

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non-Urgent)
Time to Secondary Health Care Provider	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 hours)
Re-assessment	Continuous Nursing Care	Every 15 minutes	Every 15 minutes	Every 30 minutes	Every 60 minutes
Labour/Fluid	• Imminent birth	• Suspected preterm labour/PPROM < 37 weeks	• Signs of active labour > 37 weeks	• Signs of early labour/SROM > 37 weeks	• Discomforts of pregnancy
Bleeding	• Active vaginal bleeding with/without abdominal pain	• Bleeding associated with cramping (> spotting) < 37 weeks	• Bleeding associated with cramping (> spotting) > 37 weeks	• Spotting	
Hypertension	• Seizure activity	• Hypertension > 160/110 and/or headache, visual disturbance, RUQ pain	• Mild Hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	• Abnormal FHR tracing • No fetal movement	• Atypical FHR tracing, abnormal BPP, abnormal dopplers • Decreased fetal movement			
Other	• Acute onset severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain/hematuria • Nausea/vomiting and/or diarrhea with suspected dehydration	• Ongoing assessment from outpatient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/vomiting and/or diarrhea • Signs of infection (ie. dysuria, cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical Ripening • Outpatient placenta previa protocol • Pre-booked visits (ie. Rh and progesterone injections, NST) • Assessment for version • Rashes

Obstetric Triage Guidelines

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Martin Tucker**



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