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Partnership development and roll-out of a triage tool in a low resource, high patient volume setting at the Paediatric Outpatient Department of the Uganda Cancer Institute

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Introduction

The Uganda Cancer Institute (UCI) Paediatric Outpatient Department (OPD) typically sees 30–50 children daily on a first come, first served basis.

The paediatric nursing team at the UCI identified the need for a streamlined triage tool to identify and prioritise unwell children and ensure timely care.

An initial triage tool was in place but was often incomplete and considered too time-consuming.

In collaboration with Cambridge Global Health Partnerships (CGHP), an adapted triage tool was developed, based on an existing CCLG (The Children & Young People's Cancer Association) tool used for children with an oncological diagnosis.

A secondary goal was to educate and empower families to recognise signs of acute deterioration.

Methods

The 2nd Edition (2020) CCLG Telephone Triage Toolkit was shared and adapted through virtual meetings, prioritising parameters suitable for the UCI setting and adjusting it to be deliverable with local processes. Supporting materials, including an informative guide, were also modified (Fig. 1 & Fig. 2).

A local meeting was held at UCI to introduce the tool and plan its pilot implementation.

- The pilot involved triaging 62 children over four days in March 2025, including both new and review patients.
- A small group of nurses trialled the tool and provided qualitative feedback on its usability.

Results

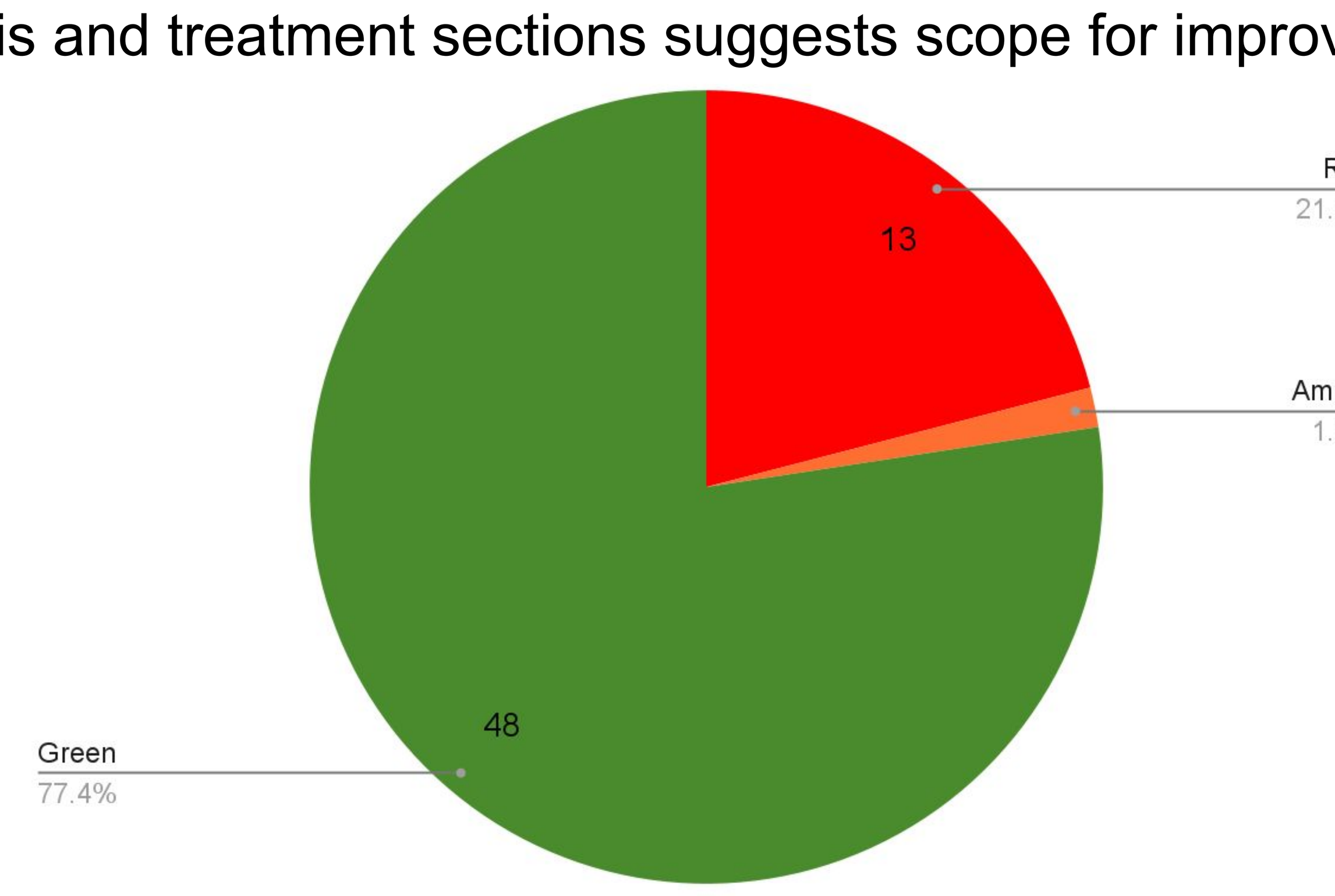
The tool was well received by the nursing team.

Over 4 days, the nurses found it easy to use and used the time doing routine observations to ask questions from the triage tool.

It provided an opportunity for clinical upskilling in recognising signs of deterioration.

62 triage tools completed over 4 days
13 patients identified as 'red'
1 patient identified as 'amber'
48 patients identified as 'green'

A semi structured interview with the nursing staff responsible for using the tool identified the following benefits and drawbacks:
✅ Benefits as an educational tool for nursing staff and parents
✅ Effective communication between nursing and medical staff at point of attendance
✅ Early identification of unwell patients with quantitative data
❌ Expansion of medical records with individual sheets for each assessment
❌ Reluctance to utilise the full tool due to lack of understanding of relevance of certain measures (neurology, rashes, urine output)
❌ Incomplete diagnosis and treatment sections suggests scope for improved parent information



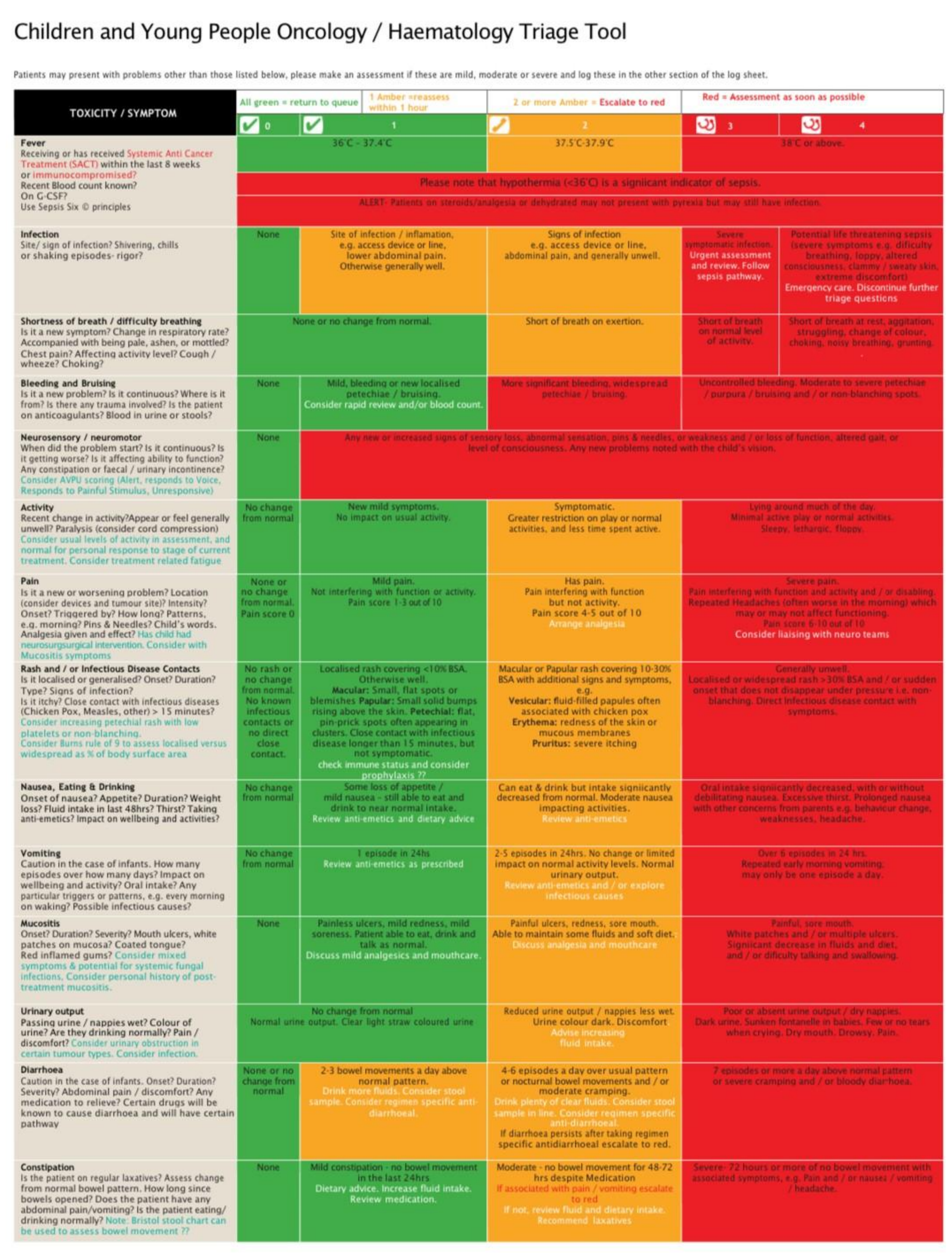


Fig 1 Triage tool information guide

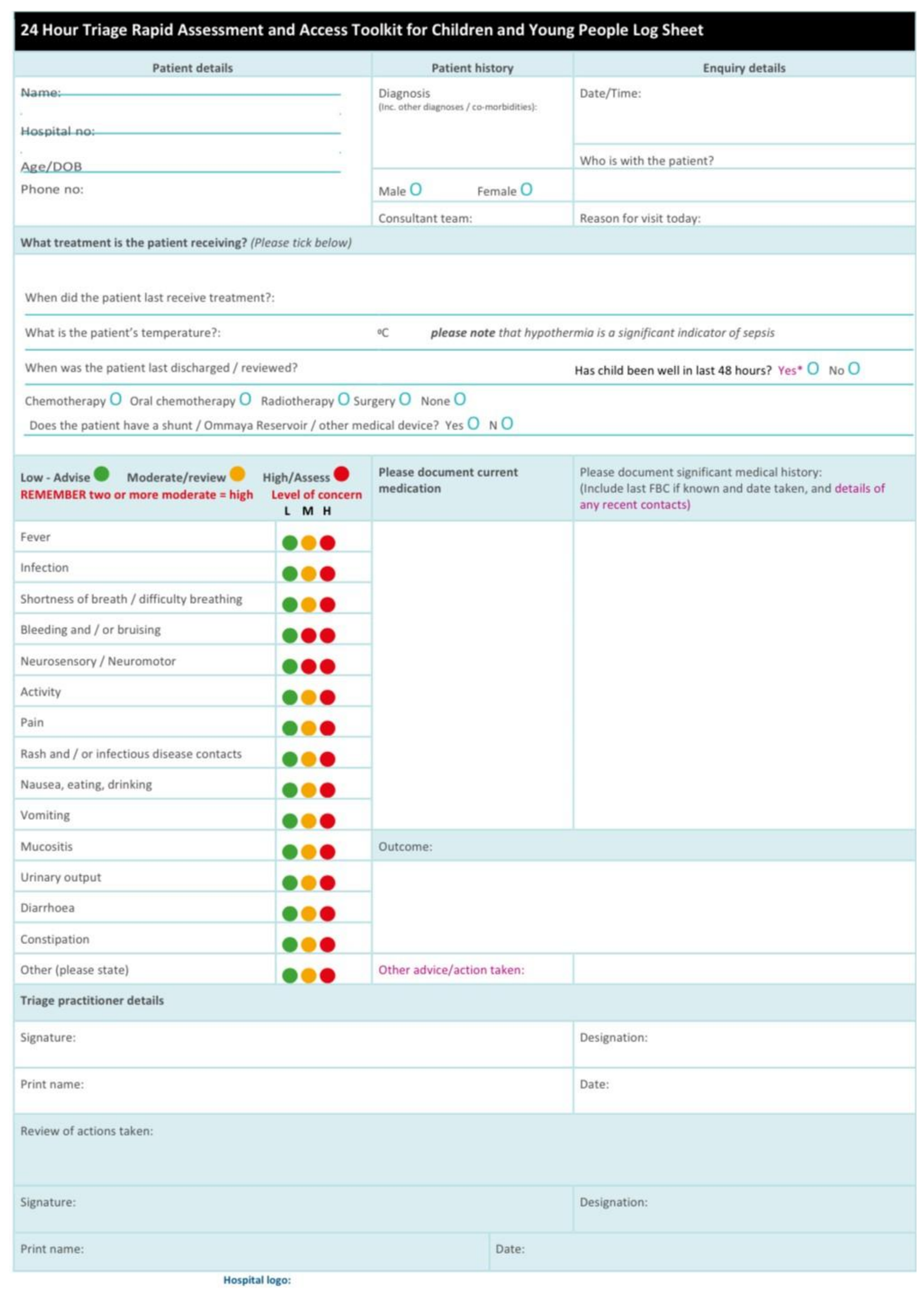


Fig 2 : Adapted triage tool

Discussion

This global health partnership, nurse-led project highlighted the feasibility of adapting a validated triage tool to a low-resource, high-volume outpatient setting. UCI Paediatric OPD is usually staffed with 2-3 nurses managing 30-50 patients per day and using paper-based documentation. Time, resources and sustainability remain key concerns alongside safety and quality improvement.

Challenges included:
- Staff shortages
- Lack of colour printing – resolved using coloured pens to mark triage scores: green, amber, red
- Incomplete sections – some parts were unfilled due to lack of understanding of relevance or unknown information

Future plans:
- Adaptations to reduce paper burden are ongoing
- Due to inconsistent access to colour printing, laminated triage charts have been supplied by CGHP and pocket cards are planned
- Local support for the tool has encouraged further finessing of record keeping, education and systematic use within the department

Conclusions

The partnership between UCI and CGHP has successfully led to the development of a workable and context-appropriate triage tool for the paediatric outpatient department at the Uganda Cancer Institute.

Through collaborative efforts, the tool has been adapted to meet local needs, empower nursing staff, educate parents, and prioritise unwell children effectively.

Now finalised, laminated wall charts and crib sheets have been supplied and a pocket card version is in progress; recording slips for observations, weight, triage score and outcome are in design, to ensure the tool is readily available and sustainable in a paper-based system.

Enthusiasm from the local nursing team has led to consideration for roll-out across the wider UCI outpatient service to promote standardisation of care and further strengthen early recognition and response to clinical deterioration in oncology patients.