

# Adult Prehospital CTAS v 1.1 p. 1/2

Conduct
"Quick Look"
CTAS 1

## **Determine Presenting Complaints**

Cardiac • Environmental • Mental Health Neurological • OB/GYN • Respiratory Trauma • Other • Gastrointestinal

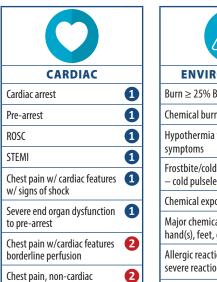
## **Apply First Order Modifiers**

02 • Hemodynamic Stability GCS (level of consciousness) Temperature

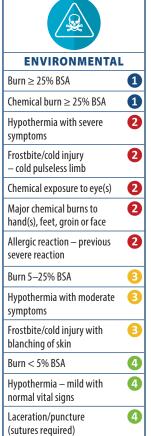
## **Apply Second Order Modifiers**

Pain • Bleeding Disorder BGL • Blood Pressure Dehydration Assign Highest CTAS Level

## PRESENTING COMPLAINTS



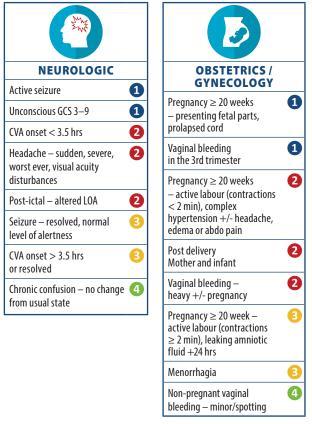
2



Upper extremity injury

Minor bites (+/- mild pain < 4) (5)







features ripping/tearing

Chest pain, non-cardiac

Syncope new dysrhythmia

## RESPIRATORY

Respiratory arrest 1

Severe SOB — lethargic or confused, cyanosis, 1—2 word speech, unable to speak

Complete FBAO 1

Moderate SOB — increased work of breathing, clipped sentences, significant stridor but A/W protected

FBAO with drooling or stridor, hoarseness or dysphagia

Mild/Moderate tachypnea, SOB on exertion, no obvious increased SOB, full sentences, mild stridor

FBAO with no distress and difficulty swallowing

(5)

Sore throat/urti – no

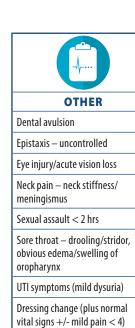
**TRAUMA** 1 Amputation of extremity Major trauma – severe 1 hemodynamic compromise 1 Neurovascular compromise of an extremity General trauma – MVC ejection, rollover, extrication time  $\geq$  20 min, significant intrusion, passenger fatality, impact ≥ 40 km/h unrestrained or impact ≥ 60 km/h restrained Motorcycle collision impact 2 Fall ≥ 6 meters or 2 stories 2 Penetrating injury proximal to elbow and knee Head/Neck trauma: 2 MVC ejection (partial or complete), unrestrained striking head on windshield

Motorcycle collision Pedestrian struck Fall ≥ 1 meter or 5 stairs Assault – blunt object other

or lacerations (not requiring closure by any means)

(5)

than fist/feet
Axial load to head
Minor contusions, abrasions

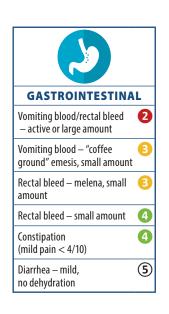


2

2

2

2







# Adult Prehospital CTAS v 1.1 p. 2/2

2

2

8

4

## **FIRST ORDER MODIFIERS**

2

(5)



- < 90% with severe respiratory distress
- < 92% with moderate respiratory distress
- 92-94% with mild-moderate respiratory distress
- $\geq$  94% with no respiratory distress



## **STABILITY**

1 Shock 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 appear flushed, febrile, toxic, as in septic shock.

Hemodynamic Compromise Borderline Perfusion: pale. hx diaphoresis, unexplained tachycardia, hx postural hypotension, feeling faint, suspected hypotension.

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.

Normal vital signs



0

(5)

Deceased patient



Unconscious - unable to protect airway, response to pain or loud noise only and without purpose, continuous seizure or progressive deterioration in level of consciousness, GCS 3-9

Altered level of consciousness – response inappropriate to verbal stimuli, loss of orientation to person, place or time, new impairment of recent memory, altered behaviour. GCS 10-13

Normal – other modifiers are used to define. GCS 14-15





## 36°C or ≥ 38.5°C

Immuno-compromised: neutropenia, chemotherapy, immune-suppressive drugs (including steroids)

Appears septic: evidence of infection, SIRS positive  $(HR \ge 90, RR \ge 20 \text{ bpm}),$ or evidence of hemodynamic compromise, respiratory distress, decreased level of consciousness

Appears unwell: < 3 SIRS positive criteria but looks ill (flushed, lethargic, anxious or agitated)

Appears well: comfortable and in no distress



1

(5)

(5)

(5)

(5)

Severe (8-10/10): Location: abdomen; Duration: acute; Cause: trauma

central: Duration: acute

Moderate (4-7/10); Location:

Severe (8-10/10); Location:

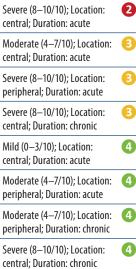
Severe (8-10/10); Location:

central; Duration: acute

Severe (8–10/10); Location:

Mild (0-3/10); Location: peripheral; Duration: acute or chronic

Mild (0-3/10); Location: central; Duration: chronic



### **FIRST ORDER** MODIFIERS



Congenital bleeding disorders, 2 severe liver failure, or anticoagulant therapy, and bleeding:

- · Head (intracranial) and neck
- · Chest, abdomen, pelvis,
- Massive vaginal hemorrhage
- · Iliopsoas muscle and hip · Extremity muscle compartments
- · Fractures or dislocations
- Deep lacerations
- Any uncontrolled bleeding

Congenital bleeding disorders, (5) severe liver failure, or anticoagulant therapy, and bleeding:

- · Moderate, minor bleeds
- Nose (epistaxis)
- Mouth (including gums)
- · Joints (hemathroses)
- Menorrhagia
- · Abrasions and superficial lacerations

## SECOND ORDER MODIFIERS



## **BLOOD PRESSURE**

Systolic BP ≥ 220 or diastolic ≥ 130 w/ any other symptoms (ex. headache, CP, SOB, nausea)

Systolic ≥ 220 or diastolic  $\geq$  130 w/ no symptoms

Systolic BP 200-220 or symptoms (ex. headache, CP, SOB, nausea)

Systolic BP 200–220 or diastolic 4



diastolic 110-130 w/ any other

110-130 w/ no symptoms



## **BLOOD GLUCOSE**

< 3 mmol/L with confusion, seizure, diaphoresis, behavioural change, acute focal deficits

 $\geq$  18 mmol/L with dyspnea, tachypnea, dehydration, thirst, weakness, polyuria

< 3 mmol/L with no symptoms 🔞

≥ 18 mmol/L with no symptoms



## **DEHYDRATION**

Severe – marked volume loss with classic signs of dehydration and signs and symptoms of shock

Moderate - dry mucous membranes, tachycardia, plus or minus decreased skin turgor and decreased urine output

Mild – stable vital signs with complaints of increasing thirst and concentrated urine and a history of decreased fluid intake or increased fluid loss or both

Potential - no symptoms of dehydration, presenting with fluid loss ongoing or difficulty tolerating oral fluids



Insomnia – chronic Bizarre behaviour - chronic, non-urgent

Threats to life or limb or Level 1 Resuscitation imminent risk of deterioration Level 2 **Emergency** Potential threat to life, limb or function Level 3 **Urgent** Potentially progress to a serious problem Relates to patient age, distress, potential Level 4 **Less Urgent** for deterioration or complications Minor complaints with risk or potential Level 5 Non-Urgent for deterioration Level 0 **Obviously Dead** Used for Termination of Resuscitation or Code 5

Disclaimer: This infographic can be utilized to assist in assigning levels of CTAS but is not all encompassing, or a replacement of the original document. All material has been referenced from the "Prehospital CTAS Paramedic Guide Version 2.0: Adult", http://www. health.gov.on.ca/en/pro/programs/emergency\_health/edu/practice\_documents.aspx