**FAQs – Emergency Triage**

**During the assessment, do I only need to ask the questions on the chart?**
No. The MTS is a clinical framework, it is not the complete assessment. The MTS relies on your clinical knowledge and understanding of the discriminators to be able to build your assessment around the discriminators present.

**When triaging children, do we assess using the adult MTS charts, as there are only a few charts that are specific for children?**
Yes, the MTS is designed to be used in adults and children for most presenting complaints, apart from the few charts that have been specifically designed for use with children.

**What if I disagree with a PPM outcome for my patient?**
Presentation Priority Matrix (PPM) outcomes are there to support your decision making and your actions should be justified in situations where your outcome is different to the PPM; clinicians should use their own clinical judgement to determine where their patient is best assessed. Senior clinical advice should be sought if there are any questions regarding PPM outcomes. If during the triage, however, if there are concerns with a particular PPM outcome or particular service, you should raise this with your MTS lead.

**What does “Advice only” relate to in terms of a PPM outcome?**
If the patient elicits no discriminators on the chosen TTA card, they fall into the “Advice only” (blue) category and the clinician would provide relevant self-care advice and/or signpost the patient towards appropriate care.

**If I am unable to get past a discriminator during my assessment, does this mean I have to stop?**
If you are able to justify bypassing a discriminator as the history does not suggest that the discriminator would be positive, then you can move past it.

**If the MTS chart includes a discriminator for a clinical observation, does this mean I have to record it for every patient? I don’t feel it is appropriate to do a blood sugar on all patients if they do not have any signs of hypoglycaemia?**
Clinical observations should be taken where appropriate and relevant to the presenting complaint. If it is not clinically relevant and will have no impact on the triage priority then they can be bypassed.

**If the patient answers yes to a discriminator does this mean I have to stop?**
If a patient answers yes to a discriminator, you should explore further using your clinical questioning. If you are able to clinically justify your decision to move past this to the next priority then you can make this decision but you must be able to justify your decision making process.