BACKGROUND AND AIMS:
We aim to prove the advantage of a trial scale in the management of pediatric emergency cases. The use of trial scale is a strategy key for faster treatment for the patient with severe clinical condition.

METHOD:
We conducted a prospective and descriptive study in the emergency department of the Tunisian child hospital. We used the French trial scale of the Timone child Hospital that was easier to assess his 3 stages. The reason of consultation, waiting time, duration of the consultation and patient’s care were noted. We compared nurse stage to doctor’s one. The waiting time before and after the use of trial scale were noted.

RESULTS:
We identified 810 patients. The average age was 40.27 months. Sex ratio was 0.85. For 91% parents consult without medical advice. They consult for fever (42.6%) and respiratory disease (41.3%) (Chart 1). The third stage was the most frequent (75.1%) (Chart 2). The mean of consultation’s time, waiting time and length of stay were respectively 7.7min, 73.43min and 81.97min. We required further examinations for 9.5% of patients: biological (45%) and radiological (28%). Expert medical advice needed for 5.6%. Admission rate was only 16.9%(Chart 3,4). The nurse staging matches the doctor’s one in 82% (Chart 5). The difference between waiting time and the length of stay before and after using the trial scale was statistically significant p< 0.001. We gain 22.5min in waiting time and 24.6min in the length of stay (Chart 6,7).

CONCLUSION:
Using the trial scale has resulted in a better management of pediatric emergency departement while having a descriptive and prognosis view. We concluded that real emergencies were dissenting. Therefore, parents should be aware of the importance of reducing non-emergency consultations in order to improve emergency care.