An adapted triage tool (ETAT) at
Red Cross War Memorial Children’s
Hospital Medical Emergency Unit,
Cape Town, South Africa: An
evaluation

To the Editor: In the March issue of SAMJ, an article on the emergency
triage of children,[1] of which we were the senior co-authors, appeared
in association with an editorial by Professor Elizabeth Molyneux.[2]

We need to clarify three points.

1. The editorial states that our study compared two triage systems,
the paediatric South African Triage Scale (SATS) and an adapted
triate tool (ETAT). The study described experience with ETAT
alone. We have subsequently participated in a study reported in
this edition of SAMJ[3] that explores the roles of symptoms/signs
and physiological measures in triage in greater detail.

2. Owing to an error of editorial co-ordination on our part, paragraph
6 of the discussion of the March article[1] suggests that almost all
children requiring emergency care are easily identified by simple
observation. Our study, with death and admission as the only
outcome criteria, did not provide sufficient evidence to support
this contention.

3. In terms of the applicability of our study,[1] since admission to
hospital was one of the outcome criteria, it is important to point
out that queued patients in Red Cross War Memorial Children's
Hospital's Medical Emergency Unit are clinically re-triaged by
experienced doctors after the ETAT-based triage.

Anthony Westwood
Heloise Buys
Department of Paediatrics, Faculty of Health Sciences, University of Cape Town,
South Africa
anthony.westwood@uct.ac.za

Baljit Cheema
Division of Emergency Medicine, Department of Surgery, Faculty of Health Sciences,
University of Cape Town, South Africa

1. Buys H, Mulero N, Westwood C, Richardson D, Cheema B, Westwood A. An adapted triage tool
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