



A. Immediate life-saving intervention required: airway, emergency medications, or other hemodynamic interventions (IV, supplemental O2, monitor, ECG or labs DO NOT count); and/or any of the following clinical conditions: intubated, apneic, pulseless, severe respiratory distress, SPO2<90, acute mental status changes, or unresponsive.

Unresponsiveness is defined as a patient that is either:

- (1) nonverbal and not following commands (acutely); or
- (2) requires noxious stimulus (P or U on AVPU) scale.
- B. High risk situation is a patient you would put in your last open bed. Severe pain/distress is determined by clinical observation and/or patient rating of greater than or equal to 7 on 0-10 pain scale.
- C. Resources: Count the number of different types of resources, not the individual tests or x-rays (examples: CBC, electrolytes and coags equals one resource; CBC plus chest x-ray equals two resources).

Resources	Not Resources
Labs (blood, urine) ECG, X-rays CT-MRI-ultrasound-angiography	History & physical (including pelvic) Point-of-care testing
IV fluids (hydration)	Saline or heplock
IV or IM or nebulized medications	PO medications Tetanus immunization Prescription refills
Specialty consultation	Phone call to PCP
Simple procedure =1 (lac repair, foley cath) Complex procedure =2 (conscious sedation)	Simple wound care (dressings, recheck) Crutches, splints, slings

D. Danger Zone Vital Signs
Consider uptriage to ESI 2 if any vital sign criterion is exceeded.

Pediatric Fever Considerations

1 to 28 days of age: assign at least ESI 2 if temp >38.0 C (100.4F)

1-3 months of age: consider assigning ESI 2 if temp >38.0 C (100.4F)

3 months to 3 yrs of age: consider assigning ESI 3 if: temp >39.0 C (102.2 F), or incomplete immunizations, or no obvious source of fever