**CATEGORY 2**

**Abdominal Pain**

**Bleeding** (that is persistent or heavy)

**Back Pain** (New and/or severe)

**Burns to hands or face**

**Eye injuries or Visual Disturbance**

**Limb numbness or swollen limb**

**Poisoning or Overdose**

**Pregnancy Problems** (Pain, bleeding, reduced movement)

**Psychological Distress**

**Severe Pain** (including headache)

**Suspected abuse or assault**

**Unable to Pass Urine**

**Unwell Infant/ Child / Elderly patient** (with: fever, vomiting, diarrhea, pain for >24hrs

**Carer or Parent with Extreme Concern**

**BOOK ONTO NURSE TRIAGE LIST STATING CATEGORY 2, PROBLEM AND CONTACT DETAILS**

**CATEGORY 1**

**Allergic Reactions** Facial swelling and/or rash (regardless of whether an adrenaline pen has been already used)

**Breathing Difficulties** (may be detectable if trouble talking)

**Chest Pain** (including neck and arm pain)

**Choking**

**Collapse or Semi-conscious**

**Extensive Burns**

**Fitting or Seizures**

**Neck stiffness / Altered consciousness / Floppy Infant**

**Possible Stroke** (Remember FAST)

F – face or facial droop

A – Arm weakness

S – Speech difficulties

T – Time … act fast.

**Uncontrollable Bleeding**

**WHERE POSSIBLE ASK THE CALLER TO CALL FOR AN EMERGENCY AMBULANCE**

**If you have to call on the callers’ behalf make sure you have current location, best contact number, tell them to keep line free and unlock front door. Notify Triage Nurse.**

**CATEGORY 3**

**All other issues caller feels needs dealt with urgently or you are unable to determine the urgency of the call**

**BOOK ONTO NURSE TRIAGE LIST STATING CATEGORY 3, PROBLEM AND CONTACT DETAILS**

**OR**

**If urgent medication query and Clinical Pharmacist available**

**BOOK ONTO PHARMACIST TEMPLATE STATING CATEGORY 3, PROBLEM AND CONTACT DETAILS**

**NO**

**YES**

**Is the problem causing any pain or distress?**

**If asked why? Use practice prepared statements for rationale**

**If declines to give information add to Nurse Triage List**

**Can you tell me the nature of the problem so I can help direct you to the correct person?**

**Book appt with appropriate provider**

**I can offer you an appointment with NP/ Nurse/ Pharmacist/ HIP / Health Coach / HCA and they will be able to assist you with ….**

**Or, are you aware you can access ……via your pharmacy / family planning.**

**NO / NOT SURE**

**YES**

**If asked why? Use practice prepared statements for rationale**

**The next available appointment with … is on … Is that okay?**

**Select a category below and follow instructions**

**NO**

**YES**

**Book appointment with requested provider.**

**Advise if appropriate for future you can access …. via our NP, Pharmacist or Nurse Prescriber or Nurse Clinics, via Health Coach or HIP, or via your pharmacy / family planning service.**

**Advise caller to call back if condition deteriorates**

**Can you tell me the main problem you need to see the GP about today please?**

**Do you have an urgent problem?**