Triage and Scenario

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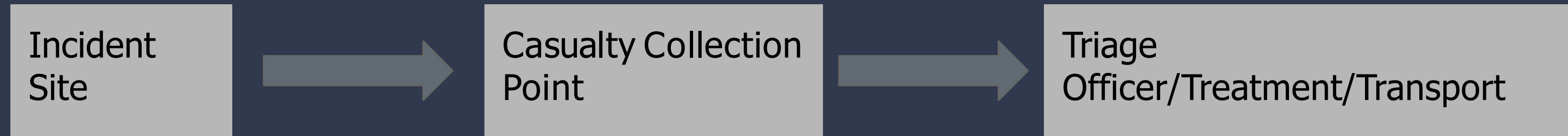
Triage

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?

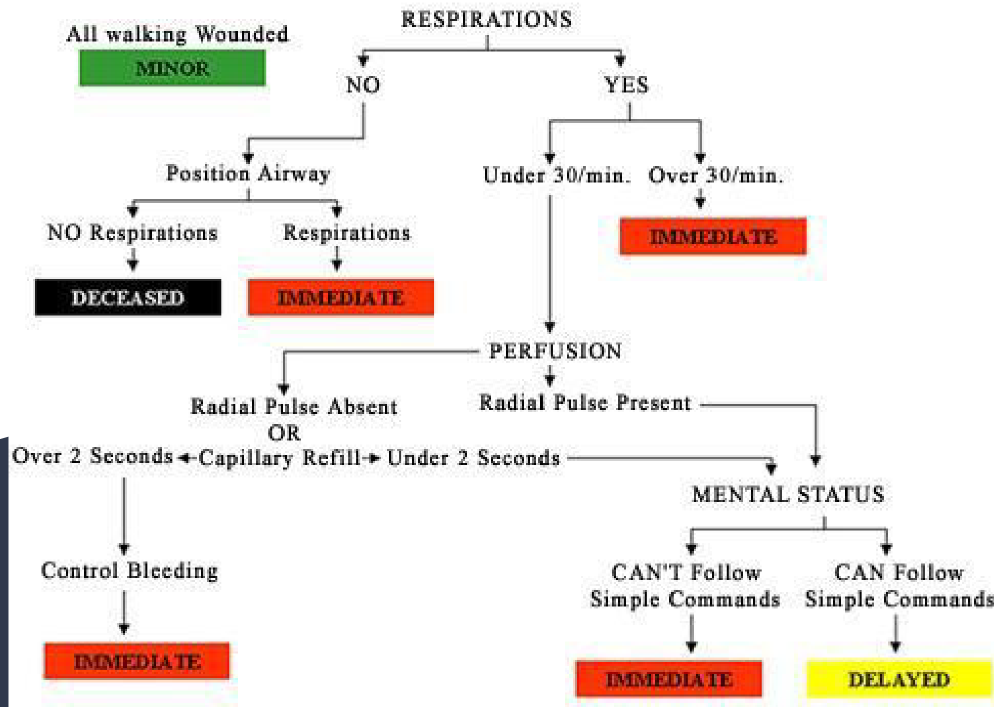
Yes

Check mental status

No

Adult: Pulse absent or CR > 2 seconds patient = IMMEDIATE/RED

Pediatric: No palpable pulse patient = IMMEDIATE/RED



START-RPM

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

START Triage

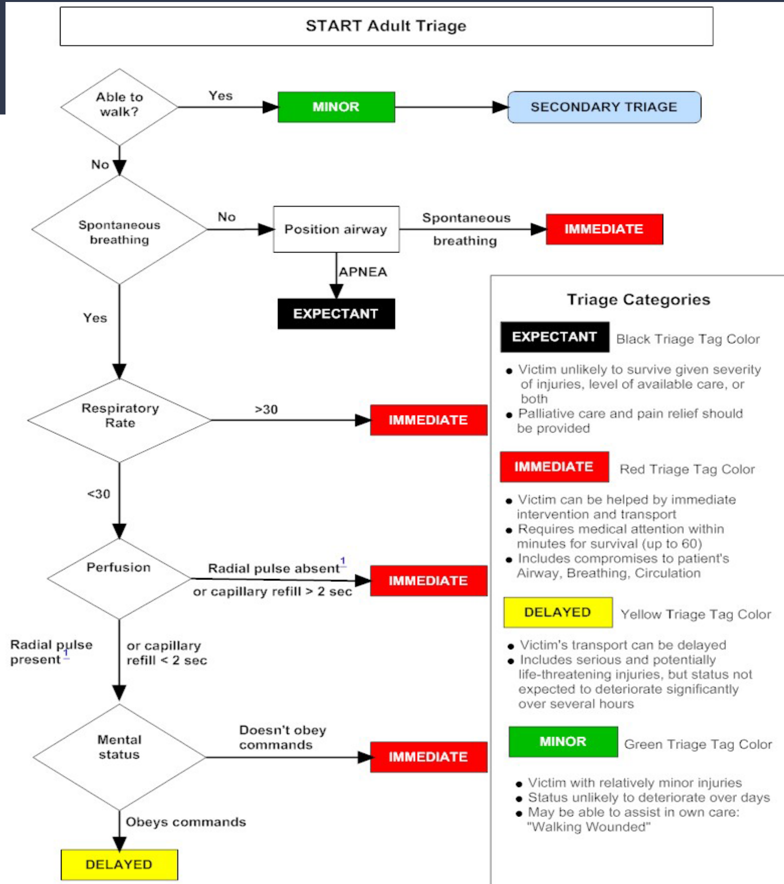
Life Saving Interventions

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



Category Descriptions

Black/Expectant	Red/Immediate	Yellow/Delayed	Green/Walking Wounded
Apneic/Pulseless/Agonal Breathing	RR= >30 Cap Refill 2 or more/ No Radial Pulse Can't Follow Commands	Can obey commands, has good ABC's/RPM	Can walk away from area
Victim Unlikely to survive with current resources and injuries Includes: Exposed brain matter, decapitation, injuries incompatible with life	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	Transport can be delayed. Includes: serious and potentially life-threatening injuries, but status not expected to change immediately. I.e long bone fractures	Can walk away. Includes minor scrapes, sprained or broken wrists, ankles. Injuries not expected to deteriorate for days

Pediatrics -JUMP START TRIAGE

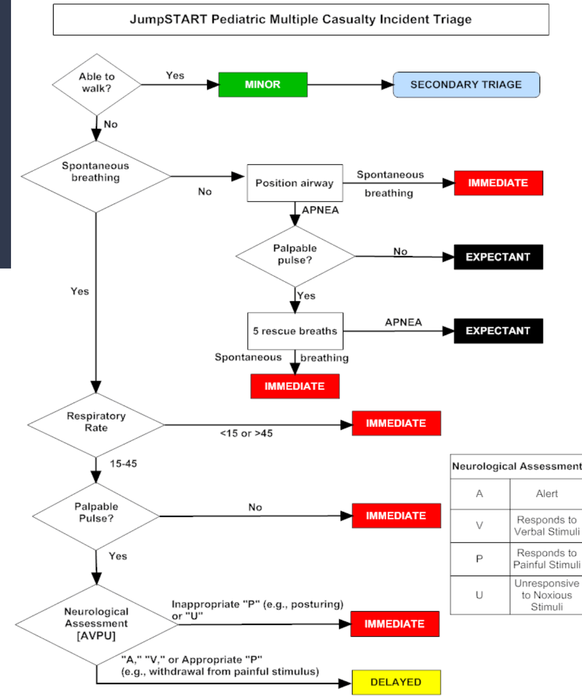
- Children are involved in mass casualty incidents
- The over prioritizing of children will take valuable resources away from more seriously injured adults
- Triage systems based on adult physiology will not provide accurate triage
- JUMPStart utilizes same principles but differences in Vitals and additional LSI Rescue breathing added.

JUMPSTART

Step 1: Identify ambulatory patients

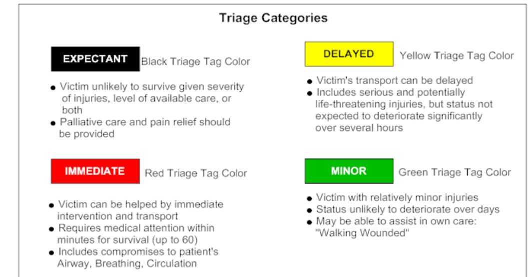
As with START, the triage clinician begins by instructing everyone who can walk to move to a designated area for treatment. All patients who are able to do this are immediately tagged **green (minor)**. These patients are then fully triaged by a clinician assigned to the green area (*secondary triage*).

In the JumpStart system, infants are evaluated first in secondary triage, using the entire JumpStart algorithm. Other children who did not walk on their own, but were carried to the treatment area, are evaluated next.



Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.



Pediatric Triage

Step 2: Is the patient breathing?

Yes

If the patient is breathing, the clinician proceeds to step 3.

No

As with START, an airway maneuver is first attempted. If the child starts breathing on their own, they are triaged **red (immediate)**.[1]

However, unlike START, patients who do not have a spontaneous return of respirations following an airway maneuver are not immediately triaged Black. First the clinician feels for a peripheral pulse. If the child is apneic with no peripheral pulse, they are triaged **black (deceased/expectant)**.

If the child does have a palpable peripheral pulse, the clinician delivers five assisted ventilations. If the child remains apneic, they are triaged **black.** If the child has a return of spontaneous respirations, they are triaged **red**.

Pediatric Continued

Step 3: Assess respiratory rate, perfusion, and mental status

The child is triaged **red** if:

•Their respiratory rate is under 15, or over 45; or

•They have no peripheral pulse; or

•Their mental status is age-inappropriate

- Mental status is assessed using the AVPU scale. Age-inappropriate mental statuses include inappropriate responses to pain or unresponsiveness
- Age-inappropriate mental status also includes posturing

To be triaged **yellow**, the child must:

•Have a respiratory rate between 15 and 45; and

•Have a palpable peripheral pulse; and

•Have an age-appropriate mental status (A, V, or P on the AVPU scale)

Secondary Triage

-Generally used when there is an extended duration event

-After initial color coding triage

- Healthcare professionals who respond to the scene or PH/Hospital response teams may be utilized to further determine who gets transported from scene first
- Incident and resource dependant
- In secondary triage, re-triaging due to patients' condition is common

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

Hotwash/Discussion

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?