

# **OBCU Obstetrical Triage Acuity Scale (OTAS)**



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	<ul> <li>Signs of early labour/SROM &gt; 37 weeks</li> </ul>	Discomforts of pregnancy
Bleeding	<ul> <li>Active vaginal bleeding with/without abdominal pain</li> </ul>	<ul> <li>Bleeding associated with cramping (&gt; spotting) &lt; 37 weeks</li> </ul>	<ul> <li>Bleeding associated with cramping (&gt; spotting) &gt; 37 weeks</li> </ul>	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and/or headache, visual disturbance, RUQ pain	<ul> <li>Mild Hypertension &gt; 140/90 with/without associated signs and symptoms</li> </ul>		
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	<ul> <li>Ongoing assessment from outpatient clinic (for hypertension, blood work)</li> <li>Minor trauma (minor MIVC/fall)</li> <li>Nausea/vomiting and/or diarrhea</li> <li>Signs of infection (ie. dysuria, cough, fever, chills)</li> </ul>	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 Acuity Tool**

**TD Snyder** 

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