

Adult Prehospital CTAS p. 1/2

Conduct "Quick Look" CTAS 1

Determine Presenting Complaints

Cardiac • Environmental • Mental Health Neurological • OB/GYN • Respiratory Trauma • Other • Gastrointestinal

Apply First Order Modifiers

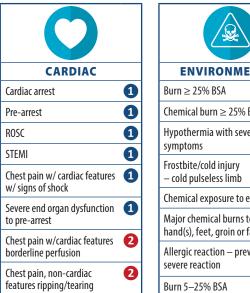
02 • Hemodynamic Stability GCS (level of consciousness) **Temperature**

Apply Second Order Modifiers

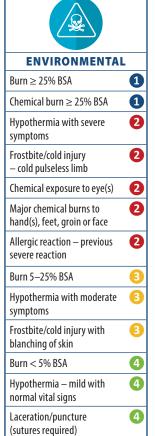
Pain • Bleeding Disorder BGL • Blood Pressure Dehydration

Assign Highest CTAS Level

PRESENTING COMPLAINTS



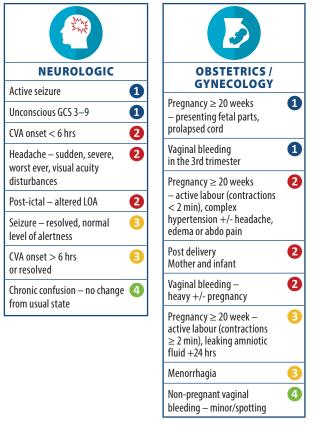
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Upper extremity injury

Minor bites (+/- mild pain < 4) (5)







Syncope new dysrhythmia

Chest pain, non-cardiac

RESPIRATORY

A Respiratory arrest

Severe SOB – lethargic or confused, cyanosis, 1–2 word speech, unable to speak

Complete FBAO 1

Moderate SOB — increased work of breathing, clipped sentences, significant stridor but A/W protected

FBAO with drooling or stridor, hoarseness or dysphagia

Mild/Moderate tachypnea, SOB on exertion, no obvious increased SOB, full sentences, mild stridor

FBAO with no distress and difficulty swallowing

(5)

Sore throat/urti - no

TRAUMA 1 Amputation of extremity Major trauma – severe 1 hemodynamic compromise 1 Neurovascular compromise of an extremity General trauma – MVC ejection, rollover, extrication time \geq 20 min, significant intrusion, passenger fatality, impact ≥ 40 km/h unrestrained or impact ≥ 60 km/h restrained Motorcycle collision impact 2 Fall ≥ 6 meters or 2 stories 2 Penetrating injury proximal to elbow and knee

Head/Neck trauma:

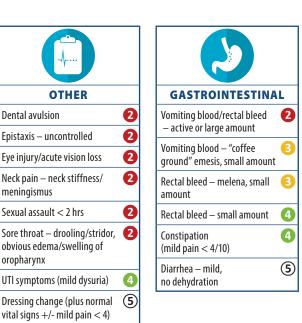
than fist/feet Axial load to head Minor contusions, abrasions

MVC ejection (partial or

complete), unrestrained striking head on windshield Motorcycle collision Pedestrian struck Fall \geq 1 meter or 5 stairs Assault - blunt object other

or lacerations (not requiring closure by any means)







Adult Prehospital CTAS p. 2/2

2

2

3

4

FIRST ORDER MODIFIERS



< 90% with severe respiratory distress



92-94% with mild-moderate respiratory distress

 \geq 94% with no respiratory distress



2



STABILITY

1 Shock Evidence of severe end-organ hypoperfusion: marked pallor, cool skin, diaphoresis, weak or thready pulse, hypotension, postural syncope, significant tachycardia or bradycardia, ineffective ventilation or oxygenation, decreased level of consciousness. Could appear flushed, febrile, toxic, as in septic shock.

Hemodynamic Compromise Borderline Perfusion: pale. hx diaphoresis, unexplained tachycardia, hx postural hypotension, feeling faint, suspected hypotension.

Vital signs at the upper and lower ends of normal as they relate to the presenting complaint, especially if they differ from the usual values for the specific patient.

Normal vital signs

(5)

0

2

Deceased patient



GLASGOW COMA SCALE

Unconscious – unable to protect airway, response to pain or loud noise only and without purpose, continuous seizure or progressive deterioration in level of consciousness, GCS 3-9

Altered level of consciousness – response inappropriate to verbal stimuli, loss of orientation to person, place or time, new impairment of recent memory, altered behaviour. GCS 10-13

Normal – other modifiers are used to define. GCS 14-15





36°C or ≥ 38.5°C

Immuno-compromised: neutropenia, chemotherapy, immune-suppressive drugs (including steroids)

Appears septic: evidence of infection, SIRS positive $(HR \ge 90, RR \ge 20 \text{ bpm}),$ or evidence of hemodynamic compromise, respiratory distress, decreased level of consciousness

Appears unwell: < 3 SIRS positive criteria but looks ill (flushed, lethargic, anxious or agitated)

Appears well: comfortable and in no distress



abdomen; Duration: acute; Cause: trauma

central: Duration: acute

Severe (8-10/10); Location:

central; Duration: chronic

Mild (0-3/10); Location:

central; Duration: acute

peripheral; Duration: acute

peripheral; Duration: chronic Severe (8–10/10); Location: central; Duration: chronic

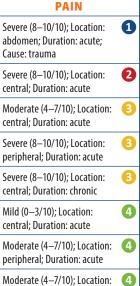
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(5)

(5)

Mild (0-3/10); Location: peripheral; Duration: acute or chronic

Mild (0-3/10); Location: central; Duration: chronic



FIRST ORDER MODIFIERS



Congenital bleeding disorders, 2 severe liver failure, or anticoagulant therapy, and bleeding:

- Head (intracranial) and neck
- · Chest, abdomen, pelvis,
- Massive vaginal hemorrhage · Iliopsoas muscle and hip
- · Extremity muscle compartments
- Fractures or dislocations
- Deep lacerations
- Any uncontrolled bleeding

Congenital bleeding disorders, (5) severe liver failure, or anticoagulant therapy, and bleeding:

- · Moderate, minor bleeds
- Nose (epistaxis)
- Mouth (including gums)
- · Joints (hemathroses)
- Menorrhagia
- · Abrasions and superficial lacerations

SECOND ORDER MODIFIERS



BLOOD PRESSURE

Systolic BP ≥ 220 or diastolic ≥ 130 w/ any other symptoms (ex. headache, CP, SOB, nausea)

 \geq 130 w/ no symptoms

symptoms (ex. headache, CP, SOB, nausea)

110-130 w/ no symptoms



(5)

Systolic ≥ 220 or diastolic

Systolic BP 200-220 or diastolic 110-130 w/ any other

Systolic BP 200–220 or diastolic 4

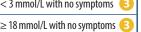


BLOOD GLUCOSE

< 3 mmol/L with confusion, seizure, diaphoresis, behavioural change, acute focal deficits

 \geq 18 mmol/L with dyspnea, tachypnea, dehydration, thirst, weakness, polyuria

< 3 mmol/L with no symptoms 🔞





DEHYDRATION

1

Severe – marked volume loss with classic signs of dehydration and signs and symptoms of shock

Moderate – dry mucous membranes, tachycardia, plus or minus decreased skin turgor and decreased urine output

Mild – stable vital signs with complaints of increasing thirst and concentrated urine and a history of decreased fluid intake or increased fluid loss or both

Potential - no symptoms of dehydration, presenting with fluid loss ongoing or difficulty tolerating oral fluids



Abuse - physical, mental, high emotional stress

Insomnia – acute

Insomnia – chronic

Bizarre behaviour - chronic, non-urgent



4

(5)

Level 1	Resuscitation	Threats to life or limb or imminent risk of deterioration
Level 2	Emergency	Potential threat to life, limb or function
Level 3	Urgent	Potentially progress to a serious problem
Level 4	Less Urgent	Relates to patient age, distress, potential for deterioration or complications
Level 5	Non-Urgent	Minor complaints with risk or potential for deterioration
Level 0	Obviously Dead	Used for Termination of Resuscitation or Code 5