GRI Specialty Triage

v4.2. Authors: North Sector CDs & Leads group Date: Feb 2021 | Review Date: Feb 2023 |

Medicine

Asthma, chest infection
DVT (non-ambulatory) +/- stable PE
Primary lung tumour
Respiratory failure
Spontaneous pneumothorax
Pleural effusion (including 2° to surgical primary tumour)
Disseminated unknown primary malignancy (inc bone mets)

Hepatitis, ALD, cirrhosis
Painless (non obstructive) jaundice
Inflammatory bowel disease (unless suspected perf – General Surgery)
Infective vomiting and diarrhoea (refer to ID initially)
Haematemesis and melaena (consider emergency OGD)

Acute confusion / delirium
Altered conscious level
Stroke or suspected stroke
Dizziness, blackouts
Frequent falls (inc those with minor # *: inform Ortho Trauma coordinator to arrange ortho review + written plan in notes on Medical ward)
Poor mobility due to frailty
Arthritis, atraumatic joint pains
Septic arthritis (prosthetic joint – Ortho)
Cellulitis (except upper limb – Ortho/Plastics)
Diabetic foot infection (inc osteomyelitis)
Back pain/PUO + suspicion of discitis/osteomyelitis
Sacral pressure sore/underlying osteomyelitis (unless surgical debridement)

*Minor # = any # which ED staff would normally discharge & refer for Virtual Fracture Clinic follow up

Diabetic metabolic decompensation, hypoglycaemia
Renal failure
Metabolic emergencies, hypercalcaemia

Self poisoning
Alcohol withdrawal
Lower UTI / urosepsis
Neutropenic sepsis (consider BOC admission)

Cardiology

Arrhythmias
Suspected ACS
Endocarditis
Heart failure
Haemodynamically unstable PTE
Suspected dissecting thoracic aortic aneurysm (+ve CTA -> cardiothoracic GJNH)

Emergency Medicine

Head injury
Acute alcohol intoxication (not withdrawal)
Recreational Drug excess – uncomplicated requiring short-term admission

General Surgery

Acute abdomen
Abdominal pain (inc gastritis)
Pancreatitis
Abdominal trauma
Axillae/Groin/Buttock/Perineal stabbing
Ischaemic bowel
Intra-abdominal sepsis

Chest wall injury (inc flail segment and simple traumatic pneumothorax)
Constipation
PR bleeding (fresh / not melaena)
Peri-anal/pilonidal abscess
Non-infective vomiting and diarrhoea
Cholecystitis, obstructive jaundice
Dysphagia
Uncomplicated pyelonephritis
Unproven (imaging awaited) renal colic
Complications of disseminated surgical cancers (unless chemotherapy related)

Urology

All testicular pain <40 years must be seen by Urologist (<16y to RHC Paeds Surgeon)
Visible haematuria
Complicated pyelonephritis (PMH or imaging suggests urological obstruction)
Renal colic (image proven)
Advanced Prostate Ca with a current urological presentation

Gynaecology

Disseminated cervix/uterus/ovarian cancer
Pelvic pain, PV bleeding

Obstetrics

All Pregnancy + DVT/VTE

Orthopaedics

requiring operative intervention
NOF (unless requires CCU/HDU/ITU – will need Ortho plan written in Medical notes. NB ?syncope, low risk chest pain etc can receive DOME/Medical review on Ortho ward)
requiring admission due to 'social' reasons (e.g. inability to use usual walking aid, inability to WB, pubic ramus #, transport issue)
Hip pain (traumatic/NWB) requiring CT/MRI after –ve x-ray
MSK back pain / suspected vertebral # requiring further investigation or ongoing management
Osteomyelitis (exc diabetic / sacral)
Septic arthritis in prosthetic joint
Limb stabbing/wounds (hand – Plastics)
Upper limb cellulitis (hand – Plastics)

Notes

Post-operative complications triaged to parent specialty (simultaneous ED resuscitation if required)
BOC helpline referrals – agreed for SATA assessment.