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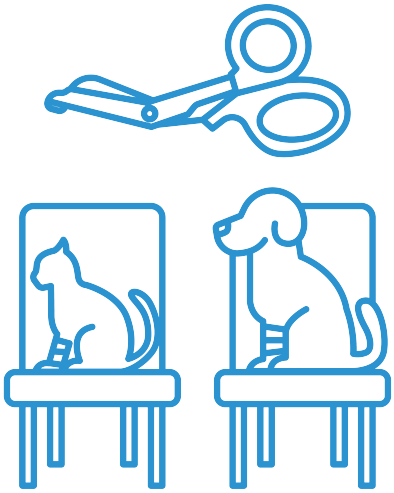

Triage for Veterinary Technicians

DRIP 3

February 2, 2022

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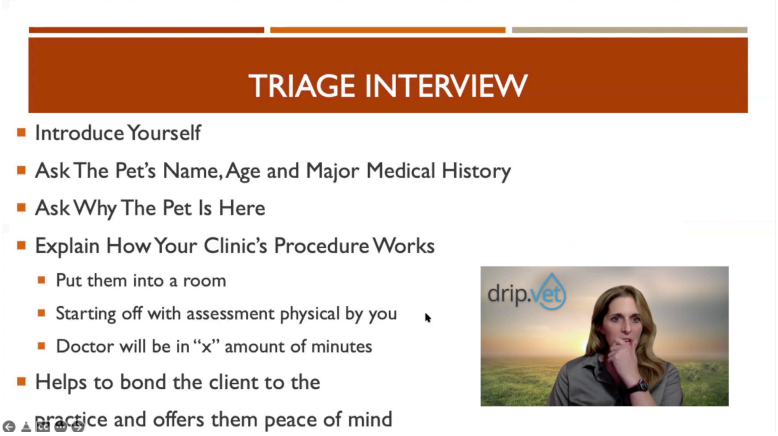


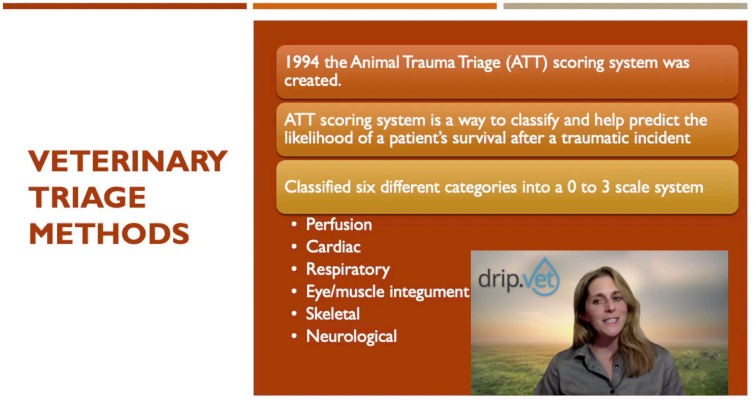
So again the triage interview. They come in, it's not dying. Let's have that conversation with them. Hi my name is Amy. I'm one of the emergency technicians. What's going on? OK this is Fluffy McFluffer Pants. He is vomiting. He is five years old, you know and the major medical history, let's be real. They're going to start back 10 years I got Fluffy McFluffer Pants, isn't that a great name? I got him when he was a little tiny kitten. I found him outside. And you're like, can we just get to why the cat now, 10 years of age, is in my hospital?

But just keep the conversation going, why is the pet here obviously. And then explain the clinic's procedure and how it works. So ideally, I know a lot of us went back to curbside because of Omicron, now there's the sub-variant hashtag over the whole COVID thing. But we're going to put them in a room or we're going to have a conversation with them out in the parking lot which, if you're here in New England with us, Yeah, it's curbside. Not fun this time of year.

We're going to start off with a physical assessment by us and we're going to say, hey, we're going to squeeze you in, the doctors are finishing up a surgery, they're going to be here an x amount of minutes. By us looking at the pet and doing a good triage physical assessment, which is different than a true physical exam.

We're going to break down what a triage is really. It's going to help them to be bonded to that practice. It's going to say, I care. When we squeeze in say a vomiting and diarrhea and we don't take a look at that animal. That owner is going to step around, yes, we're trying to squeeze them in. But let's just say they wait a half hour or 45 minutes, the whole time they're freaking out thinking this is an emergency and they haven't even looked at my pet.

So just put their fears at ease and have that conversation and say, you know what, he's pretty stable. It might be an hour before my doctor can see you, we're going to do our best to squeeze you in. I do think he needs to be seen but he's very stable. That's going to make him feel so much better.



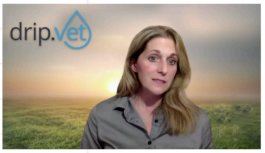
All right, so let's talk about veterinary triage methods versus human health care. So in human health care, there are really well-known triage systems. In veterinary medicine, meh, not so much. So interestingly enough the very first one, it was called Animal Trauma Triage, ATT. It was a scoring system, was created in 1994 and it was basically a way to classify and help predict the likelihood of a patient survival after traumatic incident.

It was based on a 0 to 3 scale system. It was kind of really in-depth where you would look and say, this parameters out of whack, so perfusion is not great, we're going to scale it out of five. Cardiac unfortunately is at a 7, respiratory yada, yada, yada. And the higher the score, the worse that this animal was, it was worse graded as a triage and therefore needed to be moved up in the line. This was a very complicated way of doing veterinary triage.

HUMAN MEDICINE MODELS

- All triage systems break down categories into either a three, four or five tier system.
- 70% of hospital use a 3-tiered system
- 5-tiered system

Color	Urgency
Red	Immediate
Orange	Very urgent
Yellow	Urgent
Green	Standard
Blue	Non urgent



So now let's look at human medicine models. Well basically there's a ton of them out there and every human health care hospital basically has their own type of model. But they do have a model, as opposed to veterinary medicine where we don't really have a standard model, let alone most of our hospitals might have a model but it's kind of whatever they want to go with.

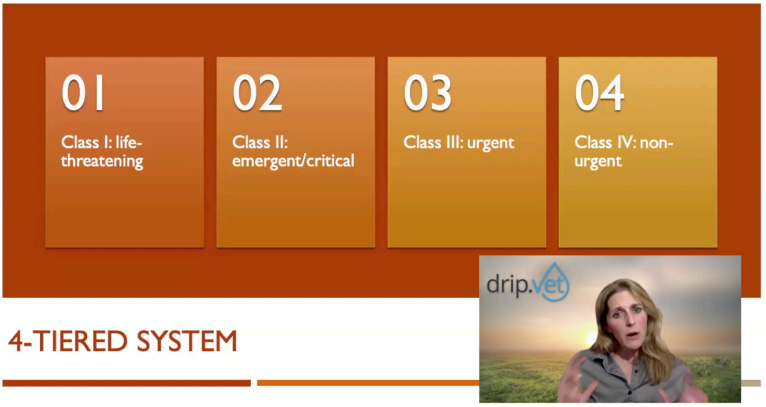
All triage systems break down into categories. Either a three, a four, or five-tiered system. However, most studies have shown, I think the last one was like in 2018 I found. 70%, it was like actually 69.5, so I don't want to lie to you, but I rounded up. Like 69.5% of the hospitals out there use a three-tiered system. But this is sort of what a five-tiered system looks like.

And in veterinary medicine are big emergency or specialty hospitals, they usually take a look at human health care models and then apply it to veterinary medicine with their own parameters. Pretty much got away from the ATT system from 1994. I think the people who created it was hoping that's going to be the triage method, but it was complicated, honestly.

So red, it is bad. Orange, it is urgent. Yellow,

[URH]

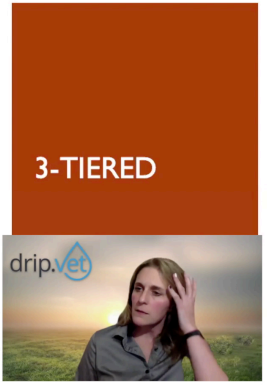
--kind of in the middle. Green, standard. And blue, it can kind of wait.



This is kind of what a four-tiered system in human health care looks like. One, it is bad. Two, it is emergent and critical. Three, is really urgent. And Four, non-urgent. So again, a little bit reversed system of the other one.

Overview of three category triage acuity systems

category	acuity	Recommended reassessment	Examples
Class 1	Emergent Immediately life or limb threatening	continuous	Cardiopulmonary arrest, severe respiratory distress, major burns, major trauma, massive uncontrolled bleeding Coma, status epil..
Class 2	Urgent Requires prompt care, but will not cause loss of life or limb if left untreated for several hours.	Every 30 minutes	Abdominal pain, non cardiac cp, multiple fractures, lacerations, renal calculi,
Class 3	Non urgent And treatment but time is not a critical factor	Every 1-2 hrs	Rash, chronic headache, sprains, cold symptoms



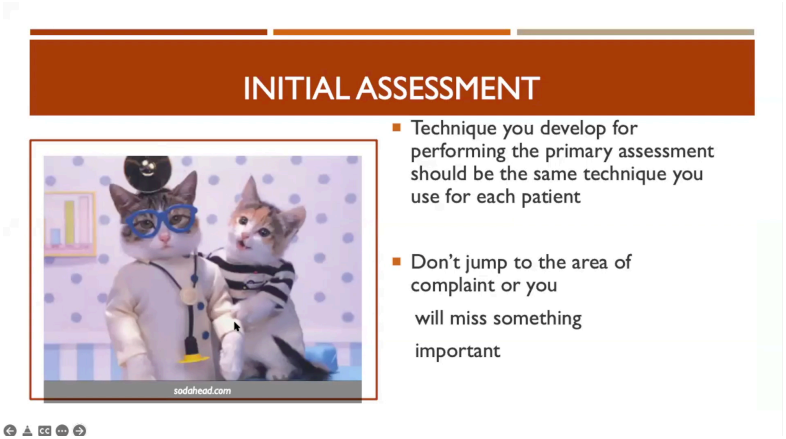
And then this is more commonly what we see in human health care. Just simply three-tiered, a lot of color coding goes on. Usually black is associated as the worst color and green is sort of non-urgent as class 3, and red would be a class 2. So urgent is like-- we're going to need to move on it. Black is like, Oh my God, it is like going to die soon, right. Is life-threatening or limb-threatening is what they classify.

And then they also do these recommended reassessments because in a busy emergency room, you guys know, you might have a waiting room of 10, 15 people all with various classes or color-coded systems out there. I need to know that I need to revisit my red classes or my yellow classes. Whatever you want to do, I think, works.

I wish there was a universal triage system for veterinary medicine. There isn't, but I would encourage, especially if you work in a emergency hospital, come up with some type of triage system, severe, not severe, it can wait, it's not life-threatening at all and vomited once, or it's limping very quickly, like it has one limp. It just started today.

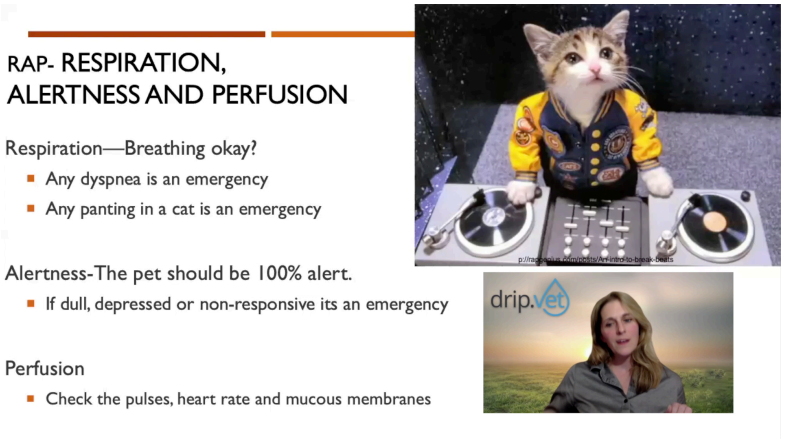
And so those things can probably wait a little bit longer but just come up with something so you know, do I need to see it right now, or do I don't. Regardless, no matter what system your hospital decides to do, and again, I would say if your general practice do you need to develop a triage system? No, because you're probably only seeing a triage here or there.

So all your job is, is it an emergency that needs to be addressed right now? Can it wait? That's really what triage is, just grouping things into, Oh my gosh. And sometimes in a big busy ER you might say, Oh, this is yellow. And then it moves into a red an hour later. So just keep that in mind.



All right. So let's talk about initial assessment. You want to develop a technique that you do for every single triage patient. And again, this is just a primary assessment, this is not a physical exam. Do not jump to the area of complaint or you will miss something important.

What I see a lot of people doing is they go up to triage, dog has broken leg. They look at only broken leg, they come back doctor says, what did you see? Oh, broken leg. They missed the head trauma. They missed the anisocoria because they didn't start with what they should be starting with it's usually the head and the eyes. So just looking at your patient and said they only saw broken leg. So keep that in mind.



All right. I'm not cool enough to develop this but I absolutely love it. One, it's an adorable little kitten and he's rapping. Yeah, I know. It's also-- I was totally into-- I still love rap music but in the 1980s, I really loved rap music. So respiration, alertness, and perfusion. And this is the fastest way, in my opinion, there's a couple of other techniques out there, but this is the one that I like to impart to everyone. It's quick and easy to remember and you can remember this cute little kitten.

I want you to do a RAP. Respiration, alertness, and perfusion. Is the patient breathing OK? Use your eyeballs to do that, right. Any dyspnea is an emergency, any panting in a cat is an emergency. Alertness. This pet better be 100% alert. If they're dull, depressed, or non-responsive, boom. It gets moved to the front of the line, this animal probably is critical, it probably needs our attention.

Remember, we went into veterinary medicine because we love animals. They do not love us back, that is OK, I've gotten over it, I'm a little hurt but it's fine. Maybe an occasional golden retriever or lab loves us only because it thinks it's going to get fed food. But otherwise, the rest of them, they're on to us. Like they know.

So every cat is on to us, every cat knows these people are going to poke me and I do not like them, so I will murder them. Smart cat, right. So if this animal is laying there and doesn't care that it's out of that clinic, that's a problem.

And then perfusion. We're going to do that by checking the pulse, the heart-rate, and the gum color. So that's really important that we check these three things. And we can do it very quickly in an effort to kind of determine is this pet absolutely critical right now, or can it wait a little bit.