

## **Triage questions to determine disposition within the ED:**

1. History of fever?
2. Acute Respiratory Symptoms (cough, sore throat, SOB, runny nose)?
3. Onset of symptoms in the last 14 days?
4. Recent Travel? (probably not going to be need soon?)
5. Close contact with a confirmed case with COVID-19?
6. Have you had a COVID Screening Test & what was the result?

These questions are used in conjunction with the Presenting Complaint to determine:

1. The patients eligible for COVID testing, AND
2. Patient categorisation for disposition within the ED – See [ED COVID Triage Sieve](#)

## **Summary of ED Disposition:**

**Out SJA Doors** – if isolated ILI sx's and obs stable

- may be discharged to Home or ?COVID Clinic (for COVID testing) out the ambulance doors after assessment by RAT / COVID Triage doctor.

**ED RED Patients = COVID Suspected** - Primary ILI illness for further assessment +/- admission

- Go to COVID OBS - Unless heavy secretions OR critically unwell requiring Aerosol Generating Procedure (See [ED COVID Triage Sieve](#)) – then AGPR's – FT/ISO – then if full - COVID OBS 1-6 for HFNC only

**ED Orange Patients = COVID Possible** - Other primary presentation with some ILI Sx's / fever / returned traveller / PUO / febrile neutropaenics (23 & 24)

- Go to Resus (T1, 28, 27) or Assessment (filling up from 26 downwards) - Unless heavy secretions OR critically unwell requiring Aerosol Generating Procedure (See [ED COVID Triage Sieve](#)) – then AGPR's – FT/ISO – then if full T1 (for intubations) or walled cubicle for HFNC only

**ED Green Patients = COVID Unlikely** - No ILI Sx's or Fever

- Go to Assessment and Resus beds (Reserved from T2 to A14 – but can fill upwards from A15 if needed and able), OR
- Clean OBS, OR
- FastTrack .....depending on presenting complaint.