

## TITLE

**OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**SCOPE

Provincial: Women's and Infant's Health

## APPROVAL AUTHORITY

Vice-President, Research, Innovation &amp; Analytics

## SPONSOR

Maternal Newborn Child &amp; Youth, Strategic Clinical Network

## PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

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August 24, 2017

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Not applicable

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August 24, 2020

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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**OBJECTIVES**

- To provide a standardized and consistent approach for rapidly identifying obstetrical **patients** with urgent, life threatening conditions to the mother or fetus.
- To prioritize obstetrical patients who require less urgent treatment or assessment by a health care professional.
- To provide guidance for ongoing assessment of obstetrical patients waiting to be seen in triage areas.
- To decrease congestion and wait times in the **assessment area**, and help to define acuity distribution.
- Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this guideline. If a deviation from this guideline is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient's **health record**.

**PRINCIPLES**

The Obstetrical Triage Acuity Scale (OTAS) has been designed to establish a national standard that allows departments providing obstetrical assessment to evaluate acuity level and set guidelines for timely care. All patients presenting to the obstetrical triage area are triaged and prioritized according to the OTAS tool.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) assigned to provide obstetrical triage in Emergency departments, Labour and Delivery Obstetrical (LD/OB) Triage or any area where obstetrical patients present for care within any **Service Delivery Model Hospital Level 1A** or above.

## ELEMENTS

### 1. Points of Emphasis

- 1.1 All patients shall have a **primary assessment**, by a Registered Nurse (RN) within five (5) to ten (10) minutes of arrival to the hospital or unit.
  - a) The goal of the primary assessment is to rapidly identify pregnant patients with urgent or life threatening conditions, as well as those who are appropriate to wait.
- 1.2 All obstetrical patients who are initially seen in the Emergency Department shall be assigned Canadian Triage and Acuity Scale (CTAS) score.
- 1.3 All obstetrical patients, who are greater than or equal to twenty weeks gestational age who present to or are transferred to a LD/OB (Labour and Delivery Obstetric) assessment area at level 1A or greater hospitals, shall be assigned a primary and **secondary assessment** OTAS score.
- 1.4 Clinical judgement will be required when prioritizing patients at all stages of the obstetrical triage process. It is important that all RNs assigned to obstetrical triage are trained in OTAS assessment and have expertise in the clinical area.
- 1.5 It is important for the RN assigned to obstetrical triage consider that triage is a dynamic process, and a patient's condition may improve or deteriorate during the wait for entry into the assessment or **treatment areas**.
- 1.6 The triage RN shall ensure that the patient understands the need to notify a **health care professional** if their symptoms or condition worsens, or if they are planning to leave the health care facility.

### 2. Primary Assessment and Initial OTAS Score

- 2.1 The primary assessment and assignment of the initial OTAS score should be completed and documented, by the RN, within five (5) to ten (10) minutes of arrival for all obstetrical patients who are greater than or equal to twenty weeks gestational age.
  - a) Any delay in the primary assessment shall be documented in the health record.

- 2.2 Primary assessment should occur in a private area. If a private area is not available, it may be done at the reception area, ensuring for as much privacy as possible.
- 2.3 The time of arrival to the Emergency Department or LD/OB triage (the assessment area) and the time of the OTAS primary assessment shall be documented on appropriate Nursing documentation forms or as per facility guidelines.
- 2.4 To ensure consistent practice and help ensure patient safety, the following questions within the Primary Assessment, shall be asked of every patient, every time:
- a) chief complaint: “What brought you here today?”;
  - b) expected date of delivery/confinement (EDD/EDC) and gestational age;
  - c) gravida, term, preterm, aborta, living (GTPAL);
  - d) membrane status or vaginal discharge;
  - e) any bleeding;
  - f) fetal movement; and
  - g) any contractions, and, if yes, frequency and duration.
- 2.5 The OTAS primary assessment score shall be assigned based on the primary assessment, and recorded (See resource *Obstetrical Triage Acuity Scale*).
- 2.6 Patients who receive an OTAS primary assessment score of level one (1) or two (2) require immediate care. The RN who performs the OTAS primary assessment and scoring should use their clinical judgement and continue immediately to the secondary assessment or move the patient directly to the treatment area. This should occur regardless of other patients who have not yet had a primary assessment if the OTAS Nurse deems it appropriate.
- a) Any patient who receives an OTAS primary assessment score of level one (1) or two (2) shall be brought directly to the LD/OB treatment area or emergency department treatment area, and the **most responsible health practitioner** and Charge Nurse or Nurse Clinician shall be notified promptly.
- 2.7 In the event that multiple patients are waiting for primary assessment, patients who are assigned an OTAS primary assessment score of level three (3) to five (5) may be asked to sit in the waiting area while other patients are assigned their OTAS primary assessment score.

**3. Patients Arriving by Emergency Medical Services (EMS)**

- 3.1 The obstetrical unit should be made aware that they will be receiving a patient via EMS prior to arrival.
- a) If EMS communicates to the obstetrical unit RN, that the patient has a complaint consistent with an OTAS score of level one (1), OTAS primary assessment and scoring may be bypassed, and the patient may be brought directly to the treatment area.
- 3.2 Subject to section 3.1 (a) patients who arrive via EMS, shall be assessed and assigned an OTAS score as described in section 2.
- a) Those patients who receive an OTAS score of level one (1) or two (2) should be brought directly to the treatment area if a bed is available.
- b) If a bed is not available, the patient shall be cared for by the EMS personnel until a bed becomes available or until secondary assessment and assignment of the final OTAS score has been completed. The patient may then move to the waiting area if OTAS score of level three (3) to five (5).

**4. Secondary Assessment and use of OTAS Modifiers to achieve final OTAS score**

- 4.1 Secondary assessments should be done in a location that maximizes patient privacy whenever possible.
- a) In triage areas with stand-alone assessment areas, the secondary assessment may be completed in the assessment area.
- b) In triage areas without stand-alone assessment areas, the secondary assessment should be completed in the treatment area.
- 4.2 If there are no patients waiting for OTAS scoring, or due for reassessment, secondary assessment and applying OTAS modifiers to determine the final OTAS score may be completed immediately following primary assessment.
- 4.3 If multiple patients are awaiting secondary assessment, assignment of final OTAS score shall be done in priority order, based upon the OTAS primary assessment score, starting with level one (1) resuscitative to level five (5) non-urgent.

- 4.4 Secondary assessment shall include four (4) modifiers. These include:
- a) hemodynamic stability (colour, blood pressure and pulse);
  - b) respiratory distress (rate, oxygen saturation, signs of distress);
  - c) fetal well-being (fetal heart rate auscultated for one (1) full minute, if the patient is contracting regularly, this should occur after a contraction); and
  - d) cervical dilation (if required, completed in a private area).
- 4.5 Maternal vital signs may not be reflective of stability of pregnant woman or fetus, due to their additional circulatory reserves.
- 4.6 The final OTAS score shall be assigned following secondary assessment. Modifiers maintain or increase the original OTAS score.
- 4.7 If the RN is able to see the patient alone, direct questioning for domestic violence may be completed during secondary assessment.

## 5. Using the OTAS Score for Prioritization of Patient Assessments

- 5.1 Admission to the treatment area shall be triaged based upon the OTAS acuity score, not the order of arrival to the unit.
- 5.2 Patients presenting with a OTAS primary or secondary assessment score of one (1) or two (2), shall be taken into the treatment area prior to those patients presenting with a level three (3), four (4) or five (5).
- a) Information regarding acuity level, bed availability and wait times should be communicated regularly with the patients.
- 5.3 Although the OTAS score is a useful tool to guide prioritization of assessment in the treatment area, the RN shall be aware of the dynamic nature of maternity triage, and should use clinical judgement to over-ride the parameters of sections 5.1 and 5.2 when clinically appropriate.

## 6. Time to Health Care Practitioner

- 6.1 "Time to Health Care Practitioner" is listed on the OTAS tool for each OTAS score.
- 6.2 This is the maximum amount of time that may pass between assignment of the OTAS secondary assessment score and notification of the most responsible health practitioner (MRHP) or their designate. The designate of the MRHP shall not be a medical student.
- 6.3 Notification may be by telephone or pager.

## 7. Ongoing Monitoring of Patients in the Waiting Area

- 7.1 When patients are in the waiting area, OTAS scores are used to guide the time between reassessments. This “Time to Reassessment” applies to those patients that have an OTAS primary assessment score assigned but have not yet had a secondary assessment and final OTAS score.
- a) “Time to Reassessment” is listed on the OTAS tool for each OTAS score.
- (i) This is the maximum amount of time that shall pass without the patient being visualized by an RN.
- (ii) The RN who visualizes the patient shall document the visualization on the health record. Documentation shall include:
- the time of visualization; and
  - activity, concerns expressed by the patient (especially those regarding her current wellbeing), any evidence of pain or contractions etc.

## 8. Obstetrical Patients Who Want to Leave Without Being Seen

- 8.1 Every effort should be made to ensure that all pregnant women arriving in the Emergency Department or LD/OB triage are seen and brought to the assessment area in a timely fashion.
- 8.2 If a patient wishes to leave without being seen by medical staff or midwife, RN shall:
- a) notify the charge nurse or MRHP of the patient’s status and complaint, and that the patient is planning to leave;
- b) establish a plan for follow up of the patient;
- c) discuss the plan with the patient;
- d) document the discussions, the plan and the patient’s response in the health record.

## DEFINITIONS

**Assessment area** means for the purposes of this document the area in the Emergency Department or Labour and Delivery/Obstetrics unit where the patient presents for OTAS primary assessment score. In some health care facilities, this may be at the desk of the reception area. In others, it may be a stand-alone area in the unit.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta), and who practices within scope and role.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**Service Delivery Model Hospital Level** means for the purpose of this document:

- Level 1 Hospital = does not provide planned obstetrical care;
- Level 1A Hospital = provides obstetrical care but has no operating room capability;
- Level 1B Hospital = provides obstetrical care with 24 hours 7 days a week Operating Room and caesarean section capability;
- Level 1C Hospital = provides obstetrical care with 24 hours 7 days Operating Room plus obstetrical specialist;
- Level 2 Hospital = provides full obstetrics, surgical and pediatric services including Level 2 Neonatal Intensive Care Unit (NICU); and
- Level 3 Hospital = provides full obstetrics, surgical and pediatric services including Level 2 and 3 NICU.

**Most responsible health practitioner** means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient, and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Primary assessment** for the purposes of this document means the primary assessment of maternity patients on arrival to the assessment area. It includes five (5) parameters (chief complaint, membrane/fluid status, bleeding, fetal movement and contractions), due date and GTPAL (Gravida, term, preterm, abortus, living). This assessment is used to determine the OTAS primary assessment score.

**Secondary assessment** for the purposes of this document means the application of four OTAS modifiers (hemodynamic stability, respiratory distress, fetal well-being and cervical dilation). Assessment of these parameters are used to assign the final OTAS score.

**Treatment area** for the purposes of this document means the area of the Labour and Delivery or Emergency department where detailed assessment and treatment may occur.

## REFERENCES

- Non-Alberta Health Services Documents:
  - *Obstetrical Triage Acuity Scale* (London Health Sciences Centre)

## VERSION HISTORY

Date	Action Taken
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TITLE  
**OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

EFFECTIVE DATE  
**August 24, 2017**

DOCUMENT #  
**HCS-207-01**

October 04, 2017	Non-substantive change
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