



Queensland Paediatric Triage Tool

Children's Advice and Transport Coordination Hub (CATCH)

Queensland Paediatric Transport Triage Tool: Medical (non-trauma)

Use this tool developed by Children's Advice and Transport Coordination Hub (CATCH) and Retrieval Services Queensland (RSQ) to help you identify children who are likely to need critical care support and inter-hospital transfer.

1 Does the child have ≥ 1 physiological trigger?

Yes

**Contact RSQ
1300 799 127**

No

Physiological triggers indicative of a **critically unwell** child

AT LEAST ONE of the following:

Less than 1 year of age

- RR > 50
- HR < 90 or > 170
- sBP < 65
- SpO2 < 93% in oxygen or < 85% in air
- GCS ≤ 12

Age 1-4 years

- RR > 40
- HR < 80 or > 160
- sBP < 70
- SpO2 < 93% in oxygen or < 85% in air
- GCS ≤ 12

Age 5-11 years

- RR > 40
- HR < 70 or > 150
- sBP < 75
- SpO2 < 93% in oxygen or < 85% in air
- GCS ≤ 12

Over 12 years

- RR > 30
- HR < 50 or > 130
- sBP < 85
- SpO2 < 93% in oxygen or < 85% in air
- GCS ≤ 12

OR total CEWT ≥ 6

2 Is the child critically unwell or at high risk of deterioration?

Yes

**Contact RSQ
1300 799 127**

No

Children who are **critically unwell** or at **high risk of deterioration**

Airway

- any airway obstruction where diagnosis is uncertain
- upper airway obstruction with moderate to severe respiratory distress
- croup requiring more than 2 doses of nebulised adrenaline with any of:
 - ongoing stridor and moderate or severe respiratory distress
 - signs of fatigue
- symptomatic foreign body inhalation (respiratory distress, stridor, drooling, hypoxia)
- post tonsillectomy haemorrhage

Gastrointestinal

- known button battery ingestion
- symptomatic foreign body ingestion (vomiting, unable to swallow secretions, choking/refusal to eat, or respiratory distress)
- signs of acute gastrointestinal tract blood loss, perforation, acute reduction in haemoglobin
- intussusception with signs of shock
- surgical abdomen

Respiratory illness

- asthma/reactive airway disease:
 - severe and not responding to treatment and/or
 - requiring respiratory support (e.g. high flow nasal cannula (HFNC) therapy)
- respiratory illness (e.g. bronchiolitis, lower respiratory tract infection, pneumonia) with any of:
 - ongoing hypoxia despite oxygen therapy
 - persistent apnoeic events
 - require respiratory support (e.g. HFNC)
 - moderate or severe distress
 - congenital heart or chronic lung diseases
- mediastinal mass

Neurological

- signs and symptoms of raised intracranial pressure (ICP)
 - irritability, vomiting, altered level of consciousness
- suspected VP shunt dysfunction with signs of raised ICP
- intracranial haemorrhage (e.g. epidural or subdural haemorrhage) with signs of raised ICP
- meningitis with any of:
 - signs of raised ICP
 - shock
 - recent seizures
- seizures:
 - continuing despite medication and/or
 - prolonged postictal state
- neurological deficits present with potential for deterioration (e.g. diagnosis of transverse myelitis, Guillian Barre, stroke)

Systemic

- sepsis/suspected sepsis with:
 - refractory tachycardia
 - lactate > 4
 - pain or distress disproportionate to clinical findings
- anaphylaxis with ongoing airway/breathing/circulation involvement
- significant co-morbidities that may impact transfer (e.g. cystic fibrosis, tracheostomy, neutropenia, renal impairment)

Cardiac

- Congenital or acquired heart disease (e.g. cardiomyopathy, myocarditis) with any of:
 - respiratory distress
 - poor perfusion
 - arrhythmia
 - episode of altered level of consciousness

Endocrine

- DKA and any of:
 - age less than 5 years
 - pH < 7.15 continuing within first 2 hours of presentation despite treatment
 - severe headache or neurological deterioration

Mental health

- recent substance misuse with potential for deterioration during transfer
- requirement for sedation for safe transfer

3 Are you otherwise concerned about the child's safety?

Yes

Contact RSQ 1300 799 127

No → **Seek advice via onsite/local paediatric service/CATCH/TEMSU as per local practice. First point of call for inter-hospital transfer is local paediatric service. Contact RSQ for aeromedical transfers.**

Who do I call for advice

Child is critically unwell, rapidly deteriorating or requiring time-critical care

- Contact paediatric or critical care service and other specialists onsite or via **RSQ on 1300 799 127** (24 hrs).
- Consider early involvement of local paediatric or critical care service.
- Notify RSQ early of children potentially requiring transfer.
- In the event of retrieval, inform your local paediatric service.

Child is acutely unwell, requires escalation of care or non-critical advice

- Follow local practices. Options:
 - Onsite/local paediatric service
 - Queensland Children's Hospital experts via **CATCH on 13 CATCH (13 22 82)** (24 hrs)
 - Local and regional paediatric videoconference support via **TEMSU on 1800 114 414** (24 hrs).

