Patient Triage Record

MODE OF ARRIVAL ☐ Walk-in ☐ EMS ☐ Police

PATIENT INFORMATION

☐ Patient Stated Complaint ☐ Provider Assessed Complaint

CEDIS Complaint

Triage Date/Time

CTAS Score

1 2 3 4 5

PATIENT LABEL HERE

Last Name ___________________________

DOB ___________________________

ALLERGIES

Tetanus UTD? ☐ Yes ☐ No ☐ N/A

HEALTH HISTORY

MEDICATIONS (i.e., Name, Route, Frequency, Purpose)

VITAL SIGNS

High MOI?	Immunocompromised?	Bleeding Disorder?

Time	Temp	Pulse	Resp	BP Left	BP Right	SPO2	Pain	GCS	Cap Refill	CBG	WT (Kg)

SUBJECTIVE NOTES (Patient's Narrative)

OBJECTIVE NOTES (Triage Provider's Observations)

TREATMENTS/INTERVENTIONS

TRIAGE PROVIDER SIGNATURE: ____________________________________ ☐ RN ☐ MD ☐ Other: ________

REASSESSMENT

Time	Initials	Temp	Pulse	Resp	BP	SPO2	Pain	Comments

32827022017

INFECTION CONTROL

☐ Unable to complete screening due to patient condition

a. Travel Risk

1. Have you travelled outside of Canada/USA in the last 3 weeks? **YES / NO**

If yes, list appropriate countries

2. Have you had contact with a sick person who has travelled outside of Canada/USA in the last 3 weeks? **YES / NO**

If yes, list appropriate countries

b. Symptoms

1. Do you have a new/worse cough or shortness of breath? **YES / NO**
2. Are you feeling feverish or have had shakes or chills in the last 24 hours? **YES / NO**
3. Do have a new onset of Vomiting/Diarrhea in the last 24 hours? **YES / NO**
4. Do you have a new Rash? **YES / NO**

c. Precautions

1. Have you ever been isolated/required isolation for an infectious disease when receiving care in a healthcare setting? **YES / NO**

- ☐ ESBL (extended-spectrum beta-lactamase–producing organisms)
- ☐ MRSA (methicillin-resistant Staphylococcus aureus)
- ☐ VRE (vancomycin-resistant enterococci)
- ☐ CPE (carbapenemase-producing Enterobacteriaceae)
- ☐ Unknown

2. Have you received Health Care in another country in the last 2 years? **YES / NO**

3. What precautions have been/will be initiated for this patient? **YES / NO**

- ☐ Routine Precautions
- ☐ Droplet/Contact
- ☐ Contact
- ☐ Airborne
- ☐ Airborne/Droplet/Contact