Curso
TRIAGE HOSPITALARIO PEDIÁTRICO

Actualización teórico-práctico
para médicos y enfermeros

Coordinadores:

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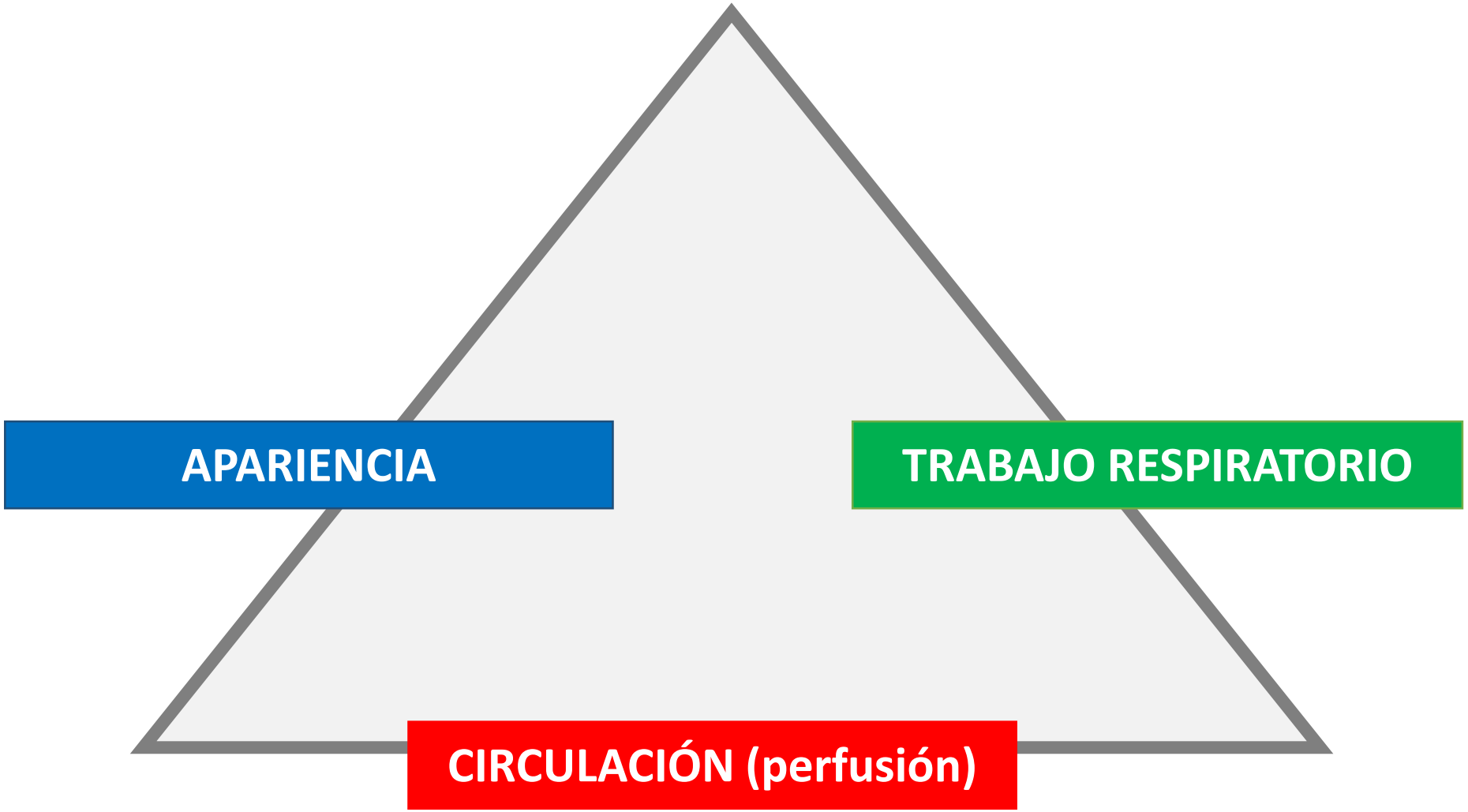
1er Paso de la Clasificación de la Urgencia

TRIÁNGULO DE EVALUACIÓN PEDIÁTRICA

TEP
(Triángulo de Evaluación Pediátrica)



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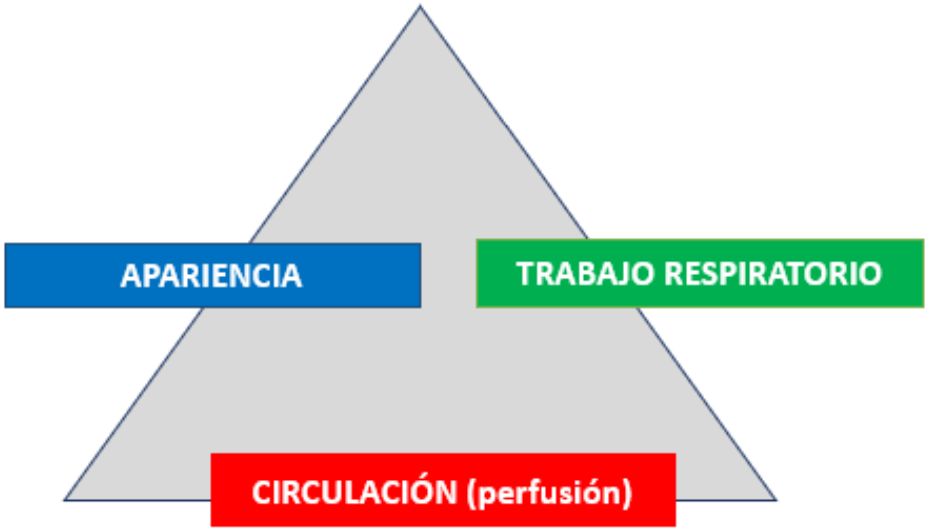

- RÁPIDO (ESCASOS SEGUNDOS)
- FÁCIL
- ÚTIL
- IMPRESIÓN INICIAL
- DATOS VISUALES Y AUDITIVOS

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- INDICA oxigenación, perfusió cerebral y función del SNC
- EVALÚA estado de concienci actividad, movilidad, tono muscular, interacción con el entorno, irritabilidad, llanto o lenguaje, mirada y contacto visual, comportamiento

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- INDICA rápidamente ventilación y oxigenación

- EVALÚA ruidos respiratorios anormales sin estetoscopio (quejido, cornaje, estridor, ronquido, voz apagada o ronca, sibilancias) y signos de aumento del trabajo respiratorio (posición anormal con postura de olfateo o en trípode, tirajes o retracciones, aleteo nasal, cabeceo)

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- INDICA perfusión mediante valoración visual del color y aspecto de la piel
- EVALÚA palidez, aspecto moteado, marmóreo, terroso reticulado, cianosis y rubicundez

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¿Y CÓMO CLASIFICA
LA URGENCIA
EL TEP?

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- No es necesario continua con los siguientes pasos del triage
- El paciente es inmediatamente trasladac al sector de REANIMACIÓN, el resto de la evaluación la realizará el personal de ese sector

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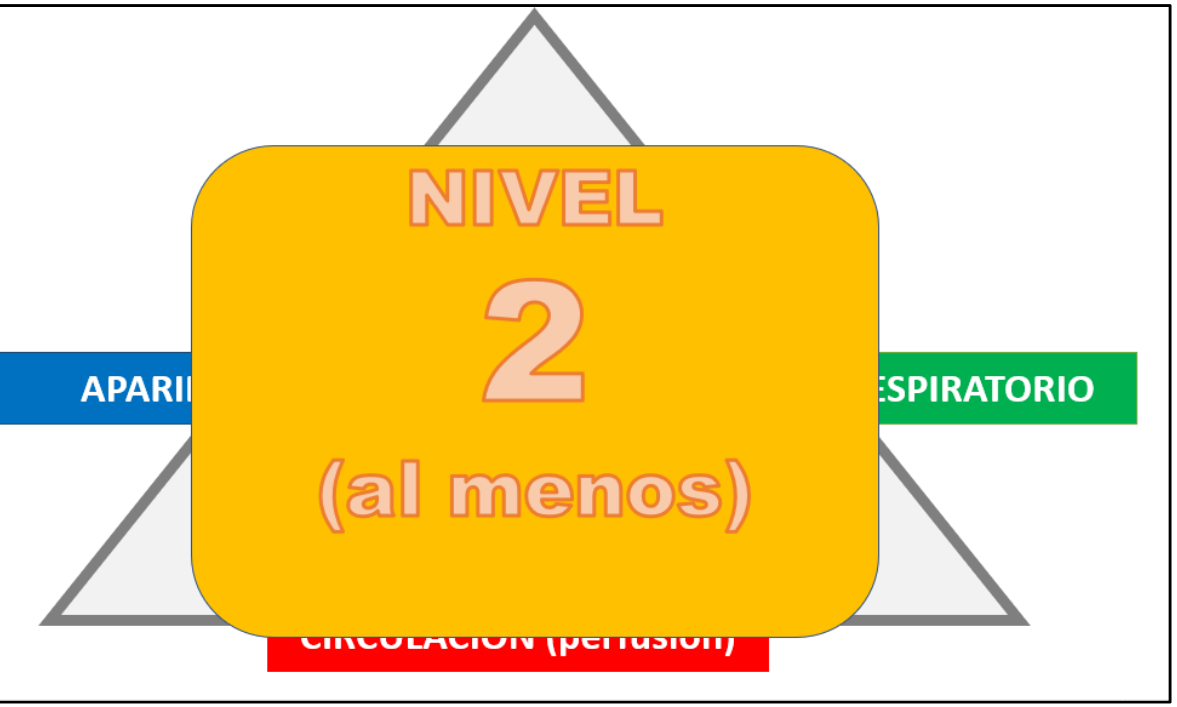

- Se debe continuar con los siguientes pasos del Triage
- Nunca desciende de nivel per puede ascender a Nivel 1
- Si conserva Nivel 2, idealmen el paciente continuará su evaluación en un Box de Reconocimiento o Ingreso
- Requiere atención rápida

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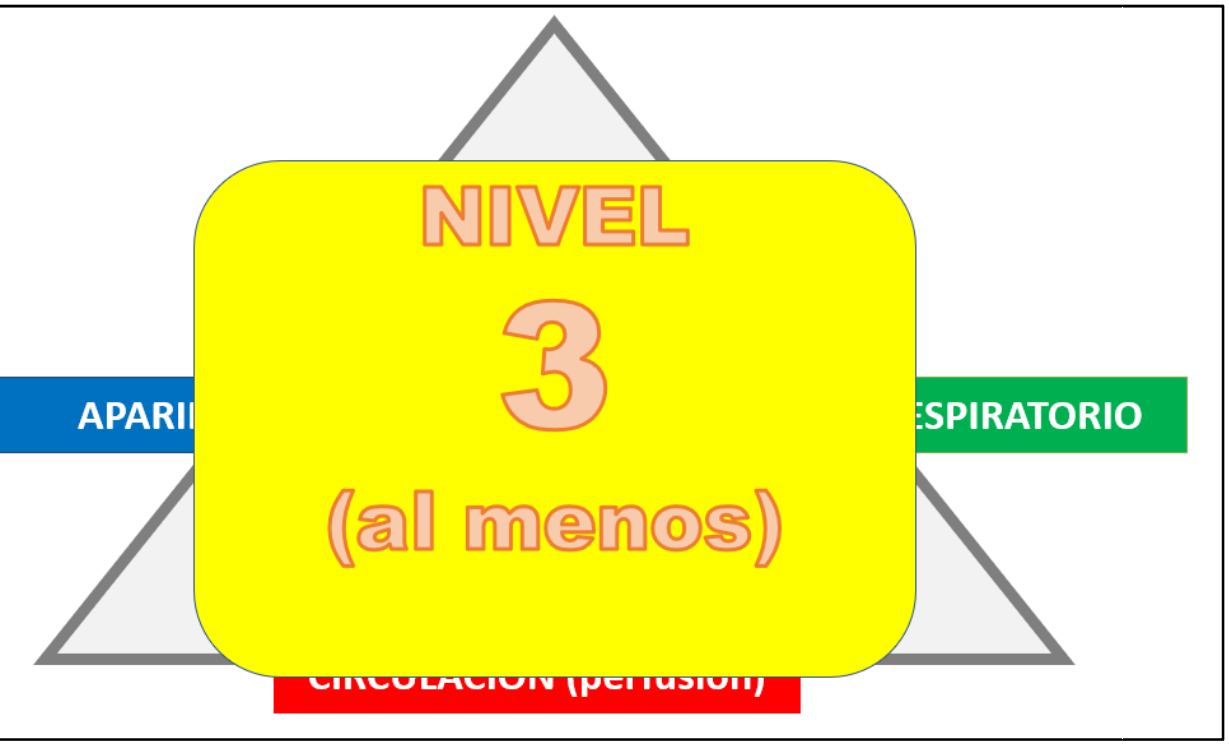

- Se debe continuar con los siguientes pasos del Triage
- Nunca desciende de nivel pero puede ascender a Nivel 2 o 1
- Si conserva Nivel 3, el paciente continuará su evaluación en consultorio d urgencias

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- Se debe continuar con los siguientes pasos del Triage
- Pueden ascender a Nivel 3 o 2, más raramente a Nivel 1
- Si conserva Nivel 4 o 5, el paciente continuará su evaluación en consultorio de urgencias

Combinación de lados del TEP

TABLA 4. Diagnósticos fisiológicos: combinación de los componentes del TEP.

Diagnóstico fisiológico	*Apariencia*	*Respiración*	*Circulación*
Estable	Normal	Normal	Normal
Dificultad respiratoria	Normal	Anormal	Normal
Fallo respiratorio	Anormal	Anormal	Normal
Disfunción SNC	Anormal	Normal	Normal
Shock compensado	Normal	Normal	Anormal
Shock descompensado	Anormal	Normal	Anormal
Fallo cardio-respiratorio	Anormal	Anormal	Anormal

Míguez Navarro MC, Guerrero Márquez G, Ignacio Cerro MC (Editores). Manual de clasificación y triage del paciente pediátrico en urgencias. Madrid, Ergon, 2015

ORIGINAL ARTICLE

The Validity of the Pediatric Assessment Triangle as the First Step in the Triage Process in a Pediatric Emergency Department

Ana Fernández, MD, Maria Isabel Ares, RN,* Sara Garcia, MD,* Lorea Martinez-Indart, MSC,† Santiago Mintegi, MD, PhD,* and Javier Benito, MD, PhD**

Objective: This study aimed to assess the association between pediatric assessment triangle (PAT) findings during triage and markers of severity in a pediatric emergency department (PED).

Methods: During the study period, patients arriving to the PED were classified by trained nurses with the Pediatric Canadian Triage and Acuity Scale using a computer system, from which data were obtained and analyzed retrospectively. The primary outcome measure was the percentage of children hospitalized related with PAT findings. The secondary outcome measures were the admission to the intensive care unit (%), PED length of stay, and performance of blood tests (%).

Results: Among the 302,103 episodes included, there were abnormal PAT findings in 24,120 cases (7.9%). Multivariate analysis adjusted for age confirmed that PAT findings and triage level were independent risk factors for admission (odds ratio [OR], 2.21; 95% confidence interval [CI], 2.13–2.29; OR, 6.01; 95% CI, 5.79–6.24, respectively). Abnormal findings in appearance or in more than 1 PAT component were even more strongly associated with admission (3.99; 95% CI, 3.63–4.38; 14.99, 95% CI, 11.99–18.74, respectively). When adjusted for triage level and age, abnormal PAT findings were also an independent risk factor for intensive care unit admission (OR, 4.44; 95% CI, 3.77–5.24) and a longer stay in the PED (OR, 1.78; 95% CI, 1.72–1.84).

Conclusions: Abnormal findings in the PAT applied by trained nurses at triage identify patients with a higher risk of hospitalization. The PAT seems to be a valid tool for identifying the most severe patients as a first step in the triage process.

deterioration. This suggests that it could be the ideal tool to use in the first stage of triage in a pediatric ED (PED).

The PAT was developed by the American Academy of Pediatrics at the end of the 1990s as a tool for the initial assessment of pediatric patients in a prehospital environment.[6] Since then, it has been taught to and used by health professionals in various different settings, although there have been very few validation studies. Mierek et al,[7] in 2010, confirmed that many of the characteristics of the so-called "view from the door" approach used by experienced prehospital providers to make decisions regarding transfers fit in with the PAT and asserted that it is a rapid and efficient tool to classify patients.

Although some authors have analyzed the value of PAT in triage performed in different settings,[8,9] to date, no studies have assessed the validity of PAT as a triage tool in a PED and related with markers of severity. The objective of this study was to assess the relationship between PAT performed by trained nurses at the point of triage in a hospital PED and a range of markers of severity in patients.

METHODS

Study Design and Setting

This was a single-center retrospective study in which we analyzed a cohort of children attended in 1 PED during a period of

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The Validity of the Pediatric Assessment Triangle as the First Step in the Triage Process in a Pediatric Emergency Department

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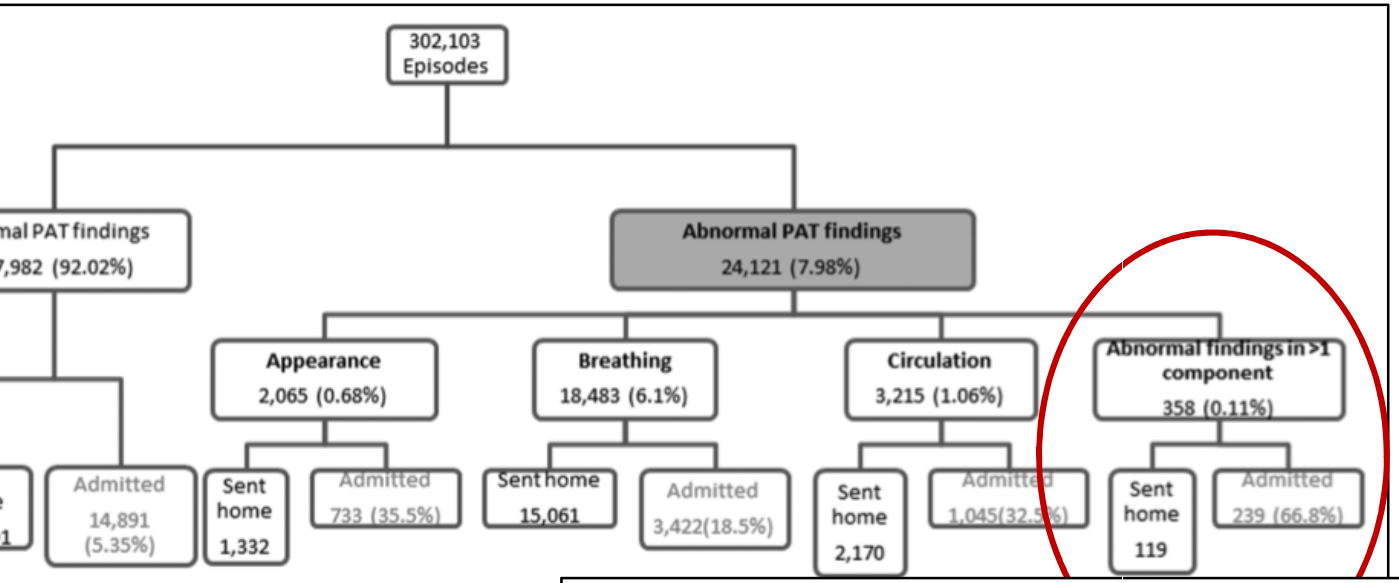

1. Destination of patients according to PAT findings c

TABLE 2. Performance of Blood Tests, Hospitalization, and LOS Related With PAT Findings

PAT Findings	Blood Test Performed	Admitted to Hospital	Admitted to the PICU	LOS, Media (Interquartile Ran
Normal	19,490 (7.01%)	14,891 (5.3%)	288 (0.1%)	66.9 (71.9)
Appearance	736 (35.6%)	733 (35.5%)	47 (2.3%)	142.0 (256.5
Work of breathing	807 (4.4%)	3422 (18.5%)	129 (0.7%)	96.7 (118.3
Circulation to the skin	1164 (36.2%)	1045 (32.5%)	68 (2.1%)	127.9 (172.1
Abnormal findings in >1 component	185 (51.7%)	239 (66.7%)	71 (19.8%)	181.8 (578.1