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
	Medical Complications	**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)		-UTI complaints, hematuria -Fever, cough, congestion	-Rashes
				-Nausea/vomiting/diarrhea s/s moderate dehydration	-Nausea/vomiting/diarrhea, s/s mild dehydration	-Nausea/vomiting/diarrhea	
		Respiratory	-Severe respiratory distress	-Moderate respiratory distress	-Mild respiratory distress		
		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

Obstetrical Triage Acuity Scale (OTAS)©

The following table is used to confirm or increase the acuity assigned based on the presenting complaint. The vital sign parameters are taken from CTAS[1] the Maternal Early Warning Criteria,[2] MEOWS.[3] Any one of the modifiers can increase the acuity.

Modifiers		Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non-Urgent)
Hemodynamic Stability	**General**	Signs of shock	Signs of hemodynamic compromise	Vitals signs lower range of normal	Vital signs within normal range for patient	
	Pregnancy Specific	Systolic BP <90 mmHg AND HR >120	Systolic BP <90 mmHg AND HR -100-120			
			Systolic BP >160 Diastolic >100 mmHg	Systolic BP >140 Diastolic >90 mmHg		
Respiratory Distress	**General**	Severe distress	Moderate distress	Mild distress		
	Pregnancy Specific	O_2 sat <95% AND RR <10 or >30	O_2 sat <95% AND RR 21-30	O_2 sat <95% AND Normal RR		
Fetal Well-being (Fetal Heart Rate (FHR)			FHR <110 or >160 bpm Abnormal/Atypical EFM Meconium stained fluid			
Cervical Dilatation		Fully and pushing	≥6 cm dilatation			

[1]Canadian Association of Emergency Physicians (CAEP) and Canadian Triage Acuity Scale Working Group (2012). CTAS Complaint Oriented Triage Teaching/Reference Tool. http://caep.ca/resources/ctas

[2]Mhyre, J., D'Oria, R., Hameed, A., et al. The Maternal Early Warning Criteria: A Proposal from the National Partnership for Maternal Safety, JOGNN 2014;43:771-779.

[3]Singh S, McGlennan A, England A, Simons R. A validation study of the CEMACH recommended modified early obstetric warning system (MEOWS). Anaesthesia 2012;67(1):12-8.