

Marina Private Hospital Emergency Department Patient Triage Form

Date:	_____	Arrival Time:	_____
National ID:	_____	Seen by Dr.:	_____
		Triage Nurse:	_____

Method of Arrival: Walking Ambulance Wheelchair

Pain Score (NRS):

0	2	4	6	8	10
No Pain					Worst Pain

Triage Category:

1	Resuscitation	Immediate
2	Emergent	≤ 15 min
3	Urgent	≤ 30 min
4	Less urgent	≤ 60 min
5	Non urgent	≤ 120 min

Vital Signs:

Time	B.P	H.R	R.R	Temp	Other
_____	_____	_____	_____	_____	_____