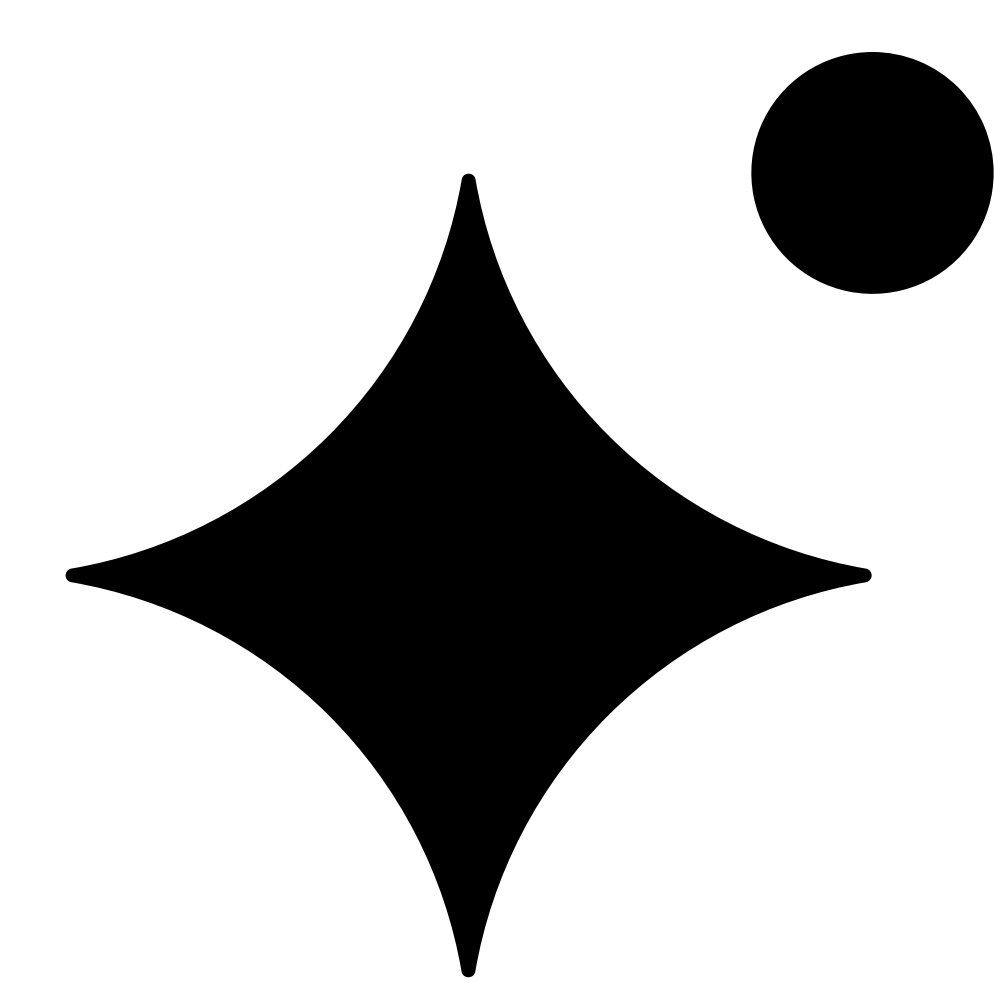


Urgent care group triage protocol



Immediate

Bring patient immediately out back to be assessed by RVT or DVM. Place client in a room (if available) and let them know the team is going to asses the patient and speak with them as soon as possible.

- Respiratory Distress - Open mouth breathing (cats)
- Collapse, flat or lateral
- Inability to walk or get up
- Straining to urinate male cat or dog
- Active seizures
- Severe trauma (hit by car, animal attack, severe or multiple injuries) Excessively bleeding from any wound
- Persistent non-productive retching
- Bloat (GDV)
- Heat stroke
- Open fracture
- Paralysis
- Non-responsive

Urgent/ Semi-Urgent

Depending on how the patient is doing, and where the team is at, either bring patient to the back to be triaged or flag technician to come out and triage/assess the patient where necessary.

- Persistent/severe vomiting
- Appetite loss for more then 24hours
- Known foreign body ingestion
- Aggressive coughing without distress
- Trouble during active labour or illness post-birth
- Multiple seizures within 24hour period but not actively seizing
- Toxin ingestion
- Allergic reaction (facial swelling, hives)
- Proptosed eye
- Straining to defecate
- Foreign body ingestion greater than 2 hours ago with no active signs of illness
- Blood in urine / straining to urinate in female cat or dog
- Small wounds or lacerations including broken toenails
- Non-productive cough, but breathing fine otherwise
- Squinting eyes/ eye discharge/ swollen eyes
- limping/lameness
- Mild trauma / single injury
- Severe allergies

Standard

Triage not necessary unless prolonged wait times are present.

- Skin Issues
- Hair loss
- Anal Gland Issues
- Vomiting
- Chronic issues
- Ear infections
- Abscess
- Acute diarrhea