The ABCDE Approach – triage and treatment

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Introduction

The importance of triage is well recognized and the benefits of the ABCDE approach are well documented. It is particularly important to ensure that the limited health resources in South Sudan are directed to those patients who need them most.

Many patients die within the first few hours of presenting at the hospital often from hypoxia, dehydration or sepsis and early intervention can save lives. The charts on pages 51 and 52 are adapted from the World Health Organization (WHO) Emergency Triage and Treatment (ETAT) course and UK teaching (1, 2), and are suitable for patients of all ages (3). They aim to give South Sudanese doctors and nurses wherever they work the information they need to recognize, and then treat, patients who need urgent intervention. The charts can be printed, laminated and displayed in any area where patients are at risk of deterioration, such as wards, theatres and outpatient departments. They can be used as a teaching guide and as a reminder of key patient management actions. Laminated copies are on the wall of the out-patient department at Wau Teaching Hospital.

The ABCDE Approach Triage Chart (Chart 1)

This chart lists the signs that identify the three categories of patients (of all ages) seen in the outpatient departments. The same signs may be used on the ward when nurses need to decide whether to call a doctor in an emergency. Ideally the nurse will recognise when a patient starts to deteriorate and will give the necessary treatment before the patient's condition becomes too serious - using the graded response helps nurses to prioritise.

3 categories of out-patients

These categories are used in WHO's ETAT course (1). This course covers triage and treatment of children in more detail, but requires 3½ days to fully cover.

1. **Emergency** – patients showing signs indicating a severe condition. Chart 1 outlines each physiological parameter to measure using the ABCDE approach. These patients need immediate treatment.

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2. **Priority** – patients at risk of sudden deterioration who should not be left to wait in the clinic; they may be breathing rapidly, have a higher than normal heart rate and a high temperature. They may be drowsy or dehydrated. They need not show all these signs at the same time, as any one may indicate a worsening condition.

3. **Queue** – well patients who are able to wait, and need to be encouraged to wait, so allowing the sicker patients to get priority.

In Wau we have started to introduce triage by stamping the notes of out-patients; other countries have used coloured discs or a stamp onto the patient's hand. Whatever is used, nurses have shown that they are able to identify which patients should be given emergency or priority status. At Wau we showed nurses how to periodically review all waiting out-patients so that they can upgrade anyone who deteriorates. This leaves the doctors to manage their workload more effectively, knowing that there are unlikely to be very unwell patients waiting to be seen.

It is important that doctors appreciate the importance of triage, support the nurses working with them and work as a team.

The ABCDE Approach Treatment Chart (Chart 2)

This gives practical advice on emergency management of unwell patients.

Using the ABCDE approach

- **Airway** assessment is always the first as it is imperative that the airway is not obstructed. For detailed advice on management of the airway see the WHO ETAT course (1).

- **Breathing** should be adequate; if breathing assistance is required use a bag valve mask device or give oxygen if available. Only when problems with airway and breathing are addressed should the clinician move onto circulation.

- **Circulation.** The chart gives guidance on the use of fluids. It is important to recognise malnutrition at this stage, as rapid infusion of intravenous fluids to a malnourished child can be very dangerous.