Triage and Trauma

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In general, most veterinary practices have emergencies that walk through the door that they were not expecting. Everyone has heard the word "Triage", but do you really know what it means? Triage comes from the French word "trier" or "to sort".[1,2] The word was generated around the 1790's during the French revolutionary war/Napoleonic war time when men had to care for the wounded on the field. Obviously, battlefield triage is very different than hospital triage. You can only address those that can be helped.

The basis of triage is to identify the cases that need immediate care to maximize the survival of the patients that are presented to the hospital. You will have to identify the patients that are stable enough to wait and the patients that are critically ill. It is crucial to also identify those patients that are stable, but shouldn't wait in the lobby. For example, a patient that has a small laceration but is dripping blood all over the lobby.

In order to triage effectively, walk around the clinic to ensure there is an area where you can take critically ill patients and tend to them. Be prepared.[1]Where do you triage? The lobby? Is there an exam room that you can take them to? An area of the lobby? What about cats and exotics? Do you even see exotics? Do you know where the nearest exotic clinic is? Find the best place that will work for both the clinic and the patient.

It is always beneficial for the patient and the staff if there is an area of the treatment floor that is designated for a critical/emergency patient. Have catheters, fluids, oxygen administration, a crash cart/tray, blood pressure supplies, warming devices, monitoring devices (ECG), and quick diagnostic tools (microhematocrit tubes, glucometer, lactometer, I-stat™, etc.) ready to go. Having this equipment at hand can help a clinician quickly diagnose a critical patient and create a better emergency experience for both the staff and the patient. A crash cart/box/tray is the most essential tool to have at the practice. It should include catheter supplies, emergency medications (lidocaine, epinephrine, atropine, vasopressin, etc), syringes for drawing blood and emergency medications, endotracheal tubes, fluids, fluid lines, etc. Make sure the crash cart is stocked every day. Supplies are borrowed, taken, or used for other situations which can then in turn make a critical situation more complicated. Nobody wants to be running to the surgery suite for endotracheal tubes when a patient has to be intubated. Mark the crash cart to signify that it is stocked. The last thing that anyone can do to be prepared for an emergency is to make sure that everyone practices. Practice, practice, practice. In an emergency situation, the staff will make a more cohesive team if they all know where the supplies are kept, where the crash cart is, and how to stay calm.

Triage can be done in two ways. Triage can be done in person when multiple emergency patients come in at the same time or triage can happen over the phone. Receptionists are the first to see the patient when they walk into the door. It is strongly suggested to train the receptionists what is an emergency and what isn't an emergency. They are the ones to determine when to call a technician for help. When a client calls the clinic for an emergency, it is better to have medical personnel on the phone to help ask the correct questions and make sure that the emergency is a true emergency. For example, a client calls and says her cat is in the litter box all the time and thinks he is constipated. A veterinary professional may ask, "Has your pet been urinating in the box as well?" When the client says, "Well, now that you mention it, I don't remember seeing urine in the box either." If this cat is blocked, it would be considered a true emergency whereas a non-veterinary professional may have told the client to come in as an appointment the next day for constipation. DO NOT DIAGNOSE OVER THE PHONE! In the phone call, it may have been easier to say, "I know your cat is blocked, please bring it in." But unfortunately, this is illegal for technicians and

receptionists to do. State what you are concerned about to the client, “I am concerned that your cat hasn’t urinated in a long time and I would suggest that you bring him in immediately.” If the client is asking multiple questions over the phone or is getting emotional, express concern for the patient. Let them know you will answer all of their questions when they get in. Keep control of every conversation. Be aware that if the client thinks they have an emergency, then you should treat it as such.[3]

Know your clinic’s limits when it comes to emergency. Can the hospital care for a patient for 24 hours? Are you open on the weekend? Is there an overnight technician that can care for patients? Can you handle wildlife/exotic emergencies? Can the hospital perform surgery at any point in time? These are all questions to ask the clinic and the staff to help ensure preparedness for an emergency you cannot handle. It is acceptable to send a client to a different clinic if the hospital does not have the capability to handle different types of emergencies.

Always assess the most critical patient first. Remember your ABC’s (airway, breathing, circulation) and infectious/dramatic cases can be brought into the treatment room and placed in a kennel while the technician is getting a more accurate history. If the patient is very critical and needs to be brought back right away, the next step is to have a triage estimate ready.[1] This will ensure not only that the patient will be taken care of quickly, but that the owner is prepared for what the cost may be. This estimate usually is a range that can include radiographs, blood tests, intravenous catheter placement, and intravenous fluid administration. This does not include any other tests or medications that may be done after the diagnosis is made. The form also includes a CPR code. It is better to be ready for CPR than to ask the owner as CPR needs to be performed. The receptionist can go over this form if necessary. Everything should be written in a clear format so everyone understands what is included in the estimate. Communicate to the client that this is a way for their pet to get the quickest, best care possible.

Client communication is key in an emergency situation. Explain to the client why and where you are taking their pet. This can be distressing to them because they cannot be with their “family member”. Keep control of a resistant client. Focus on the patient and assure them that the staff is doing what is best for their pet. Keep updating the client frequently. Any medical or financial decisions should be made with the client. The receptionists should also always remind the other clients waiting the in the lobby that it is better to not be first in the ER.

A history should be taken quickly once the emergency patient walks in. This includes the presenting complaint, when the patient was normal last, what has been done/given already, have there been any previous medical issues, and is the patient receiving any medications or is allergic to any medications. A more thorough history can be taken after the patient is stabilized. This should only take less than five minutes!

Triaging should be prioritized in order of, respiratory compromise, cardiovascular compromise, neurologic compromise, and then other emergencies. Assess each patient’s “ABC’s”. A=Airway, B=Breathing, C=Circulation, D=disability/neuro, E= external assessment.[2,3] After assessing each, a temperature, pulse, and respiratory rate must be done to complete the primary assessment.[2] DO NOT FORGET ABOUT PAIN MANAGEMENT! Assess the patient’s airway first. Keep the patient calm, cool, and supplement oxygen if needed. Supplementing oxygen is never the wrong thing to do. Intubate the patient if it is warranted. A tracheostomy tube may be needed if an endotracheal tube is impossible. A tracheostomy tube can be made out of an endotracheal tube if the hospital does not have tracheostomy tubes available. Next, assess the patients breathing. Ascult the patient’s lungs. Are there any crackles, wheezes, harsh lung sounds, no sounds? A pulse oximeter can tell you the oxygen status of a patient. It is never good if a patient is cyanotic. Place on oxygen and minimize stress. Pink gums do not necessarily mean that the patient is stable. A patient can still have low oxygen saturation with pink gums. There are many ways oxygen can be supplemented to a patient.

A few ways are: oxygen cage, incubator, e-collar with plastic wrap on it, a cat carrier with a plastic bag over it, a mask, nasal cannulas, etc. Next, assess the patient's circulation. Start by assessing the patient's mucous membrane color, capillary refill time, pulse quality, level of consciousness, heart rate, and extremity temperature. If the blood pressure is normal, this does not mean that the patient is stable, but if the patient's blood pressure is low, this is an indicator of shock. Shock is a physical exam diagnosis. If the patient is externally hemorrhaging, stop the bleeding. Place an intravenous catheter to give fluids to replace the volume lost. If the patient is in cardiogenic shock, fluids may be contraindicated. ECG, blood pressure, bloodwork, stat chemistry values, "Big 4" (PCV/TP, BG, Lactate), should be assessed. If imaging is deemed necessary, the patient must be stable. No patient should die on the radiology table! Use sedation if needed. Remember a patient should stay calm.

If a neurology emergency comes into the clinic, assess the patient's level of consciousness. This can determine if you bring the patient to the treatment room, or place the patient in the room to be looked at by the clinician next. Ask yourself, is the patient able to walk? Did they have some sort of trauma? Are they seizing?

Lastly, perform an external assessment.[2] Look over the entire patient and check every side. Attend to any wounds, lacerations, punctures, or abrasions. Assess for any crepitus, fractures, or pain in the abdomen. Are there any skin issue? These are all things to look for when assessing the whole patient.

Infectious diseases are always something to keep in mind while triaging patients. Where would you triage an urgent infectious patient? Is the patient going to transfer that infectious disease to you? To other patients?

During this time, owners should always be on the mind of every staff member that is working with their pet. The staff should be triaging the owner as much as they are triaging the patient. Keep the owner calm, cool and informed. The more informed the owner is, the more they will feel comfortable that the staff and veterinarian are in control of the pet's health.

A secondary assessment should be done after the patient is stable.[1,2] A full physical exam, bloodwork results, imaging interpretation, and repeated ABC assessments are performed. Repeating and reassessing the ABC's are crucial because these may change quickly in any patient. Shock may reoccur, pain may surface, or other symptoms may come up. Keep the patient clean, dry, and comfortable. Change bandages and splints as needed. Always keep an eye on the patient's neuro status, pain, anxiety level, urine output, and hydration status.

While triaging and stabilizing trauma patients requires rapid medical decision-making and technical skill, veterinary technicians must also manage the emotional impact of these cases. Technicians are often the first to see severely injured patients and are responsible for initiating life-saving care while simultaneously communicating with distressed owners. This can be mentally and emotionally taxing, especially when outcomes are uncertain or poor.

Maintaining composure during these situations is critical for patient care. Many technicians rely on preparation, clear team communication, and well-practiced emergency protocols to stay focused during high-stress events. After particularly difficult cases, debriefing with the veterinary team can be helpful to review what went well, identify areas for improvement, and allow staff to process the emotional aspects of the case.

Repeated exposure to trauma patients can contribute to compassion fatigue or burnout in veterinary professionals. Encouraging a supportive team environment, allowing time for mental recovery after intense cases, and recognizing the emotional demands of emergency medicine are important steps in maintaining technician well-being. By supporting each other and acknowledging the psychological impact of trauma cases, veterinary teams can continue providing high-quality care to both patients and their owners.

In conclusion, triaging is important in any hospital setting. If prepared, emergency situations can run smoother with the hospital staff. Remember to assess the ABC's and always communicate effectively with the client. This can save your patients.

References:

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