



## **Triage**

Triage is the act of organizing patients into levels of importance. The worst patients should be seen first, and the more stable patients can “wait their turn.”

Technicians are not the only individuals that are responsible for triage, the CSRs carry the responsibility as well. Triage can start over the phone and/or observation of the patient in the lobby.

### **Phone Triage**

First, never discount the client's concerns. Phone triage consists of asking a few questions to help determine how soon the patient needs to be seen.

Your questions will be based on why the client is calling, but here are a few important questions you can ask:

1. How is your pet breathing?
2. How is your pet's attitude? Is he/she still interacting with you? If a cat, is he/she hiding?
3. Is your pet eating and drinking?
4. If there are vomiting or diarrhea complaints, you can ask:
  - A. How long have the symptoms been going on for?
  - B. Is there blood in the vomit? Stool?

By asking these questions, you can get a good idea of whether the pet can wait for an appointment or come in as a walk-in.

It is safe to say that, here at Tier 1, we always offer the client to come in as a walk-in if they are concerned about their pet.

## **Lobby Triage**

This is where your responsibilities come in. Lobby triage starts before any other staff members can even talk to the owner or lay hands on the pet. It starts with simple observation.

Your observation of the patient's attitude:

1. How are they reacting to their surroundings?
2. How are they reacting to their owner?
3. Is the tail wagging?
4. Are they lying on the floor uninterested in the surroundings?
5. Is the cat appropriately nervous in a clinic setting?

## **Calling for a triage:**

When you are concerned that an animal's condition is unstable or will become unstable in the time it takes to see the DVM. If you are ever in doubt, you should call a tech upfront for consult.

If a technician feels that the pet can wait with the owner in the lobby, remember there are times where the pet's condition can change. You need to make sure you are keeping an eye on the patient, even checking in with the client to see if everything is still going okay. It is okay to repeat a triage for a patient if they are deteriorating in the lobby.

Knowing which triage to call can be a matter of life and death. An appropriately called triage can save a patient's life. However, inappropriately called triages can cause significant slow-down and added stress to technicians, especially during busy times. Knowing when to appropriately call a triage or consult will be of great benefit to both the patients and the technicians.

## **Types of Triage**

### **Consult:**

Consult triages are where the patient appears to be stable and will not become unstable in the time it takes for it to see a DVM. This also applies to owners that request a consult or are anxious/upset over their pets' condition that a consult would calm them down. A secondary or primary technician will come to the front within five minutes to assess, discuss with the owner, and potentially bring the patient to the back.

There will be times when the patient is stable, but you feel the patient will do better waiting in the back or having small interventions (i.e., bandage placement, pain control, placing e-collar).

Examples:

1. Bloody vomit or diarrhea
2. Open or mild bleeding wound
3. Painful- crying out in pain, whimpering, howling
4. Porcupine quills
5. Licking/chewing a wound or mass

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Triages are where the patient is unable or will become unstable in the time it takes to see a DVM. A single technician will come to the front immediately to assess and likely bring the patient to the back.

Examples:

1. Dog with frequent retching/vomiting thick white foam
2. Distended abdomen
3. Ataxic- difficulty walking, stumbling, appearing “drunk”
4. Allergic reactions- facial swelling, hives, vomiting, diarrhea
5. Cats that are not urinating or owner states they are constipated
6. Recent toxin ingestion- ingestion was within 6-12 hours
7. Multiple seizures in the past 24 hours