

EMERGENCY TRIAGE EDUCATION KIT

Additional triage scenarios – for teaching and discussion

Professor Marie Gerdtz, Head of Department of Nursing at The University of Melbourne, developed and validated the triage scenarios for the Emergency Triage Education Kit (ETEK). See [Triage scenario development and validation methodology](#) for details.

The scenarios in Chapter 10 of the Emergency Triage Education Kit (ETEK) achieved good to excellent (over 70%) inter-rater reliability in the validation process, and are suitable for assessment. The scenarios in this document achieved lower (less than 70%) inter-rater reliability, and may be useful for teaching purposes and discussion with experienced triage educators. Some scenarios contain text in quotes – this is to simulate common ways patients and carers express information to the triage nurse.

Scenario	Comments	Topic
1. Seema is a 23-year-old woman who presents to triage reporting dysuria and cramping lower abdominal pain. She is 28 weeks pregnant (G3P1) and is normally well. Her respiratory rate is 18 breaths per minute, SpO ₂ is 98% and her heart rate is 86 beats per minute. You note her skin is pink, warm and dry. Her Glasgow Coma Score is 15/15. Her temperature is 38.5 °C. She rates her pain as 2/10, and says she has no PV loss.	Airway is intact and breathing and circulation are within normal limits. However, she has a fever and pregnancy increases her risks.	Pregnancy
2. Ebony is a 4-month-old girl who is brought to the ED by her father at 4pm. Her father states that the child has had difficulty breathing for two days and she has been worse overnight. She has been coughing and feeding poorly. Her fluid intake has been approximately two-thirds to half that of a normal day and she has had the usual number of wet nappies, but they are not as full. She has a moist-sounding cough and no audible wheeze. She is alert and looks to her father when he talks to her. She is tachypnoeic with a respiratory rate of 60 breaths per minute. Examination of her chest shows mild use of accessory muscles. On auscultation, she has an expiratory wheeze. Her heart rate is 162 beats per minute, her skin is pink and she has moist mucus membranes.	Airway is patent. This child has mild respiratory distress as evidenced by mild use of accessory muscles. Poor feeding and reduced wet nappies indicate that this child may become further dehydrated if not treated early.	Paediatrics
3. A mother presents to the ED at 9.20pm with her 9-week-old son Christopher, stating that he has had a fever since 4pm that afternoon. She gave him paracetamol at 5pm. She says that he normally vomits after feeds, but he has vomited once this evening between feeds. Christopher is breastfed; he has fed less frequently than usual since lunch time. Christopher's mum also informs you that he was born at term and that he has been well	Airway and breathing are not compromised. His skin is pale and cold. Although his capillary refill indicates adequate peripheral perfusion, he is at	Paediatrics

Scenario	Comments	Topic
<p>since birth. He is in his mother's arms and is crying. He appears pale. His hands are warm, but his feet are cold. Capillary refill is about three seconds, he has moist mucus membranes and has normal skin turgor. His anterior fontanelle is not bulging. His heart rate is 175 beats per minute.</p>	<p>risk of dehydration. Additionally, the child is distressed despite being with his mother and having been given analgesia.</p>	
<p>4. Savelina, a 24-year-old woman, presents to the ED very distressed. She is with the crisis assessment team and is experiencing an episode of acute behavioural disturbance. Her partner tells you she has schizophrenia, but her symptoms are well managed with medication. However, she has been unable to take her medications because she is 18 weeks pregnant (G2P0). Now she is agitated, crying and pleading with her partner 'don't let them take my baby'. Her respiratory rate is 24 breaths per minute, SpO₂ is 99% and her heart rate is 108 beats per minute. Her skin is pink, warm and dry. Glasgow Coma Score is 14/15 (she seems confused). Her temperature is 36.8 °C. While she won't engage with you, she is speaking to her partner and seems to listen to them.</p>	<p>The patient is being supported by her partner, who is staying with her; however, she has severe agitation and distress.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>5. Edward is a 36-year-old man with a history of alcoholism. He presents to triage at 5.30pm. He has a referral from the nearby drug and alcohol service. The referral letter states that the patient has 'suicidal ideation and homicidal thoughts'. The referral letter requests a psychiatric assessment and states that the patient is 'possibly experiencing alcohol withdrawal' and had his last drink at 9am. He appears distressed, nervous and restless (pacing). His pulse is 98 beats per minute. He reports that he feels so bad he wants to die. He says he has no specific plan to hurt himself or others but 'can't take it anymore'. He has poor eye contact and is having trouble following instructions, as he appears confused.</p>	<p>This patient has no compromise to his airway, breathing or circulation. There is no report of acute behavioural disturbance or agitation at this stage. You will need to determine whether it was 9.00am today or the day before that the last drink was consumed, as he possibly has an alcohol withdrawal state. He must be under close observation. Security should be informed that he is in the ED. The patient has suicidal ideations and is at risk of self-harm.</p>	<p>Psychological distress and behavioural disturbance</p>

Scenario	Comments	Topic
<p>6. At 5.30am, a father presents with his 18-month-old daughter Georgia, describing 'one or two days of cough'. She was seen at another ED earlier in the night but was discharged home. Georgia's dad states she has a history of wheeze with colds. A GP prescribed salbutamol. Her father says he has given 4 puffs with a spacer every four hours. The last dose was given at midnight. Her father is unsure if it is making a difference. The child is sitting up on her father's knee. She is showing moderate use of her accessory muscles and you can see nasal flaring. Her respiratory rate is 44 breaths per minute, her heart rate is 156 beats per minute and her oxygen saturation is 93%.</p>	<p>Airway is clear. She has increased work of breathing with lowered SpO₂ and nasal flaring. The child is not responding to treatment at home.</p>	<p>Paediatrics</p>
<p>7. Caroline is a 45-year-old woman who presents to triage reporting a 'cold' for four days. Over the past two days she has had pain in her right upper quadrant. It is now increasing, and she describes right thoracic 'back pain'. Caroline states that she has no diarrhoea, no vomiting and no urinary symptoms, but has had 'difficulty breathing since yesterday'. Her skin is pale, hot and moist and she has normal respiratory effort. She says she has a fever. Her respiratory rate is 22 breaths per minute and her SpO₂ is 95% on room air. Her heart rate is 112 beats per minute, her blood pressure is 134/88 mmHg and temperature is 37.2 °C. She says her pain is 7/10. The pain is worse on deep inspiration and movement. She has decreased air entry on the right lower side of her chest.</p>	<p>Airway is intact. Patient is mildly tachypnoeic, febrile and is experiencing pleuritic and upper abdominal pain.</p>	<p>Triage fundamentals</p>
<p>8. An elderly man wrapped in a silver blanket is brought to the ED by the police. He was found wandering naked in a local churchyard. Police have not yet established his name or age and have received no missing person reports that would describe this man. He is talking rapidly, gesticulating, laughing and saying that he has 'invented a cure for cancer'. He bursts into spontaneous singing and dancing but is also intermittently irritable and agitated. His heart rate is 58 beats per minute, respiratory rate is 26 breaths per minute and his temperature is 35.8 °C. He has poor eye contact and appears easily distracted by others in the waiting area.</p>	<p>Airway, breathing and circulation are stable. He is slightly hypothermic and acutely agitated</p>	<p>Psychological distress and behavioural disturbance</p>
<p>9. A mother and father present with their 2-year-old child, Jack, at 1am stating that he has woken with an earache. He was unsettled during the day and had a runny nose but is otherwise well. He has no other symptoms but has a history of recurrent ear infections. He is fully vaccinated. He is currently sleeping in his pusher and stirs when he is examined and responds appropriately. There is evidence of a runny nose, but he shows no signs of</p>	<p>Airway, breathing and circulation are intact. He has a mildly elevated temperature, with otherwise normal vital signs.</p>	<p>Paediatrics</p>

Scenario	Comments	Topic
respiratory distress and his skin is pink and warm. He has brisk capillary refill, moist mucosa, his heart rate was 92 beats per minute while sleeping and his temperature is 37.9 °C.		
10. Bo is a 16-month-old boy who presents to triage at 11am with his mother. She states that he has had 'a cold for over a week' that 'has not improved'. Since last night he has had a fever and cough and has seemed 'more congested'. He was restless overnight, waking frequently due to the cough and he is tired today. He is lethargic and drinking less than usual – his mother estimates this at about a quarter of his usual amount. There has been only one wet nappy today. He is resting against his mother and doesn't protest but looks at you nervously when examined. No cough, stridor or grunting is heard. He is tachypnoeic (48 breaths per minute) and demonstrates moderate increased work of breathing. His skin is flushed and warm and his heart rate is 156 beats per minute. His capillary refill is less than two seconds, and his mucus membranes are moist. He has a fever of 38.6 °C.	Airway is patent. The child is tachypnoeic with increased work of breathing. Perfusion is not compromised.	Paediatrics
11. Parents present with a 6-month-old boy who has a rash that developed when he was two months old. They have seen a GP, who diagnosed allergy, and they have been treating it intermittently with a cream. The rash has become much worse over the last few weeks and now the baby can't sleep and is 'scratching all the time'. According to the parents, the infant continues to breastfeed well, is otherwise well and has no fever. The infant shows no signs of shortness of breath and his skin is pink and warm. There is a widespread inflamed, excoriated and crusted patchy rash over his cheeks, neck folds, torso and around his wrists and ankles. The infant is squirming in his father's arms and appears to be scratching his face against his father's chest. The infant is afebrile.	Airway, breathing and circulation are intact. The child is alert and active.	Paediatrics
12. Albert, 53 years, often visits your ED for various minor illnesses. Today he says he is constipated. His bowels have not been opened for 'at least two weeks'. He says he has pain and feels bloated. When you ask him to score his pain, he is not sure what to say and just answers 'it's real bad'. His vital signs are within normal limits and his skin is warm and dry. His abdomen is slightly distended, with bowel sounds present in all four quadrants.	There is no compromise to airway, breathing or circulation. The pain and discomfort have been present for more than two weeks.	Triage fundamentals

Scenario	Comments	Topic
<p>13. A 29-year-old woman, who refuses to give her name, is brought to the ED by ambulance. She is dishevelled, restless, hyperactive, wandering around and calling out sexually inappropriate remarks to people in the waiting room. Her speech is rapid and pressured and her thinking seems disordered. She changes rapidly between laughter and tears and is irritable on approach. She has a deep laceration to her left foot, which appears to be due to walking around with no shoes on. Her temperature is 36.5 °C, heart rate is 98 beats per minute and her respiratory rate is 22 breaths per minute. She responds to requests for very short periods of time, and soon begins the behaviours again.</p>	<p>Airway, breathing and circulation are intact. She is displaying acute agitation.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>14. Cielo is a 76-year-old woman who is brought to the ED by her daughter. She found her mother wandering in a 'dazed state' outside her house when she dropped by to see her this morning. Her daughter reports that her mother lives alone and is usually able to manage independently, but when she found her outside this morning, she said she was looking for her house key and seemed confused. She had been incontinent of urine and smelt strongly of ammonia. The patient presents as agitated, confused, picking at imaginary things on her cardigan and unable to give an account of herself. Her respiratory rate is 20 breaths per minute, heart rate is 88 beats per minute and her temperature is 37.6 °C. Her Glasgow Coma Score is 13/15.</p>	<p>Airway, breathing and circulation are intact. She has acute onset of behavioural disturbance, altered Glasgow Coma Score and a low-grade fever. Presentation is consistent with delirium, and she has signs of a urinary tract infection.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>15. Maggie is a 34-year-old woman who arrives at the ED requesting 'medication'. She says she has schizophrenia and ran out of tablets six days ago. She is now 'hearing voices' that are saying mean things to her and making her feel 'frightened', but they do not command her to do anything. She is cooperative and sitting quietly in the waiting area. Her vital signs are stable. She is alone.</p>	<p>Airway, breathing and circulation are intact. This is a semi-urgent mental health problem.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>16. Lucia is a 60-year-old woman who presents to the ED in the middle of the night in a tearful state with insomnia and anxiety. She complains of being fearful and agitated all the time and says she is terrified by recurring thoughts of her grandchildren being harmed. She says she is checking all the electrical appliances obsessively, and can't leave the house or go to bed at night. She has no past mental health history, wants help and feels safe in the waiting area. Her heart rate is 92 beats per minute, respiratory rate is 18 breaths per minute and blood pressure is 140/95 mmHg.</p>	<p>Airway, breathing and circulation are intact. Lucia has stated that she wants help and feels safe to stay, so there is no immediate risk to herself or to others.</p>	<p>Psychological distress and behavioural disturbance</p>

Scenario	Comments	Topic
<p>17. Bea is a 4-year-old girl who has been brought to the ED by her carer. In the past two hours she has developed a rash over her body but no other symptoms. She has recently had 'a cold' and completed a five-day course of amoxicillin this morning. She has not had this rash before, has no known allergies and her immunisations are up to date. She is not coughing, does not have stridor, shows no increase in work of breathing and her respiratory rate is 22 breaths per minute. Her skin is pink and warm and her heart rate is 88 beats per minute. She has widespread raised blotches over her face, torso, arms and legs; the edges are erythematous and centrally blanched. She is scratching at her skin.</p>	<p>Airway, breathing and circulation are intact. The child is alert and not distressed.</p>	<p>Paediatrics</p>
<p>18. Kau is a 10-year-old boy who is brought to the ED by his mother, who is very concerned about his recent behaviour. He has been covering in the bathroom for several hours screaming before being brought to the ED. He hasn't slept for three nights, is preoccupied with thoughts about 'people trying to get him' and initially became physically aggressive when his mother tried to coax him out of the bathroom. He has been reluctant to go to school for weeks. At presentation to the ED, he appears anxious and restless and is reluctant to sit down. Although he resists any attempt to examine him physically, he makes no attempt to leave the room. He does not look physically unwell.</p>	<p>Airway, breathing and circulation are intact. Very distressed child with escalating sleep disturbance, thought disorder and behavioural symptoms.</p>	<p>Paediatrics</p>
<p>19. Jamie is a 14-year-old girl who presents to triage with friends. She has an injured ankle sustained while playing netball. She thinks she tripped over another player's foot and twisted her ankle. She doesn't think she can walk on it and has had it elevated with an ice pack applied. Jamie says the pain is about 5/10 until she tries to stand and then it is 10/10. She has not had any pain relief before presenting. Her right ankle is obviously swollen around her lateral malleolus and down to her foot. She is generally tender and unable to move her ankle due to pain and swelling. Her toes are pink and warm, and she can wriggle them a bit, but stops as she says it makes her ankle hurt.</p>	<p>Airway, breathing and circulation are intact. Minor limb trauma with possible sprained ankle or fracture. Pain can be managed by immobilising and elevating the affected limb while the child waits for assessment.</p>	<p>Paediatrics</p>
<p>20. Chloe is a 15-year-old girl who is brought to the ED from a friend's house after taking an overdose. The circumstances are a little unclear, but she admits to taking 25 paracetamol tablets and some 'other things' over the past couple of hours, including alcohol. Her friend says Chloe had been upset when she got to her house and that she doesn't know what Chloe has taken. She is known to the ED, having presented 12 months ago following an episode of self-harm. She is cooperative, coherent but a little drowsy and her speech is</p>	<p>Airway, breathing and circulation are intact. Toxic ingestion of paracetamol. Actual self-harm has occurred.</p>	<p>Paediatrics</p>

Scenario	Comments	Topic
<p>slow and slightly slurred. Her breath smells of alcohol. Her heart rate is 58 beats per minute and her respiratory rate is 14 breaths per minute.</p>		
<p>21. Adit is a 15-month-old boy with a two-hour history of fever and difficulty breathing. He presents via ambulance with an audible stridor at rest and severe increased work of breathing. He is agitated and restless.</p>	<p>Partially obstructed airway and respiratory distress.</p>	<p>Paediatrics</p>
<p>22. Tahlia is an 18-month-old girl who was previously well. She arrives at the ED with her mother at midnight. About 24 hours ago she developed a 'barking cough'. The cough became 'much worse at night'. She is also febrile (temperature is 38.4 °C). Since becoming unwell she is refusing food but continues to drink usual amounts. She has a croupy sounding cough. There are no obvious signs of increase to work of breathing. Her respiratory rate is 28 breaths per minute and her heart rate is 134 beats per minute. Both mum and child appear anxious.</p>	<p>Airway is clear and the child is ventilating adequately. The child is anxious but is still able to take oral fluids.</p>	<p>Paediatrics</p>
<p>23. Amal is a 4-month-old baby who presents to the ED with her mother at 5.40pm. She has had a fever, and her mother tells you that she was immunised yesterday. The infant has been irritable and difficult to settle. She has had one vomit and has refused to breastfeed for six hours. No paracetamol or other medication has been administered. She is asleep in her pram and wakes when stimulated but goes back to sleep quickly. There are no signs of increased work of breathing. Her skin is warm and slightly pale. Her heart rate is 172 beats per minute and her respiratory rate is 52 breaths per minute.</p>	<p>Findings suggest this a febrile baby with mild derangements to vital signs and alertness and hydration risks.</p>	<p>Paediatrics</p>
<p>24. Haylee, a 31-year-old woman, presents to triage with her girlfriend. She has a history of migraines and is reporting a severe headache similar to her usual migraine. She said she was seen by her GP two days ago for 'a sore throat' and was prescribed penicillin, which she is taking. Today she woke with a headache and started to vomit. She is pale and looks washed out. Her skin is cool and moist. Her respiratory rate is 18 breaths per minute, and her heart rate is 98 beats per minute. Her Glasgow Coma Score is 15/15. She rates her pain as 7/10.</p>	<p>Airway and breathing are intact. Periphery is pale and cool, indicating poor perfusion. This patient has moderately severe pain.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
<p>25. Nalika is a 33-year-old woman. She reports to you that she has had two days of increasing shortness of breath. She is 33 weeks pregnant (G1P0) and has a history of asthma that is usually well controlled. She tells you she has had one hospital admission for asthma in the past 12 months. When questioned, she tells you that she has never needed an intensive care unit admission. Today she has used her spacer and metered dose inhaler every two hours, with minimal effect. She has moderate use of her accessory muscles and is speaking in sentences. You collect her vital signs and note a respiratory rate of 22 breaths per minute, an SpO₂ of 98% and a heart rate of 106 beats per minute. Her skin is dry, pale and warm. You note that she is alert and orientated and she has a Glasgow Coma Score of 15/15. She is afebrile with a temperature of 37.2 °C (tympanic).</p>	<p>Airway is intact. There are signs of moderate shortness of breath, mild tachypnoea and mild tachycardia.</p>	<p>Pregnancy</p>
<p>26. Lei is a 28-year-old woman who presents to triage complaining of shortness of breath and chest pain. She is 30 weeks pregnant (G3P2) and is normally well. She tells you she has been short of breath for two days and thought it was because she was pregnant. However, today she has central chest pain that increases on inspiration and is short of breath walking around the house. Her respiratory rate is 22 breaths per minute and her SpO₂ is 95%. Her heart rate is 104 beats per minute and blood pressure is 132/84 mmHg. Her skin is pink, warm and dry. Her Glasgow Coma Score is 15/15 and her temperature is 37.8 °C. She rates her pain as 5/10.</p>	<p>Airway and breathing are intact. Shortness of breath, chest pain and tachycardia are high-risk features. Pregnancy increases the risk of deterioration.</p>	<p>Pregnancy</p>
<p>27. Mai-Lan is a 36-year-old woman who presents to triage via ambulance following a fall from a step ladder (< 1 m). She is 37 weeks pregnant (G2P1) and is normally well. She complains of a painful right wrist and a bruise over her right hip. Her respiratory rate is 20 breaths per minute, SpO₂ is 99% and her heart rate is 110 beats per minute. Her skin is pale, warm and dry. Her Glasgow Coma Score is 15/15 and her blood pressure is 120/70 mmHg. She rates her wrist pain as 6/10, reports no PV loss and has felt the baby move since the fall. The neurovascular status of her right hand is normal.</p>	<p>Airway and breathing are intact. There is a slight tachycardia and the patient has moderate pain. This is a low-risk mechanism of injury.</p>	<p>Pregnancy</p>
<p>28. Rick, a 34-year-old man, presents to triage after being injured playing indoor cricket. The ball hit him directly in the left eye. The eye is swollen and shut. There is a large periorbital haematoma around the eye and an ice pack has been applied. Rick says he was not 'knocked out' but has very bad pain: 7/10. His respiratory rate is 16 breaths per minute, his heart rate is 84 beats per minute, blood pressure is 128/76 mmHg and temperature is</p>	<p>There is no compromise to airway, breathing or circulation. Moderately severe pain.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
36.8 °C. His Glasgow Coma Score is 15/15 and he has good recollection of events. He is able to open his eye normally and has normal vision from it.		
29. Silvia is a 65-year-old woman who is brought to the ED by her friend. She has a laceration to her right inner thigh that was sustained from a protruding piece of metal while climbing over a fence when out walking. According to her friend she lost 'a heck of a lot of blood'. You remove a bandage soaked with bright blood to see a wound that is approximately 7–10 cm long, gaping and actively bleeding. Her heart rate is 64 beats per minute, blood pressure is 138/78 mmHg and respiratory rate is 20 breaths per minute. Her skin is cool and moist. Her pedal pulse is strong and regular in her right leg. She rates her pain as 5/10.	There is no compromise to airway, breathing or circulation. Moderate blood loss, neurovascular observations are within normal limits intact and she has moderate pain.	Triage fundamentals
30. Connie is a 74-year-old woman who presents to the ED via ambulance. She was an inpatient at your hospital five days ago, requiring management of an acute bowel obstruction. Today the hospital-in-the-home nurse visited her and called an ambulance. According to paramedics, she has had increasing abdominal pain and vomiting overnight. Her bowels have not been opened for three days. You note her to be pale and mildly distressed. She complains that her abdomen is 'bloated'. Her respiratory rate is 26 breaths per minute, her heart rate is 112 beats per minute and her blood pressure is 110/75 mmHg. Her temperature is 37.2 °C.	Airway breathing and circulation are intact. There is mild tachypnoea and tachycardia.	Older people
31. Abdul is a 28-year-old man who presents to triage saying that he has been bitten by 'some sort of insect'. He was clearing rubble from a building site about two hours ago when he felt sudden burning sensation in his right hand. He said: 'I flicked something off but didn't see what it was.' Over two hours his right arm has become increasingly painful and he has notable sweating of the right arm. He is complaining of a frontal headache. He is alert and orientated to time, place and person. His heart rate is 98 beats per minute, blood pressure is 124/78 mmHg and his respiratory rate is 22 breaths per minute.	Airway, breathing and circulation are intact. Envenomation is likely from the history.	Triage fundamentals

Scenario	Comments	Topic
<p>32. Zoe is a 26-year-old woman who presents via ambulance following a moderate-impact motor vehicle accident. She is 16 weeks pregnant (G2P1) and is normally well. She was driving at 40–50 km/h when a car pulled out of a side street. She said she managed to brake but was unable to avoid hitting the other car. The paramedics report moderate damage to the front of her car. She was wearing a seatbelt and an airbag was deployed. She is reporting mild neck pain. Although she does not appear to have any other injuries, she is extremely worried about her pregnancy. Her respiratory rate is 20 breaths per minute, her SpO₂ is 99% and her heart rate is 106 beats per minute. Her skin is pink, warm and dry. Her blood pressure is 125/85 mmHg. Glasgow Coma Score is 15/15. Pain is reported at 2/10. She has no PV loss.</p>	<p>Airway and breathing are intact. There is a slight tachycardia, and the patient has mild neck pain.</p>	<p>Pregnancy</p>
<p>33. Shantelle, an extremely agitated 28-year-old woman, presents via ambulance with a police escort after a domestic dispute. She reports that her husband came home after drinking heavily and struck her across the face, knocking her to the ground. She is 16 weeks pregnant (G1P0). She says her husband has assaulted her before. Her right cheek is swollen and bruised and she complains of left wrist pain. Her respiratory rate is 24 breaths per minute, her SpO₂ is 99% and her heart rate is 116 beats per minute. Her skin is pink, warm and dry. Her blood pressure is 140/80 mmHg and Glasgow Coma Score is 15/15. Her pain is 4/10.</p>	<p>Airway, breathing and circulation are intact. Situational urgency related to domestic violence. This patient should be accommodated in the department, not in the waiting room.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>34. Bao is a 17-year-old boy who is brought to the ED for assessment by police after having been coaxed down from the roof of high-rise flats. Neighbours report that he has been acting strangely the past few days, talking and laughing to himself, burning his furniture and belongings and staying up all night. On arrival, he is distracted and makes poor eye contact.</p>	<p>Airway, breathing and circulation are intact. The patient is very distressed with acute agitation and behavioural disturbance. This scenario is complex and at triage it's hard to determine if there is a neurological component. Bao will require medical causes to be ruled out before a mental health diagnosis can be confirmed.</p>	<p>Psychological distress and behavioural disturbance</p>

Scenario	Comments	Topic
<p>35. A 22-year-old woman is brought to the ED by ambulance from home. She is approximately 24 weeks pregnant, inappropriately dressed for the weather, cannot give an account of herself and is acting bizarrely. She refuses to speak and is unwilling/unable to give any personal details. She is hostile on approach and is trying to leave. Family advised the ambulance that this has never happened before. She refuses to have her vital signs measured.</p>	<p>Primary survey cannot be confirmed and there is aggressive behaviour.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>36. Catherine is a 4-year-old girl who is brought to the ED at 4.30pm with a 12-hour history of illness. She has had a runny nose and a fever at home. In the past four hours she has developed a petechial rash on her abdomen. She has been tolerating sips of oral fluid during the morning. She has been increasingly drowsy today but now responds to touch, and cries. She is pale, her skin is cool and the skin on her calves is mottled. Her radial pulse is palpable, but the rate is 182 beats per minute and her capillary refill is more than four seconds.</p>	<p>Airway, breathing and circulation are intact. History suggests meningococcaemia. The child shows signs of severe shock.</p>	<p>Paediatrics</p>
<p>37. Vladimir is a 17-year-old boy who presents to triage with his carer. He lives in a community residential unit, has an intellectual disability and poor verbal communication skills. He cut the back of his hand on a broken tile while in the shower. The laceration is approximately 4 cm long and quite deep. His carer reports that there was a moderate amount of blood loss and first aid included pressure to stem the bleeding. He is pale and quiet. According to his carer, he has been cooperative but 'much more sedate' than is usual for him. You note that he grimaces intermittently but makes no noise. There is also some tearing. His wound has been dressed and is no longer bleeding. His heart rate is 88 beats per minute and his respiratory rate is 22 breaths per minute.</p>	<p>There is no compromise to airway or breathing. Skin is pale but he is not tachycardic. Wound is not currently bleeding. Moderate pain reflected as tearing and grimacing.</p>	<p>Triage fundamentals</p>
<p>38. Sergio, a 44-year-old man, was bitten by an ant two days ago. The bite site, which is located on his inner thigh, is red and itchy. There is a 15 cm area of cellulitis surrounding the bite. His respiratory rate is 22 breaths per minute, heart rate is 68 beats per minute, blood pressure is 136/86 mmHg and he has a temperature of 37.2 °C. He reports his pain as 3/10.</p>	<p>Airway, breathing and circulation are intact, but there is cellulitis with fever.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
<p>39. Dave, a 29-year-old man, fell off his four-wheel motor bike while navigating difficult terrain on a remote property one hour's drive from your hospital. His bike overturned several times, and he was trapped under the vehicle for about 30 minutes. He was not wearing a helmet and sustained no loss of consciousness. An ambulance was called, and he was transferred to your ED. He arrived about two hours after the injury. On arrival he is conscious but drowsy with a Glasgow Coma Score of 13/15. His peripheries are cool and his skin mottled. He is complaining of pains in his chest and abdomen. His respiratory rate is 28 breaths per minute, heart rate is 134 beats per minute and blood pressure is 95/75 mmHg.</p>	<p>Airway is intact. He is mildly tachypnoeic, has moderate haemodynamic compromise and an altered conscious state. The mechanism of injury increases suspicion for significant injury.</p>	<p>Triage fundamentals</p>
<p>40. Nathan is a 45-year-old man who presents to the ED with his wife and child. He asks to see a psychiatrist because he is having problems managing his anxiety about his work situation and doesn't know how to get a referral. He reports that he once saw a psychiatrist, four years ago, and that helped him sort out his troubles, but he cannot remember the doctor's name. He is not on medication and has no active thoughts of harming himself; he says that he 'just needs to sort out his anxiety'. He is not suicidal and is well engaged at triage.</p>	<p>Airway, breathing and circulation are intact. The patient has brought himself to the ED to access help. He reports a pre-existing mental health disorder and demonstrates that he is cooperative and able to engage in developing his own management plan.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>41. Kailash, a 47-year-old man, presents to the ED with an audible wheeze, angioedema and periorbital oedema. His symptoms came on 30 minutes ago after eating satay prawns at a local Malaysian restaurant. He can speak in single words.</p>	<p>Immediate risk to airway.</p>	<p>Triage fundamentals</p>
<p>42. Andy is a 26-year-old man with a past history of bipolar mood disorder. He presents to triage with what you believe to be paranoid thoughts. He has not taken his usual medications. He is agitated and pacing as you try to obtain a history from him. He is engaging appropriately when spoken to but does appear distressed. He is alone at triage.</p>	<p>Airway, breathing and circulation are intact. It's important to note that Andy is engaging with staff despite feeling agitated. He should be observed closely. Staff need to work with him to give reassurance and monitor his safety.</p>	<p>Psychological distress and behavioural disturbance</p>

Scenario	Comments	Topic
<p>43. Scott is a 36-year-old man who presents to the ED stating that he is having paranoid thoughts. When asked, he denies suicidal ideation or homicidal thoughts. He has no plan to harm himself or others. He is alone and saw a psychiatrist four years ago when he increased use of cannabis. His paranoid ideas are that the government knows he has avoided tax in the past and he feels they are watching his spending closely. He has good eye contact and is engaging well with triage assessment.</p>	<p>Airway, breathing and circulation are intact. There is no immediate risk to self or others.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>44. Mr S is a 77-year-old man who is brought to the ED by his daughter. He is having difficulty passing urine and feels like his bladder 'is about to burst'. He tells you he has had problems with 'the prostate' before. When asked about his pain, he says it is about 5/10. You notice that he is unable to sit still with the pain and he is sweating. His respiratory rate is 28 breaths per minute, heart rate is 100 beats per minute and his blood pressure is 148/98 mmHg.</p>	<p>Airway, breathing and circulation are intact. He has severe pain due to acute urinary retention.</p>	<p>Older people</p>
<p>45. Craig is an 18-year-old man who presents saying he feels 'suicidal' and requests admission. He has a plan to jump off a bridge near the hospital. He makes a verbal threat to 'cut up' if he is not admitted. He is irritable, pacing, not engaged and staring intensely at staff.</p>	<p>Airway, breathing and circulation are intact. The patient reports suicidal ideation and wants to be admitted. He is seeking help for his condition so there is no risk of absconding, from the information available. However, the pacing, agitation, threats to self-harm, gender and age are risk factors for impulsive behaviour.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>46. Ida is a 66-year-old woman who presents to the ED alone. A week ago, she saw a GP, who started her on citalopram 10 mg daily. She is now having ideas that she will die. She tells you that she has leftover medication at home and has thought about taking it all. She says she is having an anxiety attack and reports poor sleep and not eating much this week due to nausea.</p>	<p>Airway, breathing and circulation are intact. The patient reports having suicidal ideation and is independently seeking help. She should be under close observation in the ED waiting room.</p>	<p>Psychological distress and behavioural disturbance</p>

Scenario	Comments	Topic
<p>47. A 19-year-old man presents to the ED alone. He is unkempt and his speech is rambling. He states that he wants to report someone to police and needs help to get away from that person. His speech is incoherent at times and apart from the initial comment, his language and communication are not making any sense to you. He is very restless and agitated and appears to be talking to someone who isn't there.</p>	<p>Airway, breathing and circulation are intact. His appearance, speech and behaviour suggest thought disorder. He is also severely agitated.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>48. Rohan, a 50-year-old man, has been brought into the ED by the district nurse. The nurse states that he has a history of alcohol use and is feeling 'upset and unable to cope'. The nurse notes also that he has neglected his general care over the past week. The patient has a past history of an intracerebral bleed (two years ago). He is deaf and communicates via signing or writing. He has not started drinking alcohol again. His vital signs are normal and his Glasgow Coma Score is 15/15. He is not able to state a plan, but says he wants to end his life. This has not happened before.</p>	<p>Airway, breathing and circulation are intact. Extra help is required for communication so an interpreter should be involved for signing. The main risk is suicidal ideation. The patient should be under close observation and should be re-triaged if he develops signs of agitation.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>49. Billie, a 34-year-old man, presents to the ED. You observe that he is angry and distressed but managing to contain himself. He states that he used to see a psychiatrist a few years ago and that he had some auditory hallucinations last week. He says he has had trouble sleeping and is generally not coping. He is asking for help.</p>	<p>Airway, breathing and circulation are intact. The patient is distressed by his symptoms but is asking for help.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>50. Maria, 59 years, woke this morning with pain in her left eye. She now notices a rash appearing above her brow and has severe pain in the left side of her face and eye. She says there is no change to her vision. She says there is 'a lump' behind her ear. She has no past medical history but did have an episode of flu-like symptoms two days ago. She describes the pain as 'hot and sharp' and rates it as 6/10. Her respiratory rate is 16 breaths per minute, heart rate is 72 beats per minute and her temperature is 37.4 °C.</p>	<p>Airway, breathing and circulation are intact. She has moderate pain and no changes to visual acuity.</p>	<p>Triage fundamentals</p>
<p>51. Matthew has a ring on his right fifth finger that is tight and uncomfortable. He says 'the ring needs cutting off'. The finger is slightly swollen and he is not distressed. He has normal movement and sensation in his finger, which is pink and warm. Capillary refill is less than two seconds to his right fifth fingernail bed.</p>	<p>There is no compromise to airway, breathing or circulation. No pain reported.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
<p>52. Jason, a 28-year-old man, presents to the ED with a painful swollen right foot. He says he 'kicked the tyres of a mate's car last night'. He now has pain in his foot, though he says 'it didn't hurt at the time'. He has good colour, warmth, movement and sensation of the right foot. The foot looks mildly swollen and bruised. Jason can weight bear. He rates the pain as 3/10.</p>	<p>There is no compromise to airway, breathing or circulation. Mild pain reported and neurovascularly intact.</p>	<p>Triage fundamentals</p>
<p>53. Abraham is a 68-year-old man who presents to triage with increasing urinary frequency and left flank pain. He says he has 'bad smelling urine'. He saw his local doctor last week but did not return for his test results because he has been busy looking after his wife who has Alzheimer's disease. He is tearful and says he has a lot of pain, about 6/10 at the moment. His respiratory rate is 22 breaths per minute, heart rate is 96 beats per minute, blood pressure is 136/82 mmHg and temperature is 37.8 °C. He takes medication for blood pressure but doesn't know the name of it.</p>	<p>Airway, breathing and circulation are potentially abnormal for the patient due to his medications and history. The patient requires repeat observations. He has moderate pain.</p>	<p>Triage fundamentals</p>
<p>54. Zane, a 26-year-old man, presents with an infected left arm. He has a recent history of injected drug use. He tells you that he has been re-using and sharing needles. His left cubital fossa is red and cellulitic. There are several pus-filled sores on the arm. He is afebrile. He looks around the waiting room nervously and asks you how long it will be before he can see the doctor, as he 'has to be somewhere else in an hour'. His respiratory rate is 16 breaths per minute, heart rate is 64 beats per minute and his temperature is 37.4 °C.</p>	<p>Airway, breathing and circulation are intact. His infection requires treatment. Re-assess if there are increasing signs of agitation while waiting, as this may indicate drug withdrawal and re-triage may be required.</p>	<p>Triage fundamentals</p>
<p>55. Seung, an 84-year-old man, has a chronic leg ulcer. The district nurse has sent him to ED today as she believes the wound is infected. Seung has a history of hypertension and ischaemic heart disease. He lives with his daughter, who normally helps him out with his activities of daily living, but she has gone to Queensland for a holiday. The bandage is soiled with haemo-serous ooze. When you remove the dressing, you see the wound is red and appears infected. His temperature is 36.8 °C and his vital signs are within normal limits. He is neurovascularly intact.</p>	<p>Airway, breathing and circulation are intact. His infection requires treatment.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
<p>56. Nic, a 38-year-old arborist, cut his left arm with a chain saw. He was brought to the ED by a workmate. He has a deep laceration of about 10 cm to the inner aspect of his arm. The wound was bleeding 'quite a bit and the blood was shooting out'. There is now a firm bandage on the wound. He tells you the wound is 'not that painful', though he looks pale and he is sweating. His respiratory rate is 20 breaths per minute and his heart rate is 84 beats per minute. His mate reports that the dressing was changed once, half an hour ago, because it was soaked with blood. His hand is pink and warm, and neurovascularly intact.</p>	<p>Airway and breathing are intact. His skin is pale and sweaty following moderate blood loss.</p>	<p>Triage fundamentals</p>
<p>57. Brie is a 40-year-old woman who presents to the ED after being in a car accident yesterday. She was the driver of a car that was hit from behind at approximately 60 km/h while stopped at traffic lights. She woke this morning with neck and back pain and wants to be 'checked out'. She has no pain or obvious injury elsewhere. She has normal sensation and movement in all extremities.</p>	<p>Airway, breathing and circulation are intact. She has moderate pain with some risk features.</p>	<p>Triage fundamentals</p>
<p>58. Bart is a 53-year-old man who has come to the ED from his local doctor. He has a painful right shoulder, which he says is 'a chronic problem'. He has had ongoing issues with pain management for over 12 months. He tells you he wants a referral to the pain clinic. He has already been to the outpatient department but says he 'can't get an appointment early enough'. The pain is causing him distress.</p>	<p>Airway, breathing and circulation are intact. He has an ongoing pain management issue, which has worsened today.</p>	<p>Triage fundamentals</p>
<p>59. Jasbir is a 53-year-old woman who presents to triage with a 6–8 day history of right axillary lumps. There is no history of trauma to the area. She tells you she has been to see her local doctor who isn't sure what the problem is, so he sent her in for 'a second opinion'. There is some associated muscular pain and spasms with the lumps. Her respiratory rate is 16 breaths per minute, heart rate is 72 beats per minute and her temperature is 37.8 °C. She rates the pain as 4/10.</p>	<p>Airway, breathing and circulation are intact. Mild to moderate pain reported and a low-grade fever.</p>	<p>Triage fundamentals</p>
<p>60. Angie is a 27-year-old woman who presents via ambulance following a high-impact motor vehicle accident. She is 38 weeks pregnant (G2P1) and is normally well. She was the passenger in a car that collided head on with another vehicle in an 80 km/h zone. The paramedics report significant damage to both vehicles. She was wearing a seatbelt, and the passenger airbag was deployed. She has good recall of events but complains of a painful chest and abdomen and has visible seatbelt marks. She also has a facial abrasion</p>	<p>Airway is intact, the patient has mild tachypnoea, a lower-than-expected SpO₂ and is tachycardic. She is also relatively hypotensive despite volume replacement. The mechanism of injury indicates</p>	<p>Pregnancy</p>

Scenario	Comments	Topic
<p>and lacerations to both her knees. She is lying in a left lateral position; oxygen is at 10 L/minute via a mask and 500 mL crystalloid fluid is in progress intravenously. Her respiratory rate is 28 breaths per minute, SpO₂ is 93% and her heart rate is 134 beats per minute. Her skin is pale, cool and dry. Her Glasgow Coma Score is 15/15. Her blood pressure is 100/R mmHg. Her pain is 6/10. She has no PV loss. She says she can't really be sure if she has felt the baby move since the accident.</p>	<p>a significant force and she has moderate pain.</p>	
<p>61. Allie, a 45-year-old woman, presents to the ED with epigastric pain. She tells you she has recently been taking oxycodone for chronic back pain and believes that the medication has caused the pain. She has not vomited but looks pale and uncomfortable. Her vital signs are within normal limits, and she rates the pain as 4/10.</p>	<p>Airway, breathing and circulation are intact. She has moderate pain (looks pale and uncomfortable).</p>	<p>Triage fundamentals</p>
<p>62. Marion, a 76-year-old woman, presents to the ED from a nursing home. She collapsed suddenly just before breakfast this morning. Paramedics attended and found her semi-conscious. Her blood glucose level was measured at 2.1 mmol/L and she was given intravenous dextrose (50 mL of 50% dextrose). She is now sitting up on the ambulance trolley talking to staff. Her respiratory rate is 24 breaths per minute and her heart rate is 82 beats per minute. Her blood glucose level on arrival is 8.2 mmol/L.</p>	<p>Airway, breathing and circulation are now intact. Hypoglycaemia has been treated. She did lose consciousness.</p>	<p>Older people</p>
<p>63. Lisa is an 18-year-old woman who presents to the ED with her friends. According to them, Lisa ingested an unknown quantity of tablets and a bottle of white wine about 40 minutes ago, following a fight with her partner. On further questioning, you establish the medication she took included 24 paracetamol tablets and 12 amitriptyline tablets. Lisa appears drowsy and is disorientated to place and time. She smells strongly of alcohol and friends report that in the past 10 minutes she has been 'twitchy'. Her respiratory rate is 14 breaths per minute and her heart rate is 88 beats per minute.</p>	<p>Airway, breathing and circulation are intact. However, she has a history of high-risk ingestion.</p>	<p>Triage fundamentals</p>
<p>64. Carmella is a 64-year-old woman who is brought to the ED by her neighbour in a private car. She states that she cut her leg on a garden seat while carrying the washing in from the clothesline. She was concerned that there was a fair amount of bleeding, and she described the gash as 3 cm long. She is not distressed. Her wound is as she described and is no longer bleeding.</p>	<p>Airway, breathing and circulation are intact. The laceration needs to be dressed and observed for further bleeding.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
<p>65. Norm is a 60-year-old man who arrives at triage at 9.20am. He is using a walking stick. He reports chest and abdominal pain after an argument with a neighbour. He reports the pain is 4/10. His heart rate is within normal limits and is regular. His skin is warm and dry. He is not short of breath. His respiratory rate is 18 breaths per minute and SpO₂ is 95% on room air.</p>	<p>Airway, breathing and circulation are intact. The patient has chest pain, which is likely to be cardiac in origin.</p>	<p>Triage fundamentals</p>
<p>66. Silvia is a 66-year-old woman who is brought to the ED by her husband. She is complaining of a sudden onset of nausea and dizziness. Her husband is supporting her. She doesn't want to open her eyes as it makes the dizziness worse. She is normally fit and well and has no relevant medical history. She has not vomited and has no headache. Her blood pressure is 130/60 mmHg, heart rate is 64 beats per minute and her respiratory rate is 22 breaths per minute. She is afebrile. Her Glasgow Coma Score is 15/15. She has no slurred speech or facial droop and has equal limb strength. Her skin is pink, warm and dry. Her blood glucose level is 5.6 mmol/L.</p>	<p>Airway, breathing and circulation are intact. New dizziness requires monitoring and investigation. Any new symptoms or increased distress may require Silvia to be re-triaged.</p>	<p>Older people</p>
<p>67. Camille is a 24-year-old woman with type 1 diabetes. She is holidaying and has not been able to obtain her usual insulin. She used her final dose two hours ago. She has come to the ED to obtain a prescription. Her blood glucose level was 8.9 mmol/L two hours ago when she last checked it. Her respiratory rate is 16 breaths per minute, heart rate is 64 beats per minute and her temperature 37.4 °C. Her blood glucose level is 7.6 mmol/L at triage.</p>	<p>Airway, breathing and circulation are intact. Blood glucose level is within normal range.</p>	<p>Triage fundamentals</p>
<p>68. John is a 38-year-old man who self-presents to ED in the afternoon. When you talk to John, he seems withdrawn. You ask why he has come to the ED today and he says he feels 'tired and weak' and that 'everyone is picking on me'. You notice some superficial lacerations to both wrists that look more than 24 hours old. He reports getting his paliperidone injection yesterday. John appears dishevelled, has not eaten today and tells you that he has been living on the streets for the past 2–3 weeks and has no money. His respiratory rate is 22 breaths per minute, heart rate is 90 beats per minute, blood pressure is 180/100 mmHg and his temperature is 37.2 °C. He has no current plan to self-harm.</p>	<p>Airway, breathing and circulation are intact. Situational crisis with evidence of self-harm. Appears withdrawn.</p>	<p>Psychological distress and behavioural disturbance</p>

Scenario	Comments	Topic
69. Ann is a 16-year-old girl who walks to triage with her Mum. She reports that she injured her left wrist while playing volleyball. On examination you note good range of movement, but she still has some pain. She says the pain is 4/10. The neurovascular status of her left hand is normal.	Airway, breathing and circulation are intact. The pain is mild but exists in the context of an acute injury.	Triage fundamentals
70. Yaming is a 54-year-old man who has been sent to the ED by his local doctor. He is unsteady on his feet and requires his son's help to walk. The letter reads: 'Dear Doctor, Please assess this man who has recently been admitted to your hospital with left renal calculi. He has been complaining of dizziness and headache for several days. No focal weakness, visual disturbance or confusion. Seen for same 2/7 ago, no improvement with prochlorperazine. He has a history of ischaemic heart disease, type 2 diabetes, renal calculi, hypertension. His blood pressure is 215/130. Please assess.' Via translation through his son, Yaming tells you that he is 'very dizzy', feels 'weak all over', has pain in his back and his abdomen, and has vomited twice today. His respiratory rate is 22 breaths per minute, heart rate is 62 beats per minute and blood pressure is 180/100 mmHg. His temperature is 37.2 °C. His blood glucose level is 5.8 mmol/L.	Airway and breathing are intact. The patient has severe hypertension and has a number of co-morbid conditions. He is also experiencing pain in the abdomen and discomfort from vomiting.	Triage fundamentals
71. Mitchell is a 26-year-old who was in a fight last night. He attends the ED at 6.30am with a 5 cm long laceration to his left ear. He says the injury was the result of a human bite and occurred at about 3am. He smells of alcohol. He states he did not lose consciousness and he has good recollection of events. He has no pain elsewhere. His Glasgow Coma Score is 15/15, respiratory rate is 16 breaths per minute and his heart rate is 82 beats per minute.	Airway, breathing and circulation are intact. Mitchell has an uncomplicated laceration requiring investigation and intervention.	Triage fundamentals
72. Rudolf is a 78-year-old who presents to triage via ambulance. He was at church, stood up during the service and then collapsed to the ground. He did not lose consciousness but became very pale and sweaty. Paramedics attended and noted he was in heart block with a heart rate of 42 beats per minute and blood pressure of 80/60 mmHg. They inserted an intravenous cannula and administered atropine 600 microg with no effect. On arrival to the ED, he is conscious and states that he has no chest pain. His respiratory rate is 20 breaths per minute, his heart rate is 44 beats per minute and his blood pressure is 86/64 mmHg while lying down.	Airway and breathing are intact. He has haemodynamic compromise in the setting of heart block.	Older people

Scenario	Comments	Topic
73. Barry, a 43-year-old man, was angle grinding today and has a foreign body in his left eye. The eye is red and painful. He states that the pain is 7/10. He reports that his vision is slightly blurred in the left eye.	Airway, breathing and circulation are intact. He has a foreign body in his eye and severe pain.	Triage fundamentals
74. Jake, 46 years of age, presents to triage with his carer. He is crying because he has abdominal pains and has a recent history of a small bowel obstruction (six months ago). Jake lives in a community residential unit with three other adults. He has an intellectual disability and his carer says he is 'normally able to attend to his activities of daily living under supervision'. His carer says Jake 'usually tolerates a lot of pain before he will let staff know he is unwell'. In fact, his carer says that 'last time Jake was hospitalised he was ill for quite a while before staff actually realised there was a problem with his health'. His heart rate is 120 beats per minute, blood pressure is 105/65 mmHg and his respiratory rate is 26 breaths per minute. His skin is pale, warm and dry.	Airway is intact. The patient is mildly tachypnoeic and tachycardic. He reports pain and although the severity is unclear his behaviour indicates at least a moderate level of distress.	Triage fundamentals
75. Mr C is a 67-year-old man who walks to the triage desk with his son. He speaks no English, so his son explains his reasons for attending the ED. He has become increasingly short of breath over the past day. He has been vomiting and has abdominal pains. His respiratory rate is 24 breaths per minute, with no increased work of breathing. His heart rate is 120 beats per minute and regular. His blood pressure is 116/78 mmHg. His skin is sweaty. His temperature is 37.8 °C.	Airway is intact. He has mild tachypnoea and tachycardia.	Triage fundamentals
76. Jarrah, a 16-year-old boy, fell from his skateboard injuring his right elbow. There is swelling and tenderness around the elbow. His right radial pulse is palpable, and his fingers are pink and warm. He tells you his pain is 6/10.	Airway, breathing and circulation are intact. He has moderate pain with no circulatory compromise.	Triage fundamentals
77. Mrs D walks to the triage desk unassisted. She has bilateral forearm plasters and a left collar and cuff in situ. She states that she has 'a difficult right Smith's fracture that was internally fixed with wires four days ago and a left scaphoid fracture'. Two days ago, her plaster was split by the orthopaedic surgeon due to swelling. Now she says there is 'a clicking sensation inside' and it 'feels like something isn't right inside'. The neurovascular status of her right hand is normal. She reports that the pain is 3/10.	Airway, breathing and circulation are intact. She has mild pain with no circulatory compromise. She has returned for the same presentation.	Triage fundamentals

Scenario	Comments	Topic
<p>78. Pierre, 24 years of age, attends your ED with a group of friends after eating some mushrooms he gathered from under a tree while on a camping trip. He thought they were 'magic mushrooms' and wanted to try them. After eating a small portion he developed nausea, vomiting and excessive sweating. His respiratory rate is 24 breaths per minute, heart rate is 118 beats per minute and his blood pressure is 138/86 mmHg. His skin is moist and hot and his Glasgow Coma Score is 15/15.</p>	<p>Airway is intact. He has mild tachypnoea and tachycardia. Risk of poisoning.</p>	<p>Triage fundamentals</p>
<p>79. Mr F is a 66-year-old man who was brought to the triage desk by his daughter, who reports he was confused overnight. He says he thinks that people are talking about him. He tells you that he has a history of 'heart failure, high blood pressure, renal failure, urinary tract infection and depression'. His skin is warm and moist, respiratory rate is 20 breaths per minute, heart rate is 86 beats per minute and his Glasgow Coma Score is 15/15. His temperature is 37.3 °C.</p>	<p>Airway, breathing and circulation are intact. He has a normal level of consciousness and paranoid thoughts with no immediate risk of harm to self or to others. His daughter should wait with him in the waiting room.</p>	<p>Older people</p>
<p>80. Rose is a 47-year-old woman who presents to triage with a letter from her local doctor. She makes no eye contact with you when you speak to her. She appears withdrawn, tearful and unkept. The letter reads: 'Dear Dr, Rose is a 47-year-old lady who lives alone. She has a history of schizophrenia. She has some burns on her inner thigh which require your attention.' On questioning, Rose tells you that her burns occurred two days ago, and they are red and itchy. When you ask her how she sustained the burns, she says she 'cannot talk about it just now'. When asked where she lives, Rosie tells you that she has been staying at a nearby homeless shelter and cannot go home. Her heart rate is 90 beats per minute, temperature is 37.2 °C and her respiratory rate is 20 breaths per minute.</p>	<p>Airway, breathing and circulation are intact. Likely risk of self-harm, though wounds cannot be visualised at triage. Appears distressed and is withdrawn.</p>	<p>Psychological distress and behavioural disturbance</p>
<p>81. Sue, a 36-year-old woman, presents with a two-day history of feeling generally unwell. She has an ache in her lower abdomen and describes having to go to the toilet more frequently than normal. On further questioning she has had urinary frequency for 12 hours and rates her pain as 4/10. She has a respiratory rate of 18 breaths per minute, her heart rate is 98 beats per minute and her temperature is 37.8 °C. Her last menstrual period was two weeks ago. She appears to be quite pale.</p>	<p>Airway, breathing and circulation are intact. She has acute urinary symptoms and discomfort with mild to moderate pain.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
<p>82. Adrian is a 13-year-old boy who presents via ambulance to the department at 10am. The paramedic states that he was hit by a car (estimated speed approximately 40–50 km/h) and was thrown several metres. Witnesses say he landed on his side and appeared unresponsive for 2–3 minutes. He is complaining of pain in his neck, left shoulder and left leg. He has spinal precautions in place and an IV cannula in his cubital fossa. On examination he looks pale and worried. He answers questions appropriately, with a Glasgow Coma Score of 15. He is able to wriggle his toes but is reluctant to move his left leg due to pain. He is tachycardic (heart rate is 138 beats per minute), tachypnoeic (respiratory rate is 32 breaths per minute) and his capillary refill is two seconds.</p>	<p>Major multi-trauma requiring rapid organised team response. He has mild to moderate pain.</p>	<p>Paediatrics</p>
<p>83. Frances, a 76-year-old woman, is brought to the ED by her friend. She has a history of hypertension and glaucoma. Today she had a sudden loss of vision in her right eye. She has no dizziness, headache, nausea or vomiting. There is no history of trauma. Her respiratory rate is 18 breaths per minute, her heart rate is 72 beats per minute and her blood pressure is 165/90 mmHg. Her Glasgow Coma Score is 15/15.</p>	<p>Airway, breathing and circulation are intact. Sudden loss of vision is a medical emergency.</p>	<p>Triage fundamentals</p>
<p>84. Edna is 93 years old. She has been transferred to your ED via ambulance from a nearby aged care facility. For the past two weeks she has not been eating much and was only taking small amounts of oral fluid yesterday. Today she was found to be semi-conscious and developed a fever (39.8 °C). She has a history of ischaemic heart disease, heart block and hypertension. She has a dual chamber pacemaker. She also has a three-year history of dementia. On arrival, her respiratory rate is 28 breaths per minute and her heart rate is 68 beats per minute. Her skin is hot and moist. Her Glasgow Coma Score is 9/15.</p>	<p>Airway is intact. The patient is tachypnoeic, tachycardic and has an altered level of consciousness. She is possibly septic.</p>	<p>Older people</p>
<p>85. Rodney is 43 years of age. He was escorted to the ED by police. He was apprehended by them climbing out a window of an abandoned warehouse. While trying to escape, he cut his right hand on some broken glass. He has a deep 6 cm laceration to the palm of his hand. There has been minimal blood loss, but he says he cannot feel his right index or second finger. His hand is pink and warm. Capillary refill is less than two seconds on his fingers. He reports his pain as 4/10.</p>	<p>Airway, breathing and circulation are intact. The injury has caused neurovascular impairment.</p>	<p>Triage fundamentals</p>

Scenario	Comments	Topic
86. Mick is a 19-year-old man who presents to the ED with a 12-month history of an infected right big toe. He has had the problem twice in the past year and the nail has been removed on each occasion. Pus is oozing from under the nail. The toe is red, swollen and tender. No other relevant medical history is noted. His respiratory rate is 14 breaths per minute, heart rate is 64 beats per minute and his temperature is 36.8 degrees °C. He reports his pain is 4/10.	Airway, breathing and circulation are intact. His infection requires treatment.	Triage fundamentals
87. Mr D is a 53-year-old who walks to the triage desk unassisted. He is short of breath. He states that he was recently a patient of this hospital. He has cancer of the liver and had a peritoneal tap 10 days ago for ascites. He also tells you that he 'needs draining again'. His respiratory rate is 24 breaths per minute, oxygen saturation is 94% on room air, heart rate is 92 beats per minute and his temperature is 36.8 °C.	Airway, breathing and circulation are intact. The patient is experiencing discomfort due to his ascites.	Triage fundamentals
88. Angela, who is 26 years old, fell asleep in the sun yesterday. She has a sunburnt torso and legs. The skin appears red and blistered and she says the pain is 6/10. She says she has come to the ED to find out what she can use 'to get rid of the pain'. Her respiratory rate is 18 breaths per minute and her heart rate is 92 beats per minute.	Airway, breathing and circulation are intact. She has mild to moderate pain.	Triage fundamentals
89. Isaac is an 85-year-old man who presents to triage with his son. He has left loin pain and has recently undergone a lithotripsy for renal calculi. Today he has had 1.5 hours of pain which 'comes and goes'; now it is 7/10. His respiratory rate is 18 breaths per minute and his heart rate is 82 beats per minute. His temperature is 35.8 °C.	Airway, breathing and circulation are intact. His pain is severe.	Older people
90. Wilma is a 65-year-old woman. She presents to the ED with her friend after tripping on uneven ground and falling on the railway station. She has obvious deformity of her left wrist with a sensitive anatomical snuff box. Her pain is 3/10 and the neurovascular status of her left hand is normal. She reports that she did not strike her head and did not lose consciousness.	There is no compromise to airway, breathing or circulation. Mild pain reported. Neurovascularly intact. The patient should not wait more than 60 minutes for treatment.	Triage fundamentals
91. Jess, a 14-year-old, has come to ED complaining of severe period pains and is doubled over in a wheelchair crying. She says she has not been able to go to school for the past week because of her menstrual problems and wants a referral to a specialist to 'sort out the problem'. You establish that the blood loss is moderate, and the pain is in her	Airway and breathing are intact. Blood loss is within normal limits. Discomfort is alleviated by local measures.	Triage fundamentals

Scenario	Comments	Topic
<p>abdomen, thighs and back. She seems to calm down after you have spoken to her and appears more comfortable when you wrap a blanket around her. Her respiratory rate is 18 breaths per minute and her heart rate is 84 beats per minute.</p>		
<p>92. Terry is a 53-year-old man who presents to the ED asking for a review of his blood pressure medication. He says he has had a 'headache' during the past week. It is two years since he saw a doctor about his medication as there are no local doctors in the area. His respiratory rate is 16 breaths per minute, heart rate is 70 beats per minute, blood pressure is 142/96 mmHg and his Glasgow Coma Score is 15/15. He has no nausea or vomiting and is currently pain-free.</p>	<p>Airway, breathing and circulation are intact. Vital signs and pain level should be re-assessed if he is not seen within the initial triage category recommended time to treatment.</p>	<p>Triage fundamentals</p>
<p>93. Logan, 34 years, presents to the ED via ambulance. He has reasonably well-controlled type 1 diabetes. He has been unwell for about 12 hours with diarrhoea and vomiting. He took his normal medication today, but he hasn't been able to eat. About 40 minutes ago he collapsed in the shower at home and was given oral glucose by his wife; however, he has been vomiting and so is unsure how much gel he has kept down. His wife took his BGL at home and reported it as 2.4 mmol/L. Paramedics attended and inserted an intravenous line and administered 50 mL 50% IV glucose. His conscious state improved in transit. His heart rate is 96 beats per minute, respiratory rate is 18 breaths per minute and his blood pressure is 90/60 mmHg. His BGL is 3.0 mmol/L on arrival.</p>	<p>His airway and breathing are intact. He is hypotensive and his BGL is still low.</p>	<p>Triage fundamentals</p>
<p>94. Brett is 27 years old. He presents to triage via a private car following a fall from scaffolding at a construction site approximately 20 minutes ago. Brett fell more than 3 m onto a concrete slab. Work mates said he was unresponsive for 'about five minutes'. He has since regained consciousness, but he has been drowsy. He has vomited four times and has a large boggy haematoma to his occiput. He is complaining of a generalised headache. His Glasgow Coma Score is 13/15. His respiratory rate is 14 breaths per minute and his heart rate is 74 beats per minute.</p>	<p>Airway, breathing and circulation are intact. He has a severe mechanism of injury and history of loss of consciousness for several minutes.</p>	<p>Triage fundamentals</p>