



Patient arrives at health facility

SCREEN for any disease of public health concern. If suspect or confirmed case, continue the rest of the algorithm in an ISOLATION AREA and wear appropriate Personal Protective Equipment (PPE).

Step 1

TRIAGE

(Sort patients according to severity of illness or injury and initiate medical care in order of priority)

Does the patient have any **RED** signs?

• Unresponsive

AIRWAY AND BREATHING

- Stridor
- Respiratory distress* or central cyanosis

CIRCULATION

- Capillary refill >3 sec
- Weak and fast pulse
- Heavy bleeding
- Cold extremities
- Any two of:
 - Lethargy
 - Very slow skin pinch
 - Sunken eyes
 - Drinks poorly

DISABILITY

- Acute convulsions
- Altered mental status (confused, restless, continuously irritable or lethargic) with stiff neck, hyothermia or fever
- Hypoglycaemia (if known)

OTHER

- Any infant <8 days old
- Age <2 months and temp <36° or >39°C
- High-risk trauma*
- Hypoglycaemia
- Threatened limb*
- Acute testicular/scrotal pain or priapism
- Snake bite
- Poisoning/ingestion or dangerous chemical exposure*
- Pregnant with adult red criteria

YES

This is an **EMERGENCY** case

- Categorize as RED patient
- Move to Resuscitation Area or RED area
- Initiate first line management within 10 minutes*

Does the patient have any **YELLOW** signs?

AIRWAY AND BREATHING

- Any swelling/mass of mouth, throat or neck
- Wheezing (no red criteria)

CIRCULATION

- Unable to feed or drink
- Vomits everything
- Ongoing diarrhoea
- Dehydration
- Severe pallor (no red criteria)

DISABILITY

- Restless, continuously irritable or lethargy
- Severe pain (no red criteria)

OTHER

- Any infant 8 days to 6 months old
- Malnutrition with visible severe wasting OR oedema of both feet
- Trauma/burns (no red criteria)
- Sexual assault
- Known diagnosis requiring urgent surgical intervention
- New rash worsening over hours or peeling (no red criteria)
- Exposure requiring time-sensitive prophylaxis (eg. animal bite)
- Pregnancy (no red criteria)
- Headache (no red criteria)

YES

This is an **URGENT** case

- Categorize as YELLOW patient
- Move to YELLOW area
- Initiate first line management within 2 hours*

Did the patient arrive dead?

Move to mortuary. Notify police as required. Fill in necessary documentation.

Check for high-risk vital signs

Temperature (T) <36° or >39°

Oxygen Saturation (SpO2) <92%

AVPU other than A

RR	< 1 year	1-4 years	5-12 years
High	50	40	30
Low	25	20	10
HR	< 1 year	1-4 years	5-12 years
High	180	160	140
Low	< 90	<80	<70

Does the patient have any high-risk vital signs?

YES

NO

This is an **NON-URGENT** case

- Categorize as GREEN patient
- Move to GREEN area or OPD
- Initiate first line management within 4 hours*

*Or according to local time targets

REFERENCE CARD

- *SIGNS OF RESPIRATORY DISTRESS**
- Very fast or very slow breathing
 - Inability to talk, eat or breastfeed
 - Nasal flaring, grunting
 - Accessory muscle use (e.g., head nodding, chest indrawing)

- *INGESTION/EXPOSURE:**
- Use of clinical signs alone may not identify all those who need time-dependent intervention. Patients with high-risk ingestion or exposure should initially be up-triaged to Red for early clinical assessment.

- *MAJOR BURNS**
- (the criteria below refer to partial or full thickness burns)
- Greater than 15% of body surface area
 - Circumferential or involving face or neck
 - Inhalation injury
 - Any burn in age <2 or age >70

- *THREATENED LIMB:**
- A patient presenting with a limb that is:
- Pulseless OR
 - Painful and one of the following: pale, weak, numb, or with massive swelling after trauma.

- *HIGH RISK TRAUMA**
- Fall from twice person's height
 - Penetrating trauma excluding distal to knee/elbow with bleeding controlled
 - Crush injury
 - Polytrauma (injuries in multiple body areas)
 - Pregnant
 - Patient with a bleeding disorder or anticoagulation

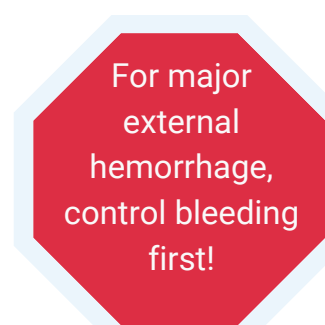
Road Traffic

- High speed or motor vehicle crash
- Pedestrian or cyclist hit by vehicle
- Other person in same vehicle died at the scene
- Trapped or thrown from vehicle

Step 2

INITIAL 1ST LINE MANAGEMENT: ABCDE APPROACH

REMEMBER... Always check for signs of trauma, and if present, maintain spinal precautions.



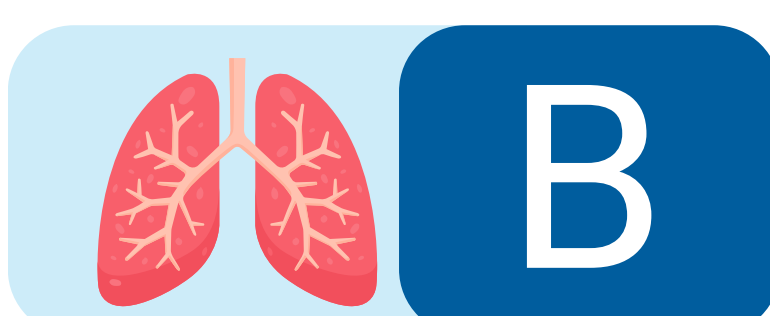
AIRWAY



A

Check for and correct any obstruction to movement of air into the lungs. Provide cervical spine immobilization if needed (trauma only).

BREATHING



B

Ensure adequate movement of air into the lungs. Provide oxygen if needed.

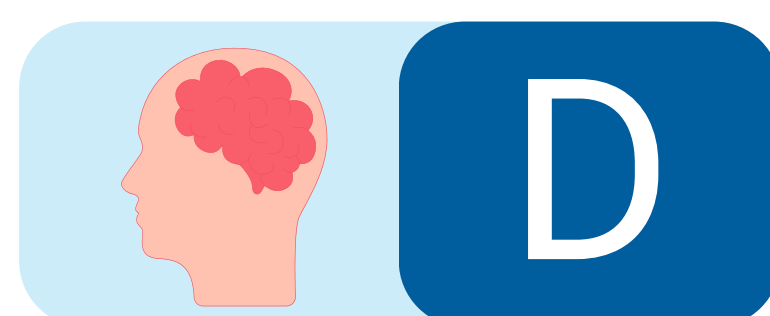
CIRCULATION



C

Evaluate whether there is adequate perfusion to deliver oxygen to the tissues; check for signs of life-threatening bleeding.

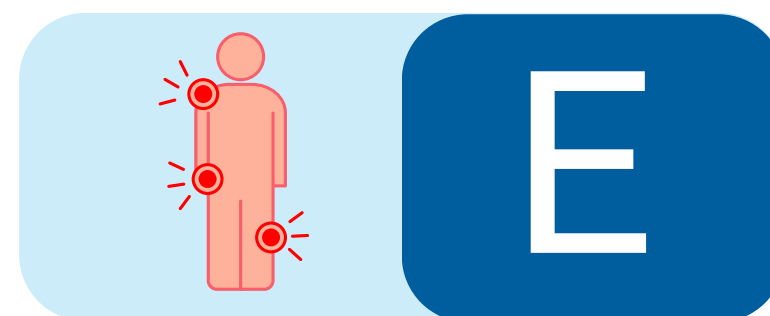
DISABILITY



D

Assess and protect brain and spine functions. Provide glucose if needed.

EXPOSURE

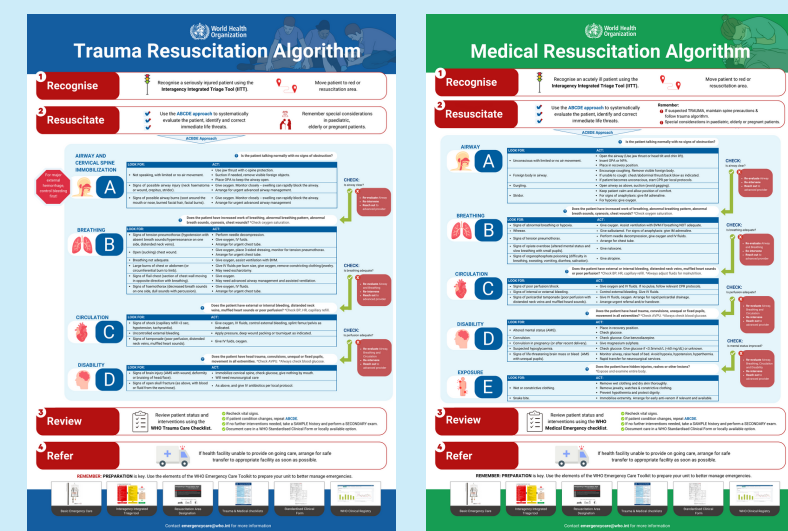


E

Identify all injuries and any environmental threats and avoid hypothermia.

- Ask for help early.
- Identify life-threatening conditions and address them immediately before moving on to the next step.
- Gather a SAMPLE history immediately following the ABCDE approach.
- Perform a secondary exam and consider disposition.
- The ABCDE approach should be repeated whenever a patient's condition changes.
- If you have intervened in any of the ABCDE categories, monitor closely and consider HANDOVER/TRANSFER to a higher level of care.

Use the **WHO Medical or Trauma Resuscitation Algorithm** to guide ABCDE management



Step 3

PATIENT DISPOSITION (ADMISSION, DISCHARGE OR REFERRAL)

Admit

OPD

Discharge

Transfer/Refer

Critical Care Unit

Operating theatre

Ward

- 1 Assess risk and benefit of referral.
- 2 Notify receiving facility of referral. Write name of notified health worker and receiving unit on referral form.
- 3 Notify Emergency Medical Services (EMS; ambulance team) and provide details of case e.g. oxygen, IV fluids, medications necessary during transport.
EMS number to call: _____
- 4 Perform the pre-transport checklist.
- 5 Do formal hand over of patient and accompanying documentation to ambulance team.