

GRI Specialty Triage

Medicine

Asthma, chest infection
 Primary lung tumour
 Spontaneous pneumothorax
 Pleural effusion (incl 2° to surgical primary tumour)

Hepatitis, ALD, cirrhosis
 Painless (non obstructive) jaundice
 Inflammatory bowel disease (unless suspected perf – General Surgery)
 Infective vomiting and diarrhoea (refer to ID initially)
 Haematemesis and malaena (consider emergency OGD)

Acute confusion
 CVA

DVT +/- stable PTE
 Respiratory failure
 Altered conscious level
 Dizziness, blackouts

Frequent falls (incl those with minor # *; inform Ortho Trauma coordinator to arrange ortho review + written plan in notes on Medical ward)

Poor mobility, “off legs”

Arthritis, atraumatic joint pains

Septic arthritis (prosthetic joint – Ortho)

Cellulitis (except upper limb – Ortho/Plastics)

Diabetic foot infection including osteomyelitis

*Minor # = any # which ED staff would normally discharge & refer for Virtual Fracture Clinic follow up

Diabetic metabolic decompensation, hypoglycaemia

Renal failure

Metabolic emergencies, hypercalcaemia

Self poisoning

Alcohol withdrawal

Lower UTI / urosepsis

Neutropenic sepsis (consider BOC admission)

Cardiology

Arrhythmias

Endocarditis

Haemodynamically unstable PTE

Suspected dissecting thoracic aortic aneurysm (+ve CTA -> cardiothoracic GJNH)

Suspected ACS

Heart failure

Emergency Medicine

Head injury

Acute alcohol intoxication (not withdrawal)

General Surgery

Acute abdomen

Pancreatitis

Constipation

Peri-anal/pilonidal abscess

Cholecystitis, obstructive jaundice

Non-infective vomiting and diarrhoea

Dysphagia

Intra-abdominal sepsis

Uncomplicated pyelonephritis

Unproven (imaging awaited) renal colic

Complications of disseminated surgical cancers (unless chemotherapy related)

Chest wall injury (incl simple traumatic pneumothorax)

Flail segment, abdominal trauma

Buttock and lower limb stabbing

Upper limb stabbing (hand – Plastics)

Ischaemic bowel

Abdominal pain (incl gastritis)

PR bleeding (not melaena)

Urology

Frank haematuria

Complicated pyelonephritis (PMH or imaging suggests urological obstruction)

Renal colic (image proven)

Advanced Prostate Ca with a current urological presentation

Orthopaedics

requiring operative intervention

NOF (unless requires CCU/HDU/ITU – will need Ortho plan written in Medical notes. NB ?syncope, low risk chest pain etc can receive Medical review on Ortho ward)

requiring admission due to ‘social’ reasons (e.g. inability to use usual walking aid, inability to WB, pubic ramus #, transport issue)

Hip pain (traumatic) still requiring CT/MRI after –ve xray

Musculoskeletal back pain and suspected vertebral # requiring further investigation or ongoing management

Osteomyelitis

Septic arthritis in prosthetic joint

Upper limb cellulitis (hand – Plastics)

Gynaecology

Disseminated cervix/uterus/ovarian cancer

Pelvic pain, PV bleeding

Obstetrics

All Pregnancy + DVT/VTE