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Validation of different paediatric triage systems in the emergency department of Pakistan

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Purpose: In 2013 we started a largest paediatric emergency department in one of the mega city of Karachi, Pakistan at National institute of child health (NICH). We introduce a triage desk in emergency department of NICH to filterize or prioritize the patients who required acute emergency care and referred them to appropriate station. We followed emergency severity index (ESI 2) system, in which we followed 5 levels, level 1 (resuscitation, immediate), level 2 (emergent, within 10Minutes), level 3 (urgent, 30 minutes), level 4 (less urgent, 60 minutes) and level 5 (non- urgent, more than 60 minutes). But these levels increases the numbers of mortality and morbidity rate and compress the patient's safety due to delayed recognition that's why our management and clinical heads are decided to follow (ETAT) which is (WHO) triage system for developing countries and high volume emergency department in which we followed 3 levels e.g. P1 (immediate), P2 (within 10 minutes) and P3 (60 minutes).these levels decreases the rate of mortality and morbidity due to early recognition and we did not missed patient. To provide safe and secure environment and give better care to the patients, suppress their patients attendants anxiety, and to decrease the number of mortality and morbidity rate.

Method: It is a retrospective analysis of hospital database including all pediatric patient requiring Peadiatric Emergency Department in patient area throughout the month of October 2016-dec 2016 when we used ESI version 4. Hence, changed of triage level system instead of emergency severity index (ESI) version 4 ESI to emergency Triage Assessment and Treatment ETAT our practices and mortality ratio decreases in Emergency room.

Conclusion: In summary, Triage system in children seems to be more challenging compared to adults because of their different response to physiological and psychosocial stressors. Provide safe and secure environment and give better care to the patients, suppress their patients attendants anxiety, and to decrease the number of mortality and morbidity rate in emergency department.

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