Obstetric Triage and Early Warning Trigger Tool

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Triage Coding

1. Immediate Requires immediate resuscitation / emergency treatment or may die

2. Urgent Treatment may be delayed for few hours

3. Expectant Can tolerate significant delay

4. Dead Condition so severe unlikely to survive or dead

Conditions Coded Red

- Cardio-respiratory distress
- Eclampsia
- Active hemorrhage/ heavy bleeding
- Urge to push
- Objects protruding from vagina
- No fetal movement
- Diabetic coma / DKA
- Other life-threatening conditions to mother or fetus

Conditions Coded Yellow

- Contractions every 2 minutes & appears uncomfortable
- Multipara in active labor
- Decreased fetal movement
- Abdominal pain
- Preterm labour or preterm rupture of membranes
- Actual or potential Pre-eclampsia or HELLP syndrome
- Rule-out ROM

Conditions coded Green

- Nausea/vomiting/ diarrhea
- Urinary complaints
- Stable gestational hypertension
- Wound infection
- Upper respiratory infection
- Vaginal discharge / vaginitis
- Wound checks
- Staple removal
- Injections, lab draws

Concept of colour coding

All those categorized as red should be shifted to labour / delivery room or HDU immediately, seen by doctor immediately.

All those who are categorized as yellow should be seen within 30 mins, and have a check by triage nurse every 15 min.

All categorised as green should be informed of the delay and the possible tim of a checkup. In case of a delay, these patie ts should be monitored at 30 mins intervals.

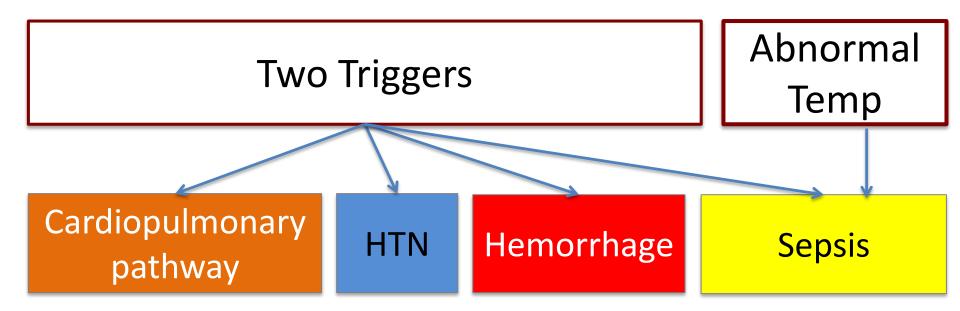
Maternal Early Warning Trigger, 2016

- MEWT
- Four pathways
- Specific triggers
- Auditable responses

| Sys BP | < 85 or > 160 |
|-----------------------|----------------------|
| Dias BP | < 45 or > 100 |
| Heart Rate | < 50 or > 110 |
| Resp Rate | < 10 or > 24 |
| Temp | > 100.4 or < 96.8 F |
| O2 Sats | < 93 |
| FHR | > 160 |
| Altered mental status | |
| Abnormal pain | |

Shields LE, Wiesner S, Klein C, et al. Use of Maternal Early Warning Trigger tool reduces maternal morbidity. Am J Obstet Gynecol 2016; 214:527.e1-6.

Trigger Pathways



One trigger: and still to activate

HR > 130, RR > 30, SpO2 < 90,
nursing clinically uncomfortable with signs