**Supplementary material**

Supplementary Table 1. The 3-level HUH triage method.

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|  | Red | Yellow | Green |
| Dyspnea | Severe respiratory failureRR <8 or >30, spO2 <70 | Minimal respiratory failureRR <25, spO2 >90% | No respiratory failure |
| Trauma | Major trauma, major burn | Fractures and dislocations with obvious displacement; | Walking wounded |
| Bleeding | rAAA, hematemesis, major gynecological bleeds | Minor/moderate melena, obstetric bleeding | Minor wounds, epistaxis |
| Chest pain | Abnormal vital signs, hypovolemic shock, STEMI, chest pain with ST depression | Intermittent chest pain, hemodynamically stable, congestive heart failure | No EKG changes, spontaneously eased chest pain, |
| Arrhythmias | Abnormal GCS, abnormal vital signs, broad complex tachycardias | Narrow complex tachycardias, arrhythmias with chest pain or dyspnea | Palpitations with normal vital signs and no other symptoms |
| Altered consciousness and headache | Unconscious patient, high fever with altered consciousness, status epilepticus, suspected stroke | Acute confusional state, head injury, neck pain, headache | Post convulsion monitoring, vertigo without other symptoms. TIA. |
| Abdominal pain | Shocked patient, major GI-bleed, peritonismus, major gynecological bleed, | Bowel obstruction, kidney stone, suspected infection | Jaundice, suspected appendicitis, urinary retention |
| Back pain | Suspected spinal cord injury | Back pain with leg weakness or urinary/bowel symptoms or fever | Ambulant; no other symptoms |
| Eye symptoms | Perforating, thermal, blunt or chemical eye injury, sudden loss of vision | Eye pain, diplopy, temporary loss of vision | Normal vision with eye pain or suspected foreign body |
| Fever | Reduced consciousness; abnormal vital signs, shock | Immunocompromised patients; type 1 diabetic; any severe symptoms | Ambulant patients with normal vital signs |
| Poisoning | Abnormal vital signs; known beta- or calcium blocker intake | Minor symptoms | - |

Supplementary Table 2. STROBE checklist.

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|  | Item No. | Recommendation | Relevant text from manuscript |
| Title and abstract | 1 | (a) Indicate the study’s design with a commonly used term in the title or the abstract | “This was a retrospective observational cohort study” |
| (b) Provide in the abstract an informative and balanced summary of what was done and what was found | See Abstract |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | See background |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | Primary outcome was to compare intensive care admissions and resource consumption between NSC patients and patients presenting with specific complaints (SC). |
| Study design | 4 | Present key elements of study design early in the paper | See methods |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | This was a retrospective observational cohort study in three separate ED’s, at Tampere University Hospital and at the Helsinki University Hospital, Finland. All patients aged at and over 65 were that presented into the three ED’s between February the 1st and 28th, 2018 were screened for inclusion. |
| Participants | 6 | (a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up | All patients aged at and over 65 were that presented into the three ED’s between February the 1st and 28th, 2018 were screened for inclusion. Patients who were dead on arrival and patients who were not seen by an ED physician were excluded from the study. |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | See methods |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | See methods |
| Bias | 9 | Describe any efforts to address potential sources of bias | This was a two-center study with relatively large number of patients. Number of patients in the NSC group was smaller than in the comparison group. Data from the electronic health record are comprehensive for all outcomes. Including all eligible patients within a fixed time period reduced the risk of selection bias. |
| Study size | 10 | Explain how the study size was arrived at | Convenience sample |
| Quantitative variables | 11 | See methods |
| Statistical methods | 12 | See methods |
| Participants | 13\* | See results |
| Descriptive data | 14\* | See results |
| Outcome data | 15\* | Table 1 |
| Main results | 16 | See results |
| Other analyses | 17 | See results |
| Key results | 18 | Older adults presenting to the ED with nonspecific complaints have increased resource consumption. HDU/ICU admissions were not increased |
| Limitations | 19 | See strengths and limitations |
| Interpretation | 20 | See discussion |
| Generalisability | 21 | See discussion |
| Other information |
| Funding | 22 | See Funding |