

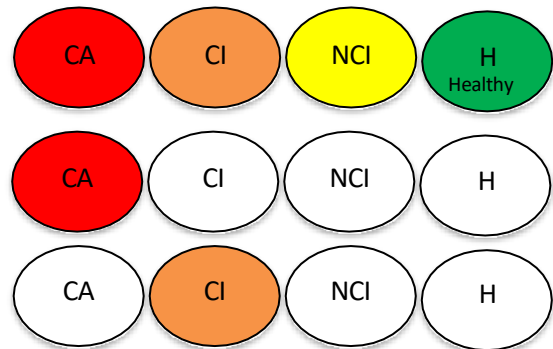
Basic Acute Care Workup

1. Triage (Nursing Officer) — Page 2

Eyeball triage – **Cardiac Arrest** Vs **Critically Ill**

Equipment triage – **Critically Ill** Vs **Non Critically Ill**

Re-triage-(Doctor)



2. Initial Stabilization/Critically Ill Workup – Page 3 (Nursing Officer / **Health Care Assistant**/ Doctor)

- **A-Patent**
- **B-RR/auscultation / **SPO2**** → O2
- **C-PR/HR / **BP/ECG/Cannula****
- **D-A VPU/pupils, eye movements/Pain/RBS**
- **E-Rash/wounds/Temp.**

Try to identify Major Presentations

1. Anaphylaxis
2. Hypoxia
3. Shock
4. Sepsis
5. Unconscious
6. Major trauma

3. History / Examination / Investigations – (Doctor)

4. Problem List – (Doctor)

- Major Problems
- Acute Problems – ABCDE Order
 1. Initial vitals related problems
 2. History related problems
 3. Examination / Investigations related problems
- Chronic Problems – ABCDE Order



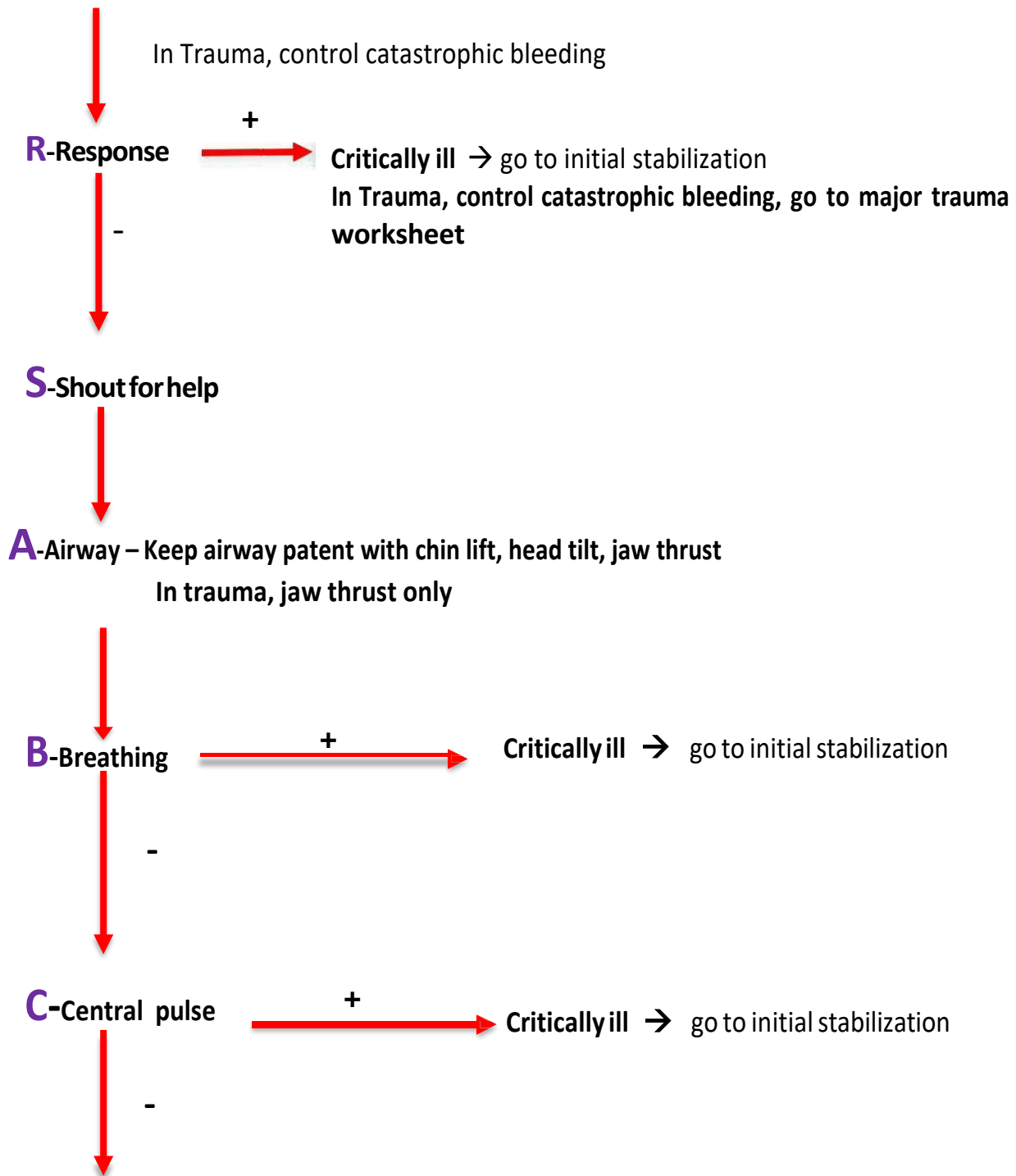
5. Management, Referral and Disposition Plan – (Doctor / Nursing in Charge / Nursing Officer / Health Care Assistant)

T – Triage

First proceed with Eyeball Triage → Eyeball triage tool – DRS ABC

Then proceed with Equipment Triage for patients not in cardiac arrest to differentiate between critically ill and non-critically ill patients based on their vital signs

D-Danger, Patient safety, and Healthcare provider safety – wear gloves, masks



Cardiac Arrest – Follow cardiac arrest workup

Positioning

If critically ill, start initial stabilization with following positionings

Dyspneic – propped up (Provided BP normal).

Ongoing fits – Left lateral / Supine with regular suction.

Pregnant POA > 20 weeks – Left lateral tilt.

- All other conditions keep in supine position +/- regular suction.