



TRIAGE



“Large scale triage is the hardest job anyone in pre-hospital care will ever do.” *AJ Heightman*



Definition

- [French, from trier, *to sort*, from Old French.]
- *A method of quickly identifying victims who have immediately life-threatening injuries AND who have the best chance of surviving*
- *Baron Dominique Jean Lorry organized first triage system*



NEED OF THE DISASTER TRIAGE

- *Inadequate resource to meet immediate needs.*
- *Infrastructure limitations.*
- *Inadequate hazard preparation.*
- *Limitation transport capabilities.*
- *Multiple agencies responding.*
- *Hospital Resources overwhelmed*



AIM OF TRIAGE

- *To sort patients based on needs for immediate care*
- *Medical needs will outstrip the immediately available resources*
- *Additional resources will become available given enough time*



PRINCIPLES OF TRIAGE

- Every patient should receive and triaged by appropriate skilled health-care professionals.
- Triage is a clinic-managerial decision and must involve collaborative planning.
- The triage process should not cause a delay in the delivery of effective clinical care.



ADVANTAGE OF TRIAGE

- Helps to bring order and organization to a chaotic scene
- It identifies and provides care to those who are in greatest need
- Helps make the difficult decisions easier
- Assure that resources are used in the most effective manner
- May take some of the emotional burden away, from those doing triage



TRIAGE

- *Who is doing it?*
- *Where are they doing it?*
- *What are they finding?*

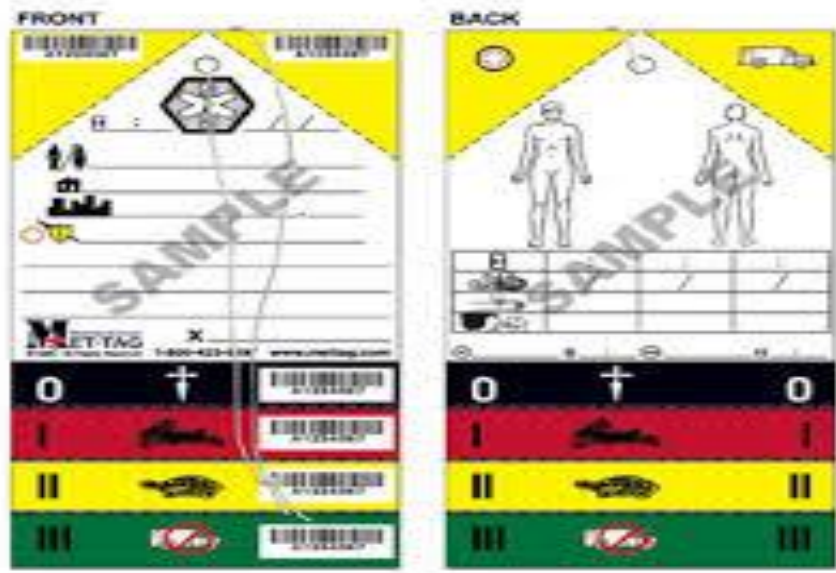


START SYSTEM

- Created in the 1980's by Hoag Hospital and the Newport Beach CA Fire Dept
- Simple triage and rapid treatment (START) is a triage method used by first responders to quickly classify victims during a mass casualty incident based on the severity of their injury
- Allows rapid assessment of victims
- It should not take more than 15 sec/ Pt
- Once victim is in treatment area more detailed assessment should be made



Triage Tags



Tagging

- Complements Triage
- Rapid Identification of patient
- Color Coded / Bar Coded system
- Plastic “bands” can substitute tags

No. 239352 TRIAGE TAG No. 239352
 PART I
 No. 239352
 CALIFORNIA FIRE CHIEFS ASSOCIATION®
 Leave the correct Triage Category ON the end of the Triage Tag

Move the Walking Wounded **MINOR**
 No respirations after head tilt **DECEASED**

Respirations - Over 30 **IMMEDIATE**
 Perfusion - Capillary refill Over 2 seconds **IMMEDIATE**
 Mental Status - Unable to follow simple commands **IMMEDIATE**
 Otherwise- **DELAYED**

MAJOR INJURIES: _____
 HOSPITAL DESTINATION: _____

ORIENTED DISORIENTED UNCONSCIOUS

TIME	PULSE	B/P	RESPIRATION

DECEASED
IMMEDIATE No. 239352
DELAYED No. 239352
MINOR No. 239352

No. 239352 TRIAGE TAG No. 239352
 PART II
 No. 239352
 CALIFORNIA FIRE CHIEFS ASSOCIATION®
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MEDICAL COMPLAINTS/HISTORY

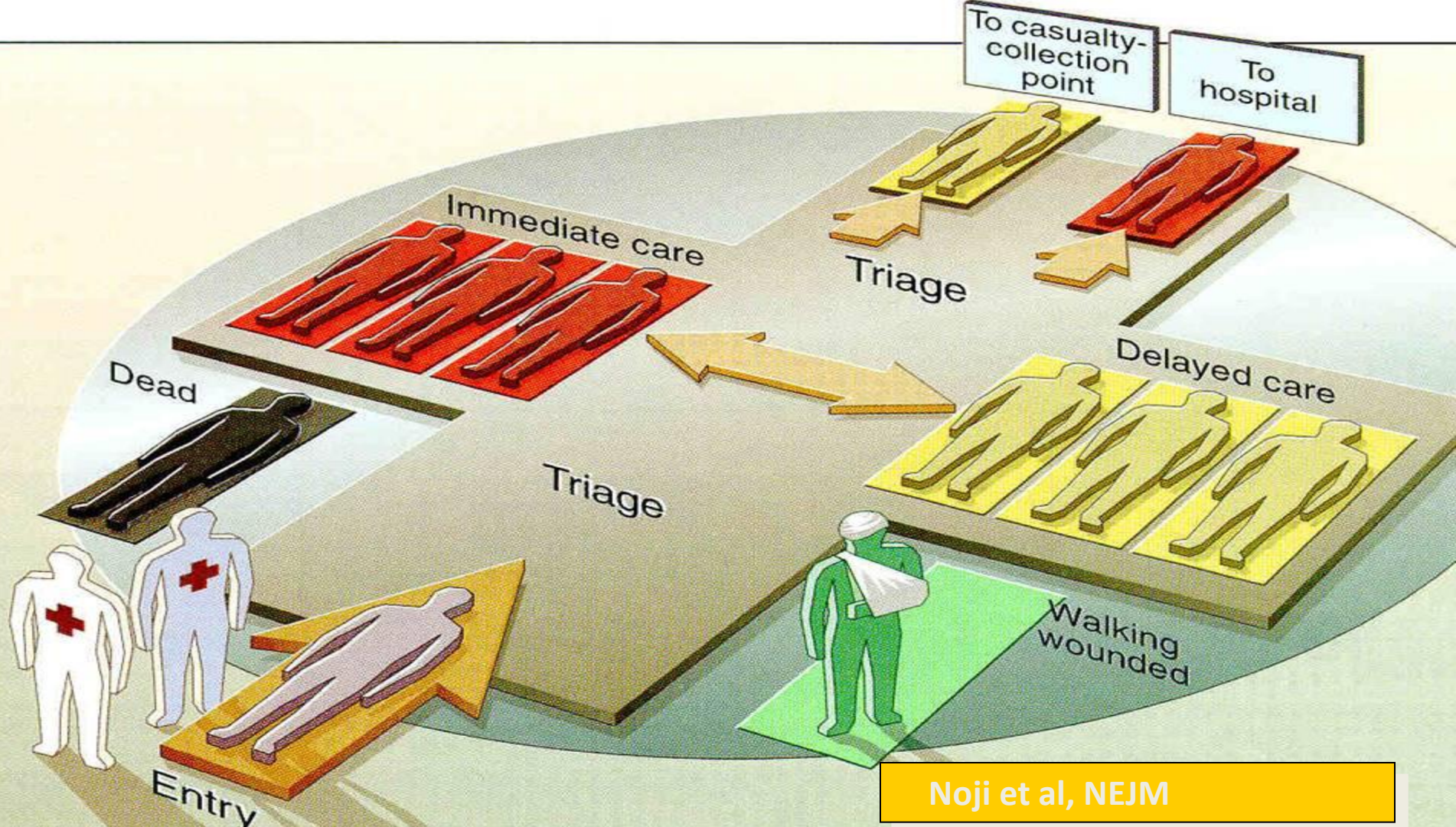
ALLERGIES:
 PATIENT R:

TIME	DRUG SOLUTION			DOSE
	D ₂ W	R/L	NS	

 NOTES:

PERSONAL INFORMATION
 NAME: _____
 ADDRESS: _____
 CITY: _____ TEL. NO.: _____
 MALE FEMALE AGE: _____ WEIGHT: _____

DECEASED
IMMEDIATE
DELAYED
MINOR





Simple Triage And Rapid Treatment: Four Categories

IMMEDIATE – life threatening, requires immediate care

DELAYED – urgent care, but can delay for an hour

MINOR - “walking wounded”, can delay for three hours

DECEASED - mortally wounded, no care required



Triage category	Priority	Color	Conditions
Immediate	1	RED	Chest wounds, shock, open fractures, 2-3 burns
Delayed	2	YELLOW	Stable abdominal wound, eye and CNS injuries
Minimal	3	GREEN	Minor burns, minor fractures, minor bleeding
Expectant	4	BLACK	Unresponsive, high spinal cord injury



START SYSTEM

CLASIFICACION IS BASED ON THREE ITEMS

- *Respiratory*
- *Perfusion*
- *Mental status evaluation*

All Walking Wounded

RESPIRATIONS

MINOR

NO

YES

Position Airway

Under 30/min.

Over 30/min.

NO respirations

Respirations

IMMEDIATE

DECEASED

IMMEDIATE

PERFUSION

Radial Pulse Absent
OR
Capillary Refill

Radial Pulse Present

Over 2 seconds

←

→ Under 2 seconds

MENTAL STATUS

Control Bleeding

CAN'T Follow
Simple Commands

CAN Follow
Simple Commands

IMMEDIATE

IMMEDIATE

DELAYED



START FIRST STEP

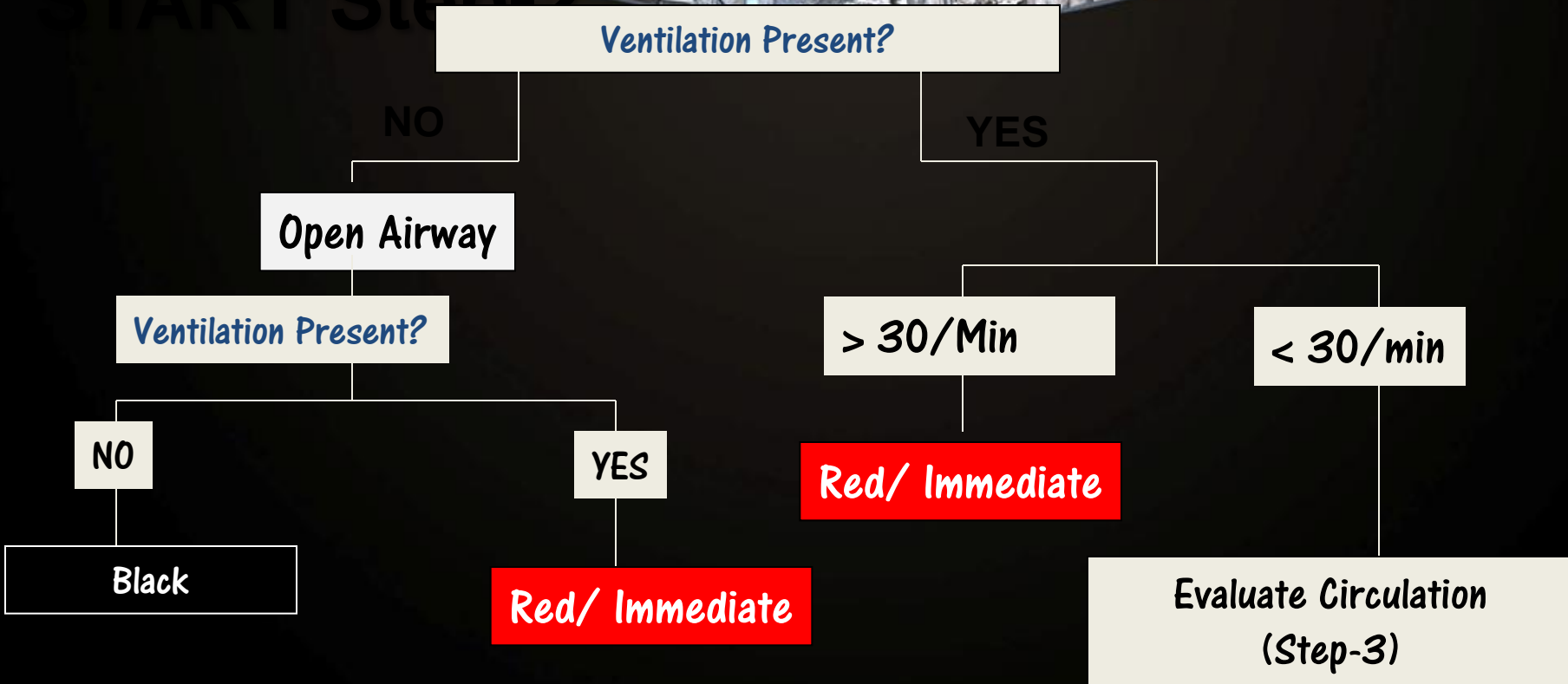
Can the Patient Walk?

YES

**Green
(Minor)**

NO

**Evaluate Ventilation
(Step-2)**





START Step-3

Circulation

Absent Radial Pulse

Present Radial Pulse

Control Hemorrhage

Evaluate Level of Consciousness

Red/ Immediate



START Step

Level of Consciousness

**Can't Follow Simple
Commands**

Red/ Immediate

**Can Follow Simple
Commands**

Yellow/ Delayed



START-Overview

- Remember RPM
- R- Respirations- 30
- P- Perfusion- Radial Pulse
- M- Mental- Follows Commands



RPM CLASSIFICATION

CATEGORY	RPM INDICATIONS
Critical RED	RR > 30bpm P'CAPILLARY REFIL :>2 SEC MENTAL STATUS: Does not obeys commands
Urgent YELLOW	RR < 30bpm P < 2 sec M : Obey's commands
Expectant DEAD / DYING	RR: not breathing P not present M not responding



CONTAMINATED PATIENTS

- Patients with exposure (potential or real) to contaminants should be tagged as **BLUE**
- This category will continue to stay until patient is adequately decontaminated then follow **START** as usual
- Some recommend a “double tagging” with blue and the standard **START** color



VICTIMS

- Female, 30's, walking
- Female, teens, walking, pale, complaining of severe abdominal pain
- Male, teens, walking, confused
- Male, teens, you open airway, does not breathe
- Male, 20's, unconscious, breathing, RR 36, radial pulse absent
- Male, 20's, holding left ankle, cannot walk, RR 20, CRT 1, responds to instructions



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Terima
Kasih