



ED LPN RED FLAG LIST

This **Red Flag** list is an educational tool for the [ECLIP](#) program, intended to support learning and situational awareness for LPNs working in the emergency setting in BC. It is not exhaustive and does not serve as a substitute for clinical judgment. LPNs should always apply context, clinical judgement and a collaborative team nursing approach when assessing and communicating a patient's risk for deterioration.

See emergencycarebc.ca/eclip for more information on the ECLIP Program



Cardiovascular

- Chest pain, pressure, or heaviness or pain radiating to left arm and/or jaw
- Cardiac presentation with moderate or severe respiratory distress.
- Palpitations or new dysrhythmia
- History of lethal dysrhythmias
- Syncope with no prodromal symptoms or during exercise
- Ripping or tearing sensation in chest or abdomen
- SBP greater than 220 or DBP greater than 130 with symptoms (**Adult Only**)
- Signs of Shock



Endocrine

- Critical blood glucose values
- Symptomatic hypoglycemia with blood glucose less than 4mmol/L
- Symptomatic hyperglycemia with blood glucose greater than 14mmol/L
- Critical electrolyte abnormalities
- Kussmaul Breathing (moderate or severe respiratory distress)
- Altered level of consciousness
- Palpitations
- Severe or moderate dehydration
- Vomiting or diarrhea in a child with metabolic disease, diabetes or adrenal insufficiency (**Pediatric Specific**)
- BG less than 4mmol/L in infant less than one year of age (**Pediatric Specific**)



ENT / Facial

- Epistaxis uncontrolled with direct compression/pressure
- Facial bone instability or signs of skull fracture (See also **Neurologic Presentations**)
- Post-operative tonsil bleeding
- Potential Airway Obstruction (See also **Respiratory Presentations**)
- Any neck trauma



Gastrointestinal

- Critical electrolyte abnormalities
- Vomiting fecal matter, frank blood, or coffee-ground emesis
- Per rectum (or ostomy) loss of frank blood
- Significant/poorly controlled abdominal pain
- Rigid and/or distended abdomen
- Abdominal bruising and/or History of trauma to abdomen or rectum



Genitourinary

- Infection (pyelonephritis, urinary tract infection (UTI))
- Renal colic and calculi
- Urinary retention
- Hematuria
- Trauma to the kidney and/or renal tract
- Acute kidney injury (AKI) and chronic kidney disease (CKD)



Hematological

- Excessive/uncontrolled bleeding
- Critical hemoglobin and coagulation lab values
- Petechiae or purpura rash
- Signs of Shock (See also **Signs of Shock**)



Integumentary

- Quickly evolving or extensive cellulitis or signs of deep space infection (e.g. necrotizing fasciitis)
- Facial cellulitis, particularly periorbital area
- Significant pain
- Degloving injury
- Burns or wounds with patterns suggestive of abuse
- Partial or full thickness and/or greater than 25 per cent body surface area of burns or frostbite
- Partial or full thickness burns to hands, feet, face or perineum
- Circumferential burns in infants or toddlers
(**Pediatric Specific**)



Musculoskeletal

- High Mechanism of Injury (MOI) reported in history
- Presence of any of the 5 “Ps” of compartment syndrome or neurovascular compromise: significant Pain, marked Pallor, Paresthesia, Pulselessness and Paralysis
- Suspected or confirmed pelvic or spinal fracture.
- Changes in neurologic assessment (motor strength & sensation) for patient with suspected spinal cord injury.
- Significant injury with bleeding disorder
- Fever or rash with joint pain, swelling, and/or refusal to weight bear (**Pediatric Specific**)
- Trauma with incongruent history (**Pediatric Specific**)
- Fractures in non-mobile infants or children
(**Pediatric Specific**)



Ocular

- Globe rupture (corneal or scleral perforation)
- Acute or abrupt change in vision
- Significant eye pain or pressure
- Penetrating injury/chemical or thermal burn



Mental Health

- Uncontrolled or violent ideation or behaviour that poses risk to self or others
- Suicidal or homicidal attempt
- Suicidal or homicidal ideation and behaviour with a specific plan and access to means (e.g. weapon) for self-harming behaviour or harming others
- Uncertain flight risk for a patient displaying unsafe behaviours
- History suggesting a conflict or unstable situation putting patient or others at risk.



Neurological

- New or worsening symptoms of CVA
- Altered level of consciousness or mentation changes
- Vision or pupil changes
- Neck pain with fever
- Sudden dizziness, trouble mobilizing and/or loss of co-ordination
- Sudden severe headache
- History of head injury or other neurological presentation with nausea and vomiting
- Signs of seizure-like activity
- Signs of potential skull fracture (e.g. Battle signs)
- Sudden unexplained loss of continence (bowel or bladder)
- Bulging fontanelles (**Pediatric Specific**)



Reproductive

- Significant per vagina (PV) loss and/or passing large clots
- Significant pain to genitalia or suprapubic region
- Trauma to genitalia
- Pregnancy specific concerns



Older Adult-Specific

- Overall higher risk of deterioration due to frailty, specifically with medication issues (e.g. age-appropriate dosing, adverse reactions), delirium, falls and pressure injuries
- Any presentation with respiratory rate greater than 27



Pediatric-Specific

- Altered level of consciousness or inconsolable crying in infant
- Any presentation of an infant less than 28 days of age
- Any presentation of an infant born premature (less than 37 weeks gestation) who is younger than three months of age.
- Infant less than three months of age or any immunocompromised child with temperature less than 36°C or greater than or equal to 38°C
- Infant three to 18 months of age who appears unwell with temperature less than 36°C or greater than or equal to 38.5°C
- Severe or moderate dehydration
- Head, neck or throat surgery post-operative complications
- Appears lethargic or unwell with ‘normal’ vital signs

BC PEWS ED Situational Awareness concerns and Red Flags:

- PEWS ED score of two or higher
- Patient/Family/Caregiver Concern (e.g. concerns of worsening condition, unusual behaviour or unsafe situation)
- “Watcher” Patient (Identified as requiring increased observations)
- Communication Breakdown
- Unusual Therapy



Substance Use / Toxicology

- Known or suspected toxic ingestion (e.g. ethylene glycol)
- Seizures
- Delirium Tremens (DTs)
- Severe autonomic dysregulation (tachycardia, hypertension and hyperthermia)
- Extreme agitation or anxiety
- Unresponsiveness
- Respiratory distress, or absence of breathing
- Airway compromise

(See also **Mental Health & Respiratory Presentations**)



Respiratory

Airway Obstruction

- History of airway injury or insult (e.g., blunt trauma, burn inhalation, etc.)
- Stridor and/or marked dysphonia
- Choking
- Facial/neck angioedema
- Decreased ability to swallow secretions



Respiratory

Distress & Deterioration

- Stridor and/or audible expiratory wheeze
- Barking cough (**Pediatric Specific**)
- Tripoding (positioning)
- Increased (or increasing) respiratory distress (moderate or severe)
- Markedly decreased or increased respiratory rate and effort
- Decreased or absent air movement on auscultation
- Decreasing oxygen saturations
- Cyanosis
- Decreasing mentation (altered level of consciousness)
- Grunting, snoring or gurgling sounds



Signs of Shock / Sepsis

Signs of Shock (Poor Perfusion):

- Increasing heart rate/tachycardia
- PEWS score of 3 for heart rate (Pediatric Specific)
- Hypotension (late sign in pediatrics)
- Weak, thready or absent peripheral or central pulses
- Delayed capillary refill time
- Changes in skin colour (e.g. pallor, mottling, cyanosis)
- Cool Skin
- Decreased (or decreasing) Level of Consciousness
- Oliguria/Anuria
- Petechial or purpuric rash

Signs of warm (hyperdynamic) shock:

- Warm, flushed skin with brisk capillary refill
- Bounding peripheral pulses