

# Escalation in maternity triage/EPAS



<b>Target audience</b>	Maternity staff
<b>Patient group</b>	Pregnant women/birthing people seeking advice/review in maternity triage. The term 'women/birthing people' is used within this document to include women, girls, trans men, and non-binary and intersex people, who are pregnant or have recently been pregnant.

## Summary

### Triage

The maternity triage unit in NHS Lanarkshire has adopted the Birmingham Symptom-specific Obstetric Triage System (BSOTS) for triaging the required urgency for all patients presenting to the department:

- decide level of review and target timescale
- if contact is unavailable or unable to comply with BSOTS target or if patient's clinical condition worsens or if unit activity reduces bed availability to one, escalate in the order described below.

### EPAS

Although the EPAS unit does not officially use BSOTS, the target times for review are also followed as above.

### Targets

- **Green – 4 hours**
- **Yellow – 1 hour**
- **Orange – 15 mins**
- **Red – immediate**

### Contact details

- Obstetric consultant – 5753 or mobile via switchboard
- Obstetric registrar/O&G registrar– 5754
- Obstetric GPST/FY/ST1 – 8621
- 'High-risk' consultant – 8751
- Floating registrar – 8758
- Gynaecology consultant – 6000 or mobile via switchboard
- Gynaecology registrar – 6555
- Obstetric consultant overnight – mobile via switchboard
- Gynaecology consultant overnight – mobile via switchboard
- Maternity unit co-ordinator – 7890

## Triage escalation

### Targets:

- Green – 4 hours
- Yellow – 1 hour
- Orange – 15 mins
- Red – immediate

### Patient attends triage between 0900-1700, Monday – Friday

Assessed by triage midwife: medical review required.

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact floating registrar and agree timescale for review.
  - If floating registrar unable to comply with BSOTS target, contact the high-risk consultant.
  - If the high-risk consultant is unable to comply with BSOTS target, contact the obstetric consultant.
  - If the obstetric consultant is unable to comply with BSOTS target, escalate to chief midwife and clinical director and submit InPhase.
  - **Please note that there is not always a floating registrar and/or a high-risk consultant on every day. If this is the case, please move on to the next person as described above.**

### Patient attends triage between 1700 – 2100 Monday – Friday or 0900 – 2100 Saturday - Sunday

Assessed by triage midwife: medical review required.

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the gynaecology registrar and agree timescale for review.
  - If the gynaecology registrar is unable to comply with BSOTS target, contact the obstetric registrar.
  - If the obstetric registrar is unable to comply with BSOTS target, contact the obstetric consultant on-call overnight.
  - If the obstetric consultant on-call overnight is unable to comply with BSOTS target, discuss with the obstetric consultant on-call overnight and the maternity unit co-ordinator whether or not urgent assistance from the gynaecology consultant on-call overnight is required. This would only be expected if there were competing patients on the red pathway requiring immediate medical attention. InPhase this incident.

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## Patient attends triage between 2100 – 0900, Monday – Sunday

Assessed by triage midwife: medical review required.

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact O&G registrar and agree timescale for review.
  - If O&G registrar is unable to comply with BSOTS target, contact the obstetric consultant on-call overnight.
  - If the obstetric consultant on-call overnight is unable to comply with BSOTS target, discuss with the obstetric consultant on-call overnight and the maternity unit co-ordinator whether urgent assistance from the gynaecology consultant on-call overnight is required. This would only be expected if there were competing patients on the red pathway requiring immediate medical attention. InPhase this incident.

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## EPAS escalation

### Targets:

- **Green – 4 hours** eg. stable ectopic/miscarriage for arrangement of conservative or medical management, stable patient with diagnostic uncertainty.
- **Yellow – 1 hour** – eg. below symptoms without haemodynamic concerns
- **Orange – 15 mins** eg. suspected ectopic with risk factors (bleeding, shoulder pain, rectal discomfort, diarrhoea, repeated attendance, previous ectopic/tubal surgery/coil); miscarriage with ongoing bleeding.
- **Red – immediate** eg. suspected ectopic with red flag symptoms/signs (tachycardia(>100bpm), hypotension (<100/60mmHg), collapse, severe pain); incomplete miscarriage with cardiovascular instability.

### Patient attends EPAS 0900-1300, Monday – Friday

Assessed by EPAS midwife/sonographer: medical review required.

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the gynaecology registrar and agree timescale for review.
  - If the gynaecology registrar unable to comply with review target, contact the gynaecology consultant.
  - If the gynaecology consultant is unable to comply with review target, escalate to the chief midwife and the clinical director and submit an InPhase.

### Patient attends EPAS 1300 – 1700, Monday – Friday

Assessed by EPAS midwife/sonographer: medical review required.

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the floating registrar and agree timescale for review.
  - If the floating registrar is unable to comply with review target, contact the gynaecology consultant.
  - If the gynaecology consultant is unable to comply with review target, contact the high-risk obstetric consultant.
  - If the high-risk obstetric consultant is unable to comply with review target, escalate to the chief midwife and the clinical director and submit an InPhase.
  - **Please note that there is not always a floating registrar and/or a high-risk obstetric consultant on every day. If this is the case, please move on to the next person as described above.**

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### EPAS patient attends triage 1700 – 2100, Monday – Thursday

Assessed by triage midwife: medical review required

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the gynaecology registrar and agree timescale for review.
  - If the gynaecology registrar is unable to comply with review target, contact the gynaecology consultant on-call overnight.
  - If the gynaecology consultant on-call overnight is unable to comply with review targets, discuss with the gynaecology consultant on-call overnight and the maternity unit co-ordinator whether urgent assistance from the obstetric consultant on-call overnight is required. This would only be expected if there were competing patients requiring immediate medical attention. InPhase this incident.

### EPAS patient attends triage 1700 – 2100 Friday or 0900 – 2100, Sat-Sun

Assessed by triage midwife: medical review required

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the gynaecology registrar and agree timescale for review.
  - If the gynaecology registrar is unable to comply with review target, contact the gynaecology consultant.
  - If the gynaecology consultant is unable to comply with review targets, discuss with the gynaecology consultant and the maternity unit co-ordinator whether urgent assistance from the obstetric consultant is required. This would only be expected if there were competing patients requiring immediate medical attention. InPhase this incident.

### EPAS patient attends triage 2100 – 0900, Mon-Thu

Assessed by triage midwife: medical review required

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the O&G registrar and agree timescale for review.
  - If the O&G registrar is unable to comply with review target, contact the gynaecology consultant on-call overnight.
  - If the gynaecology consultant on-call overnight is unable to comply with review targets, discuss with the gynaecology consultant on-call overnight and the maternity unit co-ordinator whether urgent assistance from the obstetric consultant on-call overnight is required. This would only be expected if there

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were competing patients requiring immediate medical attention.  
InPhase this incident

### EPAS patient attends triage 2100 – 0900, Fri-Sun

Assessed by triage midwife: medical review required

- If GPST/FY/ST1 review is required, contact triage duty doctor.
- If senior review required:
  - Contact the O&G registrar and agree timescale for review.
  - If the O&G registrar is unable to comply with review target, contact the gynaecology consultant.
  - If the gynaecology consultant is unable to comply with review targets, discuss with the gynaecology and the maternity unit co-ordinator whether urgent assistance from the obstetric consultant is required. This would only be expected if there were competing patients requiring immediate medical attention. InPhase this incident

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## Clinical governance

<b>Lead author:</b>	E Ferguson
<b>Current responsible author:</b>	E Ferguson
<b>Endorsing body:</b>	Maternity Clinical Effectiveness Group
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Consultation/distribution record	
Contributing authors:	T Hand (Senior Charge Midwife), E Ferguson (Cons O&G), G Buchanan (Cons O&G)
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Change record			
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8.10.25	E Ferguson	Initial document	1
3.12.25	G Buchanan	Changes to medical staff rota and gynaecology DECT numbers	2

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