

# OB Triage Acuity Guideline:

SJH, SI, KG 12/2013

\*times are guidelines for operating goals, not protocols

>/=20wks are sent to L+D after passing through ED triage to check in 1<sup>st</sup> = see ED triage guidelines

Immediate, to be seen & cleared by ED 1<sup>st</sup>, regardless of GA:

Resuscitative: Acute Airway, Breathing, or Circulation

Respiratory distress

Chest pain

Significant trauma

Actively seizing

Immediate:

</=15min

Impending delivery

Vaginal hemorrhage

Known abnormal placentation with bleeding

Presenting fetal parts

Prolapsed umbilical cord

CAT III tracing

Urgent:

</=30min

Active labor

Preterm r/o labor complaints

Previous C/S r/o labor

r/o ROM, early labor, or dec FM w CAT II tracing

BP severe range (>/=160/110)

Elevated BP w severe PEC symptom complaints

Altered Mental Status

Suicidal

Minor trauma

Fever/chills

Active vomiting

Significant abdominal pain

Routine:

</=60min

r/o ROM, early labor, or dec FM w CAT I tracing

Discomfort of pregnancy

Vaginal discharge

N/V

Insomnia

Mild pain

Scheduled Procedures: IOL, NST, BPP, US, ECV, C/S scheduled, et al

\*adapted from Florida Hospital Triage Acuity Tool