

Triage Fundamentals #01: The Risky Business of Triage

Duration 1.3 CE Hours

In this activity, we define the standards of triage and the relevance of triage practices in malpractice cases. We discuss infant triage, chest pain triage, and the importance of reassessment triage. We also review risk potentials in documentation, triage competency and quality review. After completing this activity, practitioners should be able to: identify two common practices at triage that increase malpractice risk; list two examples of how triage can be perceived to impact patient outcomes; and relate triage competency, documentation, and policies to risk potentials.

Triage Fundamentals #02: Triage Practice Standards

Duration 1.2 CE Hours

In this activity we define triage goals and the triage practice standards of care. We discuss the Canadian Triage Acuity Score (CTAS), including the CTAS first-order and second-order modifiers. We also review the Emergency Severity Index (ESI), and the ESI resource allocation requirements. After completing this activity, practitioners should be able to: identify two triage scoring systems that meet the current practice standards for triage in the ED setting; differentiate rapid and comprehensive triage; and list three expected outcomes from an effective triage process and system.

Triage Fundamentals #03: Triage Assessment & Documentation

Duration 1.5 CE Hours

In this activity we discuss triage systems and the chief complaint for triage assessment. We review the ABCDs of triage, including documentation, vital signs, and assessing pain. After completing this activity, practitioners should be able to: examine the differences between rapid and comprehensive triage processes; examine the 3 essentials of triage documentation; list the human senses that relate to your triage assessments; analyze the role of vital signs in the triage decision-making process; and list methods of assessing pain that take into account age, ability to understand, and condition.

Triage Fundamentals #04: Triage Policy, Procedures & Guidelines

Duration 1.5 CE Hours

In this activity we review triage policies, procedures, guidelines and protocols, along with to medical screening exams and organizational policies. After completing this activity, practitioners should be able to: list policies, procedures and guidelines as they relate to triage; list criteria to consider for triage competency; examine elements used to validate competency; analyze expectations for the triage nurse related to reassessments; examine elements of the EMTALA rules that apply to the triage nurse; describe EMTALA non-compliance as it relates to the emergency department; and describe avoidance of EMTALA violations as it relates to the emergency department.

Triage Fundamental Courses

Triage Fundamentals #05: Special Considerations at Triage

Duration 1.7 CE Hours

In this activity four areas of special considerations will be addressed: pediatric patients, geriatric patients, kinematics of injury, and telephone triage. Understanding the special considerations related to the pediatric and geriatric patient populations, as well as the kinematics of injury and telephone protocols will help the emergency department nurse make informed sorting decisions at triage. After completing this activity, practitioners should be able to: analyze the physical and mental/emotional differences in pediatric patients that impact the triage assessment; integrate the physical and psychosocial changes occurring in older adults with their triage assessments; evaluate the strengths and limitations of telephone triage; and critique the differences in assessing the various kinematic injuries occurring in patients presenting in triage in the Emergency Department.

Triage Fundamentals #06: Violence Potentials and Victims

Duration 2.0 CE Hours

In this activity we review the following lessons on family violence: intimate partner violence; elder abuse; and child abuse. We will also discuss violence potentials in the emergency setting. The triage nurse cannot pre-determine victim potential based on age, gender, or socioeconomic status because family violence permeates all demographics. Consequently, triage staff must be vigilant in complying with organizational policy and ask assessment questions that increase victim identification. Developing an understanding of the cycle of violence, perpetrator characteristics, and victim responses gives triage nurses the confidence they need to pose some very difficult questions. After completing this activity, practitioners should be able to: examine three patient scenarios that are considered risks for violence in the emergency setting; devise at least two proactive and two reactive methods of de-escalating violence potentials; examine three categories of victims of violence that are commonly cared for in the emergency department; inspect at least three red flags the triage nurse should be alert to for each of the victim categories discussed; and compare two prompting questions related to family violence that are appropriate for initial triage screening when the patient is alone.

Triage Fundamentals #07: Customer Service Perceptions

Duration 1.2 CE Hours

In this activity we discuss effective communication and the environmental impact for customer service. We also review patient follow-up/call backs, patient surveys and reimbursement, and challenging customer service triage scenarios. The department goal should be to capture these effective practices from the entry point of triage through the point of discharge, admission, or transfer. After completing this activity, practitioners should be able to: compare the different customer service perspectives of the patient and triage nurse; examine two interventions the triage nurse can initiate to improve customer service; analyze three essential aspects of communication that directly impact customer service; inspect how reimbursement for ED visits is tied to customer service perceptions; examine three elements of the physical environment related to triage that may impact customer service; and propose at least three components of effective follow-up call backs.

Triage Fundamental Courses

Triage Fundamentals #08: Clinical Components I

Duration 1.3 CE Hours

In this activity, we explore chief complaints related to the head, neck, eyes, ears, nose, and throat. Although many of these initial presenting complaints may not seem to need emergency care, some of them are high-risk scenarios warranting prompt attention and further evaluation. After completing this activity, practitioners should be able to: analyze three red flags for complaints that are related to the head, neck and ENT that should alert a triage nurse; examine two physiological factors that relate to the red flags discussed; and compare examples of a Level 2 and Level 3 triage in each clinical category.

Triage Fundamentals #09: Clinical Components II

Duration 2.0 CE Hours

In this activity, the focus is on complaints related to the chest including Acute Coronary Syndrome (ACS), the abdomen, back, and extremities, with each of these areas holding their own relevant statistics and pertinence for triage. After completing this activity, practitioners should be able to: examine three red flags for complaints related to the chest, abdomen, back, and extremities that should alert a triage nurse; examine two physiological factors that relate to the red flags for complaints related to the chest, abdomen, back, and extremities; and compare examples of a Level 2 and Level 3 triage in patients with complaints related to the chest, abdomen, back, and extremities.

Triage Fundamentals #10: Clinical Components III

Duration 1.6 CE Hours

In this activity, we explore chief complaints related to fever, seizure, syncope, and heat/cold emergencies. Many times patients/caregivers present with a personal interpretation of what is causing their symptoms. When triage nurses only focus on the patient/caregiver perspective, they lose their ability to look beyond this narrow framework. Triage decisions that impact good patient outcomes occur when a nurse takes off these blinders and considers the whole picture, including all the potentials for demise. After completing this activity, practitioners should be able to: list three red flags for complaints related to fever, seizures, syncope, and heat/cold emergencies; describe two physiological factors that relate to the red flags discussed; and compare examples of different triage levels assigned in case scenarios.

Triage Fundamentals #11: Clinical Components IV

Duration 1.6 CE Hours

In this activity, the focus is on inhalant abuse in both the pediatric and adult patient populations, toxicities, and changes in behavior; all of which share a common theme, they frequently involve a mental health concern. The way people cope with daily as well as unexpected life events has shifted in our society. Increased demands and expectations, personal needs, and unrealistic ideas of fulfillment drive many to seek escape through substance use. This course will also explore organic causes of changes in behavior such as infectious processes and electrolyte imbalances. After completing this activity, practitioners should be able to: list three red flags for complaints related to inhalant abuse, toxicity emergencies and presentations related to a change in behavior; list two physiological factors that relate to the red flags discussed; and compare examples of different triage levels assigned in the case scenarios discussed.