

**Dayton Children's  
URGENT CARE SPRINGBORO (937-641-5716)  
TRIAGE GUIDELINES**

General Considerations:

1. Patients presenting to UC are stable with a non-life threatening conditions.
2. Patients with a chief complaint related to possible physical abuse are not seen at UC.
3. Patients with psychiatric problems or emotional crises are not seen at UC.
4. Patients who are < 1 week post surgery with complaints potentially related to their surgery are not seen at UC.
5. Patients with injuries sustained from a MVC are not seen at UC.
6. Patients must be less than or equal to 21 years of age.
7. Patients who have been initially seen at another urgent care must have a physician to physician referral.

<b>Chief Complaint Signs &amp; Symptoms</b>	<b>Seen at Urgent Care</b>	<b>Seen at Emergency Department</b>
Abdominal Pain and GI Complaints	Able to ambulate standing straight, as appropriate for age. Pain diffuse (minor). Stable cardiorespiratory and hydration status. Dysuria. No history of trauma.	Moderate or severe pain. Unable to walk standing straight. Tenderness/distention/rigidity/ guarding. Positive obturator/heel tap. Projectile/severe vomiting/diarrhea, bloody or currant jelly stools. Bile or blood/coffee ground vomitus. Decreased urinary output. Evidence of dehydration. - Pale/ashen. History of CF, Crohn's, or abdominal surgery.
Back Pain	Mild without leg weakness or numbness. Able to ambulate. Stable cardiorespiratory status. Minor back injury >12 hrs ago. Dysuria.	Moderate to severe back pain. Ambulates with difficulty/acute pain. Trauma/fall ≤12 hrs ago. Sudden onset severe pain. Inability to walk. Fever >39°C.
Bites: Animal and Human	Minor wound: abrasion, ecchymosis, puncture wound. Singular location on body. Stable cardiorespiratory. Normal neurologic, hydration status. Minor localized redness, swelling, irritation or itching. No fever. ≤ 2 lacerations under a total length of 3 cm.	Evidence of infection. Snake bite. Sx of mild respiratory distress, severe pruritus, generalized urticarial rash. Moderate nausea/vomiting, copious purulent discharge from wound with fever. Considerable joint pain/swelling. > 2 lacerations over a total length of 3 cm.
Bites/Stings	Localized reaction only. <i>Minor urticaria</i> . No previous history of hypersensitivity.	Symptoms indicative of systemic or hypersensitivity reaction ( <i>severe urticaria</i> ), difficulty swallowing, nausea/vomiting, diarrhea, respiratory distress, swelling of lips/tongue or wheezing.)
Burn, Minor	First or second degree, < 5% BSA, single area of body burned Minor, localized.	Burn ≥5% BSA. Mechanism of thermal injury due to closed space fire/explosion. Suspected child abuse. Smoke or CO inhalation. Multiple burn sites. Full thickness or circumferential burn. Requiring surgical consult.
Chest Pain	Due to mild trauma, Cough without respiratory distress, Not requiring EKG	Unexplained, Asthma, Major trauma, Respiratory distress, needing EKG

<b>Chief Complaint Signs &amp; Symptoms</b>	<b>Seen at Urgent Care</b>	<b>Seen at Emergency Department</b>
Crying Infant <12 weeks	Consolable with comforting, alert, interactive. Appears well hydrated. History of colic.	Inconsolable with comforting. History of blood in stool, irreducible hernia, trauma. Fever $\geq 38^{\circ}$ C in infants <12 weeks old. Apneic spells. Loss of muscle tone.
Diarrhea	Appears well hydrated. Loose water stools with increased frequency. Mild abdominal discomfort/cramping.	Blood in stool (Mod/Ig amount). Fever $\geq 38^{\circ}$ C in infants <12 weeks old. Moderate abdominal pain or cramping. Moderate-severe dehydration. Altered mental status.
Ear Problem	Ear pain and/or purulent/bloody drainage. Foreign body in canal.	History of head trauma/injury. Altered mental status/ confusion.
Eye Problem	Conjunctiva injected, drainage, tearing, foreign body sensation, unilateral photophobia. Minor injury to eye or orbit without visual impairment.	History of penetrating traumatic injury, exposure to chemicals. Fever with periorbital edema or erythema present, copious purulent eye discharge with tenderness. Visual impairment. Diplopia.
Fever	Alert, interactive, oriented for age. Appears well hydrated. Stable cardiorespiratory status. Non-toxic. Rocephin follow-up doing well. <i>Fever <math>\geq 38^{\circ}</math> C in infants &gt; 60 days, stable partial work-up (labs)see Clinical Practice Guidelines on Intranet</i>	Fever $\geq 38^{\circ}$ C in infants < 60 days old . History of immunosuppressive disease (sickle cell, HIV, etc.), indwelling CVL/port or congenital heart disease. Stiff neck or possible meningitis. Positive blood culture. Cellulitis. TB. Appears dehydrated or toxic.
Genitourinary Problem	Dysuria, frequency, urgency, (UTI symptoms). Penile discharge.	UTI with fever and flank pain. History of traumatic injury. Vomiting/acute urinary retention/distention. Vaginal discharge/testicular complaint with severe pain. Testicular injury. Testicular, scrotal or groin pain.
Headache	Alert, oriented for age, ambulatory, mild pain. Stable cardiorespiratory status. History of minor head injury >12 hrs ago without vomiting.	Moderate to severe pain. Neurologic deficit. History of VP/VJ shunt. History of migraines. History of moderate-severe head trauma <12 hrs ago. Noticeable irritability. Seizure. Pain not responsive to analgesics.
Head Injury	Contusion, abrasion. Mechanism for injury does not indicate risk for multisystem injury. No loss of consciousness, alert, cooperative, awake. No vomiting. Head CT's not done in UC.	Neurologic deficit, altered mental status, vomiting. History of loss of consciousness or unknown if loss of consciousness. Other injury present. Cervical spine injury or pain. Deformity or suspected skull fracture. History of bleeding disorder. Irritability. Mechanism of injury has potential for major injury (i.e. MVA pedestrian vs. motor vehicle, diving incident, fall from height, etc).

Chief Complaint Signs & Symptoms	Seen at Urgent Care	Seen at Emergency Department
Ingestions: Foreign Body	Foreign body without respiratory distress, No drooling, difficulty swallowing or foreign body sensation	Respiratory distress, drooling, difficulty swallowing. Foreign body sensation
Ingestions: Medication	Not seen in Urgent Care. Refer to ED <b>If no risk, can contact Poison Control, and follow recommendations.</b>	
Musculoskeletal Injury (Possible fracture, sprain, strain or subluxed radial head)	No deformity or angulation. Neuromuscular status WNL. (Normal pulses, cap refill, sensation, motor strength.) Mechanism of injury not crushing or penetrating. History of longitudinal pull to arm (<4 yrs of age).	Deformity present ( <b>if needed, stabilize fracture prior to transport</b> ) . Significant pain. Neuromuscular status compromised. Open wound over suspected fracture site. Suspected fracture of hip, pelvis. Suspected child abuse.
Lacerations	Simple $\leq 3$ cm. Bleeding controlled. Puncture wound. Normal motor and sensory functioning. Superficial (visible) foreign bodies	Laceration $>3$ cm. Nailbed lacerations. Loss of function or sensation. Deep (through fascia), requiring layered closure. Suspected arterial, tendon, nerve injury/severe bleeding. Parent requests/or patient needs plastic surgeon. Infected wound. Deep foreign bodies.
Nasal Problem	Isolated nasal trauma. Epistaxis/nose bleed with bleeding controlled. Intranasal foreign body. No respiratory compromise.	History of significant traumatic force or potential multisystem trauma. History of loss of consciousness. Known bleeding disorder. Epistaxis with active bleeding.
Respiratory Problems	Mild to moderate respiratory distress secondary to wheezing. URIs. History of RAD – Mild to moderate wheezing. Mild to moderate stridor. No cyanosis. $< 3$ aerosols in past 6 hours. O <sub>2</sub> sat $\geq 91$ %	Moderate to severe respiratory distress. Cyanosis. History of RAD with 3 or more aerosols at home within 6 hrs. Apneic episodes. Nasal flaring. Moderate to Severe stridor. Patients on apnea monitors, ventilators, O <sub>2</sub> therapy or with tracheostomies. O <sub>2</sub> Sat $\leq 90$ %.
Sexual Abuse	$>72$ hours, asymptomatic. (Follow sexual abuse protocol ( <b>see clinical practice guideline on Intranet</b> )-call social worker on call.)	$<72$ hours <b>and/or</b> possible contact with assailant's genitalia or body fluids, experiencing bleeding, discharge, pain, abdominal pain or dysuria.
Skin Rash, Infection	Alert, interactive, appears well hydrated. Minor urticarial, vesicular or maculopapular rash. Child $>12$ weeks old. Non-petechial or purpuric. Head lice infestation.	Severe allergic reaction. Petechiae/purpura present. Appears dehydrated/toxic. Severe headache/stiff neck/respiratory distress. Symptoms of Kawasaki Syndrome. Fever $\geq 38^{\circ}$ C in infants $<12$ weeks old. Large Abscess requiring I& D.

<b>Chief Complaint Signs &amp; Symptoms</b>	<b>Seen at Urgent Care</b>	<b>Seen at Emergency Department</b>
Sore Throat	Alert, interactive, able to swallow. Inflamed, red, sore pharynx with possible exudate.	Stridor, drooling, muffled voice, tripod positioning, dysphagia, trismus, respiratory distress.
Surgical	> 1 week from surgery, No bleeding, No signs of wound infection. <b>Chief complaint not related to surgery.</b>	< 1 week from surgery, Bleeding (especially tonsillar), Signs of wound infection
Vomiting	Alert, interactive. Appears well hydrated. Occasional vomiting. Last urine output < 12 hrs ago ( <b>See IVF Protocol</b> ).	History of VP/VJ shunt or diabetes. Bilious or bloody emesis. Projectile vomiting in an infant < 12 weeks. Appears dehydrated. Age < 12 weeks. Altered mental status. Signs of shock. Last urine output > 12 hrs ago.

Urgent Care Triage Guidelines 2008  
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