# Women's Health Care

## Triage Initial Assessment and Prioritization Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Arrival Time at Triage:</th>
<th>Age:</th>
<th>LMP:</th>
<th>EDD:</th>
</tr>
</thead>
</table>

### Gestational Age: | Gravida: | Para: | Allergies: |
|------|------|------|----------|

Patient at Risk of Fall: □ Yes □ No  
Fall Risk Factor:  
Fall Protocol Initiated: □ Yes □ No

**S**  
**Presenting Complaints:**

**B**  
**Risk Factors:**

**A**  
**Check (√) the relevant Triage Acuity level, As Per Obstetric Triage Acuity Tool**

- □ Red (Level 1 Immediate)
- □ Green (Level 3 Urgent)
- □ Amber (Level 2 Emergent)
- □ White (Level 4 Non Urgent)

**Vital signs:**

- Temp: ________ ºC  
- Pulse: ________/min  
- Respiratory rate: ________/min  
- BP: ________mmHg, O2 Sat: _______%  
- Pain Scale Used: □ Verbal Numeric Pain  
- Pain score (0-10): ________

- Fetal Heart Sounds: □ Present □ Absent
- Uterine contractions: □ Palpable □ Not Palpable

**R**  
If Patient is assessed by physician:

**Comments:**

Date: ________  
Physician: ________

Time: ________  
Mnemonic: ________

Reassessment if needed: ________

**Check (√) the appropriate:**

- □ Triage Assessment Room  
- □ Labour Room  
- □ Labour Room OR  
- □ Main OR □ Ward  
- □ Discharge home  
- □ LAMA
SCREENING FOR INFECTIOUS DISEASES

Check (✓) the appropriate

- Fever > 2 weeks [ ] Yes [ ] No
- Cough > 2 weeks [ ] Yes [ ] No
- Travel < 2 weeks [ ] Yes [ ] No
- Rash [ ] Yes [ ] No
- Exposure with Chicken Pox or Measles [ ] Yes [ ] No

Note: If any above is YES together with Fever then immediately inform doctor for further assessment for infectious diseases. Immediately provide surgical mask to the patient.

Check (✓) the appropriate

INFECTION DISEASE AND ISOLATION PRECAUTIONS

- AIRBORNE PRECAUTION
  - Measles
  - Chicken pox
  - Pulmonary Tuberculosis
  - Others

- DROPLET PRECAUTION
  - H1N1
  - Mumps
  - Meningococcal Meningitis
  - Pertussis
  - Others

- CONTACT PRECAUTION
  - Multi-Drug Resistant Organisms (MDR)
  - MDR Pseudomonas
  - MDR Acinetobacter
  - Candida Auris
  - Vancomycin-Resistant Enterococci (VRE)
  - Carbapenem-Resistant Enterobacteriaceae (CRE)
  - Chicken Pox
  - Crimean-Congo hemorrhagic fever (CCHF)
  - Scabies
  - Others

- STANDARD PRECAUTION

Handed over by: [ ] Nurse Name: [ ] Initials: [ ]

Received by: [ ] Nurse Name: [ ] Initials: [ ]

Designation: [ ] Date: [ ] Time: [ ]

(Received by: Nurse Name: [ ] Initials: [ ] Designation: [ ] Date: [ ] Time: [ ])

(Note: For Reference only Annexure 2: Obstetric Triage Tool)

<table>
<thead>
<tr>
<th>Obstetric Triage Tool</th>
<th>RED</th>
<th>AMBER</th>
<th>GREEN</th>
<th>WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1: (Immediate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2: (Emergent)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment by Nurse/ Senior Resident/ Instructor /Consultant</th>
<th>Every 5 min</th>
<th>Every 15 min</th>
<th>Every 60 min</th>
<th>&lt; 120 min</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Place to be seen</th>
<th>LKOR Labour Ward for urgent transfers from triage</th>
<th>Triage assessment(LTR)</th>
<th>Triage assessment(LTR)</th>
<th>Triage Assessment (LTA/LTR)</th>
</tr>
</thead>
</table>

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<tr>
<th>Place to be Shifted</th>
<th>Inpatient Birth</th>
<th>Pre-term Labour/PROM</th>
<th>Active Labour at term</th>
<th>Labour at term, term pre-Labour</th>
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<tr>
<th>Labour/ fluid</th>
<th>Active vaginal bleeding, with or without abdominal pain</th>
<th>BLEEDING associated with cramping (+)</th>
<th>BLEEDING associated with cramping/ Spotting&gt;37 weeks</th>
<th>Discharge</th>
</tr>
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<tr>
<th>Sepsis</th>
<th>Temp &gt; 37.3 (initiate sepsis 6)</th>
<th>Temp 37.3-37.6</th>
<th>Temp 37.2-37.6</th>
</tr>
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<tr>
<th>Hypertension</th>
<th>Severe</th>
<th>BP &gt; 140/110 and headache or visual disturbance / RUQ pain</th>
<th>Mild to moderate hypertension</th>
<th>BP &gt; 140/90</th>
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<tr>
<th>Fetal</th>
<th>Pathological CTG, or no fetal movement</th>
<th>Suspicious CTG</th>
<th>Reduced Fetal Movements</th>
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<tr>
<th>Other</th>
<th>Acute onset severe abdominal pain</th>
<th>Chest pain Palpitations</th>
<th>Abdominal back pain</th>
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<tr>
<th>Collapse/shock GCS</th>
<th>Cord prolapse</th>
<th>Severe SOB unable to speak in full sentences</th>
<th>Pain in Hematuria, itching, nausea</th>
<th>Abdominal distension, diarrhea, full without contractions or bleeding, calf pain.</th>
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|----------------|---------------------|--------------------|---------------------|--------------------------|