

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	 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 MIVC/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

H Kauffman

Obstetric Triage Guidelines:

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