wait in the vehicle if stable or bring the patient to the triage entrance to be assessed, possibly taken directly to the isolation ward. If a patient is brought into the lobby, ask them to pick up their pet off the floor (if they are able), and take it back outside to the isolation door and a technician should get them into the isolation exam room and get triage data asap door.

Any areas of the lobby contacted by the pet will also need to be disinfected in the same manner.

When a client brings their pet into the clinic, the triage technician is one of the first people they see, and is probably the first person they tell about their pet. It is easy to see how this interaction determines the client's perception of our hospital. When triaging, keep that in mind.



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