MTS TTA post-publication updates

Changes highlighted in red are considered safety changes and should be implemented as soon as possible.

<table>
<thead>
<tr>
<th>Chart</th>
<th>All charts updated at publication of MTS TTA in 2016 – updated charts indicated below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain in adults</td>
<td>Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Abdominal pain in children</td>
<td>Sept 2016; Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Abscesses and local infections</td>
<td>Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Allergy</td>
<td>Oct 2016</td>
</tr>
<tr>
<td>Apparently drunk</td>
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<tr>
<td>Assault</td>
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<td>Asthma</td>
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<td>Back pain</td>
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<td>Behaving strangely</td>
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<td>Bites and stings</td>
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<td>Chemical exposure</td>
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<tr>
<td>Chest pain</td>
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<td>Crying baby</td>
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<tr>
<td>Dental problems</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
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</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Diarrhoea and vomiting</td>
<td>Dec 2016, Feb 2017, Mar 2017</td>
</tr>
<tr>
<td>Ear problems</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Eye problems</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Facial problems</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Falls</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Fits</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Foreign body</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>GI Bleed</td>
<td>Dec 2016, Feb 2017</td>
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<tr>
<td>Headache</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
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<tr>
<td>Head injury</td>
<td>September 2106</td>
</tr>
<tr>
<td>Irritable child</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Limb problems</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Limping child</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Major trauma</td>
<td></td>
</tr>
<tr>
<td>Medication request</td>
<td></td>
</tr>
<tr>
<td>Mental illness</td>
<td></td>
</tr>
<tr>
<td>Neck pain</td>
<td>Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Overdose and poisoning</td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
</tr>
<tr>
<td>PV bleeding</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Chart</td>
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<tr>
<td>------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rash(es)</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Self-harm</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Sexually acquired infection</td>
<td>Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Shortness of breath in adults</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Shortness of breath in children</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Testicular pain</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Torso injury</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Unwell adult</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Urinary problems</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Wounds</td>
<td>Sept 2016, Dec 2016, Feb 2017</td>
</tr>
<tr>
<td>Temperature discriminator changes</td>
<td>Sept 2016</td>
</tr>
</tbody>
</table>
### Abdominal pain in adults

<table>
<thead>
<tr>
<th>Changes to discriminator or chart</th>
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<th>Rationale</th>
<th>Date</th>
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<tbody>
<tr>
<td>Addition of new discriminator ‘Possible sepsis’ to FtF NOW</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic.</td>
<td>To be able to quickly identify patients who have possible sepsis</td>
<td>Dec 2016 (Definition updated Feb 2017)</td>
</tr>
</tbody>
</table>

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**Abdominal pain in adults**

- Airway Compromise
- Inadequate Breathing
- Vomiting Blood
- Passing fresh or altered blood PR
- PV blood loss and 20 weeks pregnant or more
- Known abdominal or aortic aneurysm
- Very Hot
- Possible sepsis
- Pain radiating to the back
- Severe Pain

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<table>
<thead>
<tr>
<th>Changes to discriminator or chart</th>
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<tbody>
<tr>
<td>In the text in the book the statement ‘If the patient is under 28 days, the Unwell newborn chart should be used’ will be added.</td>
<td></td>
<td>Unwell newborn looks at conditions that may affect a newborn baby therefore should be used</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>‘PV blood loss and 20 weeks pregnant or more’ added to FTF Now</td>
<td></td>
<td>The patient who is under 16 may be pregnant</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>‘Possibly pregnant’ added to FTF Soon</td>
<td></td>
<td>The patient who is under 16 may be pregnant</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>‘Inappropriate history’ added to FTF Soon</td>
<td></td>
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## Abscesses and local infections

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### Abscesses and local infections

- Airway Compromise
- Inadequate Breathing
- Vascular compromise
- Possible sepsis
- Severe Pain

![Diagram showing FtF NOW and related conditions]
## Allergy

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<tbody>
<tr>
<td>Positioning of discriminators in FTF Now changed</td>
<td></td>
<td>Changed to ensure consistancy with other charts</td>
<td>Oct 2016</td>
</tr>
<tr>
<td>‘Drooling’ discriminator added to FTF Now</td>
<td></td>
<td>To ensure consistency with other charts</td>
<td>Oct 2016</td>
</tr>
</tbody>
</table>

### Diagram: Allergy

- Airway compromise
- Stridor
- Drooling
- Inadequate breathing
- Altered conscious level
- Oedema of the tongue
- Facial oedema
- Unable to talk in sentences

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<tr>
<td>‘Cold’ discriminator removed</td>
<td></td>
<td>Cold with regards TTA was included to safeguard against patients being exposed to the elements, however due to the difficulties in assessment of temperature over the phone this has now been removed. If a patient is cold due to being outside or if there is any query of sepsis, this would be managed separately</td>
<td>Sept 2016</td>
</tr>
</tbody>
</table>

**Apparently Drunk**

- History of unconsciousness
- History of head injury
- Persistent vomiting
- Less than 16 years old
- Inappropriate history

**FTF SOON**
### Assault

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### Assault

- Uncontrollable minor haemorrhage
- New neurological deficit more than 24 hours
- History of Unconsciousness
- Inappropriate history
- Deformity

![Diagram](image)
### Changes to discriminator or chart

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<td>Dec 2016 (Definition updated Feb 2017)</td>
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</table>

**Asthma**

- Airway compromise
- Inadequate breathing
- Unable to talk in sentences
- Altered conscious level
- Significant respiratory history
- Possible sepsis

**FTF NOW**
## Changes to discriminator or chart

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</table>
Back pain

Airway compromise
Inadequate breathing
New neurological deficit less than 24 hours
Abdominal pain
Significant mechanism of injury
Possible sepsis
Severe pain
Known abdominal aortic aneurysm

FtF NOW

New neurological deficit more than 24 hours
Direct trauma to the back
Unable to walk
Hot
Inappropriate history

FtF SOON
### Bites and stings

<table>
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### Bites and stings

- Airway Compromise
- Oedema of the tongue
- Inadequate Breathing
- Unable to talk in sentences
- Uncontrollable major haemorrhage
- Facial oedema
- High lethality envenomation
- Possible sepsis

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### Burns and Scalds

<table>
<thead>
<tr>
<th>Changes to discriminator or chart</th>
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<td>To maintain consistency with MTS 3e and to provide a prompt for consideration due to lack of visual clues when performing telephone triage</td>
<td>Sept 2016</td>
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</tbody>
</table>

**Diagram:**

- Smoke exposure
- Electrical injury
- Moderate lethality chemical
- Inappropriate history

**FtF SOON**
### Chemical Exposure

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>‘Inhalation injury’ added to FTF Now</td>
<td></td>
<td>Patients may suffer a chemical injury after breathing in toxic smoke</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>‘Smoke exposure’ added to FTF Soon</td>
<td></td>
<td>Chemical exposure may be used where a patient has been exposed to smoke or chemicals from a fire and no injuries are present</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>‘Inappropriate history’ added to FTF Soon</td>
<td></td>
<td>To maintain consistency with MTS 3e and to provide a prompt for consideration due to lack of visual clues when performing telephone triage</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Definition for ‘Acute chemical eye injury’ amended to 12 hours</td>
<td></td>
<td>To maintain consistency with other charts</td>
<td>Mar 2017</td>
</tr>
</tbody>
</table>

### Diagram

- Airway compromise
- Oedema of the tongue
- Stridor
- Inadequate breathing
- Altered conscious level
- Currently fitting
- Acute chemical eye injury
- Facial oedema
- Inhalation injury
- High lethality chemical
- Risk of continued contamination
- Severe pain

[FTF NOW]

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## Collapse

This chart name has now been changed to Collapse, in order that patients of any age that present following a collapse can be assessed using this chart.

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<td>Cold with regards TTA was included to safeguard against patients being exposed to the elements, however due to the difficulties in assessment of temperature over the phone this has now been removed. If a patient is cold due to being outside or if there is any query of sepsis, this would be managed seperately.</td>
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</tr>
<tr>
<td>‘Inapropriate history’ added to FTF Soon</td>
<td></td>
<td>To maintain consistency with MTS 3e and to provide a prompt for consideration due to lack of visual clues when performing telephone triage</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Addition of new discriminator ‘Possible sepsis’ to FTF Now</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised</td>
<td>To be able to quickly identify patients who have possible sepsis</td>
<td>Dec 2016 (Definition updated Feb 2017)</td>
</tr>
</tbody>
</table>

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Airway compromise
Inadequate breathing
Altered conscious level
New neurological deficit less than 24 hours
Currently fitting
Non-blanching rash
Very hot
Possible sepsis
Cardiac pain
Severe pain

FtF NOW

Collapse

History of unconsciousness
New neurological deficit more than 24 hours
Significant history of allergy
Inappropriate history
Hot
Deformity

FtF SOON

respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic.
## Crying baby

<table>
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<tbody>
<tr>
<td>In the text in the book the statement ‘If the patient is under 28 days, the Unwell newborn chart should be used’ will be added</td>
<td>Unwell newborn looks at conditions that may affect a newborn baby therefore should be used</td>
<td>Sept 2016</td>
<td></td>
</tr>
<tr>
<td>‘Inappropriate history’ added to FTF Soon</td>
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</table>

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Crying baby

FtF NOW
Airway Compromise
Inadequate Breathing
Floppy
Non-blanching rash
Hot baby
Very hot
Possible sepsis
Signs of severe pain

FtF SOON
History of unconsciousness
Unable to feed
Inconsolable by parents
Prolonged or uninterrupted crying
Inappropriate history
Hot

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## Dental Problems

<table>
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<tr>
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<td>Dec 2016 (Definition updated Feb 2017)</td>
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Dental Problems

**FtF NOW**
- Airway compromise
- Inadequate breathing
- Uncontrollable major haemorrhage
- Very hot
- Possible sepsis
- Severe pain

**FtF SOON**
- Acutely avulsed tooth
- Uncontrollable minor haemorrhage
- Inappropriate history
- Hot

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### Diabetes

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<tbody>
<tr>
<td>In the text in the book the statement ‘If the patient is under 28 days, the Unwell newborn chart should be used’ will be added</td>
<td></td>
<td>Diabetic chart should only be used where the patient has been diagnosed with diabetes therefore for a patient under 28 would not be appropriate</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Addition of new discriminator ‘Possible sepsis’ to FtF Now</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic.</td>
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Airway Compromise
Inadequate Breathing
Altered conscious level
Very hot
Possible sepsis
Severe pain

FtF NOW
## Diarrhoea and vomiting

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<td>Dec 2016 (Definition updated Feb 2017)</td>
</tr>
<tr>
<td>Definition of ‘Signs of dehydration’ amended with ‘Decreased skin turgor’ not ‘Increased skin turgor’</td>
<td>Correction – definition amended</td>
<td></td>
<td>Mar 2017</td>
</tr>
</tbody>
</table>

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**Airway compromise**
- Inadequate breathing
- Floppy or unresponsive child
- Altered conscious level
- Fails to react to parents
- Vomiting blood
- Passing fresh or altered blood PR
- Hot baby
- Very hot
- Possible sepsis
- Severe pain

**FtF NOW**

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## Ear problems

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<tr>
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<tr>
<td>In the text in the book the statement ‘If the patient is under 28 days, the Unwell newborn chart should be used’ will be added</td>
<td>It would be extremely difficult to determine if a patient under 28 days was complaining of ear problems therefore Unwell newborn should be used for assessment</td>
<td>Sept 2016</td>
<td></td>
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<tr>
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Ear problems

FtF NOW

- Airway Compromise
- Inadequate Breathing
- Altered conscious levels
- Uncontrollable major haemorrhage
- Hot baby
- Possible sepsis
- Severe pain

FtF SOON

- Uncontrollable minor haemorrhage
- History of head injury
- Persistent vomiting
- Inappropriate history
- Auricular haematoma

[Back to top]
## Eye problems

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### Eye problems

- Altered conscious level
- Acute chemical eye injury
- Penetrating eye injury
- Acute complete loss of vision
  - Very hot
  - Hot baby
  - Possible sepsis
  - Severe pain

FtF NOW
Recent reduced visual acuity
Inappropriate history
Foreign body sensation
Diplopia
Hot

FtF SOON
## Facial problems

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Facial problems

Airway Compromise
Inadequate Breathing
Uncontrollable major haemorrhage
Altered conscious level
New neurological deficit less than 24 hours
Very hot
Possible sepsis
Severe pain

FtF NOW

Uncontrollable minor haemorrhage
New neurological deficit more than 24 hours
Gross deformity
Recently reduced visual acuity
Acutely avulsed tooth
History of unconsciousness
Inappropriate history
Auricular haematoma
Diplopia

FtF SOON
**Falls**

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**Falls**

- Airway Compromise
- Inadequate Breathing
- Currently fitting
- Altered conscious level
- Uncontrollable major haemorrhage
- New neurological deficit less than 24 hours
- Significant mechanism of injury
  - Open fracture
  - Possible sepsis
  - Severe pain

**FTF NOW**

- Uncontrollable minor haemorrhage
- New neurological deficit more than 24 hours
- History of unconsciousness
- Inappropriate history
- Deformity

**FTF SOON**
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Fits

**FtF NOW**
- Airway Compromise
- Inadequate breathing
- Currently fitting
- Altered conscious level
- New neurological deficit less than 24 hours
- Signs of meningism
- Non-blanching rash
- Possible sepsis
- Severe pain

**FtF SOON**
- New neurological deficit more than 24 hours
- History of head injury
- Inappropriate history
- History of overdose or poisoning
- No medication available
Foreign body

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<tr>
<td>‘Ingestion of a dangerous object’. New discriminator added to FtF Now</td>
<td>Ingestion of a dangerous or potentially dangerous foreign object e.g. button battery, magnets or razor blades which may be a potential threat to life</td>
<td>Addition of new discriminator to ensure early identification and treatment of patients having swallowed a potentially dangerous object</td>
<td>May 2016</td>
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**Foreign body**

- Airway Compromise
- Stridor
- Inadequate Breathing
- Uncontrollable major haemorrhage
- Altered conscious level
- Penetrating eye injury
- Ingestion of a dangerous object
- Significant mechanism of injury
- Severe pain

FtF NOW

- Uncontrollable minor haemorrhage
- Inappropriate history

FtF SOON

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## GI Bleed

### Changes to discriminator or chart

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### Gi Bleed

- Airway Compromise
- Inadequate Breathing
- Vomiting blood
- Passing fresh or altered blood PR
- Altered conscious level
- Possible sepsis
- Severe pain

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Headache

**FtF NOW**
- Airway Compromise
- Inadequate Breathing
- Altered conscious level
- New neurological deficit less than 24 hours
  - Currently fitting
  - Signs of meningism
  - Non-blanching rash
  - Abrupt onset
  - Acute complete loss of vision
  - Very hot
  - Possible sepsis
  - Severe pain

**FtF SOON**
- New neurological deficit more than 24 hours
  - Persistent vomiting
  - History of unconsciousness
  - Inappropriate history
  - Recent reduced visual acuity
  - Temporal scalp tenderness
  - Hot

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### Head injury

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**Diagram:**

- Uncontrollable minor haemorrhage
- New neurological deficit more than 24 hours
- History of unconsciousness
- Persistent vomiting
- Bleeding disorder
- Inappropriate history

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Irritable child

Airway Compromise
Inadequate Breathing
Altered conscious level
Signs of meningism
Non-blanching rash
History of overdose or poisoning
  Hot baby
  Very hot
  Possible sepsis
  Severe pain

FtF NOW

Prolonged or uninterrupted crying
Not feeding
Not distractible
Inappropriate history
Hot

FtF SOON
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Limb problems

FtF NOW

- Airway Compromise
- Inadequate Breathing
- Acutely short of breath
- Uncontrollable major haemorrhage
- Vascular compromise
- New neurological deficit less than 24 hours
- Open fracture
- Very hot
- Possible sepsis
- Severe pain
- Altered conscious level
- Hot baby

FtF SOON

- Uncontrollable minor haemorrhage
- New neurological deficit more than 24 hours
- Bleeding disorder
- Inappropriate history
- Deformity
- Hot
- Pleuritic pain
### Limping child

**Changes to discriminator or chart** | **Changes in discriminator definition** | **Rationale** | **Date**
--- | --- | --- | ---
‘Inappropriate history’ added to FTF Soon |  | To maintain consistency with MTS 3e and to provide a prompt for consideration due to lack of visual clues when performing telephone triage | Sept 2016

Addition of new discriminator ‘Possible sepsis’ to FTF Now | Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic. | To be able to quickly identify patients who have possible sepsis | Dec 2016 (Definition updated Feb 2017)

---

### Limping child

![Flowchart showing Airway Compromise, Inadequate Breathing, Altered conscious level, Non-blanching rash, Very Hot, Possible sepsis, Severe pain leading to FTF NOW]
Neck pain

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Neck pain

Airway Compromise
Inadequate Breathing
Altered conscious level
New neurological deficit less than 24 hours
Signs of meningism
Non-blanching rash
Very hot
Possible sepsis
Severe pain

FtF NOW

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<td>Reduced foetal movements &gt;20 weeks. New discriminator added to FTF Now</td>
<td>Absent or reduced foetal movements during the previous 12 hours in a woman known to be beyond the 20th week of pregnancy</td>
<td>Indicator of foetal wellbeing; if over 20 will require very urgent assessment</td>
<td>Oct 2016</td>
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FtF NOW
- Airway compromise
- Inadequate breathing
- Heavy PV blood loss
- PV blood loss and 20 weeks pregnant or more
- Currently fitting
- In active labour
- Reduced foetal movements >20 weeks
- Presenting foetal parts
- Very hot
- Possible sepsis
- Severe pain

FtF SOON
- PV blood loss
- History of trauma
- Inappropriate history
- Persistent vomiting
- High blood pressure
- Hot
- Shoulder tip pain

FtF LATER
- Unresolved pain
- Unresolved vomiting
- Recent problem
### PV Bleeding

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- History of trauma
- Possibly pregnant
- Inappropriate history
- Hot
- Abdominal pain
- Shoulder tip pain

FtF SOON
### Rashes

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Rashes

Airway compromise
Inadequate breathing
Stridor
Oedema of the tongue
Facial oedema
Acutely short of breath
Altered conscious level
Non-blanching rash
Hot baby
Very hot
Possible sepsis
Severe pain or itch

FtF NOW

Widespread discharge or blistering
Inappropriate history
Hot

FtF SOON
Self harm

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Self harm

Uncontrollable minor haemorrhage
Marked distress
Significant psychiatric history
Inappropriate history

FTF SOON
### Sexually acquired infection

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**Airway compromise**
- Inadequate breathing
- Altered conscious level
- Non-blanching rash
- Severe pain
- Known or likely immunosuppression
- Very hot
- Possible sepsis

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# Shortness of breath in adults

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Shortness of breath in adults

FtF NOW

Airway compromise
Stridor
Drooling
Inadequate breathing
Inhalation injury
Unable to talk in sentences
Exhaustion
Altered conscious level
Significant respiratory history
Acute onset after injury
Cardiac pain
Very hot
Possible sepsis

FtF SOON

Wheeze
Chest Injury
Smoke exposure
Pleuritic Pain
Hot
## Shortness of breath in children

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Shortness of breath in children

FtF NOW

Airway compromise
Stridor
Drooling
Inadequate breathing
Inhalation injury
Unable to talk in sentences
Exhaustion
Altered conscious level
Significant respiratory history
Acute onset after injury
Hot baby
Very hot
Possible sepsis

FtF SOON

Wheeze
Chest Injury
Smoke exposure
Pleuritic Pain
Hot
Inappropriate history
Unable to feed
Sore throat

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Airway compromise
Stridor
Drooling
Inadequate breathing
Altered conscious level
Known or likely immunosuppression
Special risk of infection
Very hot
Possible sepsis
Severe pain

FtF NOW
## Testicular pain

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- Uncontrollable minor haemorrhage
- Inappropriate history
- Pleuritic pain

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<td>‘Significant haematological history’ changed to ‘Significant haematological or metabolic history’ in FTF Soon</td>
<td>A patient with a significant haematological condition; or a congenital metabolic disorder that is known to deteriorate rapidly</td>
<td>Discriminator changed to identify those patients with metabolic disorders that are known to deteriorate rapidly</td>
<td>May 2016</td>
</tr>
<tr>
<td>‘Cold’ discriminator removed</td>
<td></td>
<td>Cold with regards TTA was included to safeguard against patients being exposed to the elements, however due to the difficulties in assessment of temperature over the phone this has now been removed. If a patient is cold due to being outside or if there is any query of sepsis, this would be managed separately</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>New discriminator ‘New confusion’ added to FTF Soon</td>
<td>Patients with new onset confusion</td>
<td>To capture those patients, generally the elderly, who do not have possible sepsis but are newly confused</td>
<td>Dec 2016</td>
</tr>
<tr>
<td>Addition of new discriminator ‘Possible sepsis’ to FTF Now</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic.</td>
<td>To be able to quickly identify patients who have possible sepsis</td>
<td>Dec 2016 (Definition updated Feb 2017)</td>
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</tbody>
</table>
Unwell adult

**FtF NOW**

- Airway compromise
- Inadequate breathing
- Currently fitting
- Altered conscious level
- New neurological deficit less than 24 hours
- Signs of meningism
- Non-blanching rash
- Known or likely immunosuppression
- Special risk of infection
- Very hot
- Possible sepsis
- Severe pain

**FtF SOON**

- New neurological deficit more than 24 hours
- New confusion
- Widespread rash or blistering
- Rapid onset
- Significant haematological or metabolic history
- Hot

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<td>‘Inappropriately history’ added to FTF Soon</td>
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<td>To maintain consistency with MTS 3e and to provide a prompt for consideration due to lack of visual clues when performing telephone triage</td>
<td>Sept 2016</td>
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<td>‘Cold’ discriminator removed</td>
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<td>Cold with regards TTA was included to safeguard against patients being exposed to the elements, however due to the difficulties in assessment of temperature over the phone this has now been removed. If a patient is cold due to being outside or if there is any query of sepsis, this would be managed seperately</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>In the text in the book the statement ‘If the patient is under 28 days, the Unwell newborn chart should be used’ will be added</td>
<td></td>
<td>Unwell newborn looks at conditions that may affect a newborn baby therefore should be used</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Addition of new discriminator ‘Possible sepsis’ to FTF Now</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic.</td>
<td>To be able to quickly identify patients who have possible sepsis</td>
<td>Dec 2016 (Definition updated Feb 2017)</td>
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Unwell baby

Airway compromise
Inadequate breathing
Currently fitting
Altered conscious level
Fails to react to parents
Signs of meningism
Known or likely immunosuppression
Non-blanching rash
Hot baby
Possible sepsis
Signs of severe pain

FtF NOW

Signs of dehydration
Not feeding
Not passing urine
Inappropriate history
Significant haematological or metabolic history

FtF SOON

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<td></td>
<td>Sept 2016</td>
</tr>
<tr>
<td>In the text in the book the statement ‘If the patient is under 28 days, the Unwell newborn chart should be used. If the patient is over 28 days but less than 12 months, the Unwell baby chart should be used.’ will be added</td>
<td>Unwell newborn looks at conditions that may affect a newborn baby therefore should be used whereas unwell baby should be used where the patient is less than 12 months</td>
<td></td>
<td>Sept 2016</td>
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<tr>
<td>Addition of new discriminator ‘Possible sepsis’ to FTF Now</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should</td>
<td>To be able to quickly identify patients who have possible sepsis</td>
<td>Dec 2016 (Definition updated Feb 2017)</td>
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Airway compromise
Inadequate breathing
Currently fitting
Altered conscious level
Fails to react to parents
Signs of meningism
Non-blanching rash
Hot baby
Very hot
Possible sepsis
Signs of severe pain
Known or likely immunosuppression

FtF NOW

Not feeding
Not passing urine
Inappropriate history
Significant haematological or metabolic history
Hot

FtF SOON

Changes to discriminator or chart | Changes in discriminator definition | Rationale | Date
---|---|---|---
be used to determine if possibly septic.

Definition of ‘Signs of dehydration’ amended with ‘Decreased skin turgor’ not ‘Increased skin turgor’
Correction – definition amended
Mar 2017

Unwell child
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<td>Addition of new discriminator ‘Possible sepsis’ to FTF Now</td>
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<td>Correction – definition amended</td>
<td>Mar 2017</td>
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</table>
Unwell newborn

Airway compromise
Inadequate breathing
Currently fitting
Altered conscious level
Signs of dehydration in newborn
Fails to react to parents
Non-blanching rash
Hot baby
Possible sepsis
Signs of severe pain

FtF NOW

Not feeding
Not passing urine
Significant haematological or metabolic history
Jaundice
Inappropriate history
Warm newborn

FtF SOON
## Urinary problems

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<td>In the text in the book the statement 'If the patient is under 28 days, the Unwell newborn chart should be used' will be added</td>
<td>Unwell newborn looks at conditions that may affect a newborn baby therefore should be used</td>
<td>July 2016</td>
<td></td>
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<tr>
<td>Addition of new discriminator 'Possible sepsis' to FtF Now</td>
<td>Suspected sepsis in patients who present with altered mental state, low blood pressure (Systolic less than 100) or raised respiratory rate (rate more than 22). In children, age specific physiological values should be used to determine if possibly septic.</td>
<td>To be able to quickly identify patients who have possible sepsis</td>
<td>Dec 2016 (Definition updated Feb 2017)</td>
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### FtF NOW

- Airway compromise
- Inadequate breathing
- Altered conscious level
- Priapism
- Very hot
- Possible sepsis
- Known or likely immunosuppression
- Severe pain

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<td>‘Ingestion of a dangerous object’. New discriminator added to FTF Now</td>
<td>Ingestion of a dangerous or potentially dangerous foreign object e.g. button battery, magnets or razor blades which may be a potential threat to life</td>
<td>Addition of new discriminator to ensure early identification and treatment of patients having swallowed a potentially dangerous object</td>
<td>May 2016</td>
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<td>‘Inappropriate history’ added to FTF Soon</td>
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</table>
Worried parent

- Airway compromise
- Inadequate breathing
- Altered conscious level
- Floppy
- Fails to react to parents
- Non-blanching rash
- History of overdose or poisoning
- Ingestion of a dangerous object
- Known or likely immunosuppression
  - Hot baby
  - Very hot
  - Possible sepsis
  - Signs of severe pain

FtF NOW

- Signs of dehydration
- Not feeding
- Not passing urine
- Inconsolable by parents
- Prolonged or uninterrupted crying
- Inappropriate history
- Hot

FtF SOON
### Wounds

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### Wounds Diagram

- **FTF NOW**
  - Airway compromise
  - Inadequate breathing
  - Uncontrollable major haemorrhage
  - Distal vascular compromise
  - Altered conscious level
  - New neurological deficit less than 24 hours
  - Very hot
  - Possible sepsis
  - Severe pain

- **FTF SOON**
  - Uncontrollable minor haemorrhage
  - New neurological deficit
  - Vaginal trauma
  - Inappropriate history
  - Hot

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## Temperature discriminator changes to TTA

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<td>‘Cold’ discriminator removed from all TTA charts</td>
<td>Cold with regards TTA was included to safeguard against patients being exposed to the elements, however due to the difficulties in assessment of temperature over the phone this has now been removed. If a patient is cold due to being outside or if there is any query of sepsis, this would be managed seperately.</td>
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