ADVANCED TRIAGE

OBJECTIVE
To expedite emergency care by delegation of initial radiology and lab testing via RN triage protocols after competency validation process.

SCOPE
All Emergency Services Registered Nurses, physicians, and EMTP.

POLICY
All Emergency Department Registered Nurses will initiate triage protocols when indicated.

PROVISIONS
Upon completion of specific orientation and competency validation skills, ED RN’s after initial assessment and documentation, will initiate the following protocols:

1. Extremity x-rays should be ordered prior to physician evaluation ONLY for those patients brought in for evaluation of ISOLATED extremity injuries.
2. Only the Emergency Physician should order x-rays on children/infants who present with unclear mechanism of injury.
3. All potentially unstable fractures must be seen by a physician prior to immobilization
4. X-rays will be limited to injuries of the forearm, wrist, hand, fingers, heel, lower leg, ankle, foot and toes.
   a. X-rays should be ordered when any of the following are present:
      1) Clear deformity of a limb.
      2) Significant swelling accompanied by point tenderness.
      3) Injury/Trauma is suspected due to mechanism of injury.
   b. X-rays should not be ordered without documented consultation (on the Triage Assessment form) with the Emergency Physician in the following situations:
      1) Open fractures.
      2) Suspected child abuse.
      3) Fracture with neurovascular compromise.
      4) Suspected nursemaid elbow.
      5) Physician examination is requested first by patient/family/RN.
      6) Requires pain control.
5. Documentation of the triage record prior to x-ray must include all of the following:
   a. Mechanism of injury.
   b. Time of injury.
   c. Location of injury.
   d. Assessment of neurovascular status.
   e. Assessment of joint proximal and distal to the injury.
6. See attachments for specific guidelines/protocols.
7. Diagnostic and Laboratory Tests - Diagnostic and laboratory tests will be performed at Triage for only a select group of patients and will be limited to the following:
   a. Clean catch urine will be obtained on all children with a chief complaint of dysuria, urinary frequency, hematuria, and flank or abdominal pain. A clean catch urinalysis should be obtained and sent for persons with sign/symptoms of UTI/mid/lower abdominal pain/pregnancy according to guidelines. * Excluding female patients with vaginal bleeding.
   b. As appropriate, Capillary Blood Glucose should be done on patients with history of diabetes.
### TRIAGE GUIDELINES: UPPER EXTREMITY

<table>
<thead>
<tr>
<th>Site of Injury</th>
<th>X-ray Study</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forearm:</strong> Injuries distal to elbow</td>
<td>Forearm</td>
<td>Immobilize if unstable</td>
</tr>
<tr>
<td><strong>Wrist:</strong> Includes distal 1/4 of forearm</td>
<td>Wrist</td>
<td>Do navicular view if client has “snuffbox” tenderness. If significant deformity is present forearm may be a better view (consult with physician).</td>
</tr>
<tr>
<td><strong>Hand:</strong> Metacarpal bones</td>
<td>Hand</td>
<td>Note which metacarpals are injured.</td>
</tr>
<tr>
<td><strong>Fingers:</strong> Including metacarpal-phalangeal joint</td>
<td>Hand/fingers</td>
<td>Request specific finger(s) (thumb, index, middle, ring, little).</td>
</tr>
</tbody>
</table>

- If upper extremity injury extends to proximal 1/4 of forearm and elbow - wait for physician evaluation prior to radiology.
- It is not within the scope of Advanced Triage to order comparisons view(s) of x-rays.

### TRIAGE GUIDELINES: LOWER EXTREMITY

<table>
<thead>
<tr>
<th>Site of Injury</th>
<th>X-ray Study</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tibia/Fibula</strong></td>
<td>Tib/Fib</td>
<td>Order if pain near malleolus and one of the following:</td>
</tr>
<tr>
<td><strong>Ankle</strong></td>
<td>Ankle</td>
<td>- age 55 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- inability to bear weight both immediately and in ED (4 steps)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- bone tenderness at posterior edge or tip of malleolus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add tibia/fibula if ankle pain and proximal fibula pain.</td>
</tr>
<tr>
<td><strong>Foot</strong></td>
<td>Foot</td>
<td>History of acute trauma and one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tenderness swelling over dorsom or sole of foot.</td>
</tr>
<tr>
<td><strong>Heel</strong></td>
<td>OC Calcus</td>
<td>Order for bony tenderness at site, and history of direct impact.</td>
</tr>
<tr>
<td><strong>Toes</strong></td>
<td>Toes</td>
<td>Note which toes are injured:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Great toe, 2nd, 3rd, 4th, 5th</td>
</tr>
</tbody>
</table>

- It is not within the scope of Advanced Triage to order comparison view(s) of x-rays.
PROVISIONS

1. Extremity x-rays should be ordered by a registered nurse as verbal order prior to physician evaluation ONLY for those patients brought in for evaluation of ISOLATED extremity injuries. The physician will sign the orders from his/her inbox.

4. b. Nursing should not order x-rays without consultation with the ED physician for the following situations:
   1) Open fractures.
   2) Suspected child abuse.
   3) Fracture with neurovascular compromise.
   4) Suspected nursemaid elbow.
   5) Physician examination is requested first by patient/family/RN.
   6) Requires pain control.

5. Electronic Nursing Documentation prior to x-ray procedure must include the following:
   a. Mechanism of injury.
   b. Time of injury.
   c. Location of injury.
   d. Assessment of neurovascular status.
   e. Assessment of joint proximal and distal to the injury.

7. If appropriate, capillary blood glucose will be performed at triage if patient’s chief complaint is related to complication diabetes.