

# 10 Ways to Get Fooled in Triage

Lisa Wolf, RN, PhD, CEN

## Behavioral Objectives and Outline

Discuss different conceptualizations of triage

- Sorting
- Assessing
- Traffic control

- Triage scales
  - ESI
  - ATS
  - TAS
  - 3 tier

- How do people learn to do triage?
  - Short training in house
  - Course from ENA or other body
  - Thrown out there to sink or swim

- Who should be doing triage?
  - ENA says:
    - More than 1 year ED experience
    - ACLS
    - PALS
    - CEN
    - TNCC/ENPC

- Why is this?
  - Because triage is hard

Identify key skills that contribute to accuracy in triage

- System 1 versus system 2
- Problem identification
- Circular thought Process- “closing the loop”

Identify problematic presentations in triage and strategies to improve assessment of these patients.

10 Ways to get fooled if you're not paying attention, the worst thing it could be, and what you need to look for in the patient presenting with:

- a. Weakness
- b. Elderly folks with head injuries
- c. Walk-in trauma
- d. Visual complaints
- e. Back pain
- f. Dizzy
- g. Headache
- h. Nausea/vomiting
- i. Sore throat
- j. Anxiety

Summary and discussion