Standard Operating Procedure (SOP): Patient Triage and Prioritization Procedures

Purpose

This SOP details **patient triage and prioritization procedures**, encompassing the systematic assessment of patient conditions upon arrival, categorization based on urgency and severity of symptoms, efficient allocation of medical resources, and streamlined communication among healthcare providers. The goal is to optimize patient care delivery, reduce waiting times, and ensure that critical cases receive immediate attention in emergency and clinical settings.

Scope

This procedure applies to all healthcare staff involved in patient intake, assessment, and treatment in emergency departments and clinical settings.

Responsibilities

- **Triage Nurse:** Initial assessment and categorization of patients.
- **Physicians:** Secondary assessment and prioritization confirmation.
- **Support Staff:** Patient flow coordination and documentation.
- **All Staff:** Maintain communication to ensure timely intervention.

Definitions

Term	Definition
Triage	The process of determining the priority of patients' treatments based on the severity of their condition.
Priority Category	Classification of urgency (e.g., Immediate, Urgent, Delayed, Non-Urgent).
Resource Allocation	Distribution of available medical personnel and equipment based on patient priority.

Procedures

1. **Patient Arrival and Registration**
   - Obtain patient identification and collect basic information.
   - Assign unique identification number.
2. **Initial Assessment**
   - Triage nurse performs a quick primary evaluation (vitals, chief complaint, appearance).
   - Document symptoms and pertinent history.
3. **Triage Categorization**
   - Assign patient to a triage category based on established criteria (see table below).
4. **Notification and Communication**
   - Communicate critical cases immediately to attending physicians.
   - Update the patient tracking system with priority status.
5. **Resource Allocation**
   - Allocate staff, equipment, and treatment area based on triage category.
6. **Ongoing Reassessment**
   - Regularly reassess patient status and update their priority as necessary.
7. **Documentation**
   - Record all assessments, decisions, and resource allocations in the patient's medical record.
8. **Handover and Discharge**
   - Ensure accurate handover to the next shift or upon patient discharge.

Example Triage Categories

Category	Description	Response Time Goal
Immediate (Red)	Life-threatening condition, requires immediate intervention (e.g., cardiac arrest, severe trauma).	0-5 min
Urgent (Yellow)	Serious, but not immediately life-threatening (e.g., chest pain, moderate bleeding).	10-30 min
Delayed (Green)	Minor injuries/conditions, can safely wait (e.g., sprains, minor lacerations).	60 min+
Non-Urgent (Blue)	Routine issues, no immediate risk (e.g., prescription refill, chronic complaints).	As scheduled

References

- Hospital Triage Policy and Guidelines
- World Health Organization (WHO) Emergency Triage Assessment
- Local and national regulatory requirements

Review and Approval

This SOP is reviewed annually or as needed based on changes in policy or regulatory guidance. Approval signatures are retained as per facility protocol.