<table>
<thead>
<tr>
<th>Division of Emergency Medicine</th>
<th>Fast Track Extension (FTX) Triage Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK for FTX</td>
<td>Maybe OK for FTX</td>
</tr>
<tr>
<td>(for Triage 3, discuss with Charge/FTX RN)</td>
<td>(discuss with MD)</td>
</tr>
<tr>
<td></td>
<td>Not OK for FTX</td>
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</tbody>
</table>

### Head
- Head injury >6 months, no LOC, no vomiting, normal neuro status
- Torticollis, no other symptoms, no trauma
- Head injury, vomited once with crying, assessed to have normal neuro status
- Head injury <6 months
- Head injury with LOC or change in mental status
- C-spine tenderness, injury

### Eye
- Contusion or injury around eye, no point tenderness, able to move eyes in all directions, eye open
- Scratch to eye
- Conjunctivitis
- Point tenderness after injury. (check with MD)
- Eye drainage, swelling, redness after 2-3 days antibiotic
- Obvious injury to eye, not able to open eye
- Chemical/ substance to eye

### Mouth
- Simple injury
- Primary tooth injury
- Lac to mouth, bleeding controlled, (check with attending if needs suturing)
- Needs suturing
- Puncture to palate
- Secondary tooth injury

### Ear
- Ear pain
- OM on antibiotics <24 hours, returning for fever
- Ear pain, > 48 hours on antibiotics if still febrile, taking po
- OM with antibiotics > 72 hours and still febrile
- Ear pain with tenderness or swelling around ear.
- Paradoxical cough
- Labored breathing
- Sore ear
- Chest trauma
- Chest pain with syncope
- Bronchiolitis < 3 months

### Abdomen
- Non-tender abdomen
- Constipation with soft, non-distended abdomen
- If male, no testicular pain/tenderness
- Possible pregnancy without bleeding or abdominal pain or vaginal discharge
- Constipation with distended abdomen or tenderness
- Abdominal trauma
- Pregnancy with abdominal pain or vaginal bleeding
- Adolescent female with abdominal pain, vaginal drainage
- Male testicular pain

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Revised 11/1/11
Retired 7/1/2014
## Division of Emergency Medicine

### Fast Track Extension (FTX) Triage Tool

Revised 11/1/11
Retired 7/1/2014

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<tr>
<th>Chief Complaint by system</th>
<th>OK for FTX (for Triage 3, discuss with Charge/FTX RN)</th>
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<tbody>
<tr>
<td><strong>Vomiting</strong></td>
<td>Less than 24 hours, taking Pos 1-4 episodes/day, well appearing &gt;24 hours but well appearing with good urine output</td>
<td>Vomiting without diarrhea &gt; 3 days Signs of dehydration</td>
<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>Orthopedic</th>
<th>Clavicle fracture Nosebleed after injury, bleeding controlled, no LOC, no obvious deformity Negative x-rays of long bone, ankle or wrist, hand or foot</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urinary</strong></td>
<td>Pain with voiding, female Pain with voiding, male Abdominal pain, + leukocytes on UA Pain with voiding or fever after on antibiotics x 48 hours</td>
</tr>
<tr>
<td></td>
<td>Male testicular pain</td>
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<thead>
<tr>
<th>Skin</th>
<th>Suture, staple removal Scalp lacerations Adolescent with simple laceration to extremity Cellulitis with fever</th>
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<tbody>
<tr>
<td><strong>Fever</strong></td>
<td>6 months, immunized, non-toxic 4-6 months if received 4 month vaccines</td>
</tr>
<tr>
<td></td>
<td>Fever &gt;5 days without signs of Kawasaki Antibiotics x 48 hours with persistent fever</td>
</tr>
<tr>
<td></td>
<td>3 months, fever &gt; 100.4 Joint pain and fever</td>
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<tr>
<th>Allergic Reactions</th>
<th>Hives alone (no wheezing, no vomiting)</th>
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<tr>
<td></td>
<td>concern for anaphylaxis Epi-pen given at home</td>
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<th>Foreign Bodies</th>
<th>Nasal Ear canal (if no prior attempts) Ingested (negative Xay or in stomach)</th>
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<td>concern for battery or magnets</td>
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</table>

Never appropriate for FTX:
- Syncope
- PMH of febrile seizure with complaint of fever
- Psych patients
- Complex Medical History
- Social issues

SOCIETY FOR PEDIATRIC URGENT CARE

SAMPLE