Triage and Scenario

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Triage: Is a rapid approach to prioritizing a large number of patients

Simple Triage And Rapid Treatment
Triage

- Triage should be performed RAPIDLY
- Utilize START Triage to determine priority
- 30–60 seconds per patient
- Affix tag on left upper arm or leg
Triage

1. Scene Safety BSI and Identify number of patients, and types of injuries, communicate to EMS
2. Clear the “walking wounded” with verbal instruction: If you can hear me and you can move, walk to... (Use a PA System if Possible)
3. Direct patients to the casualty collection point (CCP) or treatment area for detailed assessment and medical care Green Minor Manager/Triage Officer will be the area to control patients and manage area
4. Green tag will be issued at the CCP These patients may be classified as MINOR
START Triage

Now use START to assess and categorize the remaining patients...

USE Color System
START-Triage

Now categorize the patients by assessing each patient's RPMs...

✓ Respirations
✓ Pulse
✓ Mental Status
START—RPM

RESPIRATIONS

Is the patient breathing?

Yes

Adult – respirations > 30 = Red/Immediate

Pediatric – respirations < 15 or > 45 = Red/Immediate

Adult – respirations < 30 = check pulse

Pediatric – respirations > 15 and < 45 = check pulse
START—RPM

RESPIRATIONS

Is the Patient Breathing?

No
Reposition the airway...

Respirations begin = IMMEDIATE/RED
If patient doesn’t breath . . . .
  ▪ Adult – deceased = BLACK
  ▪ Pediatric: Pulse Present – give 5 rescue breaths
  ▪ respirations begin = IMMEDIATE/RED
  ▪ absent respirations – deceased = BLACK
START—RPM

Pulse

Is the RADIAL pulse present?

Is capillary refill (CR) LESS than < 2 seconds?

**Yes**
Check mental status

**No**
Adult: Pulse absent or CR > 2 seconds patient = IMMEDIATE/RED
Pediatric: No palpable pulse patient = IMMEDIATE/RED
MENTAL STATUS...

Can the patient follow simple commands?

**Yes**
Adult = DELAYED / YELLOW
Pediatric: alert, verbal, or pain response is appropriate = DELAYED / YELLOW

**No**
Adult = IMMEDIATE / RED
Pediatric – “P” pain causes inappropriate posturing or “U” unresponsive to noxious stimuli = IMMEDIATE/ RED
Life Saving Interventions

If the patient is **IMMEDIATE/RED** upon initial assessment…then, before moving the patient to the treatment area, attempt only life-saving interventions:

**Airway, Tourniquet, Antidote**

**DO NOT ATTEMPT ANY OTHER TREATMENT AT THIS TIME**
Triage chart

START Adult Triage

Able to walk?
Yes → MINOR → SECONDARY TRIAGE

No →

Spontaneous breathing?
No → Position airway → APNEA

Yes →

Respiratory Rate
>30 → IMMEDIATE

<30 →

Perfusion
Radial pulse absent → IMMEDIATE
or capillary refill > 2 sec

Radial pulse present →
Mental status
Doesn’t obey commands → IMMEDIATE

Obey commands → DELAYED

Spontaneous breathing → IMMEDIATE

Triage Categories

**EXPECTANT** (Black Triage Tag Color)
- Victim unlikely to survive given severity of injuries, level of available care, or both
- Palliative care and pain relief should be provided

**IMMEDIATE** (Red Triage Tag Color)
- Victim can be helped by immediate intervention and transport
- Requires medical attention within minutes for survival (up to 60)
- Includes compromisions to patient’s Airway, Breathing, Circulation

**DELAYED** (Yellow Triage Tag Color)
- Victim’s transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours

**MINOR** (Green Triage Tag Color)
- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care: “Walking Wounded”
<table>
<thead>
<tr>
<th>Category Descriptions</th>
<th>Black/Expectant</th>
<th>Red/Immediate</th>
<th>Yellow/Delayed</th>
<th>Green/Walking Wounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apneic/Pulseless/Agonal Breathing</td>
<td>RR= &gt;30 Cap Refill 2 or more/No Radial Pulse Can’t Follow Commands</td>
<td>Can obey commands, has good ABC’s/RPM</td>
<td>Can walk away from area</td>
<td></td>
</tr>
<tr>
<td>Victim Unlikely to survive with current resources and injuries</td>
<td>Victim can be helped with given resources if care is given immediately. Includes: Compromises to ABC’s, i.e chest wounds, abdominal wounds, heavy bleeding</td>
<td>Transport can be delayed. Includes: serious and potentially life-threatening injuries, but status not expected to change immediately. I.e long bone fractures</td>
<td>Can walk away. Includes minor scrapes, sprained or broken wrists, ankles. Injuries not expected to deteriorate for days</td>
<td></td>
</tr>
</tbody>
</table>
Scenario

What will happen?

- You will be given a scenario
- A deck of patient cards
- Color Coded triage Paper (Tarps)
- And several ambulances
- Broken up into several groups

- Your goal is to triage those patients based on START and move them to the correct Casualty Collection Point
- Set up your ICS structure- Who will be in charge?
- Once completed, you will assign transport priority to the patients (You have limited transportation resources, so you can only send several patients at a time)
- Re-assess patients when needed- Triage is a continuous process
- After the activity we will discuss strengths and weaknesses of what we did
- Set up your ICS structure- Who will be in charge?
After initial sorting, the first transport units arrive to take your patients.

- Who gets transported first?
- 3 units are available for transport.
Let’s discuss:

-What went well?

-What didn’t go so well?

-What could we do to better respond as a unit?

-Any comments or feedback on the exercise?