

## NATIONAL WORKING GROUP revised OTAS Tool

### EARLY PREGNANCY

### Obstetrical Triage Acuity Scale (OTAS)©

OTAS-Early Pregnancy (<20 wks)		Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non-Urgent)	
Time to Initial Assessment		Immediate	Immediate	5-10 minutes	5-10 minutes	5-10 minutes	
Time to Health Care Practitioner		Immediate	< 15 minutes	< 30 minutes	< 60 minutes	< 120 minutes	
Re-assessment		Continuous Nursing Care	Every 15 minutes	Every 15 minutes	Every 30 minutes	Every 60 minutes	
Complaint Oriented Triage (COT)	OB	Signs/symptoms of Labour/Fluid Loss	- Pelvic pressure with abdominal cramping, back pain - Expulsion is imminent	- Cramping - Possible leaking fluid	- Mild cramps and back pain		
		Antenatal Bleeding	- Heavy vaginal bleeding	- Mild – moderate vaginal bleeding	- Vaginal bleeding: spotting	- Pink mucousy discharge	
		Pain	- Acute severe abdominal/pelvic pain	- Mild/mod abdominal pain, flank pain		- Discomforts of pregnancy	
		Abdominal Trauma	- Major trauma-penetrating	- Major trauma-blunt	- Minor trauma	- Fall, no direct trauma	
	Medical Complications	Signs of Infection			- UTI complaints, hematuria	- Rashes - vaginal discharge	
		Gastro/Intestinal		- Nausea and vomiting with severe dehydration	- Nausea and vomiting with mild dehydration	- Nausea and vomiting with potential for dehydration	- Occasional heartburn/nausea
		Neurological/ Respiratory	- Loss of consciousness	- Sudden, worst headache - Moderate respiratory distress	- Mild/mod headache - Mild respiratory distress		
	Substance Use/Mental Health		- s/s depression and planned/attempted suicide	- High emotional stress/situational crisis - s/s depression/suicidal thoughts - Syncope with position changes	- Unable to cope - s/s depression/no suicidal ideation		

**NOTE: Modifiers (Hemodynamic Stability, Respiratory Distress) may increase acuity**

>20 WEEKS

## 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 Initial Assessment		Immediate	Immediate	5-10 minutes	5-10 minutes	5-10 minutes
Time to Health Care Practitioner		Immediate	< 15 minutes	< 30 minutes	< 60 minutes	< 120 minutes
Re-assessment		Continuous Nursing Care	Every 15 minutes	Every 15 minutes	Every 30 minutes	Every 60 minutes
Complaint Oriented Triage (COT)	OB					
	Signs/symptoms of Labour/Fluid Loss	-Suspected imminent birth -Cord prolapse	-<37 weeks, uterine contractions <5 minutes apart -<37 weeks vaginal fluid loss -Unplanned/unattended birth	≥37 weeks, contractions 2-4 minutes apart	-Contractions >5 minutes apart -Vaginal fluid loss ≥37wks	-Cervical ripening -Pre-booked maternal visits (eg., Rh Immune Globulin)
	Antenatal Bleeding		-Active vaginal bleeding	-History of bleeding prior to presentation	-Spotting	
	Fetal Assessment	-No fetal movement	-Decreased fetal movement -FH concerns, abnormal BPP/dopplers (clinic)			-NST (booked) -ECV assessment
	Hypertensive Neurological Signs/symptoms	-Actively seizing, postictal -Loss/altered consciousness	-Sudden severe headache -Visual disturbance, epigastric pain -CVA like symptoms	-Mild/Mod/Subacute headache -Edema (non-dependent)	-Follow up to Hypertension (OB clinic) e.g. blood work	-Chronic recurring headache
	Pain		-Acute severe abdominal/pelvic pain -Chest pain	-Mild/Mod abdominal pain -Back pain -Flank pain		-Pregnancy discomforts
	Abdominal Trauma	-Major trauma-penetrating	-Major trauma-blunt	-Minor trauma (e.g., minor MVC/fall)	-Fall, no direct abdominal trauma	
	Signs of Infection		-Fever, chills, uterine tenderness (not r/t contractions) -Nausea/vomiting/diarrhea s/s moderate dehydration	-Nausea/vomiting/diarrhea, s/s mild dehydration	-UTI complaints, hematuria -Fever, cough, congestion -Nausea/vomiting/diarrhea	-Rashes
Respiratory	-Severe respiratory distress	-Moderate respiratory distress	-Mild respiratory distress			
Medical Complications	Substance Use/Mental Health		-High risk/unknown substance use/uncertain flight or safety risk -s/s depression and planned/attempted suicide	-Situational crisis (physical, emotional) -s/s substance withdrawal (e.g. anxiety/agitation, nausea, vomiting) -s/s depression/suicidal thoughts	-s/s depression/no suicidal ideation	

**NOTE: Modifiers (Hemodynamic Stability, Respiratory Distress, Fetal Well-being, Cervical Dilatation) may increase acuity**

**POSTPARTUM**

**Obstetrical Triage Acuity Scale (OTAS)©**

OTAS-Postpartum		Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non-Urgent)	
Time to Initial Assessment		Immediate	Immediate	5-10 minutes	5-10 minutes	5-10 minutes	
Time to Health Care Practitioner		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	
Complaint Oriented Triage (COT)	OB	Postnatal Bleeding	-Active vaginal bleeding with clots	-Bright red bleeding >spotting <5 days postpartum	-Bleeding/spotting with cramping >10 days postpartum		
		Hypertensive Neurological Signs/symptoms	-Seizure activity -Loss/altered consciousness	-Sudden severe headache -Visual disturbance, epigastric pain -CVA symptoms	-Mild/Mod/Subacute headache -Edema (non-dependent)	-Follow up to Hypertension (OB clinic) e.g. blood work	-Chronic recurring headache
	Medical Complications	Signs of Infection		-Chills, wound redness, or purulent drainage -Pelvic/abd pain with abn vaginal discharge -Unable to empty bladder/dysuria <72 hours postpartum	-Wound redness/swelling with serosanguinous drainage -Pelvic/abd pain	-Redness/swelling/pain in breast with fever -Dysuria	-Wound/incision check (scheduled) -Redness, tenderness in breast
		Respiratory	-Severe respiratory distress	-Moderate respiratory distress -Chest pain/pleuritic pain	-Mild respiratory distress -Unilateral reddened hot limb with fever/severe pain	-Unilateral reddened hot limb without fever -Constipation without fever	-Fatigue, malaise
		Substance Use/Mental Health		-High risk/unknown substance use/uncertain flight or safety risk -s/s depression and planned/attempted suicide	-Persistent headache (r/t epidural insertion with labour/birth) -Situational crisis (physical, emotional) -s/s substance withdrawal (e.g. anxiety/agitation, nausea, vomiting) -s/s depression/suicidal thoughts	-s/s depression/no suicidal ideation	

**NOTE: Modifiers (Hemodynamic Stability, Respiratory Distress) may increase acuity**