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Editorial

Rethinking triage: enhancing the Manchester Triage System for headache emergencies

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In the busy and often overcrowded emergency services environment, the Manchester Triage System (MTS) plays a crucial role in saving lives and optimizing care. Initially developed at the Manchester Royal Infirmary in 1997, this innovative system enhances care in emergency departments by ensuring that patients needing immediate attention receive the required priority (1, 2). Since its implementation, the Manchester Triage System has improved workflows and patient safety and set a global standard, being adopted as a standard protocol in numerous hospitals across the UK and beyond (1).

Despite its widespread adoption and initial success, recent evaluations and studies suggest that the system might be failing to manage certain critical cases (3, 4), particularly those involving severe headaches such as migraines and cluster headaches. These conditions, often debilitating and intensely painful, require prompt and effective treatment, yet under the current triage protocol, they may not be prioritized appropriately.

A major issue is the system's method of categorizing urgency primarily based on symptoms observable upon the patient's arrival. While effective for many scenarios, this method may not adequately capture the severity of neurological symptoms that are less visible but equally urgent. For instance, patients presenting with severe migraine or cluster headache might be categorized under less urgent categories if they do not display overt signs like those associated with trauma.

This misclassification leads to longer wait times and can severely affect the outcomes for these patients (3, 4). For example, in cases of cluster headache, often described as 'suicide headache' due to their unbearable pain, delays in treatment can lead to significant distress and deterioration in the patient's condition. Similarly, migraine, if not treated promptly, can incapacitate patients, leaving them in severe pain and unable to function normally for extended periods.

The data collected from various studies indicates a troubling trend where a significant portion of patients with serious headache conditions are either undertriaged or must wait longer than medically advisable (4). This undermines the triage system's effectiveness and exposes patients to unnecessary risks and complications that could be mitigated with quicker response times.

Moreover, the current system does not always account for the psychological and situational factors that might influence a patient's condition. Migraine and cluster headache sufferers often experience anxiety and fear about their condition, which can exacerbate their symptoms. A more holistic approach considering these aspects could lead to better prioritization and treatment strategies.

The necessity for reform is apparent: the Manchester Triage System must be adapted to recognize better and prioritize conditions like severe migraine and cluster headache. Enhancements could

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include updated training for triage nurses to recognize the signs of severe neurological conditions better, integrating patient-reported symptoms into the triage process, and perhaps reevaluating the criteria used to categorize urgency.

In conclusion, while the Manchester Triage System has undoubtedly improved emergency care for many patients, its application to cases involving severe headaches requires careful reconsideration. As the medical community continues to understand more about these complex conditions, triage systems must evolve concurrently to ensure all patients receive the timely and effective care they need. This will not only improve patient outcomes but also enhance the overall efficiency of emergency medical services, aligning them more closely with the needs and realities of all patients they serve.

The authors further explore this topic in an opinion article that briefly reviews the issue (5).

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