

Annex 2: Triage form for health facility under-fives (<5yrs)

DETAILS OF THE FACILITY			PATIENT DETAILS		
HEALTH FACILITY NAME			Hospital reg. Number		
REGION.....			Surname		
DISTRICT.....			Other names		
P.O Box			Address (<i>district of domicile</i>)		
Tel: +255			Phone contact.....		
Allergies (Yes/No)			Date of Birth/...../.....		
If yes mention			Sex		
			Religion		
TRIAGE					
Date: _____		Time: _____		Providers name: _____	
Chief Complaint		Medical			
		Trauma			
TRIAGE CATEGORY					
VITAL SIGNS	BP ____/____	Pulse ____/min	RR ____/min	SPO ₂ ____%	Temp: °C
EMERGENCY Criteria					
					Tick here if Yes
<input type="checkbox"/>	Unresponsive / Altered mental status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to feed or drink
<input type="checkbox"/>	Lethargy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute visual disturbance
<input type="checkbox"/>	Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facial burn
<input type="checkbox"/>	Noisy breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	SpO ₂ <90%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Respiratory distress (use of accessory muscles, nasal flaring, intercostal recession)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Capillary refill>3 sec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Heart rate <60 or >200 (as per chart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Active bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Active convulsions/twitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Poisoning or dangerous chemical exposure*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Temp <36°C or > 38°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Severe dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Vomits everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRIORITY Criteria					Tick here if Yes
<input type="checkbox"/>	Child with ongoing diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open fracture
<input type="checkbox"/>	Severe pallor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burns except facial burn
<input type="checkbox"/>	Severe abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault
<input type="checkbox"/>	Acute focal neurological deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure requiring time- sensitive prophylaxis (example: animal bite, Snake bite, needle-stick injury)
<input type="checkbox"/>	New rash/skin lesions worsening over hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child with malnutrition
<input type="checkbox"/>	Any child less than 2 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Child with some dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Severe pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Visible acute limb deformity/dislocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Referral patient (no emergency criteria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QUEUE Criteria					Tick here if Yes
<input type="checkbox"/>	Patient with no Emergency or priority criteria indicated in above tables				