Triage 101: Proper Triage Technique for Clinica Esperanza Volunteers

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Commonly Used Triage Phrases/Vocab

It is important to review and be familiar with the following phrases and terms prior to arriving at Clinica Esperanza so as to ensure that the triage process is both accurate and time-efficient. These are certainly not the only phrases/terms you will need to know thus an English-Spanish Medical Dictionary is also helpful.

Triage Phrases:

I’m going to weigh you. - Lo/La voy a pesar.
Stand on the scale please. - Parese en la balanza, por favor.
Sit here. - Sientese aqui.
I need to take your blood pressure/pulse - Necesito tomar su presion y pulso.
I’m going to take your temperature. - Voy a tomar la temperatura.
Wait outside please. - Espere afuera por favor.
Why are you in the clinic today? - Por que esta en la clinica hoy?
Turn around. please - Decevuelta por favor.
How are you? - Como esta usted?
How do you feel? - Come se siente?

Common Patient Complaints:

Pain - Dolor
Headache - Dolor en la cabezza
Sore throat - Dolor en la garganta
Cold - Gripe, Catarro
Cough (dry/with phlegm) - Tos (seca/con flema)
Fever - Fiebre, Calentura
High blood pressure - Presion alto
Vomiting - Vomitos
Dizziness -Mareos
Swollen - Hinchado
Rash - Ranchos
Itchy - Picazon
Chills - Escalofrios
Burning/Stinging - Ardor
Runny nose - Nariz suelta
Stuffy nose - Nariz tupida
Bleeding - Sangrado
Bruised - Mareteado
Burning with urination - Ardor al orinar
Cramps - Calambres
Diarrhea - Diarria

Lump - Bolita
Nausea - Nausea, Bosca
Pregnant - Embarazada
SOB- Falta de Respiracion
Tingling - Hormiqueo
Weak - Debil
Commonly Used Triage/Phrases Continued.

**Anatomical Terms:**

- Eye - El ojo
- Nose - La nariz
- Lip - El labio
- Ear - La oreja
- Mouth - La boca
- Head - La cabeza
- Throat - La garganta
- Shoulder - El hombro
- Arm - El brazo
- Wrist - La muñeca
- Hand - El mano
- Chest - El pecho
- Abdomen - El abdomen
- Stomach - El estómago
- Back - La espalda
- Hip - La cadera
- Penis - El pene
- Groin - La ingle
- Thigh - El muslo
- Knee - La rodilla
- Leg - La pierna
- Ankle - El tobillo
- Foot - El pie
Basic Components of Triage

Before you perform a triage assessment, it is important to know just what exactly that involves. At Clinica Esperanza, you will be responsible for obtaining a brief overall view of the patient including vital signs and chief complaints. The information gathered during triage will then be entered into the computerized patient database for the Physician to use during the office visit. At the clinic, patients are seen on a first come first serve basis and thus it is important to perform triage in the order by which patients arrive. This process and the computerized data entry system will be explained in greater detail once you arrive in Roatan. Below you will find a basic overview of triage at Clinica Esperanza. The actual procedures listed here will be discussed in step-by-step detail later in this booklet. Remember that it is important to tell patients what you are doing prior to doing it so as to alleviate any fears and/or concerns.

Basic Adult Triage:

Weight
Blood Pressure
Pulse
Blood Glucose (if needed)
Observe for any signs of edema (swelling), open wounds, rash, etc.
1-3 Chief Complaints

Basic Pediatric Triage:

Weight
Height
Pulse
Oxygen Saturation
Temperature
Head Circumference (Children 5 years old and younger)
Observe for any signs of edema, open wounds, rash, etc
1-3 Chief Complaints

Although the clinic typically works on a first come first serve basis, it is important that you frequently scan the waiting room for priority patients. These patients include anyone with fever, severe bleeding, visible trauma, vomiting, etc. Priority patients should be triaged immediately and the physician/nurse should be notified.
Weight and Height

Adult Weights:

After you have called the patient back, direct them to the triage room and have them stand on the scale (“Parese en la balanza por favor?”)
Weigh patient as accurately as possible.

Pediatric Weights and Heights:

If the patient is old enough to stand on their own, have them stand on the scale facing the center of the triage room.
Use the scale to determine an accurate weight.
While the child is on the scale, also measure their height.
Do this by having the patient back up on the scale until their heels are in line with the back of the scale platform.
Measure height by raising the height bar and adjusting it as needed until it is resting level on the patient’s head.
For patients who are not yet old enough to stand on their own, there is also an infant scale available.
Ensure that this electronic scale has been turned on and is set to 0.0.
Place patient on the scale and read the digital measurement.
If the child is small enough to utilize the length measurements located within the scale then do so but if not, have the parent lay the child on the triage desk (where a tape measure has been taped flat to the surface).
Ensure that the patient’s head is at the end of the table and measure from the top of the head (starting at 0) to the heels.
For patients ages 5 and under, a head circumference measurement should also be taken.
This is done by measuring around the patients head at the eyebrow level and above the ears using a tape measure.

Once each of these measurements has been taken, it is important that they be recorded in the computerized patient database and also told to both the patient and/or any accompanying family members in their primary language (either Spanish or English).
Blood Pressure

If you have never taken a manual blood pressure reading, I would highly recommend practicing before arriving at Clinica Esperanza. Although the process is not complicated, it does take some adjustment and getting used to before you will be able to accurately measure blood pressures.

Blood Pressure Steps:

Select the appropriate sized cuff (small or large) and connect it to the wall monitor. Ensure patient’s legs are not crossed and that their feet are flat on the floor, if possible. Feel for the brachial artery in the inner upper arm and center the cuff over the artery. The lower edge of the cuff should be located about 1 inch above the inner elbow (antecubital space). Feel for the radial pulse then inflate the blood pressure cuff until you can no longer feel the pulse. Note the point on the gauge where the pulse disappears. Deflate the cuff and wait at least 15 seconds before re-inflating it. Don your stethoscope with the earpieces inserted into the ears facing forward and place the head of the stethoscope over the brachial artery. Inflate the cuff to 30 mmHg above the point which the pulse disappeared, then deflate slowly (3-4 mmHg a second). Listen for at least 2 consecutive pulse beats. The level at which these are heard is the systolic reading. Continue listening until you can no longer hear the pulse. This is the diastolic reading. Listen for 10-20 mmHg to ensure the reading is correct. Record the measurement and be sure to tell the patient what the reading was and whether or not it is normal, high, or low.

It is best to take a patient’s blood pressure in their left arm with the arm extended at heart level. The patient should not be expected to hold their arm up and thus, if possible, it should be placed on a nearby flat surface. If a second reading is required, leave the cuff deflated for at least 1 minute before re-inflating.

Normal/Abnormal Values:

The accepted normal adult range for blood pressure is 100-119 mmHg/ 60-79 mmHg. Consecutive blood pressure readings of 120/80 are now considered prehypertensive by JCAHO standards. Any blood pressure measurement greater than 160/100 mmHg should be rechecked for accuracy and then flagged (place a post-it note with the reading on the outside of the patient chart). Any blood pressure measurement greater than 180/110 mmHg should also be rechecked for accuracy and flagged. It should also be immediately made known to the physician as the patient is at risk for stroke.
Pulse/Oxygen Saturation

Clinica Esperanza relies on a pulse oximeter for pulse and oxygen saturation readings. This machine, however, is not always reliable and thus you should know how to obtain a pulse measurement on both adults and children prior to arriving in Roatan. Below you will find the steps to use both a pulse oximeter as well as learn how to obtain a manual pulse.

**Pulse/Oxygen Saturation:**

To obtain a pulse/oxygen saturation reading use the pulse oximeter you must first determine which probe to use. For adults and older children, the finger probe will be used however, for infants and toddlers you will likely need to use a toe probe. Once the probe has been properly placed (this will be demonstrated in clinic) simply turn on the machine and record the readings.

If you however, are not able to obtain a reading using the pulse oximeter you will need to take a manual pulse.

In adults and older children, it is best to take a radial pulse. This can be found by turning the patients hand palm up and using your index and middle finger to feel for the pulse located on the thumb side of the wrist.

Count the pulse for 60 seconds to obtain an accurate measurement.

For infants and toddlers, the best location to obtain a pulse is from the brachial artery. This is located in the medial aspect of the arm slightly above the bend of the elbow when the patient is in the anatomical position (palms facing up).

Once again, count the beats for a full 60 seconds to obtain the most accurate measurement.

You may also count the beats for 30 seconds and multiply by 2 however, this is not as accurate especially in patients with an abnormal heart rhythm.

**Normal/Abnormal Values:**

Newborn Pulse: 100-160 beats per minute
Children 1-10 years of age: 70-120 beats per minute
Children and adults 10 and over: 60-100 beats per minute
Tachycardia: Pulse above the expected normal
Bradycardia: Pulse below the expected normal

If either tachycardia or bradycardia are found during triage, the patient file should be flagged and the physician notified.

Oxygen Saturations should be between 95%-100%. Anything lower than this should be flagged and IMMEDIATELY reported to the physician.

It is important to remember that very athletic individuals may have a naturally lower resting pulse rate than other patients.
Temperature

Temperature readings should be taken on all pediatric patients as well as on any adult patient who comes in complaining of nausea, vomiting, weakness, and or cold/flu symptoms as it will assist in ruling out cases of malaria.

**Taking a Temperature:**

At Clinic Esperanza, temperatures are most commonly taken using a temporal scanner thermometer.

To use this type of thermometer, it is important to first turn it on then immediately and directly place it upon the patient’s forehead.

Slowly move the thermometer from one side of the forehead to the other, being careful to maintain direct contact with the skin at all times.

Record the value. A normal temperature is 98.7°F.

If the reading seems way below normal, you may wish to repeat the reading using an axillary/oral thermometer.

For this type of thermometer, it is important that you first place a cover over the temperature probe and ensure the correct setting has been applied (axillary for infants and newborns and oral for older children and adults).

Place the probe directly under the patient’s armpit (axillary) or under the patient’s tongue (oral) depending upon what setting is being utilized.

Record this reading and also the location from which it was taken (O=Oral, A=Axillary).
Blood Glucose

Blood Glucose levels are drawn on all patients who request the exam. For this service, they must pay 30 lempiras (about $1.50). Generally these patients are diagnosed diabetics who come to the clinic on a regular basis to have their sugar checked as well as to obtain their medications for diabetes.

Steps to Taking a Blood Glucose Level:

First it will be necessary to gather the following supplies:
- Glucometer
- Lancet (needle)
- Test Strip
- Alcohol Swab
- Cotton ball or pad
- Gloves

Put on your gloves.
Place the test strip in the glucometer and push it in until the monitor comes on.
Swab the whole end of the patient’s finger with the alcohol and wait for it to dry.
Prick the side of the fingertip with the lancet; wipe the first drop of blood with the cotton pad.
The next drop of blood will go on the test strip. You may have to squeeze and massage the finger to get more blood out.
Place the edge of the strip to the drop of blood. The strip should take up the blood via capillary action.
Results should show in a few seconds. If an “E #” shows, this is an error and you may have to try a new strip.
Ask the patient if they ate today. If not, the results should be recorded under “Fasting Blood Sugar” (FBS). If they did eat, it should be recorded under “Random Blood Sugar” (RBS).
Throw away the lancet in the red sharps box. The rest can be thrown away in the regular trash.

Normal/Abnormal Values:
A normal fasting blood glucose should be less than 100 mg/dl.
Impaired blood glucose or pre-diabetes is considered to be 100-125 mg/dl.
A fasting blood glucose level >126 mg/dl is considered to be Diabetes.
A random blood glucose level of >200 mg/dl is considered Diabetes.
Any blood glucose measurement >300 mg/dl should be immediately flagged and the physician/nurse should be notified.
Conclusion

This concludes our tutorial on basic triage assessments at Clinic Esperanza. We do hope that this brief overview will help you to feel more prepared to perform triage once you arrive in Roatan, Honduras. One of the nurses will provide you with hands on training at Clinica Esperanza prior to your rotation in triage. If you have any further questions once you arrive, please do not hesitate to ask one of the staff members or another volunteer who has already been through the triage rotation as they will be more than happy to assist you in any way possible. Please remember to keep your instruments as clean as possible by sterilizing them frequently with alcohol wipes especially if the patient is believed to have a contagious condition. We also ask that you please fill out a survey regarding the helpfulness of this tutorial and return it to Sherry Kay at the clinic so that we may be able to evaluate its effectiveness. Thank you for taking the time to read this tutorial and we hope that you enjoy your time in beautiful Roatan, Honduras.