# **Disposition Categories**

Last Modified on 02/22/2023 2:12 pm EST

	Anytime Pediatrics: Disposition Categories Approved by: Cayce Branyon and Emily Smith	
	Approved Date:	Next Review:
	11/1/2022	11/1/2023

Responsible Party:	Institution/Entries Applies to:
Anytime Pediatrics Leadership	Anytime Pediatrics
Policy Number AP 004	Originating Department: Nurse Triage
Document Type: Guideline	Section: Clinical
Policy Level: Triage	Policy Start Date:11/1/2022

SCOPE: Triage Nurse, RN, Registered Nurse

**POLCIY:** The objective of telephone triage is to align expressed symptoms and assessment with a recommended disposition. The recommended disposition is based upon determination of acuity or severity. Disposition categories are embedded within the Decision Support Tools. This document delineates acceptable locations for care to be provided dependent upon disposition.

## **PROCEDURE:**

### 1. Emergent

- 1. Call Emergency Medical Services EMS (911) Now
  - Patients with life threatening emergencies
    - Emergency Department (ED)
- 2. Go to the Emergency Department (ED) Now
  - Patients with emergent symptoms that require ED resources.
    - Emergency Department (ED)
- 3. Go to L&D Now
  - Pregnant Patients with emergent symptoms that require L&D resources.
    - Labor and Delivery
- 4. Go to ED now or PCP triage
  - Patients with emergent symptoms that can be evaluated and managed in the office dependent upon capability.
  - Nurse uses judgment to send patient to ED or call PCP for further guidance.
    - Emergency Department or PCP call

### 1. Urgent

- 1. See HCP within 4 hours or PCP Triage
  - Patients with less emergent symptoms that can be evaluated in most office or Urgent Care

settings within 4 hours.

- PCP Office if open within 4 hours
- Urgent Care Center
- 2. Urgent Home Treatment with Follow-up call
  - Patients with symptoms that require immediate intervention and then a follow up call made back to the nurse to reassess after intervention performed.
    - Urgent Care Center
    - Provider Office
    - Home Care
- 3. See PCP within 24 hours
  - Patients with non-urgent symptoms
  - Patients with persistent symptoms that are worsening.
    - Provider Office
    - Urgent Care Center

## 1. Non-urgent/Routine

- 1. See PCP when Office is Open (within 3 days)
  - Patients with persistent symptoms that are not worsening.
    - Provider Office
    - Urgent Care Center
- 2. See PCP within 2 weeks
  - Patients with chronic or recurrent symptoms that are not worsening.
    - Provider Office
    - Urgent Care Center
- 3. Home Care
  - Patients with mild symptoms that can be managed at home with care advice.

DEFINITIONS: Provider- Physician or Mid-Level; HCP- Health Care Provider; PCP- Primary Care Provider