

	OK for FTX (for Triage 3, discuss with Charge/FTX RN)	Maybe OK for FTX (discuss with MD)	Not OK for FTX
Head	<ul> <li>Head injury &gt;6 months, no LOC, no vomiting, normal neuro status</li> <li>Torticollis, no other symptoms, no trauma</li> </ul>	Head injury, vomited once with crying, assessed to have normal neuro status	<ul> <li>Head injury &lt;6 months</li> <li>Head injury with LOC or change in mental status</li> <li>C-spine tenderness, injury</li> </ul>
Eye	<ul> <li>Contusion or injury around eye, no point tenderness, able to move eyes in all directions, eye open</li> <li>Scratch to eye</li> <li>Conjunctivitis</li> </ul>	<ul> <li>Point tenderness after injury. (check with MD)</li> <li>Eye drainage, swelling, redness after 2-3 days antibiotic</li> </ul>	<ul> <li>Obvious injury to eye, not able to open eye</li> <li>Chemical/ substance to eye</li> </ul>
PE[	Simple injury     Primary tooth injury	Lac to mouth, bleeding controlled, (check with attending if ree is suturing)	<ul> <li>Needs suturing</li> <li>Puncture to palate</li> <li>I tooldar tooth i Jury</li> </ul>
Ear	<ul> <li>Ear pain</li> <li>OM on antibiotics &lt;24         <p>hours, returning for fever     </p></li> <li>Ear pain, &gt; 48 hours on antibiotics if still febrile, taking po</li> </ul>	OM with antibiotics > 72 hours and still febrile	<ul> <li>Ear pain with tenderness or swelling around ear.</li> </ul>
Chest/Cough	<ul> <li>Cough, fever, well appearing, no type xia</li> <li>Reproducible sest pain with no other symptom VSS</li> <li>Asthma exacerbation, based on HASS score</li> </ul>	• Simple chest pain, confortable not represent the ductors of the second	<ul> <li>Paradoxical cough</li> <li>La reu breathing</li> <li>Sa: 546</li> <li>Ch st trauma</li> <li>Ch st tra</li></ul>
Abdomen	<ul> <li>Non-tender abdomen</li> <li>Constipation with soft, non-distended abdomen</li> <li>If male, no testicular pain/tenderness</li> <li>Possible pregnancy without bleeding or abdominal pain or vaginal discharge</li> </ul>		<ul> <li>Constipation with distended abdomen or tenderness</li> <li>Abdominal trauma</li> <li>Pregnancy with abdominal pain or vaginal bleeding</li> <li>Adolescent female with abdominal pain, vaginal drainage</li> <li>Male testicular pain</li> </ul>



Chief Complaint by system	OK for FTX (for Triage 3, discuss with Charge/FTX RN)	Maybe OK for FTX (discuss with MD)	Not OK for FTX
Vomiting (add Gastro score when EBG available)	<ul> <li>Less than 24 hours, taking Pos</li> <li>1-4 episodes/day, well appearing</li> <li>&gt;24 hours but well appearing with good urine output</li> </ul>		<ul> <li>Vomiting without diarrhea</li> <li>3 days</li> <li>Signs of dehydration</li> </ul>
Orthopedic	Clavicle fracture Noseblee after any ry, bleeding controlled, no LOC, no obvious deformity Negative x-rays of long bone, ankle or wrist, hand or io the	IETY F	Fracture  Out an bulating This pain, no injury Obvious deformity  Joint pain and fever
Urinbry	<ul> <li>Pain Vith Toiding, emale</li> <li>Pain with voiding, male</li> </ul>	<ul> <li>Abustina pain, the leukocytes on UA</li> <li>Pain with voiding or fever after on antibiotics x 48 hours</li> </ul>	• I Mile testicular
Skin	<ul> <li>Suture, staple removal</li> <li>Scalp lacerations</li> <li>Adolescent with simple laceration to extremity</li> <li>Cellulitis with layer</li> </ul>	Suturing in a child requiring intranasal midazolam	<ul> <li>Complex laceration</li> <li>I&amp;D – any age group</li> <li>Suturing requiring possious sedation</li> </ul>
Fever	6 months, ir mu ızea, non-toxic     4-6 months if received 4 month vaccines	<ul> <li>Fev &gt;5 ays v ithout signs of Kawasaki</li> <li>Antibiotics x 48 hours with persistent fever</li> </ul>	3 months, fever > 100.4  Joint pain and fever
Allergic Reactions	Hives alone (no wheezing, no vomiting)		<ul><li>concern for anaphylaxis</li><li>Epi-pen given at home</li></ul>
Foreign Bodies	<ul><li>Nasal</li><li>Ear canal (if no prior attempts)</li></ul>	Ingested (negative Xay or in stomach)	concern for battery or magnets

**Never appropriate for FTX:** 

Syncope
PMH of febrile seizure with complaint of fever
Psych patients
Complex Medical History
Social issues