To the Editor:

In her editorial, Molyneux joins with the authors of ‘An adapted triage tool (ETAT) at Red Cross War Memorial Children’s Hospital Medical Emergency Unit, Cape Town: An evaluation’.

Their evaluation of ETAT implied that the inclusion of physiological parameters was superfluous and, in the triage of a paediatric patient, was ‘time-consuming to perform and, if manually and hastily undertaken, could be incorrect’. Summarily doing away with an entire aspect of medical evaluation has a sense of throwing the baby out with the bathwater. There can be no question regarding the value of physiological measures in the assessment of acuity.

Agreement on the problems related to blood pressure measurement, which is in its third version and has now combined the best of both SATS and ETAT – allows for rapid movement of patients into resuscitation as the first emergency sign is found (the ABCccD of ETAT), bypassing measurement of TEWS at triage. For children less obviously ill, but nevertheless as ill, the TEWS acts as a safety net, catching ‘red’ patients who slip through the clinical signs net, adding finesse and increasing sensitivity from 57% to 91%, at the cost of a maximum extra 2 - 4 minutes per patient (although the ETAT study is the first to report such times: over 100 other sites use the SATS, including resource-constrained sites such as Médecins Sans Frontières field hospitals, and we have not recorded such lengthy processes, nor inaccurate triage due to excessive speed, in any of them). If this cost in time is not deemed feasible, doing away with the weighing of patients at triage is recommended – a routine practice and part of the adapted ETAT for Red Cross Hospital, but as yet unproven in effectiveness as a triage component – rather assessing respiratory rate and pulse within the time frame.

This is an important debate, and presenting only one side of the evidence does not help to inform or encourage robust debate.

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