

Canadian Triage Acuity Scale (CTAS)[©]

Interactive Quick Look Booklet

2023

For ADULT and PEDIATRIC Patients



Shared health
Soins communs
Manitoba



CTAS Instructions

3-step process

Step 1:

Select a CHIEF COMPLAINT

Select a Chief Complaint, appropriate to the patient's condition, that will enable the assignment of the highest (lowest number) acuity level.

Step 2:

Choose a COMPLAINT SPECIFIC MODIFIER

Once you have selected a Chief Complaint, choose an appropriate Complaint Specific Modifier(s) from the list provided below the Chief Complaints.

Step 3:

Select a FIRST ORDER MODIFIER

The black colored pages towards the end of the booklet are the First Order Modifiers. Select the most appropriate Modifier(s).

This is the present **CTAS score** for this patient.
Document on e-PCR and report at Triage.

Note: There are additions to some of the First Order Modifiers explaining them in detail.

Welcome to the Interactive CTAS Quick Look Booklet!

Click on any Chief Complaint, First Order Modifier or
Complaint Specific Modifier to go to that page.

To return to this page, please click on the colored button at the
TOP LEFT HAND corner of each page.

Chief Complaints by Category	First Order Modifiers
SUBSTANCE MISUSE	HEMODYNAMIC
ENT - NOSE	TEMPERATURE SYMPTOMS
ENT - EAR	RESPIRATORY
TRAUMA	HYPERTENSION
ENVIRONMENTAL	BLOOD GLUCOSE
ENT - MOUTH, THROAT, NECK	BLEEDING DISORDERS
MENTAL HEALTH	PAIN
GENERAL & MINOR	MECHANISM OF INJURY
RESPIRATORY	
GENITOURINARY	Complaint Specific Modifiers
OPHTHALMOLOGY	MENTAL HEALTH DEFINITIONS
NEUROLOGY	DEHYDRATION DEFINITIONS
OB-GYN	
ORTHOPEDIC	
CARDIOVASCULAR	
SKIN	
GASTROINTESTINAL	

SUBSTANCE MISUSE

Substance Misuse/Intoxication	(4)
Overdose Ingestion	(4)
Substance Withdrawal	(4)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Substance Abuse/ Intoxication	High Risk Substance/Unknown Substance	2
	Uncertain Flight or Safety Risk requiring close observation	2
	Known Low Risk Substance	4
OD Ingestion	Attempted Suicide, Clear Plan	2
	High Risk Substance/Unknown Substance	2
	Uncertain Flight or Safety Risk requiring close observation	2
	Suicidal Ideation, no specific plan and access	3
	Overdose ingestion	4
Substance Withdrawal	Actively Seizing	1
	Severe Anxiety/Agitation	2
	Uncertain Flight or Safety Risk requiring close observation	2
	Recent Seizures, post ictal, agitated	2
	Moderate anxiety, agitation	3
	Mild Anxiety/Agitation	4

ENT-NOSE

Epistaxis	(5)
Nasal Congestion/Hay Fever	(5)
Foreign Body, nose	(5)
URTI Complaints	(5)
Nasal Trauma	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Epistaxis	Uncontrolled epistaxis (despite appropriate pressure)	2
	Bleeding controlled with pressure	3
	Clotting disorder (anticoagulants and blood dyscrasia)	3
	Acute epistaxis, no active bleeding	4
	Periodic/recurrent, no active bleeding	5
Nasal Congestion/ Hayfever	Nasal congestion with known hayfever	5
Foreign Body Nose	Moderate Respiratory Distress	2
	Foreign body nose with acute peripheral mild pain	5
URTI Complaints	URTI Complaints - appears well, no fever	5
Nasal Trauma	Uncontrolled epistaxis (despite appropriate pressure)	2
	Clotting disorder (anticoagulant and blood dyscrasia)	3
	Nasal trauma with acute peripheral mild pain	4

ENT-EAR

Discharge, ear	(4)
Earache	(5)
Foreign Body, ear	(5)
Loss of Hearing	(5)
Tinnitus	(5)
Ear Injury	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Discharge	Fever (appears unwell)	3
	Discharge ear (appears well)	4
Earache	Earache with mild pain	5
Foreign Body Ear	Acute Peripheral Severe Pain (8-10)	3
	Acute Peripheral Moderate Pain (4-7)	4
	Foreign body ear, mild pain (<4)	5
Loss of Hearing	Hearing loss, sudden onset	3
	Hearing loss, gradual onset	5
Tinnitus	Suspect Aspirin Ingestion	2
	Tinnitus/Dysacusis	4
Ear Injury	Ear amputation	2
	Cold injury, severe with blanching, cyanosis	3
	Cold injury, minor no discoloration	4
	Laceration requiring sutures	4
	Laceration/abrasion, not requiring sutures	5

TRAUMA

Multisystem Trauma - Penetrating	(3)
Multisystem Trauma - Blunt	(4)
Isolated Chest Trauma - Penetrating	(2)
Isolated Chest Trauma - Blunt	(4)
Isolated Abdominal Trauma - Penetrating	(2)
Isolated Abdominal Trauma - Blunt	(4)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Multisystem Trauma - Penetrating	Penetrating head/chest/abdomen	2
	Neurovascular compromise of extremity	2
	Major trauma - penetrating	3
Multisystem Trauma - Blunt	Neurovascular compromise of extremity	2
	Prolonged spinal immobilization	3
	Major trauma - blunt (appears well)	4
Isolated Chest Trauma - Penetrating	Isolated chest trauma - penetrating, intrathoracic pain	2
Isolated Chest Trauma - Blunt	Isolated chest trauma - blunt (appears well)	4
Isolated Abdominal Trauma - Penetrating	Isolated abdominal trauma, penetrating	2
Isolated Abdominal Trauma - Blunt	Isolated abdominal trauma, blunt	4

ENVIRONMENTAL

Chemical Exposure	(2)
Electrical Injury	(3)
Near Drowning	(3)
Noxious Inhalation	(4)
Hypothermia	(4)
Frostbite Cold Injury	(5)
Heat Related Issue	(4)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Chemical Exposure	Major Burn > 25% BSA	1
	Major Burn - hands, feet, groin or face	2
	Symptomatic eye "splash"	2
Electrical Injury	Obvious, cutaneous injury	2
	No obvious cutaneous injury	3
Near Drowning	Hypothermia, Core Temp < 32°C	2
	Core Temp 32-35°C	3
Noxious Inhalation	Smoke inhalation or other, no distress	3
	Remote exposure, no symptoms	4
Hypothermia	Hypothermia, core temperature < 32°C	2
	Core Temp 32-35°C	3
	No Frostbite, normal VS	4
Frostbite/Cold Injury	Cold, pulseless limb	2
	Blanching of skin	3
	Frostbite/Cold injury	5
Heat Related Issue	Core temperature > 41° C	1
	Severe dehydration	1
	Core temperature 39° - 41° C	2
	Moderate dehydration	2
	Ongoing heat cramps	3
	Mild dehydration	3
	Heat cramps resolving, well hydrated	4

ENT-MOUTH, THROAT, NECK

Difficulty Swallowing	(3)
Facial Trauma	(4)
Neck Trauma	(4)
Sore Throat	(5)
Dental/Gum Problems	(5)
Facial Pain (Non-Trauma, Non-Dental)	(5)
Neck Swelling - Pain	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Difficulty Swallowing	Drooling or stridor	2
	Difficulty swallowing	2
	Possible FB	3
Facial Trauma	Facial trauma with acute peripheral mild pain (<4)	4
Neck Trauma	Hoarseness and Dysphagia	2
	Paresthesia, neurologic signs	2
	Neck Trauma, low risk mechanism of injury (appears well)	3
Sore Throat	Drooling or stridor	2
	Obvious edema/swelling of lip, tongue or oropharynx	2
	Difficulty Swallowing	3
	Minor sore throat +/- laryngitis	5
Dental Gum Problem	Dental Avulsion (recent with intact tooth present)	2
	Dental/gum problem, minor problem	5
Neck Swelling/Pain	Neck Stiffening/Meningismus +/- fever	2
	Neck swelling/pain with chronic central, mild pain (<4)	5
Facial Pain (non-traumatic, non-dental)	Facial Pain, non-traumatic, non-dental	5

MENTAL HEALTH

Violent/Homicidal Behaviour	(3)
Depression/Suicidal/Deliberate Self-Harm	(4)
Anxiety/Situational Crisis	(4)
Concern for Patient Welfare	(4)
Hallucinations/Delusions	(5)
Insomnia	(5)
Social Problem	(5)
Bizarre Behaviour	(5)
Pediatric Disruptive Behaviour	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Violent/Homicidal Behaviour	Imminent harm to self or others or specific plans	1
	Uncertain flight or safety risk	2
	Violent/homicidal ideation, no plan	3
Depression/Suicidal/Deliberate Self-Harm	Attempted suicide or clear plan	2
	Active suicidal intent	2
	Uncertain flight or safety risk	2
	Suicidal ideation, no plan	3
Anxiety/Situational Crisis	Depressed, no suicidal ideation	4
	Severe Anxiety/Agitation	2
	Uncertain flight or safety risk	2
	Moderate anxiety/agitation	3
Concern for Patient's Welfare	Mild anxiety/agitation	4
	Conflict or unstable situation	1
	Risk of flight or ongoing abuse	2
	Physical or sexual assault	3
Hallucinations/Delusions	History/signs of abuse or maltreatment	4
	Acute Psychosis	2
	Severe anxiety/agitation	2
	Uncertain flight or safety risk	2
	Moderate anxiety/agitation or with paranoia	3
Insomnia	Mild anxiety/agitation	4
	Mild anxiety/agitation, chronic hallucinations	5
	Acute Insomnia	4
Social Problem	Chronic Insomnia	5
	Abuse physical, mental, high emotional stress	3
	Unable to cope, situational crisis	4
Bizarre Behaviour	Chronic, non-urgent condition	5
	Uncontrolled	1
	Uncertain flight or safety risk	2
	Controlled	3
	Harmless behaviour	4
Pediatric Disruptive Behaviour	Chronic, non-urgent condition	5
	Uncertain flight or safety risk/ family distress	2
	Acute difficulties with others/environment	3
	Persistent problematic behaviour	4
	Chronic unchanged behaviour	5

GENERAL & MINOR

Hyperglycemia	(3)	Abnormal Lab/Imaging results	(5)
Hypoglycemia	(3)	Minor Complaints Unspecified	(5)
Fever	(4)	Direct Referral for Consult	(5)
Medical Device Problem	(4)	Dressing Change	(5)
Post-Op Complications	(4)	Imaging Test/blood test	(5)
Pallor Anemia	(4)	Exposure to Communicable Disease	(5)
Medication Request	(5)	Inconsolable Crying in Infants	(4)
Ring Removal	(5)	Congenital Problem in Children	(4)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Hyperglycemia	>18 mmol/L, symptomatic	2
	>18 mmol/L, asymptomatic	3
Hypoglycemia	<3 mmol/L, symptomatic	2
	<3 mmol/L, asymptomatic	3
Fever unspecified	Fever	4
Medical Device Problem	Medical device problem, asymptomatic or no distress	4
Post-Op Complications	Normal VS, no pain, routine check	4
Pallor/Anemia	Pallor , anemia, appears well	4
Ring Removal	Neurovascular compromise	2
	Ring Removal	5
Abnormal Lab/Imaging results	Normal VS, critical lab values	3
	Normal VS, non-critical lab values	5
Minor Complaints Unspecified	Minor complaints, unspecified with mild or chronic pain	5
Direct referral for consultation	Direct referral for consultation	5
Dressing Change	Dressing change (ensure no other issue exists)	5
Imaging Test/blood test	Imaging test (ensure no other issues exist)	5
Exposure to Communicable Disease	Exposure to communicable disease	5
Inconsolable Crying in Infants	Inconsolable infant—abnormal vital signs	2
	Inconsolable infant—vital signs stable	3
	Irritable but consolable	4
Congenital Problem in Children	Conditions and protocol letters identifying concerns for rapid deterioration or need for immediate therapy	2
	Vomiting/diarrhea in child with inherited metabolic disease, type 1 diabetes or adrenal insufficiency	2
	Caregivers identifying need for care	3
	Stable child with congenital disease with potential for problems	4

RESPIRATORY

Respiratory Arrest	(1)
Hyperventilation	(4)
Foreign Body - Respiratory	(4)
Hemoptysis	(4)
SOB - Shortness of Breath	(4)
Allergic Reaction	(5)
Cough/Congestion	(5)
Stridor	(3)
Apneic Spells in Infants	(3)
Wheezing—no other complaints	(3)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Respiratory Arrest	Respiratory arrest	1
Hyperventilation	Hyperventilation resolved, appears well	4
Foreign Body, Respiratory	Drooling or stridor	2
	Hoarseness and dysphasia	2
	No distress but difficulty swallowing	3
	Respiratory - foreign body, mild pain, appears in no distress	4
Hemoptysis	Hemoptysis, appears well	4
Shortness of Breath	Known asthmatic with FEV ₁ or PEFr < 40% pred. (severe)	2
	Known asthmatic with FEV ₁ or PEFr 40-60% pred. (moderate)	3
	Known asthmatic with FEV ₁ or PEFr > 60% pred. (mild)	4
	Short of breath, no distress	4
Allergic Reaction	Previous severe reaction	2
	Hayfever causing nasal congestion	5
Cough/Congestion	Chronic cough/congestion, normal VS	5
Stridor	Airway compromise	1
	Marked stridor	2
	Audible stridor	3
Apneic Spells in Infants	Apneic episode on presentation	1
	Infant < 7 days of age	2
	Recent spell consistent with apnea or respiratory compromise	2
	History of spell consistent with apnea	3
Wheezing - no other complaints	Wheezing no other complaints	3

GENITOURINARY

Urinary Retention	(4)
Oliguria	(4)
Polyuria	(4)
Flank	(5)
Hematuria	(5)
Genital Discharge/Lesion	(5)
Penile Swelling	(5)
Scrotal Pain +/- Swelling	(5)
UTI Complaints	(5)
Genital Trauma	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Urinary Retention	Urinary retention	4
Oliguria	Oliguria	4
Polyuria	Polyuria	4
Flank Pain	Chronic, mild flank pain	5
Hematuria	Chronic mild pain	5
Genital Discharge/Lesion	Genital discharge, lesion	5
Penile Swelling	Priapism	2
	Paraphimosis (retracted foreskin, unable to reduce)	2
	Penile swelling, mild or chronic pain	5
Scrotal Pain and/or Swelling	Scrotal pain +/- swelling	5
UTI Complaints/Symptoms	Chronic, mild UTI complaints/symptoms	5
Genital Trauma	Sexual assault, stable	3
	Polyuria	4
	Genital trauma, no pain	5

OPHTHALMOLOGY

Chemical Exposure - Eye	(2)
Photophobia	(4)
Diplopia	(4)
Eye Trauma	(4)
Visual Disturbance	(4)
Red eye - Discharge	(5)
Foreign Body - Eye	(5)
Periorbital Swelling	(5)
Eye Pain	(5)
Recheck Eye	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Chemical Exposure - Eye	Chemical exposure, eye	2
Photophobia	Photophobia	4
Diplopia	Acute onset, diplopia	3
	Chronic diplopia	4
Eye Trauma	Acute or abrupt change in vision	2
	Penetrating injury, chemical or direct thermal burn	2
	Blunt mechanism of injury with visual loss	2
	Care provider unable to visualize eye	2
	Eye trauma, acute central, mild pain (<4)	4
Visual Disturbances	Acute or abrupt change in vision	2
	Chronic/gradual change in vision	4
Red Eye, Discharge	Red eye/discharge, acute	4
	Red eye/discharge, chronic	5
Foreign Body - Eye	Penetrating FB	2
	Acute or abrupt change in vision	2
	Acute peripheral mild pain	5
Periorbital Swelling	Periorbital swelling	5
Eye Pain	Acute or abrupt change in vision	2
	Eye pain, chronic	5
Recheck Eye	Acute or abrupt change in vision	2
	Recheck eye	5

NEUROLOGY

Altered Level of Consciousness	(3)
Seizures	(3)
Vertigo	(3)
Extremity Weak/Symptoms - CVA	(3)
Confusion	(4)
Gait Disturbance	(4)
Head Injury	(4)
Tremor	(4)
Sensory Loss/Paresthesia	(4)
Headache	(5)
Floppy Child	(3)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Altered Level of Consciousness	Altered LOC, GCS \leq 9, unable to protect airway	1
	Altered LOC, GCS 10-13	2
	High Risk mechanism of injury	2
	BS $<$ 3 mmol/L +/- or symptomatic	2
	Altered LOC, GCS 14-15	4
Seizure	Actively seizing	1
	Post-ictal	2
	Resolved, normal level of alertness	3
Vertigo	Not positional +/- or other neurological findings	2
	Positional, no other neurological symptoms	3
	Chronic dizziness/vertigo	4
Extremity Weakness/Symptom of CVA	Time of onset $<$ 6 hrs	2
	Time of onset $>$ 6 hrs	3
Confusion	BS $<$ 3 mmol/L +/- or symptomatic	2
	Acute confusion w/headache or altered LOC	2
	Acute confusion w/o headache or altered LOC	3
	Chronic confusion, no change from usual	4
Gait Disturbance/Ataxia	Time of onset $<$ 6 hours (possible CVA)	2
	Chronic gait disturbance/ataxia	4
Head Injury	New focal neurologic findings	2
	History of LOC	3
	Prolonged spinal immobilization	3
	No history of LOC	4
Tremor	Chronic tremor	4
Sensory Loss/Paresthesia	New onset sensory loss or paresthesia	3
	Chronic sensory loss or paresthesia	4
Headache	Sudden, severe, worst ever	2
	Visual disturbance +/- eye pain	2
	Recurring/chronic headache	5
Floppy Child	No tone, unable to support head	2
	Limited/less than expected muscle tone	3

OB-GYN

Menstrual Problems	(4)
Sexual Assault	(4)
Vaginal Bleed	(4)
Foreign Body, Vagina	(5)
Vaginal Discharge	(5)
Labial Swelling	(5)
Vaginal Pain/Itch	(5)
Pregnancy Issues < 20 weeks Gest	(4)
Pregnancy Issues > 20 weeks Gest	(4)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Menstrual Problems	Mild symptoms (normally associated with menses)	4
Sexual Assault	Severe emotional distress	2
	Moderate emotional distress	3
	History sexual assault with last 72 hrs.	3
	Moderate pain (4-7)	3
	Mild pain (<4)	4
	History sexual assault > 72 hrs	4
	STD follow-up	4
	Post assault exam request	4
Vaginal Bleeding	Heavy vaginal bleeding +/- pregnancy	2
	Vaginal bleeding, normal VS	3
	Vaginal bleeding, minor spotting	4
FB Vagina	Foreign body, vagina	5
Vaginal Discharge	Mild symptoms	5
Labial Swelling	Labial swelling	5
Vaginal Pain/Itch	Vaginal pain, itch	5
Pregnancy Issues < 20 weeks	Heavy vaginal bleeding +/- pregnancy	2
	Vaginal bleeding, normal VS	3
	Vaginal bleeding, minor spotting	4
	Pregnancy issues < 20 weeks	4
Pregnancy Issues > 20 weeks	Presenting fetal parts, prolapsed cord	1
	Vaginal bleeding 3rd trimester	1
	Active labor (contractions <= 2 min.)	2
	Pregnancy issues > 20 weeks, no fetal movements/no fetal heart tones	2
	Pregnancy Issues > 20 weeks, headache +/- edema, +/- abdominal pain, +/- hypertension	2
	Post delivery	2
	Active labor (contractions > 2 min.)	3
	Pregnancy > 20 weeks, possible leaking amniotic fluid	3
	Pregnancy issues	4

ORTHOPEDIC

Amputation	(3)
Traumatic Backspine Injury	(4)
Upper Extremity Pain	(5)
Lower Extremity Injury	(5)
Lower Extremity Pain	(5)
Back Pain	(5)
Joint Swelling	(5)
Upper Extremity Injury	(5)
Painful Walk	(5)
Cast Check	(5)
Pediatric Gait Disorder/Painful Walk	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Back Pain	Neuro deficit +/- bowel, bladder problems	2
	Back pain	5
Traumatic Back/Spine Injury	Neuro deficit +/- bowel, bladder problems	2
	Traumatic back/spine injury, mild central pain	4
Amputation	Traumatic amputation of extremity	1
	Traumatic amputation of a digit	2
	Amputation	3
Upper Extremity Pain	Neurovascular compromise	2
	Tight cast with neurovascular compromise	3
	Tight cast with no neurovascular compromise	4
	Upper extremity chronic pain	5
Upper Extremity Injury	Open fracture or neurovascular compromise	2
	Obvious deformity	3
	Tight cast with neurovascular compromise	3
	Tight cast with no neurovascular compromise	4
	Upper extremity trauma, chronic mild pain	5
Lower Extremity Pain	Tight cast with neurovascular compromise	3
	Tight cast with no neurovascular compromise	4
	Lower extremity, mild or chronic pain	5
Lower Extremity Injury	Open fracture or neurovascular compromise	2
	Obvious deformity	3
	Tight cast with neurovascular compromise	3
	Tight cast with no neurovascular compromise	4
	Lower extremity trauma, chronic mild pain	5
Painful Walk	Limp problems with fever	3
	Walking with difficulty	4
Joint Swelling	Joint swelling, mild or chronic pain	5
Cast Check	Tight cast with neurovascular compromise	3
	Tight cast with no neurovascular compromise	4
	Cast check or change	5
Pediatric Gait Disorder/Painful walk	Limp problems with fever	3
	Walking with difficulty	4

CARDIOVASCULAR

Cardiac Arrest (Non-Traumatic)	(1)
Cardiac Arrest (Traumatic)	(1)
Cool Pulseless Limb	(2)
Chest Pain (Cardiac Features)	(2)
Chest Pain (No Cardiac Features)	(5)
Palpitations/Irregular Heartbeat	(4)
Hypertension	(4)
General Weakness	(4)
Syncope, Pre-Syncope	(4)
Edema, Generalized	(4)
Unilateral Reddened Hot Limb	(4)
Leg Swelling/Edema	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Cardiac Arrest (Non-Traumatic)	Cardiac arrest, non-traumatic	1
Cardiac Arrest (Traumatic)	Cardiac arrest, traumatic	1
Cool Pulseless Limb	Cool Pulseless limb	2
Chest Pain (Cardiac Features)	Chest pain with cardiac features	2
Chest Pain (Non-Cardiac Features)	Other significant chest pain (ripping, tearing, or pleuritic)	2
	Chest pain, non-cardiac	5
Palpitations/Irregular Heart Rate	Cardiac type chest pain	2
	History/documentated evidence of potential lethal Dysrhythmia	2
	Acute onset/ongoing	3
	History of palpitations, presently resolved	4
Hypertension	HTN (SBP \geq 220 or DBP \geq 130 with hypertensive symptoms)	2
	HTN (SBP \geq 220 or DBP \geq 130 with no hypertensive symptoms)	3
	HTN (SBP 200 - 220 or DBP 110 - 130 with hypertensive symptoms)	3
	HTN (SBP 200 - 220 or DBP 110 - 130 with no hypertensive symptoms)	4
General Weakness	Severe dehydration	1
	Moderate dehydration	2
	Mild dehydration	3
	Acute inability to ambulate	3
	Potential for dehydration	4
	Chronic weakness	4
Syncope/Pre-syncope	New onset of Dysrhythmia, irregular pulse +/- or change in rate	2
	No prodromal signs	2
	Occuring during exercise	2
	With prodromal symptoms or sudden position change	3
	Normal vital signs, symptoms resolved	4
Edema - Generalized	Edema, generalized, normal VS	4
Unilateral Reddened Hot Limb	Extensive inflammation	3
	Localized inflammation	4
Leg Swelling/Edema	Edema bilateral leg swelling, chronic	5

SKIN

Cyanosis	(3)
Spontaneous Bruising	(3)
Bloody and Body Fluid Exposure	(3)
Bite	(5)
Sting	(5)
Abrasion	(5)
Laceration Puncture	(5)
Burn	(5)
Rash	(5)
Localized Swelling - Redness	(5)
Other Skin Conditions	(5)
Lumps, Bumps & Calluses	(5)
Redness Tenderness Breast	(5)
Rule out Infestations	(5)
Foreign Body in the Skin	(5)
Wound Check	(5)
Pruritis	(5)
Removal of Staples & Sutures	(5)

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Cyanosis	Cyanosis	3
Spontaneous Bruising	Spontaneous bruising	3
Bloody and Body Fluid Exposure	High risk exposure: defined as needlestick, hollow bore needle, known or suspected HIV or hepatitis +ve source <i>High Risk unless known low risk source</i>	2
	Low risk exposure: defined as non-hollow bore needle or fluid splash from low risk source	3
Bite	Previous severe reaction or neurovascular compromise	2
	Minor bites	5
Sting	Previous severe reaction	2
	Sting, mild pain	5
Abrasion	Localized minor abrasion - mild pain	5
Laceration/Puncture	Complex wound with neurovascular compromise	2
	Active bleeding	3
	Bleeding resolved/controlled	4
	Sutures required	4
	No sutures required	5
Burn	Partial/full thickness to hands, feet, face, perineum	2
	>25% BSA (body surface area)	2
	5-25% BSA	3
	<5% BSA full, <10% partial thickness	4
	Burn, mild pain	5
Rash	Facial cellulitis, particularly periorbital area	2
	Purpuric or petechial rash (appears ill)	2
	Localized cellulitis	4
	Localized rash	5
Localized Swelling/Redness	Facial cellulitis, particularly periorbital area	2
	Purpuric or petechial rash (appears ill)	2
	Localized cellulitis	4
	Localized rash	5
Other Skin Conditions	Other skin conditions	5
Lumps, Bumps and Calluses	Lumps, bumps and calluses	5
Red/Tenderness, Breast	Red/tenderness, breast	5
Rule out Infestations	Rule out infestations	5
Foreign Body in Skin	FB skin, mild pain	5
Wound Check	Wound check (ensure no other issue exists)	5
Pruritis	Pruritis	5
Removal of Staples/Sutures	Removal of staples/sutures	5

GASTROINTESTINAL

Vomiting Blood	(3)	Rectal Perineal Pain	(5)
Oral/Esophageal Foreign Body	(4)	Jaundice	(5)
Blood in Stool Melena	(4)	Hiccoughs	(5)
Anorexia	(4)	Abdominal Mass Distention	(5)
Abdominal Pain	(5)	Anal/Rectal Trauma	(5)
Diarrhea	(5)	Constipation	(5)
Foreign Body in Rectum	(5)	Feeding difficulties in newborn	(2)
Groin Pain Mass	(5)	Neonatal Jaundice	(3)
Nausea and/or vomiting	(5)		

CHIEF COMPLAINT	COMPLAINT SPECIFIC MODIFIER	
Vomiting Blood	Active or significant hematemesis	2
	Coffee ground emesis/melena	3
	Small amount, normal VS	3
Oral/Esophageal Foreign Body	Droping or stridor	2
	Hoarseness and dysphasia	2
	Persistent vomiting	3
	No swallowing or respiratory difficulty	4
Blood in Stools/Melena	Large amount melena or rectal bleeding	2
	Moderate amount melena or rectal bleeding	3
	Rectal bleeding small amount, normal VS	4
Anorexia	Significant weight loss	3
	Anorexic, looks well	4
Abdominal Pain	Chronic, mild abdominal pain	5
Diarrhea	Shock or severe dehydration	1
	Hemodynamic compromise or moderate dehydration	2
	Mild dehydration	3
	Uncontrolled bloody diarrhea	3
	Chronic diarrhea, normal VS	5
Foreign Body, Rectum	Foreign body rectum	5
Groin Pain/Mass	Chronic groin pain mass	5
Nausea +/- Vomiting	Shock or severe dehydration	1
	Active or significant hematemesis	2
	Moderate dehydration	2
	Coffee ground emesis/melena	3
	Mild dehydration	3
	Potential for dehydration	4
Chronic vomiting and/or nausea, normal VS	5	
Rectal/Perineal Pain	Chronic, mild rectal perineal pain	5
Jaundice	Jaundice, looks well	5
Hiccoughs	Hiccoughs chronic, no distress	5
Abdominal Mass Distention	Persistent vomiting	3
	Chronic abdominal mass/distention, looks well	5
Anal/Rectal Trauma	Anal/rectal trauma	5
Constipation	Simple constipation	5
Feeding difficulties in newborn	Feeding difficulties in newborn	2
Neonatal Jaundice	Infants ≤ 7 days of age	2
	Infants > 7 days of age	3

FIRST ORDER MODIFIERS: HEMODYNAMIC

Evidence of severe end organ hypoperfusion	(1)
Shock or severe dehydration	(1)
Unconscious	(1)
Evidence of borderline perfusion	(2)
Hemodynamic compromise or moderate dehydration	(2)
Altered level of consciousness	(2)
Vital signs at upper/lower ends of normal	(3)
Mild Dehydration	(3)

Circulatory Status - ADULT	CTAS Level	Circulatory Status - PEDIATRIC	CTAS Level
<u>Shock:</u> evidence of severe end-organ hypoperfusion: marked pallor, cool skin, diaphoresis, weak or thready pulse, hypotension, postural syncope, significant tachycardia or bradycardia, ineffective ventilation or oxygenation, decreased level of consciousness. Could also appear as flushed, febrile, toxic, as in septic shock.	1	<u>Shock:</u> evidence of severe end-organ hypoperfusion: weak or thready pulses, absent peripheral pulses, hypotension, significant tachycardia or bradycardia, ineffective ventilation or oxygenation, decreased LOC. Possibly flushed, febrile, toxic, as in septic shock.	1
<u>Hemodynamic compromise:</u> evidence of borderline perfusion; pale, history of diaphoresis, unexplained tachycardia, postural hypotension (by history), feeling faint on sitting and standing, or suspected hypotension (lower than normal blood pressure or expected blood pressure for a given patient.)	2	<u>Hemodynamic compromise:</u> evidence of borderline perfusion; pale or mottled skin, tachycardia, delayed capillary refill, decreased urine production. Signs of dehydration not always reliable.	2
Vital signs at the upper and lower ends of normal as they relate to the presenting complaint, especially if they differ from the usual values for the specific patient.	3	Vital signs outside limits of normal.	3
		Normal vital signs (Look for first order modifiers)	4,5

Level of Consciousness	GCS	CTAS Level
<u>Unconscious:</u> unable to protect airway, response to pain or loud noise only and without purpose, continuous seizure or progressive deterioration in level of consciousness	3-9	1
<u>Altered level of consciousness:</u> response inappropriate to verbal stimuli; loss of orientation to person, place or time; new impairment of recent memory; altered behaviour Pediatric altered behaviour: irritable, agitated, inconsolable	10-13	2
<u>Normal:</u> Use other modifiers to define CTAS	14-15	3, 4 or 5

**FIRST ORDER MODIFIERS:
TEMPERATURE SYMPTOMS
ADULT**

**FIRST ORDER MODIFIERS:
TEMPERATURE SYMPTOMS
PEDIATRIC**

Febrile (> 38°C) - Immunocompromised	2	0-3 months, T < 36°C or >38 °C	2
		>3 months - 3 years, T > 38.5°C, Looks unwell	2
Febrile (> 38°C) - Looks septic (Hemodynamic Cmp)	2	All ages, T < 36°C or >38 °C, Immunocompromised	2
Febrile (> 38°C) - Looks unwell	3	>3 months - 3 years, T > 38.5°C, Looks well	3
Febrile (> 38°C) - Looks well	4	>3 years, T >38.5°C, Looks unwell, consider RR and HR	3
		>3 years, T >38.5°C, Looks well	4

Fever > 38.5° C (age ≥ 17 years)	CTAS Level
Immunocompromised: neutropenia (or suspected), chemotherapy or on immunosuppressive drugs including steroids	2
Looks septic: has 3 positive SIRS criteria or hemodynamic compromise, moderate respiratory distress or altered level of consciousness.	2
Looks unwell: has < 3 positive SIRS criteria but appears ill-looking (flushed, lethargic, anxious or agitated); or has 2 SIRS criteria plus a suspected infection.	3
Looks well: has fever as the only positive SIRS criterion and appears comfortable and in no distress.	4

Fever Definitions

SIRS is the systemic inflammatory response to a variety of severe clinical insults. The response is manifested by 2 or more of the following criteria:

1. temperature > 38° C or < 36° C;
2. heart rate > 90 beats/minute
3. Respiratory rate > 20 breaths/minute or PaCO₂ < 32 torr (< 4.3 kPa);
4. WBC > 12000 cells/mm³, < 4000 cells/mm³ or 10% immature (band) forms.

Sepsis is defined as systemic response to infection, manifested by 2 or more of the SIRS criteria as a result of infection

Severe sepsis is defined as sepsis associated with organ dysfunction, hypoperfusion or hypotension; hypoperfusion and perfusion abnormalities may include, but are not limited to, lactic acidosis, oliguria or an acute alteration in mental status.

FIRST ORDER MODIFIERS: RESPIRATORY

Severe	(1)
Moderate	(2)
Mild	(3)

Respiratory Distress				
Level of Distress	Patient Description	O ₂ Sat	PEFR predicted	CTAS Level
Severe	Fatigue from excessive work of breathing, cyanosis, single-word speech, unable to speak, upper airway obstruction, lethargic or confused, intubated or requiring assisted breathing. <i>Pediatric: inability to recognize caregiver</i>	<90%	-	1
Moderate	Increased work of breathing, speaking phrases or clipped sentences, significant or worsening stridor but airway protected. <i>Pediatric: restlessness, anxiety or combativeness</i>	<92%	<40%	2
Mild/ Moderate	Dyspnea, tachypnea, shortness of breath on exertion, no obvious increased work of breathing, able to speak in sentences, stridor without any obvious airway obstruction. <i>Pediatric: no obvious increased work of breathing</i>	92 - 94%	40-60%	3

FIRST ORDER MODIFIERS: HYPERTENSION - ADULT

SBP > 220 or DBP > 130 - Any Symptoms (ie. headache, SOB, Chest pain, confusion)	(2)
SBP > 220 or DBP > 130 - NO Symptoms	(3)
SBP 200-220 or DBP 110-130 - Any Symptoms	(3)
SBP 200-220 or DBP 110-130 - NO Symptoms	(4)

FIRST ORDER MODIFIERS: HYPERTENSION - PEDIATRIC

Very High BP - Any Symptoms	(2)
Very High BP - NO Symptoms	(3)
High BP - Any Symptoms	(3)
High BP - NO Symptoms	(4)

FIRST ORDER MODIFIERS: BLOOD GLUCOSE

Hypoglycemic (<3 mmol/L) w/symptoms	(2)
Hypoglycemic (<3 mmol/L) w/ NO symptoms	(3)
Hyperglycemic (>18 mmol/L) w/symptoms	(2)
Hyperglycemic (>18 mmol/L) w/ NO symptoms	(3)

Blood Glucose Level	Symptoms	CTAS Level
< 3 mmol/L	Confusion, diaphoresis, behavioural change, seizure	2
	None	3
> 18 mmol/L	Dyspnea, dehydration, weakness	2
	None	3

Relevant Complaints:

Hyperglycemia, Hypoglycemia, Altered Level of Consciousness, Confusion

FIRST ORDER MODIFIERS: BLEEDING DISORDERS

Life or Limb Threatening

Head (intracranial) or Neck	(2)
Chest, Abdomen, Spine or Pelvis	(2)
Massive Vaginal Hemorrhage	(2)
Iliopsoas Muscle and Hip	(2)
Extremity Muscle Compartments	(2)
Fractures and Dislocations	(2)
Deep Lacerations	(2)
Any Uncontrolled Bleeding	(2)

Moderate or Minor

Nose (epistaxis)	(3)
Mouth (including gums)	(3)
Joints (hemarthrosis)	(3)
Menorrhagia	(3)
Abrasions	(3)
Superficial Lacerations	(3)

FIRST ORDER MODIFIERS: PAIN - ADULT

Acute	Central (1-3)	(4)
	Central (4-7)	(3)
	Central (8-10)	(2)
Acute	Peripheral (1-3)	(5)
	Peripheral (4-7)	(4)
	Peripheral (8-10)	(3)
Chronic	Peripheral (1-7)	(5)
	Peripheral (8-10)	(4)
Chronic	Central (1-3)	(5)
	Central (4-7)	(4)
	Central (8-10)	(3)

FIRST ORDER MODIFIERS: PAIN - PEDIATRIC

Pain in Pediatric Patient	
Severe (8-10)	(2)
Moderate or inconsolable crying	(3)
Mild Pain < 4 or consolable crying	(4)
Physiologic Pain Indicators	Key Manifestations
Acute pain	Signs of sympathetic stimulation. Tachycardia, hypertension, dilated pupils, diaphoresis, increased heart rate, respiratory rate and BP
Chronic Pain	Signs of lower physiological response than expected by pain score.
Pain Behaviours	Restless, agitation, unable to distract, short attention span, facial grimacing, holding/guarding, sleep disturbances, anorexia, lethargy.
Indicators of Localized Pain	Fetal position, flexing and extending knees, ear pulling, rolling head from side to side, refusing to move body part.

Pain Severity

Severity & Score	Location	Acute/Chronic	CTAS Level
Severe 8-10	Central	Acute	2
		Chronic	3
	Peripheral	Acute	3
		Chronic	4
Moderate 4-7	Central	Acute	3
		Chronic	4
	Peripheral	Acute	4
		Chronic	5
Mild 0-3	Central	Acute	4
		Chronic	5
	Peripheral	Acute	5
		Chronic	5

Pain Definitions

Central pain originates within a body cavity or organ and may be associated with life or limb threatening conditions.

Peripheral pain originates in the skin, soft tissues, axial skeleton or superficial organs where dangerous diagnoses are less likely to be missed.

***Caveat: A patient presenting with apparent peripheral pain in whom the triage nurse suspects a life or limb threatening condition should be scored based on "central" pain.**

Acute pain is a new onset pain and is more likely to prove dangerous (prior to a diagnostic work-up) than chronic pain.

Chronic pain is a well-recognized continuing or recurring pain syndrome manifesting the same pattern (changes in pattern or severity = acute)

FIRST ORDER MODIFIERS: MECHANISM OF INJURY

High Risk General Trauma - Auto Accident	(2)
High Risk General Trauma - Motorcycle Accident	(2)
High Risk General Trauma - Pedestrian/Bike Crash	(2)
High Risk General Trauma - Fall	(2)
High Risk General Trauma - Penetrating Injury	(2)
High Risk Head Trauma - Auto Accident	(2)
High Risk Head Trauma - Pedestrian	(2)
High Risk Head Trauma - Fall	(2)
High Risk Head Trauma - Assault	(2)
High Risk Neck Trauma - Auto Accident	(2)
High Risk Neck Trauma - Pedestrian	(2)
High Risk Neck Trauma - Fall	(2)
Low Risk Neck Trauma	(3)
Low Risk Head Trauma	(3)
Low Risk General Trauma	(3)

MOI	CTAS Level 2
General Trauma	<p>MVC: Ejection from vehicle, rollover, extrication time > 20 min. significant intrusion into passenger's space, death in the same passenger compartment, impact > 40km/h (unrestrained or impact > 60 km/h (restrained))</p> <p>MCC: Where impact with a car > 30 km/h, especially if rider is separated from motorcycle</p> <p>Pedestrian or bicyclist: Run over or struck by vehicle at >10 km/h</p> <p>Fall: of > 18 ft (>6 m)</p> <p>Pediatric Fall: of > 3 ft (>1 m) or 5 stairs</p> <p>Penetrating injury: To head, neck, torso or extremities proximal to elbow and knee</p>
Head Trauma	<p>MVC: Ejection from vehicle, unrestrained passenger striking head on windshield</p> <p>Pedestrian: struck by vehicle</p> <p>Fall: from > 3 ft (>1 m) or 5 stairs</p> <p>Assault: with blunt object other than fist or feet</p>
Neck Trauma	<p>MVC: Ejection from vehicle, rollover, high speed (esp. if driver unrestrained)</p> <p>Pedestrian: Struck by vehicle</p> <p>Fall: from > 3 ft (>1 m) or 5 stairs</p> <p>Axial load to the head</p>

COMPLAINT SPECIFIC MODIFIERS: MENTAL HEALTH DEFINITIONS

Anxiety/Agitation	Definition
Severe anxiety/ agitation	Extreme unease, apprehension or worry with signs of excessive circulating catecholamines; or dangerously agitated and uncooperative and does not calm down when asked.
Moderate anxiety/ agitation	Clear unease, apprehension, or worry, but no obvious tachycardia or tremulousness; or signs of agitation, and does not consistently obey commands (eg. Will sit or calm down when asked, but soon becomes restless and agitated again)
Mild anxiety/agitation	Mild unease, apprehension or worry, but can be reassured; or restless but cooperative; obeys commands.
Hallucination/Delusion	Definition
Acute Psychosis	May present with extreme self neglect, disordered or racing thoughts or both, speech pattern impairments, impaired reality testing with 'lack of insight', may be responding to hallucinatory or delusional thoughts or both, which may be accompanied by hostility.
Paranoia	Delusions of persecutory nature - being followed, poisoned or harmed in some way. Ideas of reference - the belief that people are talking about you. May be accompanied by extreme fear, agitation or hostility.
Chronic Hallucinations	Known history of hallucinations with no recent change in nature, and/or frequency, or in patient's level of distress related to them.
Chronic, non-urgent condition	Patient is well known to the care provider with a recurrent complaint that has either been fully dealt with, or patient is just looking for food, warmth or temporary shelter.
Bizarre Behaviour	Definition
Uncontrolled	Bizarre, disoriented or irrational behaviour, not controlled by verbal communication and reasoning, and placing the patient or others in physical danger
Controlled	Bizarre, irrational behaviour that is viewed as threatening but controllable through verbal support and reasoning; patient is accompanied by a friend or family member.
Harmless Behaviour	Bizarre or eccentric behaviour (usually of long standing with no recent change from patient's norm) that is of no threat to the patient or others and requires no acute intervention.

COMPLAINT SPECIFIC MODIFIERS: DEHYDRATION DEFINITIONS

Dehydration Modifier Definitions	
Type 1, Second Order Modifier	CTAS Level
Severe dehydration: marked volume loss with classic signs of dehydration and signs and symptoms of shock	1
Moderate dehydration: dry mucous membranes, tachycardia, plus or minus decreased skin turgor and decreased urine output	2
Mild dehydration: stable vital signs with complaints of increasing thirst and concentrated urine & a history of decreased fluid intake or increased fluid loss or both	3
Potential dehydration: no symptoms of dehydration but presenting cause of fluid loss ongoing or difficulty tolerating oral fluids	4
<p style="text-align: center;"><u>Relevant Complaints:</u> Vomiting and/or nausea, Diarrhea, and General weakness</p>	