

Protocolo Triagem Manchester III



Grupo Português Triagem



Hospital Prof. Fernando Fonseca,
EPE

Departamento de Pediatria

Cláudio Ferreira Alves

SEGUNDA FEIRA
DE NOVO...
MARAVILHA!!



Protocolo Triagem Manchester III

História

- ◇ 1997. 1ª versão Manchester – MTS 1
- ◇ 1998. Solução nacional Reino Unido
- ◇ 1999. Solução Internacional
- ◇ **2000. Protocolo Triagem Manchester – PTM 1**
- ◇ 2006. MTS 2
- ◇ **2010. PTM 2**
- ◇ 2013. MTS 3 / Livro Pediatria / Triagem telefónica
- ◇ **2018. Protocolo Triagem de Manchester 3**

Protocolo Triagem Manchester III

PROTOCOL TRIAGE STUDY

04-09-2014

Triage Improvements Across General Emergency departments

Project Group (Is er nog een hierarchie/volgorde?)

- Prof. Dr. Henriëtte Moll, Erasmus Universitair Medisch Centrum Rotterdam (EMC), Netherlands
- Dr. Paulo Freitas and dr. Claudio Alves, Hospital Fernando Fonseca UCIP, Portugal
- Dr. Gustav Fischmeister, St. Anna Kinderspital GMBH (STANNA), Austria
- Prof. Alain Gervaix, Hôpitaux Universitaires de Genève (HUG), Switzerland
- Dr. Susanne Greber-Platzer, Medizinische Universitaet Wien (MUW), Austria
- Prof. Kevin Mackway Jones, The University of Manchester (UNIMAN), United Kingdom
- Dr. Ian Maconochie, Imperial College Healthcare NHS Trust (ICHT), United Kingdom
- Dr. Endre Sandvik, Oslo Kommune (OSLOK), Norway
- Prof. Dr. Kai-Håkon Carlsen, Oslo University Hospital HF, Norway

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OPEN  ACCESS Freely available online

 PLOS ONE

Improving the Manchester Triage System for Pediatric Emergency Care: An International Multicenter Study

Nienke Seiger¹, Mirjam van Veen¹, Helena Almeida², Ewout W. Steyerberg³, Alfred H. J. van Meurs⁴, Rita Carneiro², Claudio F. Alves², Ian Maconochie⁵, Johan van der Lei⁶, Henriëtte A. Moll^{1*}

1 Department of Pediatrics, Erasmus MC-Sophia Children's Hospital, Rotterdam, The Netherlands, **2** Department of Pediatrics, Hospital Fernando Fonseca, Amadora, Portugal, **3** Department Public Health, Erasmus MC, Rotterdam, Rotterdam, The Netherlands, **4** Department of Pediatrics, Haga Hospital- Juliana Children's Hospital, The Hague, The Netherlands, **5** Department of Pediatric Accident and Emergency, St. Mary's Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom, **6** Department of Medical Informatics, Erasmus Medical Centre, Rotterdam, The Netherlands

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Improving the Manchester Triage System for Pediatric Emergency Care: An International Multicenter Study

Table 2. Patients' characteristics per hospital.

	Sophia Children's Hospital	Juliana Children's Hospital	St. Mary's Hospital	Fernando Fonseca Hospital	Total population
	N _{total} = 14,507 (%)	N _{total} = 5,299 (%)	N _{total} = 29,524 (%)	N _{total} = 11,405 (%)	N _{total} = 60,735 (%)

Original MTS triage category

Immediate	329	(2)	102	(2)	297	(1)	51	(0)	779	(1)
Very urgent	2,855	(20)	942	(18)	3,537	(12)	2,288	(20)	9,622	(16)
Urgent	6,253	(43)	1,283	(24)	4,338	(15)	2,277	(20)	14,151	(23)
Standard/non-urgent	5,070	(35)	2,972	(56)	21,352	(72)	6,789	(60)	36,183	(60)

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Improving the Manchester Triage System for Pediatric Emergency Care: An International Multicenter Study

MTS version 2		
Heart rate (N=60,735)		
Original MTS	0.74 (0.73 to 0.74)	0.17
MTS version 2	0.71 (0.71 to 0.72)	0.16
Respiratory rate (N=49,330) ^a		
Original MTS	0.74 (0.74 to 0.75)	0.19
MTS version 2	0.73 (0.72 to 0.73)	0.16
Oxygen saturation (N=60,735)		
Original MTS	0.74 (0.73 to 0.74)	0.17
MTS version 2	0.74 (0.74 to 0.75)	0.18

P<0,05

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RESEARCH ARTICLE

Validity of the Manchester Triage System in emergency care: A prospective observational study

Joany M. Zachariasse^{1☯}, Nienke Seiger^{1☯}, Pleunie P. M. Rood², Claudio F. Alves³, Paulo Freitas⁴, Frank J. Smit⁵, Gert R. Roukema⁶, Henriëtte A. Moll^{1*}

1 Department of General Paediatrics, Erasmus MC- Sophia Children's Hospital, Rotterdam, The Netherlands, **2** Department of Emergency Medicine, Erasmus MC, Rotterdam, The Netherlands, **3** Department of Paediatrics, Emergency Unit, Hospital Professor Doutor Fernando da Fonseca, Amadora, Portugal, **4** Intensive Care Unit, Hospital Professor Doutor Fernando da Fonseca, Amadora, Lisbon, Portugal, **5** Department of Paediatrics, Maasstad Hospital, Rotterdam, The Netherlands, **6** Department of Surgery, Maasstad Hospital, Rotterdam, The Netherlands

Protocolo Triagem Manchester III

RESEARCH ARTICLE

Validity of the Manchester Triage System in emergency care: A prospective observational study

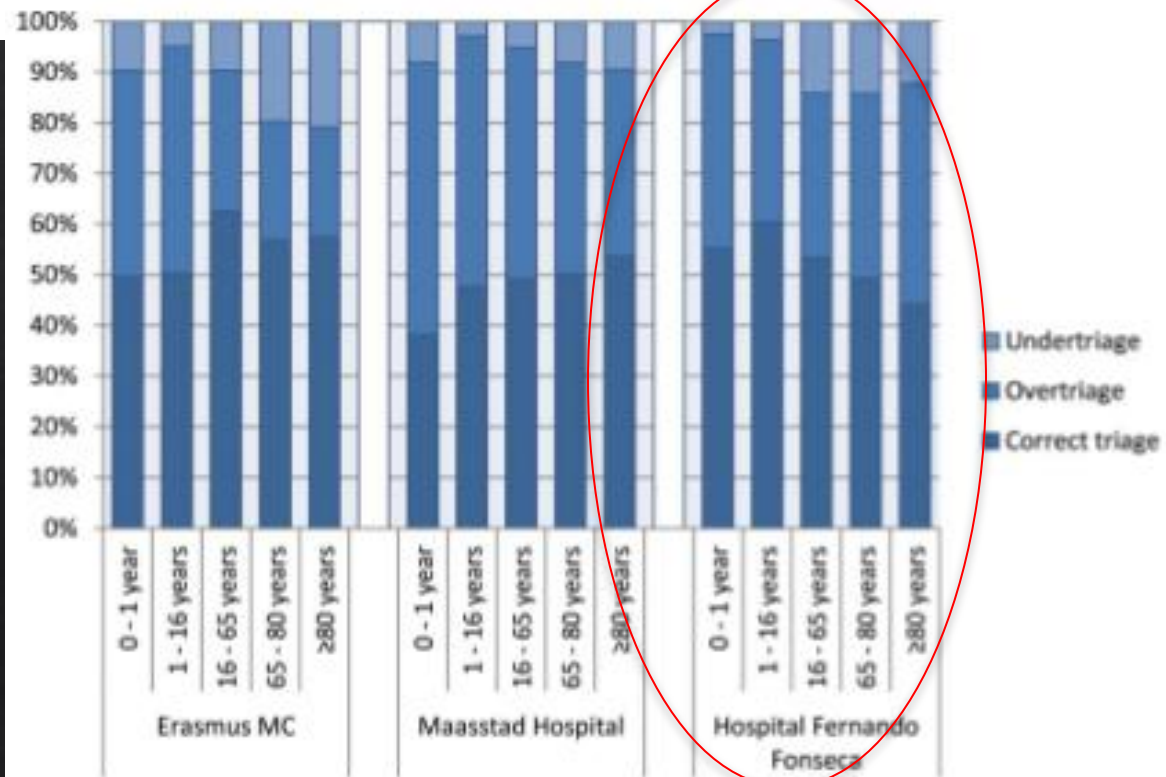
Table 4. Diagnostic performance of the MTS, as determined by the 3-category reference standard.

	Erasmus MC		Maasstad		Fernando Fonseca	
	<16 years n = 6185	≥16 years n = 19,398	<16 years n = 7032	≥16 years n = 25,500	<16 years n = 52,843	≥16 years n = 177,705
<i>Absolute classification (%)</i>						
Correct triage	3104 (50.2)	11,940 (61.6)	3232 (46.0)	12,685 (49.7)	31,506 (59.6)	91,796 (51.7)
Overtriage	2722 (44.0)	5221 (26.9)	3534 (50.3)	11,228 (44.0)	19,487 (36.9)	60,928 (34.3)
Undertriage	359 (5.8)	2237 (11.5)	266 (3.8)	1587 (6.2)	1850 (3.5)	24,981 (14.1)
<i>Diagnostic accuracy (95% confidence interval)</i>						
Sensitivity	0.65 (0.61 to 0.70)	0.47 (0.44 to 0.49)	0.66 (0.57 to 0.74)	0.72 (0.70 to 0.75)	0.83 (0.79 to 0.87)	0.87 (0.85 to 0.90)
Specificity	0.89 (0.88 to 0.90)	0.94 (0.94 to 0.94)	0.83 (0.83 to 0.84)	0.87 (0.87 to 0.87)	0.83 (0.82 to 0.83)	0.84 (0.84 to 0.84)
Positive likelihood ratio	6.12 (5.54 to 6.78)	7.66 (7.11 to 8.26)	3.99 (3.47 to 4.59)	5.59 (5.33 to 5.86)	4.79 (4.55 to 5.05)	5.36 (5.20 to 5.52)
Negative likelihood ratio	0.39 (0.34 to 0.44)	0.57 (0.55 to 0.59)	0.41 (0.32 to 0.52)	0.32 (0.29 to 0.35)	0.20 (0.16 to 0.26)	0.15 (0.13 to 0.18)
Diagnostic Odds Ratio	15.8 (12.8 to 19.6)	13.5 (12.1 to 15.0)	9.8 (6.7 to 14.5)	17.7 (15.5 to 20.1)	23.8 (17.7 to 32.0)	35.3 (28.4 to 43.9)

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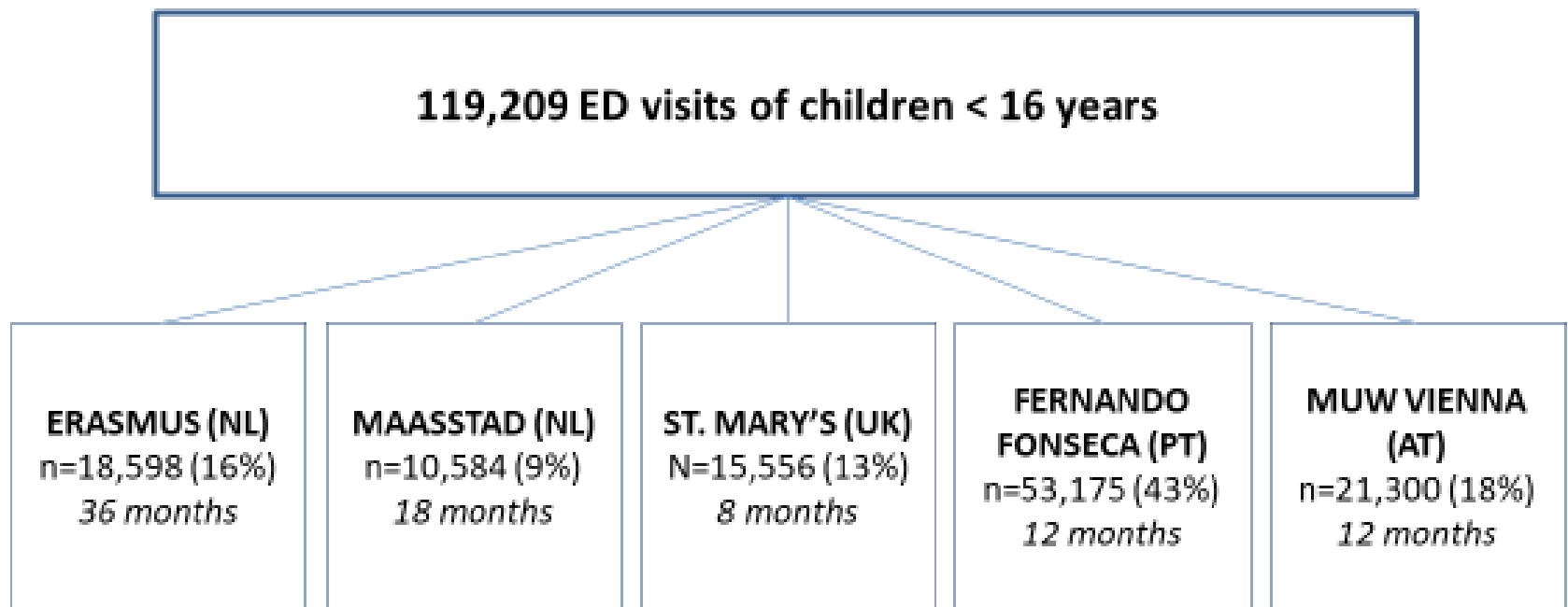
RESEARCH ARTICLE

Validity of the Manchester Triage System in emergency care: A prospective observational study



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Triage database



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Background & aim

The aim of this study was to assess differences in population, management and outcome of children with respiratory complaints in 5 different European emergency departments.

Patients & Methods



- Part of the TRIAGE project
- Prospective observational study
- Collection of routine data
- All children aged <16 years attending the ED, in total 119.309
- Inclusion: shortness of breath as a main complaint (flowchart)
- 5 hospitals in 4 European countries.
- Study period: ≥6 months 2012 -2014
- Outcome: resource use (lab, imaging), inhalation medication, hospital admission

	NL ¹	NL ⁴	UK ⁵	PT ³	AT ²
Age median (IQR)	1.9 (0.7-5.4)	1.7 (0.6-3.8)	2.3 (0.9-4.6)	2.0 (0.8-4.8)	2.2 (1.0-4.5)
Male gender	62%	64%	63%	57%	57%
Urgency: MTS category 1 & 2	48%	69%	53%	80%	13%
Fever ≥ 38.0	38%	36%	27%	11%	17%
Oxygen saturation < 94%	14%	12%	8%	10%	5%

Results

- 13.552** children with shortness of breath included.
- 8.560 (55%) urgent; range 13% - 80%
- 77% < 5 years (range 73-84%).

Vital signs: 41% of the total population had an abnormal respiratory rate according to APLS normal values, 9% had an abnormal oxygen saturation and 53% showed increased work of breathing.

Lab tests were performed in 16% of children (range between hospitals: 8-32%) and an X-ray was performed in 25% (range: 8-33%).

Forty-six percent of all children were treated with **inhalation medication** (range: 21-61%) and 19% was **admitted** (range 8-47%). Two hundred and five children (1.5%) were admitted to the ICU (range: 0.1-9%).

	OR, multivariable (95% CI)*	OR, multivariable (95% CI)*
	Labs	Inhalation medication
NL ¹	4.1 (3.2-5.3) *	0.7 (0.6-0.9) *
NL ⁴	Reference	Reference
UK ⁵	0.6 (0.4-0.8) *	1.0 (0.8-1.3)
PT ³	1.1 (0.8-1.4)	1.2 (1.0-1.5) *
AT ²	7.1 (5.0-9.9) *	0.5 (0.3-0.7) *
	X-ray	Admission
NL ¹	5.3 (3.9-7.3)*	1.5 (1.2-1.9) *
NL ⁴	Reference	Reference
UK ⁵	1.8 (1.3-2.5) *	0.6 (0.5-0.7) *
PT ³	8.3 (6.2-11.1) *	0.2 (0.1-0.2) *
AT ²	4.5 (3.1-6.7) *	0.2 (0.1-0.4) *

*significant. Corrected for: gender, age, triage urgency, fever & abnormal vital signs

Discussion & conclusion

Patient characteristics (age, gender, urgency, presence of fever, abnormal vital signs) could explain part of the observed differences in management. However, after correcting for these population characteristics, we still observed substantial differences between hospitals concerning the management of these children.

Possible explanations might be unmeasured aspects of patient characteristics such as comorbidity, or differences in local practice patterns and use of different guidelines.

European EDs differ substantially regarding the management of children with respiratory complaints, even when correcting for disease severity, age & gender.

Contributing Centers

- 1.Erasmus MC / Sophia Children's Hospital, University Medical Center Rotterdam, Rotterdam, The Netherlands
- 2.Vienna General Hospital, Medical University of Vienna, Vienna, Austria
- 3.Hospital Fernando Fonseca, Amadora, Portugal
- 4.Maasstad Hospital, Rotterdam, The Netherlands
- 5.Imperial College NHS Healthcare Trust, London, UK

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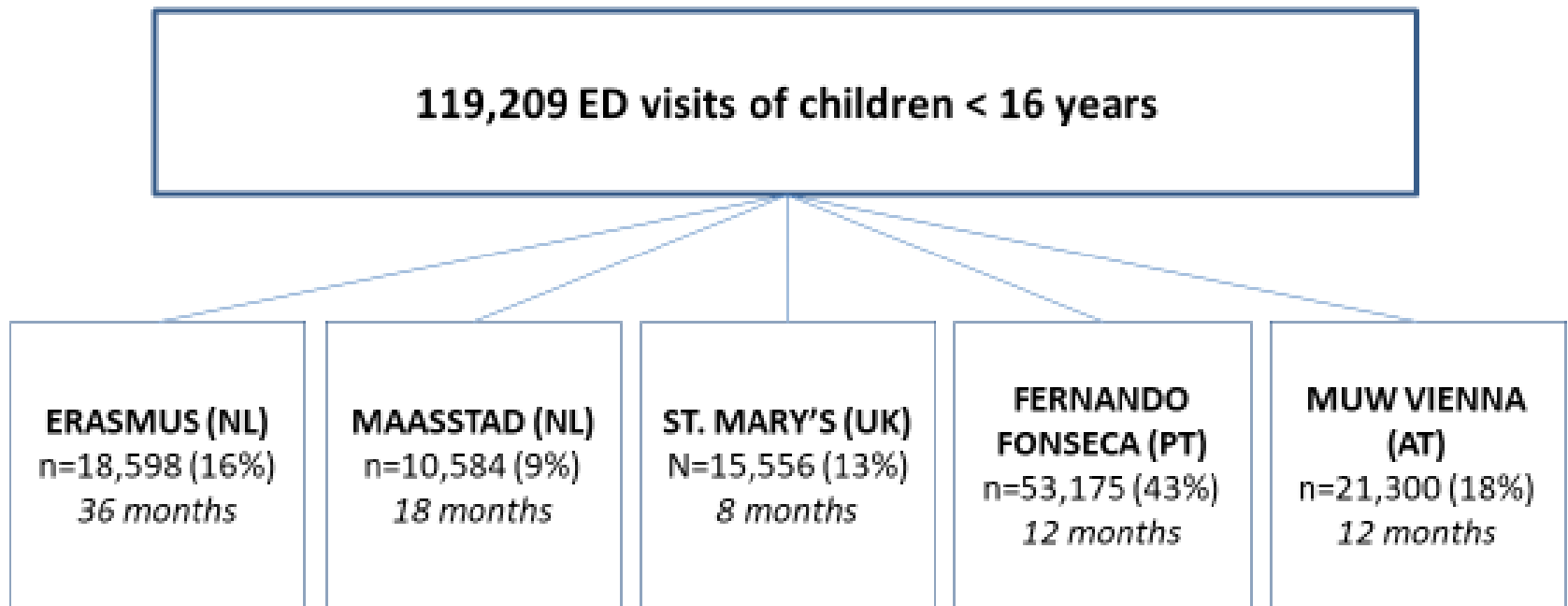
	NL ¹	NL ⁴	UK ⁵	PT ³	AT ²
Age median (IQR)	1.9 (0.7-5.4)	1.7 (0.6-3.8)	2.3 (0.9-4.6)	2.0 (0.8-4.8)	2.2 (1.0-4.5)
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PT ³	1.1 (0.8-1.4)	1.2 (1.0-1.5) *
AT ²	7.1 (5.0-9.9) *	0.5 (0.3-0.7) *
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PT ³	8.3 (6.2-11.1) *	0.2 (0.1-0.2) *
AT ²	4.5 (3.1-6.7) *	0.2 (0.1-0.4) *
*significant. Corrected for: gender, age, triage urgency, fever & abnormal vital signs		

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Triage database



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PTM III

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Velho discriminador modificado

Febre: MTS II Temperatura timpânica

Temperatura Crianças		
Muito quente	$\geq 39,9^{\circ}\text{C}$	Laranja
Quente	$38,5^{\circ}\text{C} - 39,8^{\circ}\text{C}$	Amarelo
Febrícula/ Subfebril	$37,5^{\circ}\text{C} - 38,4^{\circ}\text{C}$	Verde
Temperatura Adultos		
Muito quente	$\geq 41^{\circ}\text{C}$	Laranja
Quente	$38,5^{\circ}\text{C} - 40,9^{\circ}\text{C}$	Amarelo
Febrícula/ Subfebril	$37,5^{\circ}\text{C} - 38,4^{\circ}\text{C}$	Verde

Protocolo Triagem Manchester III

Velho discriminador modificado

Febre: MTS III Temperatura timpânica

Temperatura RN ($\leq 28d$)		
RN quente	$\geq 38,5^{\circ}\text{C}$	Laranja
RN subfebril /Febrícula	$37,5^{\circ}\text{C} - 38,4^{\circ}\text{C}$	Amarelo
Temperatura Lactentes ($\leq 12m$)		
Bebé quente	$\geq 38,5^{\circ}\text{C}$	Laranja
Bebé subfebril /Febrícula	$37,5^{\circ}\text{C} - 38,4^{\circ}\text{C}$	Verde
Temperatura Crianças $> 12m$, adolescentes e adultos		
Muito quente	$\geq 41^{\circ}\text{C}$	Laranja
Quente	$38,5^{\circ}\text{C} - 40,9^{\circ}\text{C}$	Amarelo
Febrícula/ Subfebril	$37,5^{\circ}\text{C} - 38,4^{\circ}\text{C}$	Verde

Protocolo Triagem Manchester III

Velho discriminador modificado



SNS SERVIÇO NACIONAL
DE SAÚDE



DGS desde
1899
Direção-Geral da Saúde

ORIENTAÇÃO

NÚMERO: 015/2017

DATA: 04/09/2017

Francisco Henrique
Moura George

Digitally signed by Francisco
Henrique Moura George,
DN: c=PT, o=Direção-Geral da Saúde,
ou=Direção-Geral da Saúde,
cn=Francisco Henrique Moura George
Date: 2017.09.04 12:34:57 +0100

ASSUNTO: Febre na Criança e no Adolescente – Definição, Medição e Ensino aos Familiares/Cuidadores

PALAVRAS-CHAVE: Febre; hipertermia

PARA: Diretor Clínico e Enfermeiro Diretor das Instituições Hospitalares, Conselhos Clínicos dos Agrupamentos de Centros de Saúde e Profissionais de Saúde do Sistema de Saúde

CONTACTOS: Departamento da Qualidade na Saúde (dqs@dgs.min-saude.pt)

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Velho discriminador modificado

Febre: MTS III Temperatura retal

Temperatura RN ($\leq 28d$)		
RN quente	$\geq 39^{\circ}\text{C}$	Laranja
RN subfebril / Febrícula	$38^{\circ}\text{C} - 38,9^{\circ}\text{C}$	Amarelo
Temperatura Lactentes ($\leq 12m$)		
Bebé quente	$\geq 39^{\circ}\text{C}$	Laranja
Bebé subfebril / Febrícula	$38^{\circ}\text{C} - 38,9^{\circ}\text{C}$	Verde
Temperatura Crianças $> 12m$, adolescentes e adultos		
Muito quente	$\geq 41,5^{\circ}\text{C}$	Laranja
Quente	$39^{\circ}\text{C} - 41,4^{\circ}\text{C}$	Amarelo
Febrícula/ Subfebril	$38^{\circ}\text{C} - 38,9^{\circ}\text{C}$	Verde

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Velho discriminador modificado

Novo pulso anormal

Bradicardia ($< 60/\text{min}$), taquicardia ($> 100/\text{min}$) ou arritmia de novo, ou que não se consiga negar como pré-existente

Devem ser usadas definições adaptadas à idade em crianças

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Velho discriminador modificado

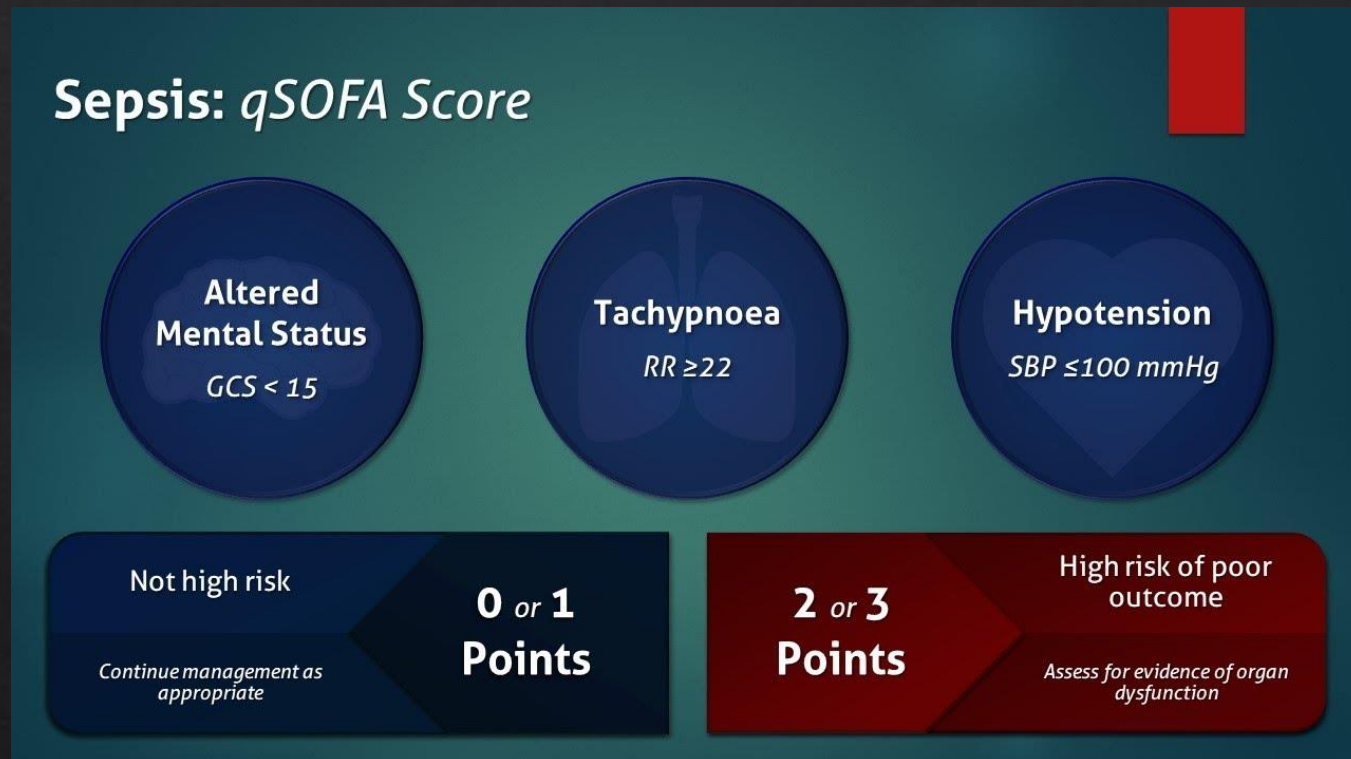
Novo pulso anormal

Idade	Peso (kg) P50		Frequência Respiratória	Frequência Cardíaca	TA Sistólica	
			Ciclos/min P6 - P86	Batimentos/min P6 - P86	P50 / Altura*	
					P6	P60
	♂	♀				
RN	3.3	3.2	25 - 50	120 - 170	65 - 75	80 - 90
1 m	4.5	4.2				
3 m	6.4	5.8				
6 m	7.9	7.3	25 - 45	115 - 160	70 - 75	85 - 95
12 m	9.6	8.9				
18 m	10.9	10.2	20 - 40	110 - 160		
2 A	12.2	11.5	20 - 35	100 - 155	70 - 80	85 - 95
3 A	14.3	13.9		100 - 150		
4 A	16.3	16.1		90 - 140		
5 A	18.3	18.2		80 - 135		

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Novo discriminador

Possível sepsis



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Novo discriminador
Possível sepsis

Não validado
em idade
pediátrica

Sepsis: qSOFA Score



Not high risk

Continue management as
appropriate

0 or 1
Points

2 or 3
Points

High risk of poor
outcome

Assess for evidence of organ
dysfunction

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Pediatric systemic inflammatory response syndrome vital signs and laboratory values by age

Age group	Heart rate (beats/minute)		Respiratory rate (breaths/minute)	Leukocyte count (leukocytes $\times 10^3/\text{mm}^3$)	Systolic blood pressure (mmHg)
	Tachycardia	Bradycardia			
Newborn (0 days to 1 week)	>180	<100	>50	>34	<59
Neonate (1 week to 1 month)	>180	<100	>40	>19.5 or <5	<79
Infant (1 month to 1 year)	>180	<90	>34	>17.5 or <5	<75
Toddler and preschool (>1 to 5 years)	>140	NA	>22	>15.5 or <6	<74
School age (>5 to 12 years)	>130	NA	>18	>13.5 or <4.5	<83
Adolescent (>12 to <18 years)	>110	NA	>14	>11 or <4.5	<90

SIRS

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Novos fluxogramas

Criança com suspeita de maus tratos

Indisposição no recém nascido

Indisposição no bebê

Indisposição na criança

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Abused or neglected child

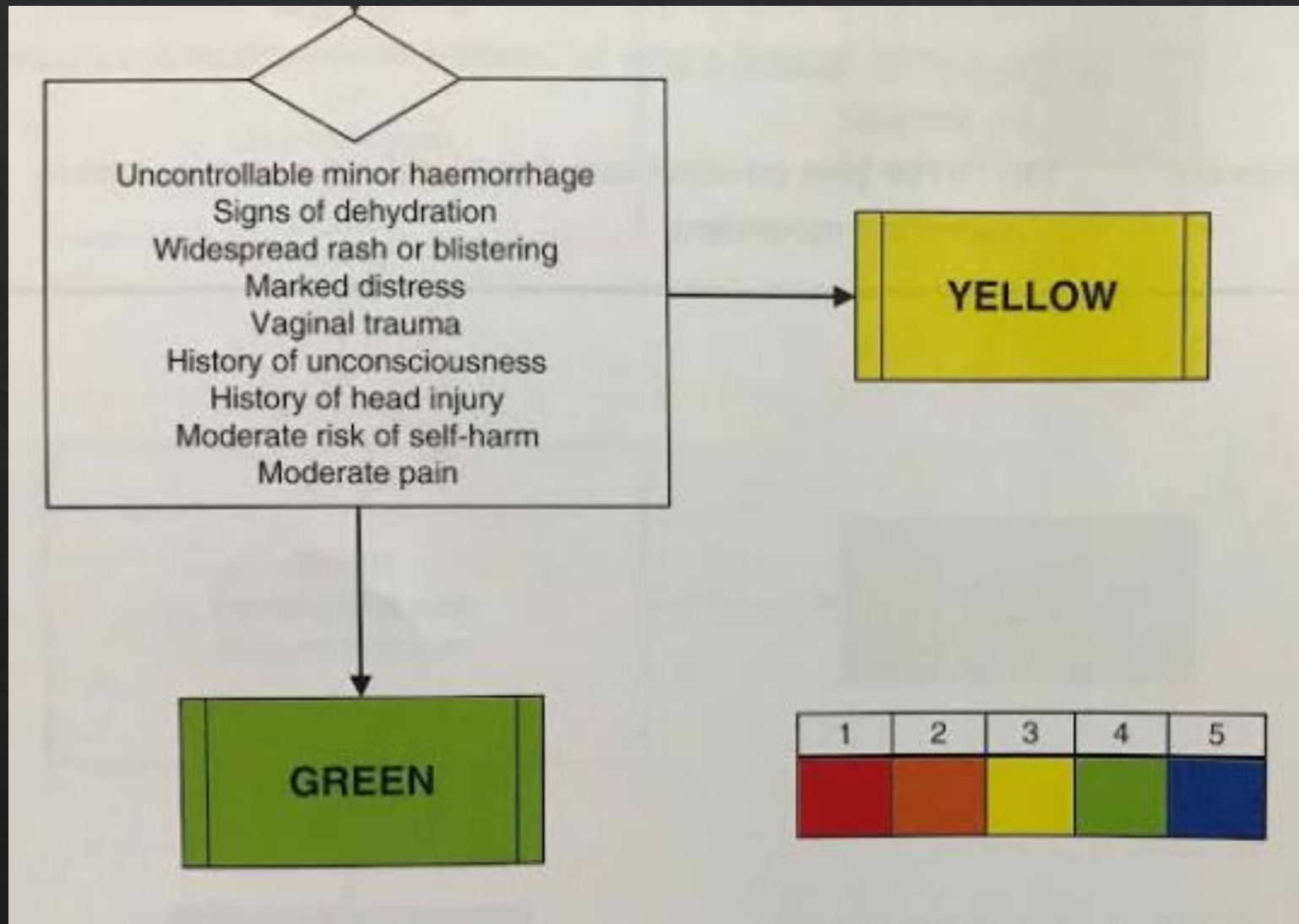
Airway compromise
Inadequate breathing
Shock
Unresponsive

RED

Responds to voice or pain only
Uncontrollable major haemorrhage
High risk of self-harm
Severe pain

ORANGE

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Novos fluxogramas

Criança que não se sente bem



Indisposição no RN

$\leq 28d$

Indisposição no bebê

$\leq 12m$

Indisposição na criança

$> 12m$

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Criança que não se sente bem

Sim

- Sinais de dor severa?
- Só responde à voz e à dor?
- Sem reacção aos estímulos dos pais?
- Sinais de meningismo?
- Erupção cutânea desconhecida?
- Púrpura?
- Criança muito quente?
- Hipotermia?

LARANJA

Sim

- Sinais de dor moderada?
- História inapropriada?
- Sinais de desidratação?
- Retenção urinária/oligoanúria?
- Não se alimenta?
- Criança quente?

AMARELO

Unwell child

Very low SpO₂
New abnormal pulse
Responds to voice or pain only
Fails to react to parents
Signs of meningism
Purpura
Known or likely immunosuppression
~~Non blanching rash~~
Very hot
Possible sepsis
Cold
Severe pain

Low SpO₂
Signs of dehydration
Not feeding
Not passing urine
Inappropriate history
Significant haematological or metabolic history
Hot
Moderate pain

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Criança que não se sente bem

Sim

LARANJA

- Sinais de dor severa?
- Só responde à voz e à dor?
- Sem reacção aos estímulos dos pais?
- Sinais de meningismo?
- Erupção cutânea desconhecida?
- Púrpura?
- Criança muito quente?
- Hipotermia?

Sim

AMARELO

- Sinais de dor moderada?
- História inapropriada?
- Sinais de desidratação?
- Retenção urinária/oligoanúria?
- Não se alimenta?
- Criança quente?

Unwell child

Very low SpO2

New abnormal pulse

Responds to voice or pain only

Fails to react to parents

Signs of meningism

Purpura

Known or likely immunosuppression

~~Non blanching rash~~

Very hot

Possible sepsis

Cold

Severe pain

Low SpO2

Signs of dehydration

Not feeding

Not passing urine

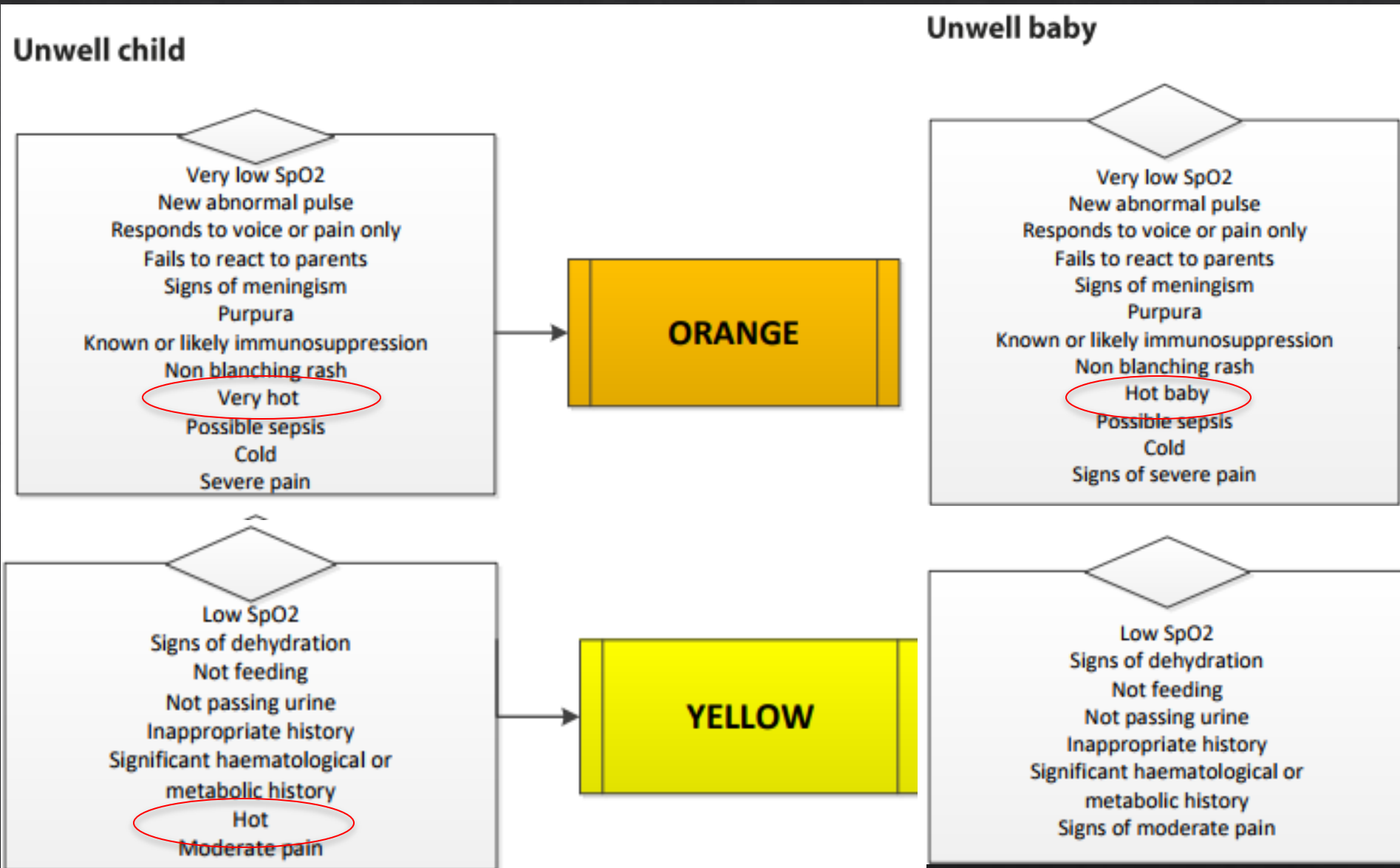
~~Inappropriate history~~

Significant haematological or metabolic history

Hot

Moderate pain

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Unwell child

Very low SpO₂
New abnormal pulse
Responds to voice or pain only
Fails to react to parents
Signs of meningism
Purpura
Known or likely immunosuppression
~~Non blanching rash~~
Very hot
Possible sepsis
Cold
Severe pain

ORANGE

Low SpO₂
Signs of dehydration
Not feeding
Not passing urine
Inappropriate history
Significant haematological or
metabolic history
Hot
Moderate pain

YELLOW

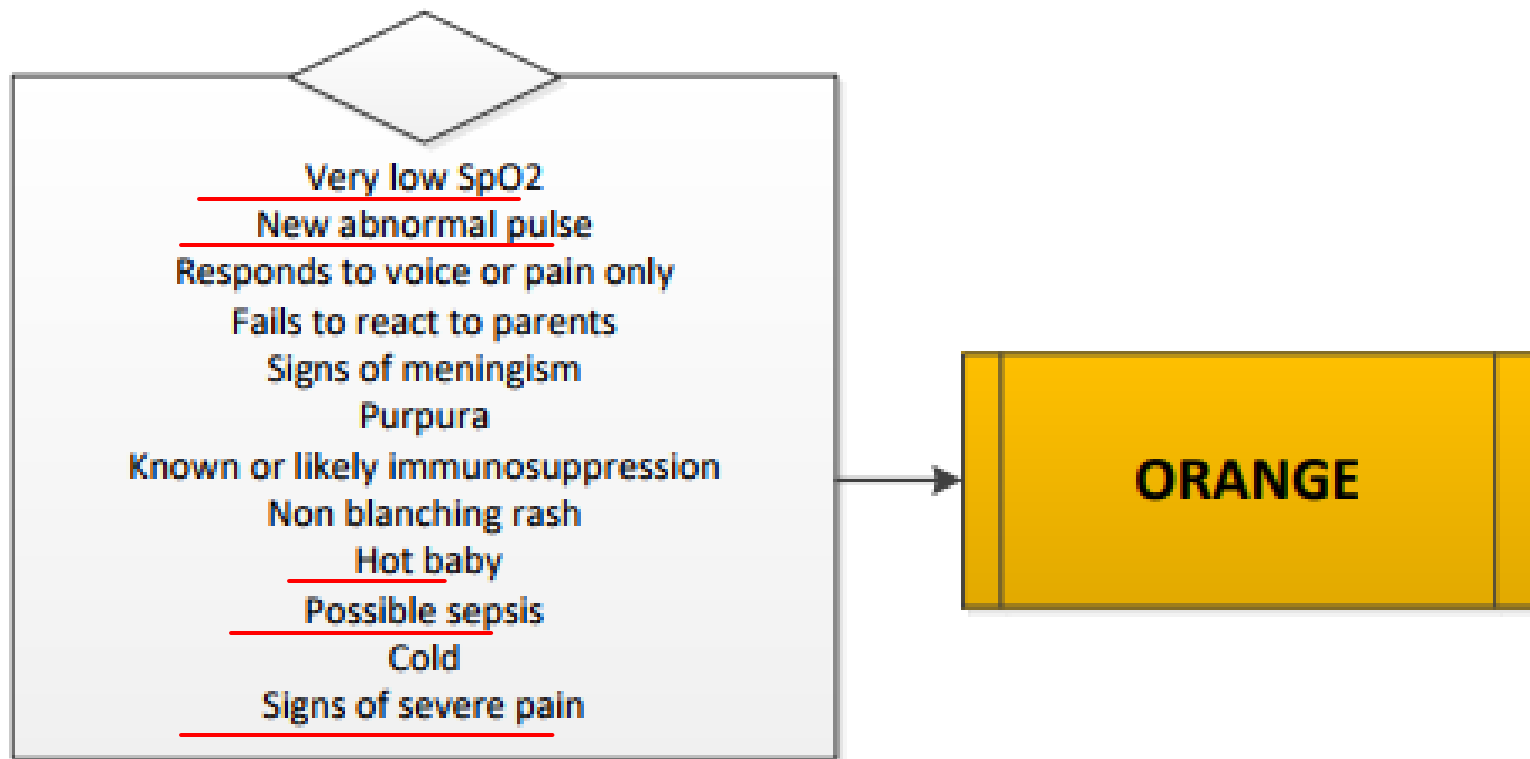
Unwell newborn

Very low SpO₂
New abnormal pulse
Responds to voice or pain only
Fails to react to parents
Signs of meningism
Purpura
~~Non blanching rash~~
Hot baby
Possible sepsis
Cold
Signs of severe pain

Low SpO₂
Signs of dehydration
Not feeding
Not passing urine
Significant haematological or
metabolic history
Jaundice
~~Inappropriate history~~
Warm newborn
Signs of moderate pain

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Unwell baby



Sat O2, Freq Cardíaca, Temperatura
CGS, Freq Respiratória, TAS, Dor

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Caso nº _____

Data ____/____/____ Hora ____:____

1 - Avaliação Primária

Anda	Sim → Verde	<input type="text"/>
Não		
Respira após abertura da via aérea	Não → Preto	<input type="text"/>
Sim		
Freq. Resp. >29 Freq. Resp. <10	Sim → Vermelho	<input type="text"/>
Não		
Preenchimento capilar >2 Pulso >120	Sim → Vermelho	<input type="text"/>
Não		
Amarelo		<input type="text"/>
Nº mec.		<input type="text"/>

2 - Avaliação Secundária

Hora												
	A v	TRTS	A v	TRTS	A v	TRTS	A v	TRTS	A v	TRTS	A v	TRTS
Freq. Resp.												
P.A. Sist.												
Glasgow												
	T		T		T		T		T		T	
Cor												
Prioridade												
Nº Mec.												

Escala de Coma de Glasgow	Abertura de Olhos	Spontânea	4
		Voz	3
		Dor	2
		S/ Resposta	1
	Resposta Verbal	Orientada	5
		Confusa	4
		Inapropriada	3
		Imperceptível	2
		S/ Resposta	1
	Resposta Motora	Ordem	6
		Localiza	5
		Fuga	4
		Flexão	3
		Extensão	2
		S/ Resposta	1

Escala TRTS

Freq. Resp.	10 a 29	4
	>29	3
	6 a 9	2
	1 a 5	1
	0	0
Pressão Arterial Sistólica	>90	4
	76 a 89	3
	50 a 75	2
	1 a 49	1
	0	0
Escala de Coma de Glasgow	13 a 15	4
	9 a 12	3
	6 a 8	2
	4 a 5	1
	3	0

Prioridades

TRTS	COR
10	Vermelho
11	Amarelo
12	Verde
0	Preto

Observações:

Protocolo Triagem Manchester III

Triagem Primária

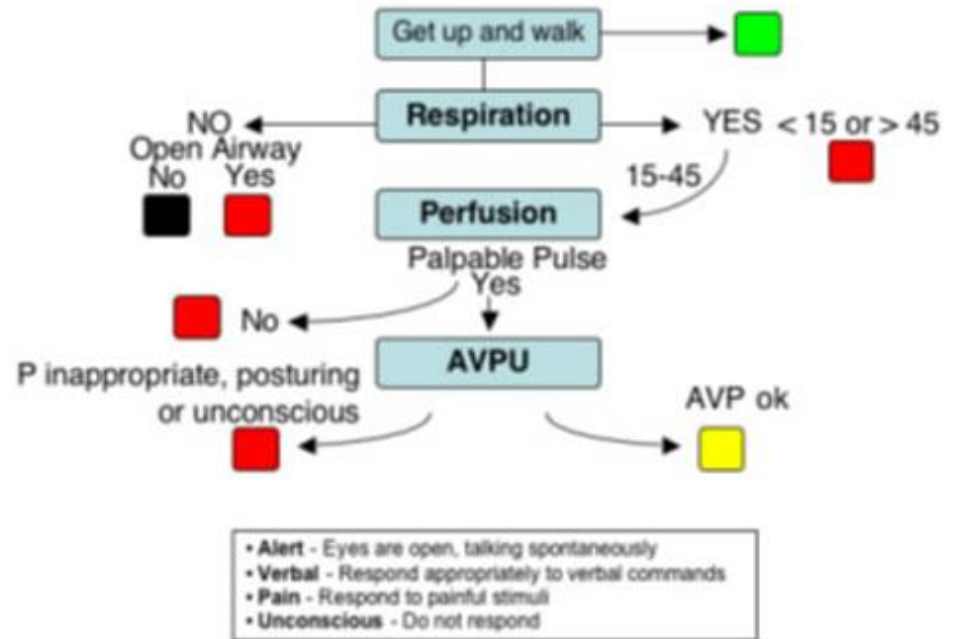
START Triage

Anda	Sim → Verde	<input type="checkbox"/>
Não		
Respira após abertura da via aérea	Não → Preto	<input type="checkbox"/>
Sim		
Freq. Resp. >29 Freq. Resp. <10	Sim → Vermelho	<input type="checkbox"/>
Não		
Preenchimento capilar >2 Pulso >120	Sim → Vermelho	<input type="checkbox"/>
Não		
Amarelo		<input type="checkbox"/>
Nº mec. _____		

Simple Triage And
Rapid Treatment

JumpSTART Triage

age 8 years and less



Caso nº _____

Data ____/____/____ Hora ____:____

1 - Avaliação Primária

Anda	Sim → Verde	<input type="text"/>
Não		
Respira após abertura da via aérea	Não → Preto	<input type="text"/>
Sim		
Freq. Resp. >29 Freq. Resp. <10	Sim → Vermelho	<input type="text"/>
Não		
Preenchimento capilar >2 Pulso >120	Sim → Vermelho	<input type="text"/>
Não		
Amarelo		<input type="text"/>
Nº mec.		<input type="text"/>

2 - Avaliação Secundária

Hora												
	A v	TRTS	A v	TRTS	A v	TRTS	A v	TRTS	A v	TRTS	A v	TRTS
Freq. Resp.												
P.A. Sist.												
Glasgow												
	T		T		T		T		T		T	
Cor												
Prioridade												
Nº Mec.												

Escala de Coma de Glasgow	Abertura de Olhos	Espontânea	4
		Voz	3
		Dor	2
		S/ Resposta	1
	Resposta Verbal	Orientada	5
		Confusa	4
		Inapropriada	3
		Imperceptível	2
		S/ Resposta	1
	Resposta Motora	Ordem	6
		Localiza	5
		Fuga	4
		Flexão	3
		Extensão	2
		S/ Resposta	1

Escala TRTS

Freq. Resp.	10 a 29	4
	>29	3
	6 a 9	2
	1 a 5	1
	0	0
Pressão Arterial Sistólica	>90	4
	76 a 89	3
	50 a 75	2
	1 a 49	1
	0	0
Escala de Coma de Glasgow	13 a 15	4
	9 a 12	3
	6 a 8	2
	4 a 5	1
	3	0

Prioridades

TRTS	COR
10	Vermelho
11	Amarelo
12	Verde
0	Preto

Observações:

Protocolo Triagem Manchester III

Triagem Secundária

Triage **R**evised **T**rauma **S**core

Escala de Coma de Glasgow

Abertura de Olhos	Espontânea	4
	Voz	3
	Dor	2
	S/ Resposta	1
Resposta Verbal	Orientada	5
	Confusa	4
	Inapropriada	3
	Imperceptível	2
	S/ Resposta	1
Resposta Motora	Ordem	6
	Localiza	5
	Fuga	4
	Flexão	3
	Extensão	2
	S/ Resposta	1

Escala TRTS

Freq. Resp.	10 a 29	4
	>29	3
	6 a 9	2
	1 a 5	1
	0	0
Pressão Arterial Sistólica	>90	4
	76 a 89	3
	50 a 75	2
	1 a 49	1
	0	0
Escala de Coma de Glasgow	13 a 15	4
	9 a 12	3
	6 a 8	2
	4 a 5	1
	3	0

Prioridades

TRTS		COR
10	→	Vermelho
11	→	Amarelo
12	→	Verde
0	→	Preto

Prioridades

TRTS	COR
10	Vermelho
11	Amarelo
12	Verde
0	Preto

Protocolo Triagem Manchester III

Triagem Secundária

Triage **R**evised **T**rauma **S**core

Escala de Coma de Glasgow

Abertura de Olhos	Espontânea	4
	Voz	3
	Dor	2
	S/ Resposta	1
Resposta Verbal	Orientada	5
	Confusa	4
	Inapropriada	3
	Imperceptível	2
	S/ Resposta	1
Resposta Motora	Ordem	6
	Localiza	5
	Fuga	4
	Flexão	3
	Extensão	2
	S/ Resposta	1

Escala TRTS

Freq. Resp.	10 a 29	4
	>29	3
	6 a 9	2
	1 a 5	1
	0	0
Pressão Arterial Sistólica	>90	4
	76 a 89	3
	50 a 75	2
	1 a 49	1
	0	0
Escala de Coma de Glasgow	13 a 15	4
	9 a 12	3
	6 a 8	2
	4 a 5	1
	3	0

Prioridades

TRTS	COR
10	Vermelho
11	Amarelo
12	Verde
0	Preto

Corrigir para
idade

Corrigir para a idade

SENTE-SE MAL?
COMPRE UMA
CADEIRA...
E SENTE-SE BEM!



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