

## South African Triage Scale Scenario 6

### Chest Pain – Very Urgent

**Student brief:** You are the triager working in your ER when a patient walks in with their hand clutching their chest.

**Patient brief:** 1 hour ago you started having pain in the left side of your chest. It feels as if a man is sitting on your chest and you are sweating.

Assessment	Further Information	Key Points	YES	NO	Partial
Respectful care		Introduces self to patient using name and role			
		Asks what the problem is using open questions			
Emergency signs	None	Checked for emergency signs			
Very urgent signs	Chest pain	Identifies patient has a very urgent sign			
Take vital signs and calculate TEWS	Walking RR – 16 HR – 105 SBP – 168mmHg Temp – 36 AVPU – alert Trauma - no	0			
		1 1 0 0 0 0			
		TEWS = 2			
		Recognises triage category is Very Urgent			
Additional investigation	RR is 1 or more	Checks SpO2 if available. It is 96%, no further action needed.			
Communication	Very Urgent triage category	Doctor informed immediately for very urgent management.			
		Communicates triage category with patient and advises of next steps			

Learning Objectives:

- Confident use of SATS
- Recognition that triage category does not change, despite low TEWS score.
- Recognition that raised RR indicated SpO2 should be checked.
- Promptly communicates findings with the doctor to action very urgent review.

### **Debrief**

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers. Reflect afterwards on this discussion for your logbook.

1. How do you think that went?
2. What did you do and why?

3. How was your communication with the patient?
4. What aspects of this scenario exercise can you apply to your clinical practice?