PeaceHealth’s ESI-Level 3 Triage Criteria

**Overview:** PeaceHealth Southwest Medical Center created this triage criteria to help segment their ESI-level 3 patients. Use this tool to reduce treatment ambiguity for mid-acuity patients by segmenting them into three paths—low acuity, stable and non-complex, and sick and complex.

**Types of tool provided:** Set of criteria.

**Tool contents and intended audience:** This tool consists of a 2-page set of inclusion criteria. It is intended to be used by emergency department nurses at triage.

**Tool Implementation Guide**

**ESI-Level 3 Triage Criteria:** Use this set of criteria as a checklist to determine whether patients should be triaged as level 3: low acuity, level 3: stable and non-complex, or level 3: sick and complex. This assessment will allow you to determine in which part of the emergency department the patient is treated. Note the additional information included on the second page of the inclusion criteria.
PeaceHealth’s ESI-Level 3 Triage Criteria

Pod A Inclusion Criteria (Low Acuity)

- Musculoskeletal (MS)
  - Extremity pain/swelling; stable without obvious deformity
  - Laceration
  - Neck or Back pain, <50 year old, no fever or signs of infection, +ambulatory

- Minor Trauma
  - Head Injury: No altered mental status, vomiting or Coumadin

- MVC
  - Isolated multiple sclerosis complaint; no significant chest or abdominal pain
  - Puncture wounds

- HEENT
  - Cough/congestion, <60 year old; not ill appearing
  - Dental pain/swelling
  - Ear pain/drainage
  - Eye pain not associated with significant headache
  - Sore throat
  - Nosebleed, minor, not on Coumadin

- Integumentary
  - Rash or other minor skin problem
  - Cellulitis: non-diabetic, or extensive area or signs of infection
  - Minor abscess- no sign of infection
  - Wound checks

- Chest / Respiratory
  - Chest pain, <30 year old, stable vital signs
  - Shortness of breath/asthma, <50 year old, NOT direct backs

Main ED Inclusion Criteria (Sick, Complex)

- Unstable vital signs, whatever the chief complaint
  - Altered mental status
  - Stroke/transient ischemic attack patients
  - Active chest pain
  - Septic patients
  - Pulmonary patients in respiratory distress
  - Trauma team and trauma alerts
  - Patients >60 years old, unless stable VS, minor chief complaint
  - Abdominal pain in patients >60 years old, unstable vital signs, no hypertension
  - Congestive heart failure patients having acute respiratory difficulty
  - Dialysis patients having acute respiratory difficulty
  - Any dysrhythmias
  - Any airway issues
  - Patients with >3 co-morbidities unless minor chief complaint

Remember:
- INCLUSION criteria listed for Main ED is EXCLUSION criteria for Pod A or B
- All infants <30 days old should be taken directly back, regardless of chief complaint

Patients NOT Pod A or Main ED Criteria are Pod B (stable, non-complex)
## PeaceHealth’s ESI-Level 3 Triage Criteria

### Page 2 of 2

<table>
<thead>
<tr>
<th>Pod A Inclusion Criteria (cont.)</th>
<th>Intake Pods A and B Adult Vital Sign Exclusion Criteria</th>
<th>Fast Track Patients</th>
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</thead>
<tbody>
<tr>
<td><strong>Neurological</strong></td>
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<td>DO NOT TAKE or SEND patients to Fast Track (FT) area—at all</td>
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<tr>
<td>– Headache with history of migraines, not atypical or “worst of my life”</td>
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<td>Place them in FT waiting area by Triage</td>
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<tr>
<td>– Seizure WITH prior history. Not actively seizing or significantly post ictal</td>
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<td>Fast Track personnel should PULL patients to FT as see them &amp; THEN they will place the patient in the FT Waiting Area</td>
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<td><strong>Gastrointestinal</strong></td>
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<td>– NV, &lt;50 year old, no bleeding</td>
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<td>– Flank pain, &lt;50 year old</td>
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<td>– ABD pain, &lt;50 year old, ambulatory</td>
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<td>– Rectal pain/hemorrhoids without significant bleeding</td>
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<td>– Groin pain/swelling</td>
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<td>– Hernia</td>
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<td><strong>Systemic/Infectious</strong></td>
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<td>– Fever, &gt;3 months and &lt;50 year old</td>
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<td>– Flu like symptoms, &lt;50 year old</td>
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<td>– Allergic reaction, not anaphylactic, not direct back</td>
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</table>

### Additional Information
- Triage with SPECIFIC guideline criteria for all pods
- Pod A = NO complex patients
- Pod B = Patients NOT appropriate for Pod A or Main ED
- **TEAM approach is expected in all areas:** Provider, nurse, technician in room together, complete exam/interventions up front
- Keep patients vertical, re-dressed and moving as much as possible!
- Utilise the waiting room for patients waiting on imaging or test results

Source: PeaceHealth Southwest Medical Center, Vancouver, Washington, US. Advisory Board interviews and analysis.