Medical Shelter Triage Worksheet

**NOTE:** The form must be completed for any person actually assigned to a medical shelter.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Triage Number:</th>
<th>Date:</th>
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| 1. Do you have pain or fever or any injury or illness that requires immediate medical attention? | Yes | • Assess person’s need for immediate emergency room evaluation and mode of transport to ER.  
No |  
| 2. Is the person using a ventilator to breathe? | Yes | • Person will need to go to a medical shelter until they can be placed in a long term care facility  
No |  
| 3. Are you dependent on dialysis? | Yes | • Hemodialysis or peritoneal dialysis?  
No |  
| | Yes \(^1\) | • Where do you normally obtain dialysis?  
| | No | • When is your next dialysis session due?  
| | Yes \(^2\) | • Complete remainder of assessment.  
| | No | • Contact NDDoH DOC  
| 4. Do you have a contagious illness other than a cold? | Yes | • Assess nature of illness. If risk of spread to other persons in a shelter, place in medical shelter. Notify shelter that patient should be coming and ensure person is transported without risk to others.  
No |  

**IF A DISPOSITION CAN BE MADE TO MEDICAL SHELTER AT THIS POINT, NO FURTHER SCREENING IS REQUIRED**

| Are you a hospice patient? | Yes | • For what problem(s)?  
| No |  
| Do you receive home nursing services? | Yes | • For what problem(s)?  
| No | • How often are you seen?  
| Do you have a suppressed immune system? | Yes | • How severely suppressed?  
| No | • What illness?  
| Are you pregnant with a high risk condition or at risk of losing the baby? | Yes | • When due?  
| No |  
| Do you have an open wound requiring dressing changes? | Yes | • Can you perform the dressing changes or will someone be with you to help you?  
| No |  
| Do you have seizures which are not under control? | Yes | • Will there be someone with you to help you if you have a seizure?  
| No |  
| Are you on tube feedings? | Yes | • Do you need assistance with your tube feedings?  
| No | • Will there someone with you to assist you?  
| Are you bed bound? | Yes |  
| No |  
| Do you have an IV line, tracheostomy appliance, on oxygen, need IV med or need special medical equipment? | Yes | • Specify  
| No |  
| Do you need assistance with medication or glucose checks? | Yes |  
| No |  
| Do you have any other serious medical illness? | Yes | • Specify  
| No |  

If the person answered yes to any of these questions, proceed to next page. If all are no, likely candidate for a general shelter.
# Medical Shelter Triage Worksheet

## ASSESSMENT

* Does this person have a full time care attendant who can care for them in a general population shelter?
* Is a general shelter an option for this persons?
  - If no, place in a medical shelter
  - If yes
    - Is a general shelter clearly the best option? If yes; send to general shelter.
    - If no, give the following information:

## OPTION NARRATIVE (dependent on disaster resource availability)

Based on your medical history, you can go to a medical shelter or general population shelter depending on your preference. The medical shelter is located in _____________. At a medical shelter:
- You will sleep on a portable bed which is wider, easy to get in and out of, and can elevate the head or feet.
- You will be under the observation of medical personnel who can assist you.
- You will be in a more restrictive environment (e.g., visitors, allowable activities)

If you decide to go to a general shelter and your medical needs prevent you from getting adequate care, the shelter will transfer you to a medical shelter at a later time.

Which shelter would you prefer to go to:     Medical     General

## NOTES:

The follow initial screening questions will be asked by an initial (non-medical) screener. If any of these questions are answered yes, the person is referred to the medical screener.

- Do you have a medical or health condition which requires IMMEDIATE attention?
  * If yes, refer to medical screener for immediate evaluation. * If no, ask all the following questions; mark all those answered yes and send person and form to medical screener.
- Do you have any medical problem or concern that we should know about or that might affect your health while in a shelter?
- Do you require medicine, equipment or electricity for medical equipment for daily living?
- In daily living do you require the assistance of a caregiver, personal attendee or service animal for daily living?

1 Persons on dialysis are not suited to a general population shelter; however, special arrangements may be needed to ensure the person has access to dialysis.

2 Persons on droplet or contact precautions may be managed in a medical shelter. Persons with airborne infections such as TB cannot be managed in a shelter.

## FINAL FORM INSTRUCTIONS TO SCREENER

When referring to a medical shelter, keep the original but provide a copy of this form to the person being sent to the shelter. This will help the shelter know the reasons for triage to a medical shelter. Make sure the person has a triage tag wrist band which, in addition to providing for tracking, will prove that they have been triaged to a medical shelter.