

CEDIS Categories	
<ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• ENT</li> <li>• Environmental</li> <li>• Gastrointestinal</li> <li>• Genitourinary</li> <li>• Mental Health</li> <li>• Neurologic</li> <li>• Obstetrics/Gynecology (OB/GYN)</li> </ul>	<ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Orthopedic</li> <li>• Pediatric</li> <li>• Respiratory</li> <li>• Skin</li> <li>• Substance Misuse</li> <li>• Trauma</li> <li>• General and Minor</li> </ul>

**Table 1 – Respiratory Distress**

Level of Distress	O <sub>2</sub> Saturation	CTAS Level
<b>Severe:</b> Fatigue from excessive work of breathing, cyanosis, single-word speech, unable to speak, upper airway obstruction, lethargic or confused	<90%	<b>1</b>
<b>Moderate:</b> Increased work of breathing, speaking phrases or clipped sentences, significant or worsening stridor but the airway protected.	<92%	<b>2</b>
<b>Mild/Moderate:</b> Dyspnea, tachypnea, shortness of breath on exertion, no obvious increased work of breathing, able to speak in sentences, stridor without any obvious airway obstruction	92-94%	<b>3</b>
<b>None</b>	≥94%	<b>4, 5</b>

\*First and Second Order Modifier tables (1-33) adapted from Ontario Hospital Association CTAS training manual, 2009

**Table 2 – Hemodynamic Stability**

Hemodynamic Status	CTAS Level
<b>Shock.</b> Evidence of severe end-organ hypoperfusion: Marked pallor, cool skin, diaphoresis, weak or thready pulse, hypotension, postural syncope, significant tachycardia or bradycardia, ineffective ventilation or oxygenation, decreased level of consciousness. Could also appear as flushed, febrile, toxic, as in septic shock.	<b>1</b>
<b>Hemodynamic Compromise.</b> Evidence of borderline perfusion: pale, history of diaphoresis, unexplained tachycardia, postural hypotension (by history), feeling faint on sitting and standing, or suspected hypotension (lower than normal blood pressure or expected blood pressure for a given patient).	<b>2</b>
Vital signs at the upper and lower ends of normal as they relate to the presenting complaint, especially if they differ from the usual values for the specific patient.	<b>3</b>
Normal Vital signs	<b>4, 5</b>

**Table 3 – Level of Consciousness**

Status – Level of Consciousness	GCS	CTAS Level
<b>Unconscious:</b> Unable to protect airway, response to pain or loud noise only and without purpose, continuous seizure or progressive deterioration in level of consciousness	3 - 9	1
<b>Altered level of consciousness:</b> Response inappropriate to verbal stimuli, loss of orientation to person, place or time, new impairment of recent memory, altered behaviour	10 - 13	2
<b>Normal:</b> Other modifiers are used to define	14 - 15	3, 4, 5

**Table 4 – Temperature**

Temperature $\geq 38.5^{\circ}$	CTAS Level
<b>Immunocompromised:</b> neutropenia (or suspected), chemotherapy or immunosuppressive drugs including steroids	2
<b>Looks septic:</b> patient has evidence of infection, have 3 SIRS criteria positive, or show evidence of hemodynamic compromise, moderate respiratory distress or altered level of consciousness	2
<b>Looks unwell:</b> patient has <3 SIRS criteria positive but appear ill-looking (i.e. flushed, lethargic, anxious or agitated)	3
<b>Looks well:</b> patient has fever as their only positive SIRS criteria and appear to be comfortable and in no distress	4

**Table 5 – Pain**

Severity	Location	Duration	CTAS Level
Severe (8 – 10/10)	Central	Acute	2
		Chronic	3
	Peripheral	Acute	3
		Chronic	4
Moderate (4 – 7/10)	Central	Acute	3
		Chronic	4
	Peripheral	Acute	4
		Chronic	5
Mild (0 – 3/10)	Central	Acute	4
		Chronic	5
	Peripheral	Acute	5
		Chronic	5

**Table 6 – Bleeding Disorders**

Bleeding Site	CTAS Level
<ul style="list-style-type: none"> <li>• Head (intracranial) and neck</li> <li>• Chest, abdomen, pelvis, spine</li> <li>• Massive vaginal hemorrhage</li> <li>• Iliopsoas muscle and hip</li> <li>• Extremity muscle compartments</li> <li>• Fractures or dislocations</li> <li>• Deep lacerations</li> <li>• Any uncontrolled bleeding</li> </ul>	<b>2</b>
<ul style="list-style-type: none"> <li>• Moderate, minor bleeds</li> <li>• Nose (epistaxis)</li> <li>• Mouth (including gums)</li> <li>• Joints (hemarthroses)</li> <li>• Menorrhagia</li> <li>• Abrasions and superficial lacerations</li> </ul>	<b>3</b>

**Table 7- Mechanism of Injury**

Mechanism of Injury	CTAS Level 2
<b>General Trauma</b>	<p><b>Motor Vehicle Collisions</b></p> <ul style="list-style-type: none"> <li>• Ejection (partial or complete) from vehicle</li> <li>• Rollover</li> <li>• Extrication time <math>\geq 20</math> minutes</li> <li>• Significant intrusion into passenger's space (<math>\geq 0.3</math> metres occupant site; <math>\geq 0.5</math> metres any site, including roof)</li> <li>• Death in the same passenger compartment</li> <li>• Impact <math>\geq 40</math> km/h (unrestrained) or impact <math>\geq 60</math> km/h (restrained)</li> </ul> <p><b>Motorcycle Collision</b></p> <ul style="list-style-type: none"> <li>• Impact with a vehicle <math>\geq 30</math> km/h, especially if rider is separated from motorcycle</li> </ul> <p><b>Fall</b></p> <ul style="list-style-type: none"> <li>• From <math>\geq 6</math> metres (one storey is equal to 3 metres)</li> </ul> <p><b>Penetrating Injury</b></p> <ul style="list-style-type: none"> <li>• To head, neck, torso or extremities proximal to elbow and knee</li> </ul>
<b>Head Trauma</b>	<p><b>Motor Vehicle Collision</b></p> <ul style="list-style-type: none"> <li>• Ejection (partial or complete) from vehicle</li> <li>• Unrestrained passenger striking head on windshield</li> </ul> <p><b>Pedestrian</b></p> <ul style="list-style-type: none"> <li>• Struck by vehicle</li> </ul> <p><b>Fall</b></p> <ul style="list-style-type: none"> <li>• From <math>\geq 1</math> metre or 5 stairs</li> </ul> <p><b>Assault</b></p> <ul style="list-style-type: none"> <li>• With blunt object other than fist or feet</li> </ul>
<b>Neck Trauma</b>	<p><b>Motor Vehicle Collision</b></p> <ul style="list-style-type: none"> <li>• Ejection (partial or complete) from vehicle</li> <li>• Rollover</li> <li>• High speed (especially if driver unrestrained)</li> </ul> <p><b>Motorcycle Collision</b></p> <p><b>Fall</b></p> <ul style="list-style-type: none"> <li>• From <math>\geq 1</math> metre or 5 stairs</li> </ul> <p><b>Axial Load to the Head</b></p>

**Table 8 – Blood Glucose Level**

Blood Glucose Level	Symptoms	CTAS Level
<3 mmol/L	Confusion, seizure, diaphoresis, behavioural change, acute focal deficits	2
	None	3
≥18 mmol/L	Dyspnea, tachypnea, dehydration, thirst, weakness, polyuria	2
	None	3

**Table 9 – Hypertension/Blood Pressure**

Blood Pressure	Symptoms	CTAS Level
Systolic Blood Pressure ≥220 or Diastolic Blood Pressure ≥130	<b>Any</b> other symptoms (e.g. headache, chest pain, shortness of breath or nausea).	2
Systolic Blood Pressure ≥220 or Diastolic Blood Pressure ≥130	<b>No</b> symptoms.	3
Systolic Blood Pressure 200 - 220 or Diastolic Blood Pressure 110 - 130	<b>Any</b> other symptoms (e.g. headache, chest pain, shortness of breath or nausea).	3
Systolic Blood Pressure 200 - 220 or Diastolic Blood Pressure 110 - 130	<b>No</b> symptoms	4, 5

**Table 10 – Dehydration**

Dehydration	CTAS Level
<b>Severe Dehydration:</b> marked volume loss with classic signs of dehydration and signs and symptoms of shock.	1
<b>Moderate Dehydration:</b> dry mucous membranes, tachycardia, plus or minus decreased skin turgor and decreased urine output.	2
<b>Mild Dehydration:</b> stable vital signs with complaints of increasing thirst and concentrated urine and a history of decreased fluid intake or increased fluid loss or both.	3
<b>Potential Dehydration:</b> no symptoms of dehydration, presenting with fluid loss ongoing or difficulty tolerating oral fluids.	4

**Table 11 – Selected Second Order Adult Modifiers**

Presenting Complaint	Revised Modifier	CTAS Level
Chest pain, non cardiac features	Other significant chest pain (ripping or tearing)	2
Extremity weakness/symptoms of CVA	Time of onset of symptoms <3.5 hours.	2
	≥3.5 hours or resolved	3
Difficulty swallowing/dysphagia	Drooling or stridor, hoarseness or dysphagia	2
	No distress but with difficulty swallowing	3
Upper or lower extremity	Obvious deformity	3

**Table 12 - Obstetrics - ≥20 weeks Gestation**

Presenting Complaint	CTAS Level
Presenting fetal parts or prolapsed umbilical cord.	1
Vaginal bleeding in the third trimester (other than show).	1
Active labour (contractions <2 minutes apart).	2
No fetal movement or no fetal heart sounds.	2
Complex hypertension +/- headache, +/- edema, +/- abdominal pain.	2
Post delivery (mother and infant).	2
Active labour (contractions ≥2 minutes apart).	3
Possible leaking amniotic fluid (≥24 hours).	3

**Table 13 – Mental Health**

The adult Mental Health-based modifier recommendations are shown below:

Presenting Complaint	Description	CTAS Level
Depression/Suicidal or deliberate self harm.	Attempted suicide, clear plan.	2
	Active suicide intent.	2
	Uncertain flight or safety risk.	2
	Suicidal ideation, no plan.	3
	Depressed, no suicidal ideation.	4
Anxiety/Situational Crisis	Severe anxiety/agitation.	2
	Uncertain flight or safety risk.	2
	Moderate anxiety/agitation.	3
	Mild anxiety/agitation.	4
Hallucinations or Delusions	Acute psychosis.	2
	Severe anxiety or agitation.	2
	Uncertain flight or safety risk.	2
	Moderate anxiety or agitation or with paranoia.	3
	Mild agitation, stable.	4
	Mild anxiety or agitation, chronic hallucinations.	5
Insomnia	Acute	4
	Chronic	5
Violent or Homicidal Behaviour	Imminent harm to self or others, or specific plan.	1
	Uncertain flight or safety risk	2
	Violent or homicidal ideation, no plan.	3
Social Problem	Abuse physical, mental, high emotional stress.	3
Bizarre Behaviour	Uncontrolled	1
	Chronic, non-urgent	5

**Table 15 – Pediatric Respiratory Rates**

Physiologic Range Respiratory Rate							
Level	1	2	3	4/5	3	2	1
0 – 3 months	<10	10 - 20	20 - 30	30 - 60	60 - 70	70 - 80	>80
3 – 6 months	<10	10 - 20	20 - 30	30 - 60	60 - 70	70 - 80	>80
6 – 12 months	<10	10 - 17	17 - 25	25 - 45	45 - 55	55 - 60	>60
1 – 3 years	<10	10 - 15	15 - 20	20 - 30	30 - 35	35 - 40	>40
6 years*	<8	8 - 12	12 - 16	16 - 24	24 - 28	28 - 32	>32
10 years*	<8	8 - 10	10 - 14	14 - 20	20 - 24	24 - 26	>26

**Table 16 - Respiratory Distress (Pediatric)**

Level of Distress	Oxygen Saturation	CTAS Level
<b>Severe:</b> Fatiguing from excessive work of breathing. Signs may include cyanosis; lethargy, confusion, inability to recognize caregiver, decreased response to pain; single word or no speech; tachycardia or bradycardia; tachypnea or bradypnea, apnea, irregular respirations; exaggerated retractions, grunting; signs of upper airway obstruction.	<90%	<b>1</b>
<b>Moderate:</b> Increased work of breathing, restlessness, anxiety, or combativeness; tachypnea; hyperpnea; mild increased use of accessory muscles, retractions, speaking phrases or clipped sentences, prolonged expiratory phase.	<92%	<b>2</b>
<b>Mild:</b> No obvious increase in work of breathing. Signs may include tachypnea; mild shortness of breath on exertion; able to speak in sentences.	<92 – 94%	<b>3</b>
<b>None</b>	≥94%	<b>4, 5</b>

**Table 17 – Pediatric Heart Rates**

Physiologic Range Heart Rate							
Level	1	2	3	4/5	3	2	1
0 – 3 months	<40	40 - 65	65 - 90	90 - 180	180 - 205	205 - 230	>230
3 – 6 months	<40	40 - 63	63 - 80	80 - 160	160 - 180	180 - 210	>210
6 – 12 months	<40	40 - 60	60 - 80	80 - 140	140 - 160	160 - 180	>180
1 – 3 years	<40	40 - 58	58 - 75	75 - 130	130 - 145	145 - 165	>165
6 years	<40	40 - 55	55 - 70	70 - 110	110 - 125	125 - 140	>140
10 years	<30	30 - 45	45 - 60	60 - 90	90 - 105	105 - 120	>120

**Table 18 – Hemodynamic Status (Pediatric)**

Hemodynamic Stability	CTAS Level
<b>Shock:</b> Evidence of severe end-organ hypoperfusion such as marked pallor, cool skin, diaphoresis, weak or thready pulse, hypotension, postural syncope, significant tachycardia or bradycardia, ineffective ventilation or oxygenation, decreased level of consciousness; could also appear as flushed, febrile toxic, as in septic shock.	<b>1</b>
<b>Hemodynamic compromise:</b> Delayed capillary refill, tachycardia, decreased urine production and skin changes suggest poor tissue perfusion; vomiting and diarrhea secondary to gastrointestinal infection are a common etiology; the signs of dehydration are not always reliable, particularly in younger patients; hemorrhage in moderate trauma may be masked by the child’s ability to maintain his or her blood pressure.	<b>2</b>
<b>Volume depletion with abnormal vital signs</b>	<b>3</b>
<b>Normal Vital Signs</b>	<b>4, 5</b>

**Table 20 – Level of Consciousness (Pediatric)**

Level of Consciousness	PCS	CTAS Level
<b>Unconscious:</b> Unresponsive; responds to pain or loud noise only without purpose; flexion or extension position; continuous seizing; progressive deterioration in level of consciousness; unable to protect airway.	3-9	<b>1</b>
<b>Altered LOC:</b> A change from one’s “normal” level of consciousness; lethargic; obtunded; localizes to painful stimulus; irritable; agitated or combative; inconsolable, poor feeding in an infant; able to protect their airway; alert with minor behavioral or vital sign alterations from normal.	10-13	<b>2</b>
<b>Normal:</b> A state of awareness, implying orientation to person, place and time; interacts appropriately for age (e.g. infant coos and babbles); consolable. Other modifiers are used to define the CTAS level.	14-15	<b>3, 4, 5</b>

**Table 21 - Temperature <36°C (Pediatric)**

Age	Temperature	CTAS Level
0 – 3 months	<36°C	2
≥3 months	<32°C	2
≥3 months	32°C – 35°C	3

**Table 22 - Elevated Temperatures (Pediatric)**

Age	Temperature	CTAS Level
0 – 3 months	≥38°C	2
3 months–3 years	≥38.5°C Immunocompromised (e.g. neutropenia, transplant steroids)	2
	≥38.5°C Looks unwell.	2
	≥38.5°C Looks well.	3
≥3 years	≥38.5°C Immunocompromised (e.g. neutropenia, transplant steroids)	2
	>38.5°C Looks unwell (consider heart rate and respiratory rate).	3
	≥38.5°C Looks well.	4

**Table 23 – Pain (Pediatric)**

Severity	Duration	CTAS Level
Severe (8 – 10/10)	Acute	2
Moderate (4 – 7/10)	Acute	3
Mild (0 – 3/10)	Acute	4

**Table 25 – Blood Glucose Level (Pediatric)**

Blood Glucose Level	Symptoms	CTAS Level
<3 mmol/L	Confusion, seizure, postictal, diaphoretic, behavioural change or infant <1 year.	2
	None	3
≥18 mmol/L	Dyspnea, dehydration, weakness.	2
	None	3



**Table 26 – Concern for Patient’s Welfare**

Second Order Modifier	CTAS Level
Conflict or unstable situation.	1
Risk of flight or ongoing abuse.	2
Physical or sexual assault.	3
History/signs of abuse or maltreatment.	4

**Table 27 - Pediatric Disruptive Behaviour**

Second Order Modifier	CTAS Level
Uncertain flight or safety risk/family distress.	2
Acute difficulties with others/environment.	3
Persistent problematic behaviour.	4
Chronic unchanged behaviour.	5

**Table 28 - Stridor**

Second Order Modifier	CTAS Level
Airway compromise.	1
Marked stridor.	2
Audible Stridor.	3

**Table 29 - Apneic Spells in Infants**

Second Order Modifier	CTAS Level
Apneic episode on presentation.	1
Recent spell consistent with apnea or respiratory compromise.	2
History of spell consistent with apnea.	3

**Table 30 - Inconsolable Crying in Infants**

Second Order Modifier	CTAS Level
Inconsolable infant - abnormal vital signs.	2
Inconsolable infant – stable vital signs.	3
Irritable but consolable.	4

**Table 31 - Floppy Child**

Second Order Modifier	CTAS Level
No tone, unable to support head.	2
Limited/less than expected muscle tone.	3

**Table 32 - Pediatric Gait Disorder/Painful Walking**

Second Order Modifier	CTAS Level
Gait or limp problems with fever.	3
Caregivers identifying need for care, walking with difficulty.	4

**Table 33 - Congenital Problems in Children**

<b>Second Order Modifier</b>	<b>CTAS Level</b>
Conditions/protocol letters identifying concerns for rapid deterioration or need for immediate therapy.	<b>2</b>
Vomiting/diarrhea in a child with inherited metabolic disease, Type 1 diabetes or adrenal insufficiency.	
Caregivers identifying need for care.	<b>3</b>
Stable child with congenital disease with potential for problems.	<b>4</b>