

Medical Shelter Triage Worksheet

NOTE: The form must be completed for any person actually assigned to a medical shelter.

Name:	Triage Number:	Date:
1. Do you have pain or fever or any injury or illness that requires immediate medical attention?	Yes No	<ul style="list-style-type: none"> Assess person's need for immediate emergency room evaluation and mode of transport to ER.
2. Is the person using a ventilator to breathe?	Yes No	<ul style="list-style-type: none"> Person will need to go to a medical shelter until they can be placed in a long term care facility
3. Are you dependent on dialysis?	Yes ¹ No	<ul style="list-style-type: none"> Hemodialysis or peritoneal dialysis? Where do you normally obtain dialysis? When is your next dialysis session due? Complete remainder of assessment. Contact NDDoH DOC
4. Do you have a contagious illness other than a cold?	Yes ² No	<ul style="list-style-type: none"> Assess nature of illness. If risk of spread to other persons in a shelter, place in medical shelter. Notify shelter that patient should be coming and ensure person is transported without risk to others.

IF A DISPOSITON CAN BE MADE TO MEDICAL SHELTER AT THIS POINT, NO FURTHER SCREENING IS REQUIRED

Are you a hospice patient?	Yes No	<ul style="list-style-type: none"> For what problem(s)?
Do you receive home nursing services?	Yes No	<ul style="list-style-type: none"> For what problem(s)? How often are you seen?
Do you have a suppressed immune system?	Yes No	<ul style="list-style-type: none"> How severely suppressed? What illness?
Are you pregnant with a high risk condition or at risk of losing the baby?	Yes No	<ul style="list-style-type: none"> When due?
Do you have an open wound requiring dressing changes?	Yes No	<ul style="list-style-type: none"> Can you perform the dressing changes or will someone be with you to help you?
Do you have seizures which are not under control?	Yes No	<ul style="list-style-type: none"> Will there be someone with you to help you if you have a seizure?
Are you on tube feedings?	Yes No	<ul style="list-style-type: none"> Do you need assistance with your tube feedings? Will there someone with you to assist you?
Are you bed bound?	Yes No	
Do you have an IV line, tracheostomy appliance, on oxygen, need IV med or need special medical equipment?	Yes No	<ul style="list-style-type: none"> Specify
Do you need assistance with medication or glucose checks?	Yes No	
Do you have any other serious medical illness?	Yes No	<ul style="list-style-type: none"> Specify

If the person answered yes to any of these questions, proceed to next page. If all are no, likely candidate for a general shelter.

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ASSESSMENT

* Does this person have a full time care attendant who can care for them in a general population shelter?

* Is a general shelter an option for this persons?

- If no, place in a medical shelter
- If yes

Is a general shelter clearly the best option? If yes; send to general shelter.

If no, give the following information:

OPTION NARRATIVE (*dependent on disaster resource availability*)

Based on your medical history, you can go to a medical shelter or general population shelter depending on your preference. The medical shelter is located in _____. At a medical shelter:

- You will sleep on a portable bed which is wider, easy to get in and out of, and can elevate the head or feet.
- You will be under the observation of medical personnel who can assist you.
- You will be in a more restrictive environment (e.g., visitors, allowable activities)

If you decide to go to a general shelter and your medical needs prevent you from getting adequate care, the shelter will transfer you to a medical shelter at a later time.

Which shelter would you prefer to go to: Medical General

NOTES:

The follow initial screening questions will be asked by an initial (non-medical) screener. If any of these questions are answered yes, the person is referred to the medical screener.

- Do you have a medical or health condition which requires IMMEDIATE attention?

If yes, refer to medical screener for immediate evaluation. If no, ask all the following questions; mark all those answered yes and send person and form to medical screener.

- Do you have any medical problem or concern that we should know about or that might affect your health while in a shelter?
- Do you require medicine, equipment or electricity for medical equipment for daily living?
- In daily living do you require the assistance of a caregiver, personal attendee or service animal for daily living?

¹ Persons on dialysis are not suited to a general population shelter; however, special arrangements may be needed to ensure the person has access to dialysis.

² Persons on droplet or contact precautions may be managed in a medical shelter. Persons with airborne infections such as TB cannot be managed in a shelter.

FINAL FORM INSTRUCTIONS TO SCREENER

When referring to a medical shelter, keep the original but provide a copy of this form to the person being sent to the shelter. This will help the shelter know the reasons for triage to a medical shelter. Make sure the person has a triage tag wrist band which, in addition to providing for tracking, will prove that they have been triaged to a medical shelter.