

A study to Develop Criteria for Use Within a Paediatric Triage Tool to be used by Pharmacists to Aid Prioritisation of Patients by Clinical Care Issues

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Background

The prioritising of patients based upon clinical need is referred to as 'triaging'. Triaging categorises patients into predefined categories dependent on the severity of their clinical needs¹. This helps to identify those at higher risk who should be attended to first. It is important for pharmacists to be able to identify high-risk patients with the greatest pharmaceutical need to maximise pharmacy skills and reduce the risk of harm to patients². Despite the use of 'Pharmacist Triage Tools' in adults which ensure patients at highest clinical risk are prioritised to receive pharmaceutical care, there is little information on their use in the paediatric setting³⁻⁵.

Aim

To gain consensus from an expert paediatric and neonatal clinical pharmacist panel on criteria to be applied in the design of a triage tool for use in paediatric and neonatal settings.

Methods

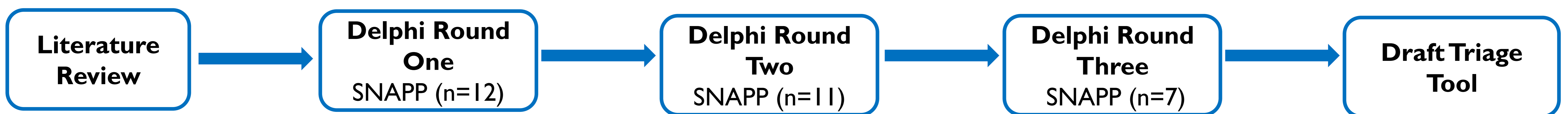


Figure 1. Methods used throughout study

Each Delphi Round was conducted using a questionnaire collecting responses via a Likert scale from Scottish Neonatal and Paediatric Pharmacy Group (SNAPP). Surveys were distributed via online survey platform, Qualtrics[®]. Ten days were given for completion of surveys with 5 days between each round.

Results

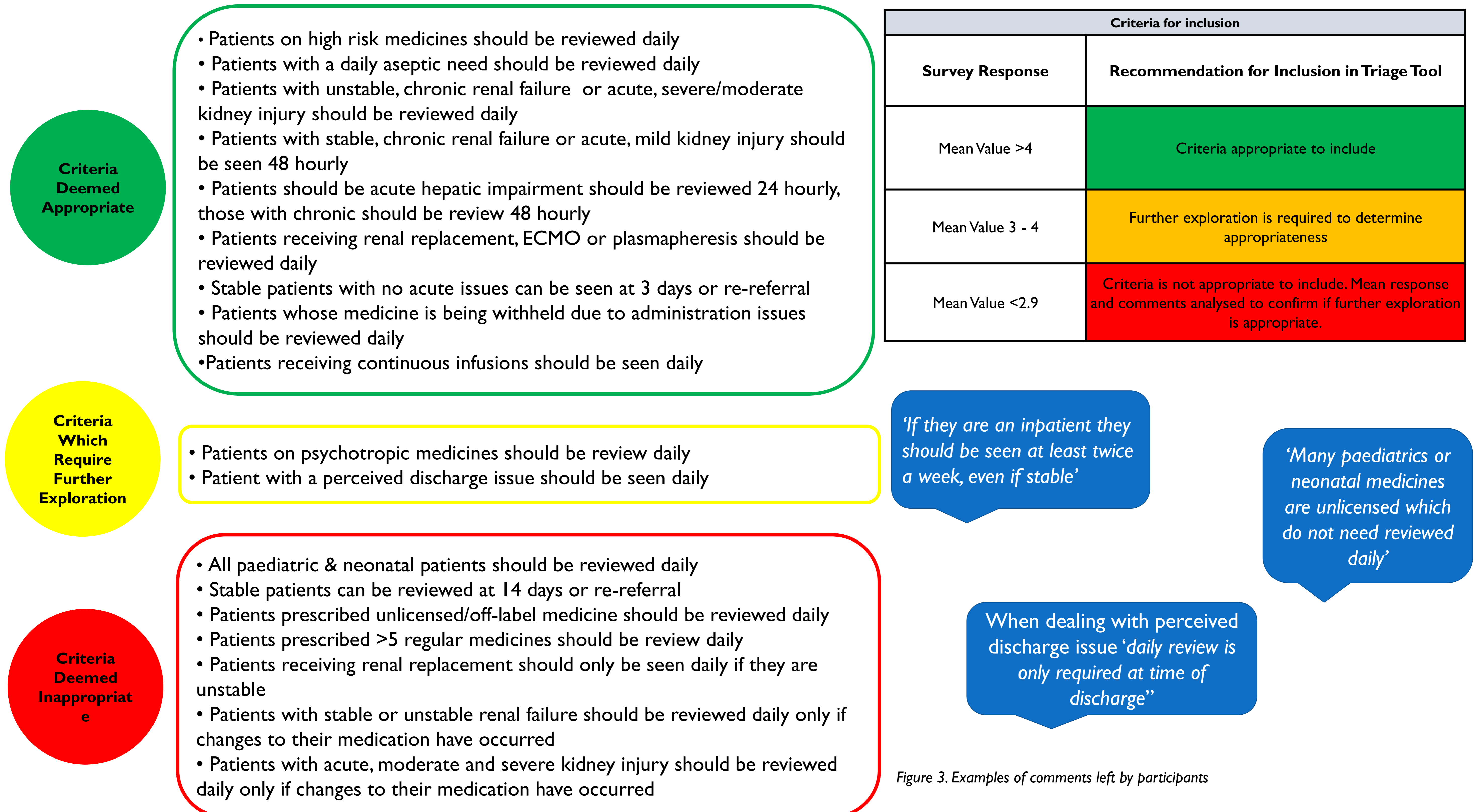


Figure 3. Examples of comments left by participants

Figure 2. Agreement of participants in survey rounds one to three

Conclusion

A triage tool designed to prioritise the delivery of pharmaceutical care in paediatric and neonatal patients would be beneficial. 18 clinical/pharmaceutical criteria were identified and agreed upon by a group of experts which categorise patients into one of three groups. These are to: review daily, review 48 hourly and review 72 hourly. The triage tool should be piloted for use in clinical practice prior to use across the wider patient group.

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