

An adapted triage tool (ETAT) at Red Cross War Memorial Children's Hospital Medical Emergency Unit, Cape Town, South Africa: An evaluation

To the Editor: In the March issue of *SAMJ*, an article on the emergency triage of children,^[1] of which we were the senior co-authors, appeared in association with an editorial by Professor Elizabeth Molyneux.^[2] We need to clarify three points.

1. The editorial states that our study compared two triage systems, the paediatric South African Triage Scale (SATS) and an adapted triage tool (ETAT). The study described experience with ETAT alone. We have subsequently participated in a study reported in this edition of *SAMJ*^[3] that explores the roles of symptoms/signs and physiological measures in triage in greater detail.
2. Owing to an error of editorial co-ordination on our part, paragraph 6 of the discussion of the March article^[1] suggests that almost all children requiring emergency care are easily identified by simple observation. Our study, with death and admission as the only outcome criteria, did not provide sufficient evidence to support this contention.
3. In terms of the applicability of our study,^[1] since admission to hospital was one of the outcome criteria, it is important to point out that queued patients in Red Cross War Memorial Children's Hospital's Medical Emergency Unit are clinically re-triaged by experienced doctors after the ETAT-based triage.

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