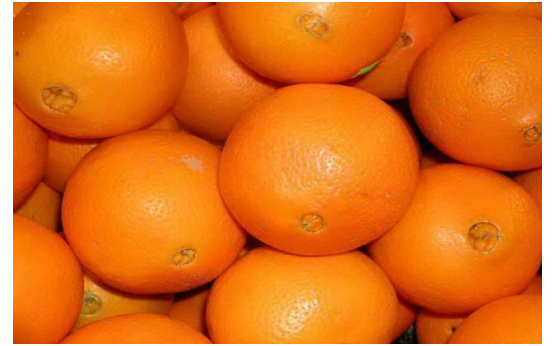




# TRIAGE

***Лектор: доц. д-р В. Данчева, дм***

# Triage



- “To Sort”
- Look at medical needs and urgency of each individual patient
- Triage in Daily Emergencies
  - Do the best for each individual
- Disaster Triage
  - Do the greatest good for the greatest number
  - Make an impossible task manageable



# The triage is a very important but difficult, long and dynamic process.

- this is a sorting activity, developed originally to **classify the victims** of war and disaster, according to the **urgency** of their medical needs and their **likelihood** of survival, if treated.
- the word triage comes from French word for "sort out".
- various systems of triage have been developed, some of which have been in use for several decades.

# **Triage should be understood as a complex process which includes:**

**A** sorting, classification/categorization, selection

**B** initiating life-saving measures

**C** re-evaluation

**D** adaptive process (medical care/criteria) according to the evolution of:

- ❖ needs

- ❖ condition of the victim

- ❖ treatment capacity at field level, during evacuation and at hospital



The triage is based on the clinical impression of the existing and expected condition of the injured person.



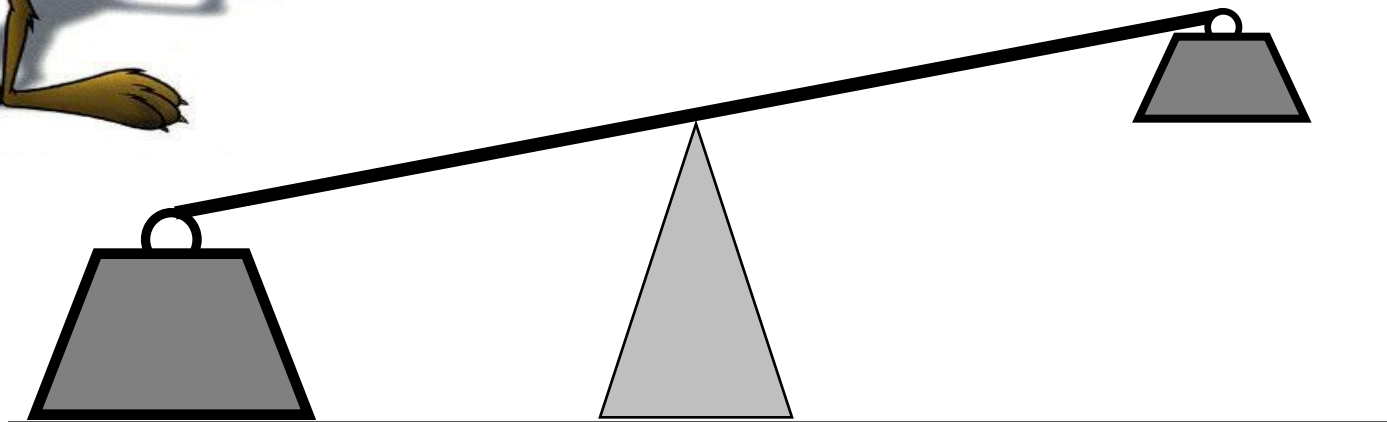
# Considerations During an MCI Response



- **Supply vs. Demand**
- **Resource Allocation**
- **Coordination**
- **Medical Management**
- **Ethics**



# The Problem



**Casualties**

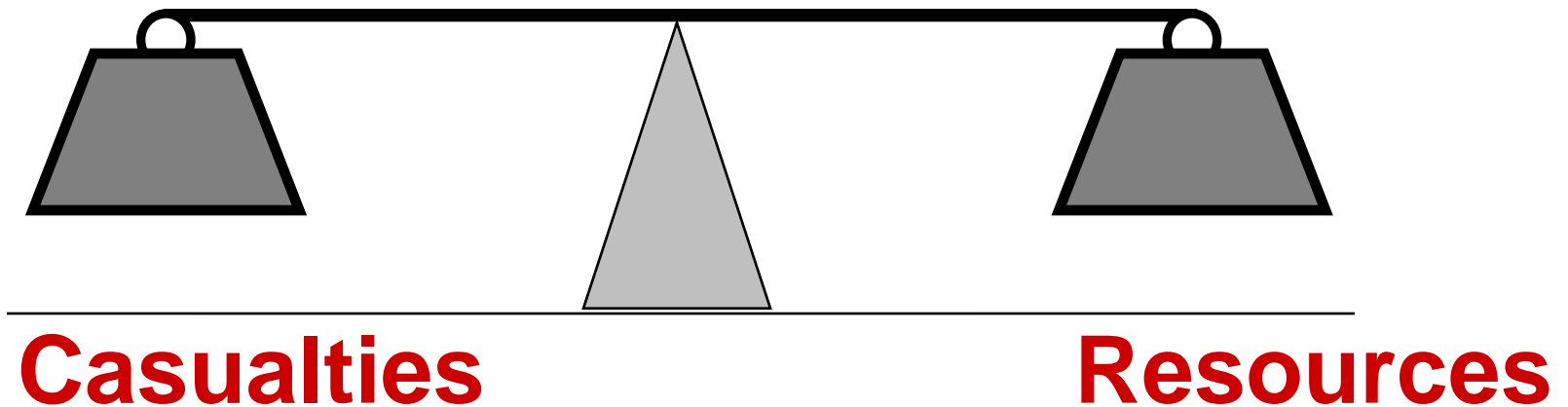
**Resources**

# **The triage process aims to:**

- **Ensure care to casualties** according to:
  1. severity of injury
  2. need for treatment
  3. possibility of good quality survival
  4. availability of medical care
- **Determine priority** for evacuation.
- **Organize the dispatching and evacuation** of patients to hospital.
- **Decide priority** for surgical and other specific treatment.



# The Objective



**There are two major types of triage:**

***Primary (first)***, pre-hospital triage; rescuer's triage; On scene prior to movement or at hospital.

***Secondary (second)***, incident dependent, probably prior to or during transport or upon arrival to hospital; medical triage made by specially trained physicians at an **Advanced Medical Post (CCP)** or at the receiving Hospital.

# Primary and Secondary Triage

---

## ☐ Primary triage

- 1<sup>st</sup> contact
- Assign triage category

## ☐ Secondary triage

- ongoing process that takes place after the patient has been moved to a **treatment/holding area** awaiting transport.
-

# In The Treatment Area

---



- ❑ Patients should be separated as tagged



# Why Triage and Tag?

- **Sorting of patients to provide for the survival of the most patients**
- **Assignment of resources in the most efficient method**
- **Most severe survivable injuries receive rapid treatment**
- **Accountability of patients**
- **Family reunification**

# Triage Categories

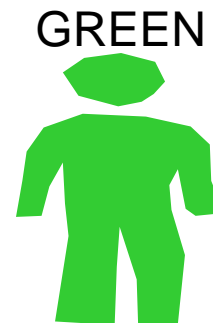
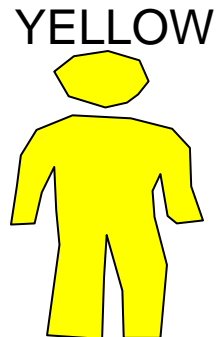
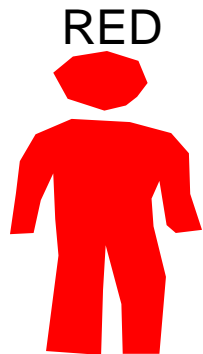
---

- **Red (1)** = immediate - critical patient
  - **Yellow (2)** = delayed - serious patient that could wait until all reds have been transported
  - **Green(3)** = ambulatory / hold – minor injuries
  - **Black** = deceased (expectant)
-

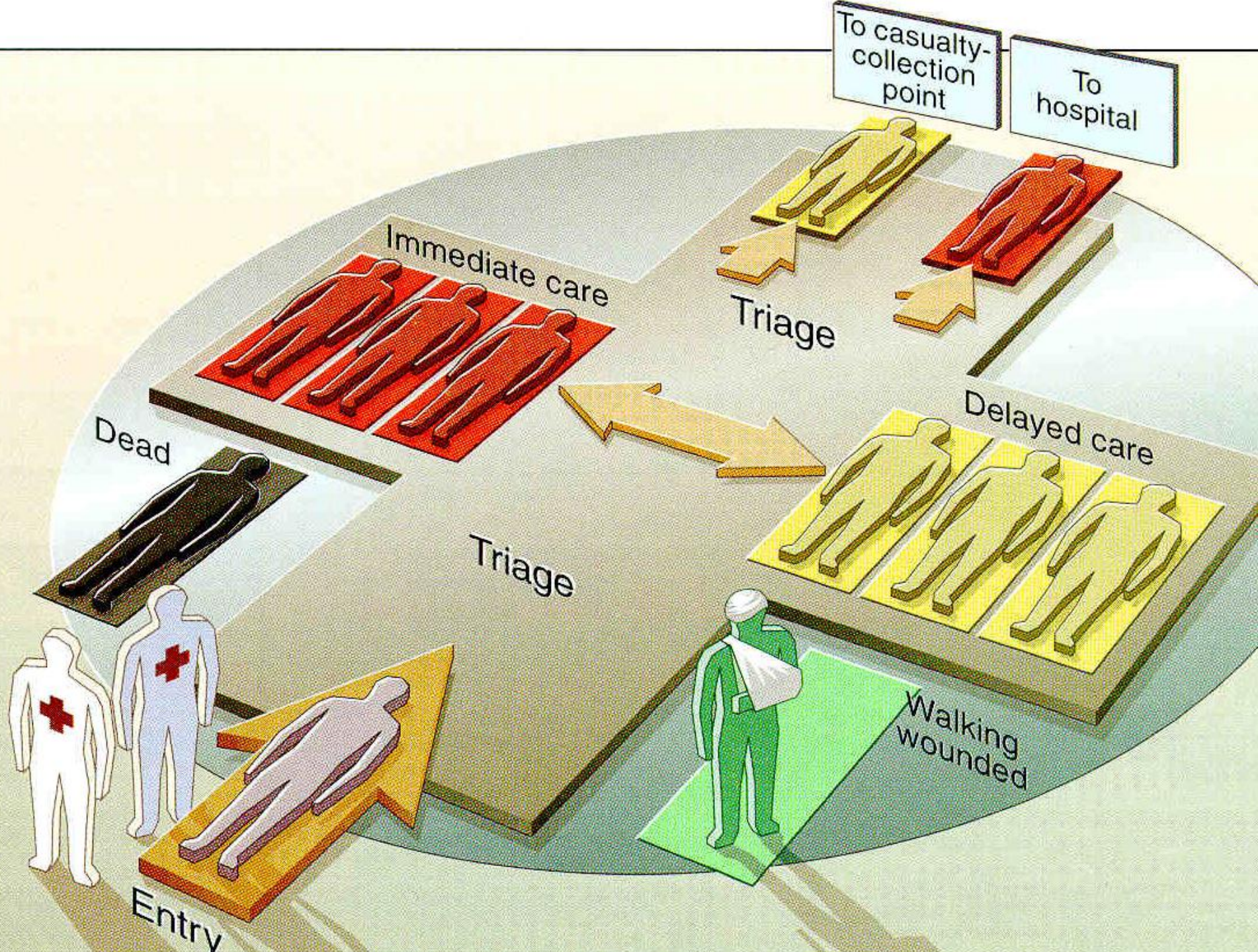


# Triage Categories

- **RED** - Immediate/emergent
- **YELLOW** - Urgent
- **GREEN** - Nonurgent
- **BLACK**- Dead/little to no hope of survival









# RED Triage Category (Immediate)

## Adult

Respirations > 30 BPM  
(breaths/min, RR (respiratory rate))

CR (capillary refill time) > 2 seconds or

no palpable radial pulse

Cannot follow simple commands

Pneumothorax  
Hemorrhagic Shock  
Closed Head Injury

## Pediatric

Respirations < 15 or > 45  
CR > 2 seconds or no palpable radial or brachial pulse  
Inappropriate “Pain”  
(e.g., posturing) or  
“Unresponsive”



# RED - Immediate



- **Severely injured but treatable injuries and able to be saved with relatively quick treatment and transport**
- **Examples**
  - Severe bleeding
  - Shock
  - Open chest or abdominal wounds



# Capillary nail refill test

The capillary nail refill test is a quick test done on the nail beds. It is used to monitor dehydration and the amount of blood flow to tissue.

Pressure is applied to the nail bed until it turns white. This indicates that the blood has been forced from the tissue. Once the tissue has **blanched**, pressure is removed. Return of blood is indicated by the nail turning back to a **pink color**. This test measures how well the vascular system works in hands and feet. If there is good blood flow to the nail bed, a pink color should return in **less than 2 seconds** after pressure is removed. Blanch times that are **greater than 2 seconds** may indicate: ***Dehydration, SHOCK, Peripheral vascular disease (PVD), Hypothermia***

# YELLOW Triage Category (Delayed)

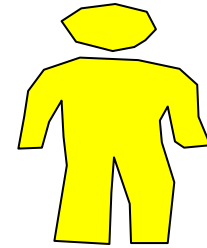
Adult: respirations, capillary refill, and mentation are normal

- Isolated burns
- Extremity fractures
- Stable other trauma
- Most patients with medical complaints





# Yellow - Delayed



**Injured and unable to walk on their own. Potentially serious injuries but stable enough to wait a short while for medical treatment**

- Examples
  - Burns with no respiratory distress
  - Spinal injuries
  - Moderate blood loss
  - Conscious with head injuries



# GREEN Triage Category (Minor)

- “Walking wounded”
- Psychological casualties
- Always look for children being carried and assess them



# Green – Non-Urgent



- Minor injuries that can wait for a longer period of time for treatment.
- May or may not be able to ambulate
- Examples
  - Minor fractures
  - Minor bleeding
  - Minor lacerations

# GREY Triage Category (Expectant)

- This category is not currently in use and must not be utilized until approved by MIEMSS
- It is included on the paper tags in anticipation of national recognition and acceptance in the future
- **GREY** is for the patient that is not likely to survive even with emergent interventions

# BLACK Triage Category (Deceased)

- Obvious mortality or death (pulseless and apneic)
  - Decapitation
  - Blunt trauma arrest
  - Injuries incompatible with life (future GREY)
  - Brain matter visible (future GREY)

# Blunt trauma arrest (Agonal)

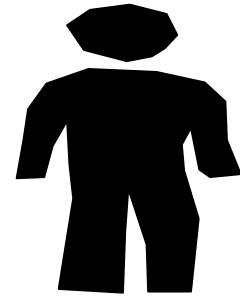
- Severely injured patients (Class IV Shock) who are non-responders to fluid resuscitation.

## Markers

- Heart rate less than **60**
- Systolic blood pressure less than **80**
- Any ventricular fibrillation, ventricular tachycardia, or pulseless
- Loss of signs of life – absent respirations, absent pupil response, **GCS 3 - 4**



# Black - Deceased



- Dead or obviously dying. May have signs of life but injuries are incompatible with survival.
- Handle based on local protocols
- Examples
  - Cardiac arrest
  - Respiratory arrest with a pulse
  - Massive head injury
- Can be psychologically difficult to tag a child as black

# SMART TAG

---



**Illinois Approved  
Triage Tag**

**DEAD**

# Triage Coding

**Priority treatment**

**Color**

**Immediate 1**

**RED**

**Urgent 2**

**Yellow**

**Delayed 3**

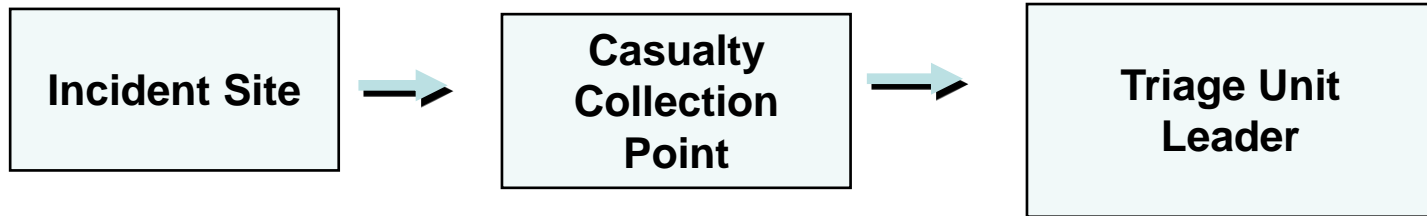
**Green**

**Dead 0**

**Black**



# Triage: A rapid approach to prioritizing a large number of patients



**S**imple **T**riage **A**nd **R**apid **T**reatment

***JumpSTART***

# Triage

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



# The "START" System of Triage

---

- using START Triage, evaluate victims and assign them to one of the following four categories:
    - **Walking wounded/minor (green)**
    - **Delayed (yellow)**
    - **Immediate (red)**
    - **Deceased/expectant (black)**
-



# Triage: Sorting of Patients

---

- ☐ You can't commit to "one-on-one" care
  - ☐ You have to be fast – 30 sec or less per patient
  - ☐ Very limited treatment is provided
    - Manually open airways
    - Clear airway with finger sweep
    - Control major bleeding
-

# "START"

## Focus on tagging the patients

---

### ☐ **BEGIN...**

Clear out all **ambulatory patients** – tag **Green**

- ☐ Rest of the patients require MORE triage – 3 steps: They will be either red, yellow or black.

- **R**espiratory effort
  - **P**ulses/perfusion
  - **M**ental status
-

## **START – 4 things to think about...**

---

- Ability to **follow directions and walk**
- **R**espiratory effort
- **P**ulses/perfusion
- **M**ental status

**“RPM’S”**

# ***START/JumpSTART***

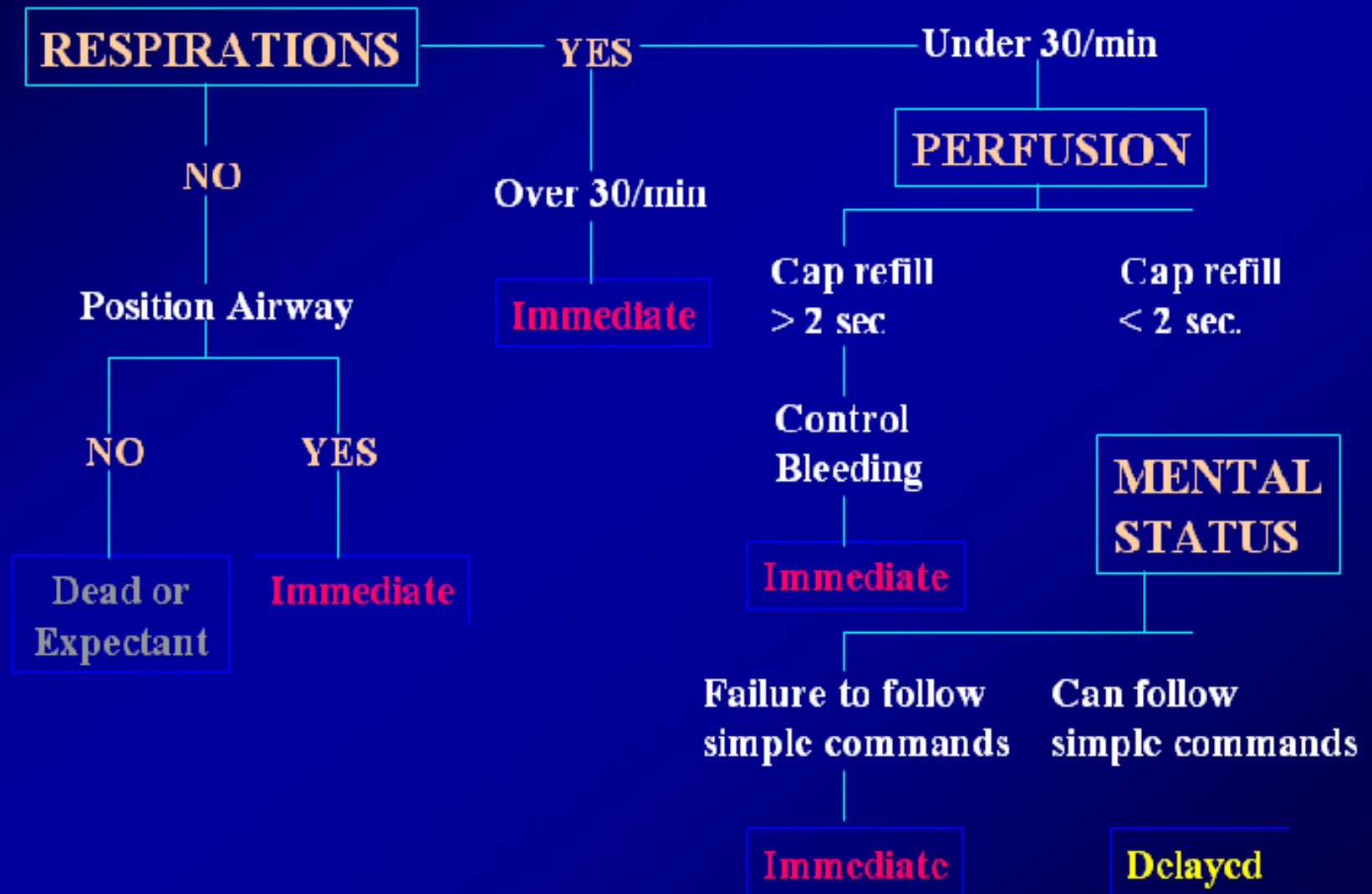
**Categorize the patients by assessing  
each patient's *RPMs...***

✓ **R**espirations

✓ **P**ulse/perfusion

✓ **M**ental Status

# START Triage



# Mnemonic

R

P

M

30

2

Can do

All Walking Wounded

## RESPIRATIONS

**MINOR**

NO

YES

Position Airway

NO respirations

Respirations

**DECEASED**

**IMMEDIATE**

Under 30/min.

Over 30/min.

**IMMEDIATE**

PERFUSION

Radial Pulse Absent

OR

Capillary Refill

Over 2 seconds

Under 2 seconds

Control Bleeding

**IMMEDIATE**

Radial Pulse Present

MENTAL STATUS

CAN'T Follow  
Simple Commands

CAN Follow  
Simple Commands

**IMMEDIATE**

**DELAYED**



# **START** – *JumpSTART Triage*

- Clear the “**walking wounded**” with verbal instruction:

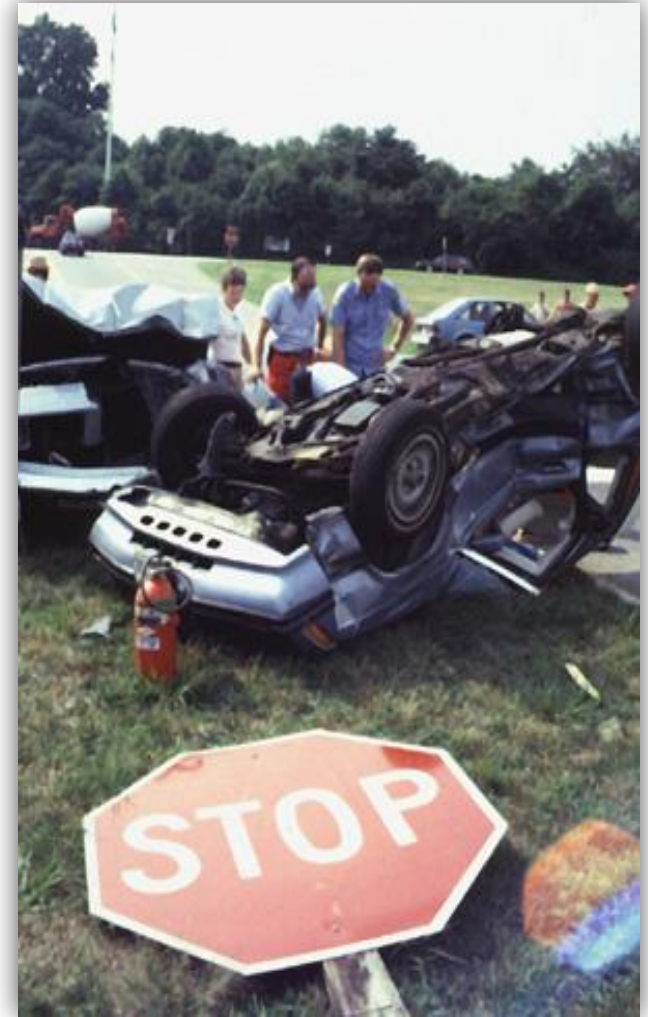
*If you can hear me and you can move, walk to...*

- Direct patients to the **casualty collection point (CCP)** or treatment area for detailed assessment and medical care
- Assign a Green Minor Manager to the area to control patients and manage area
- Tag will be issued at the CCP
- These patients may be classified as **MINOR**

# ***START/JumpSTART***

Now use  
**START/JumpSTART** to  
assess and categorize  
the remaining patients...

USE COLORED  
RIBBONS ONLY





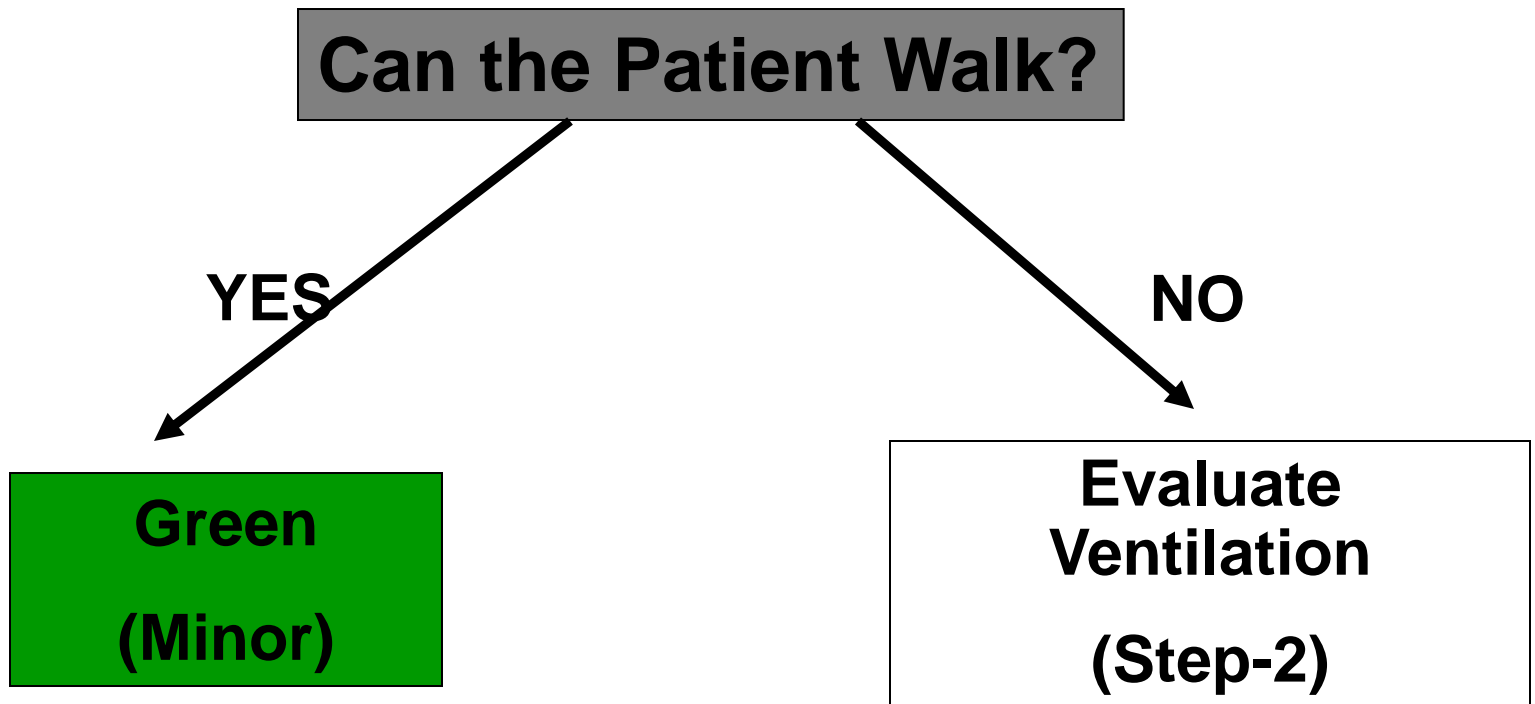
# START – **Step 1**

## Respiratory Effort

---

- ❑ **Not breathing** – manually open their airway
    - If they start breathing - tag **RED**
    - If they don't start breathing – tag **BLACK**
  - ❑ **Breathing**  $>30$  or  $<10$  = tag **RED**
  - ❑ Breathing normal 10-30 = **go to next step**
-

# START First Step



# ***START/JumpSTART—RPM***

## **RESPIRATIONS**

Is the patient breathing?

**Yes**

Adult – respirations  $> 30$  = **Red/Immediate**

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

Adult – respirations  $< 30$  = check perfusion

Pediatric – respirations  $> 15$  and  $< 45$  = check perfusion



# START/JumpSTART—RPM

## RESPIRATIONS

Is the patient breathing?

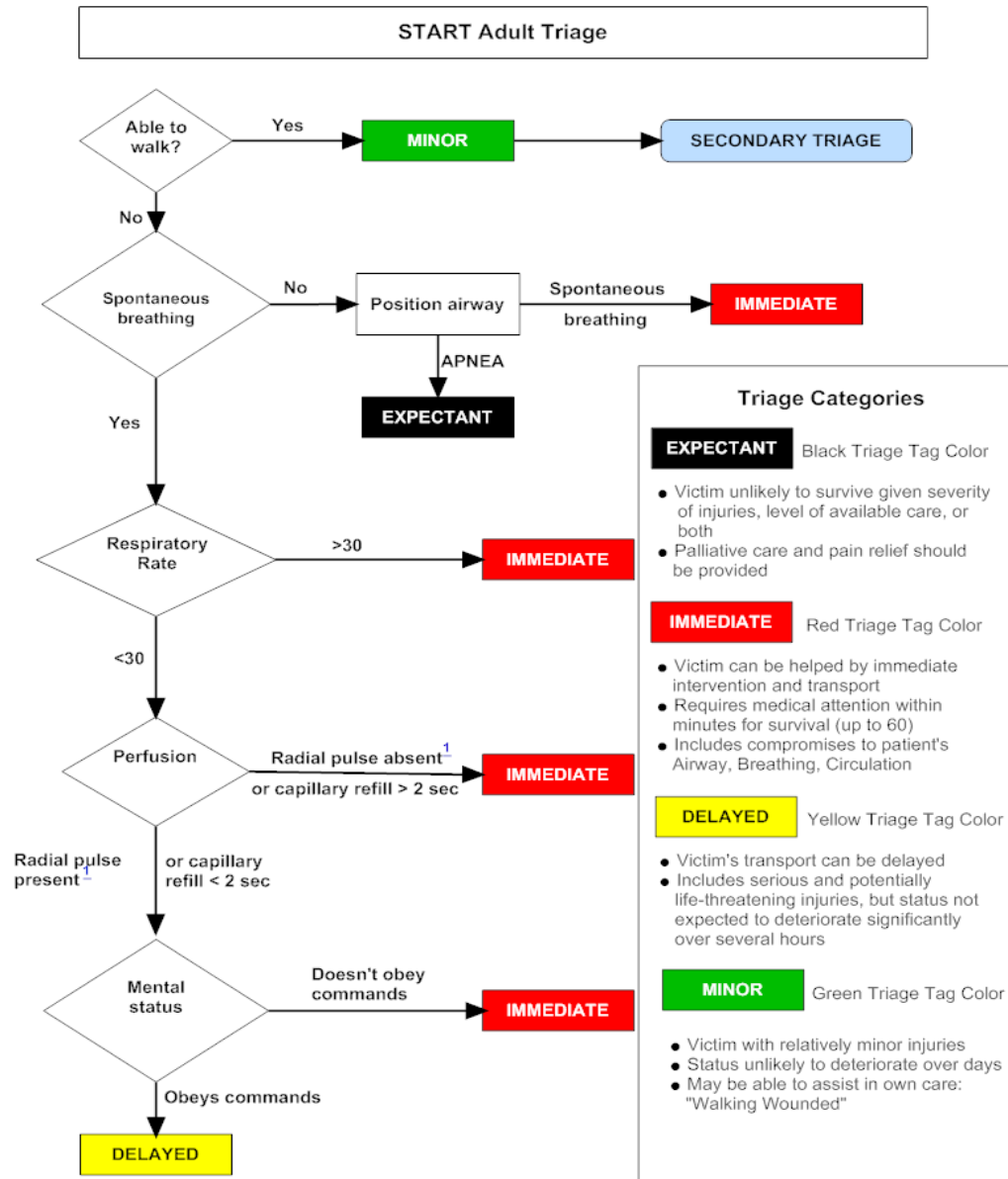
**No**

Reposition the airway...

Respirations begin = **IMMEDIATE/RED**

If patient is **APNEIC**

- Adult – deceased = BLACK
- Pediatric: Pulse Present – give 5 rescue breaths
  - respirations begin = **IMMEDIATE/RED**
  - absent respirations – deceased = BLACK



# START – Step 2

## Pulses/Perfusion

---



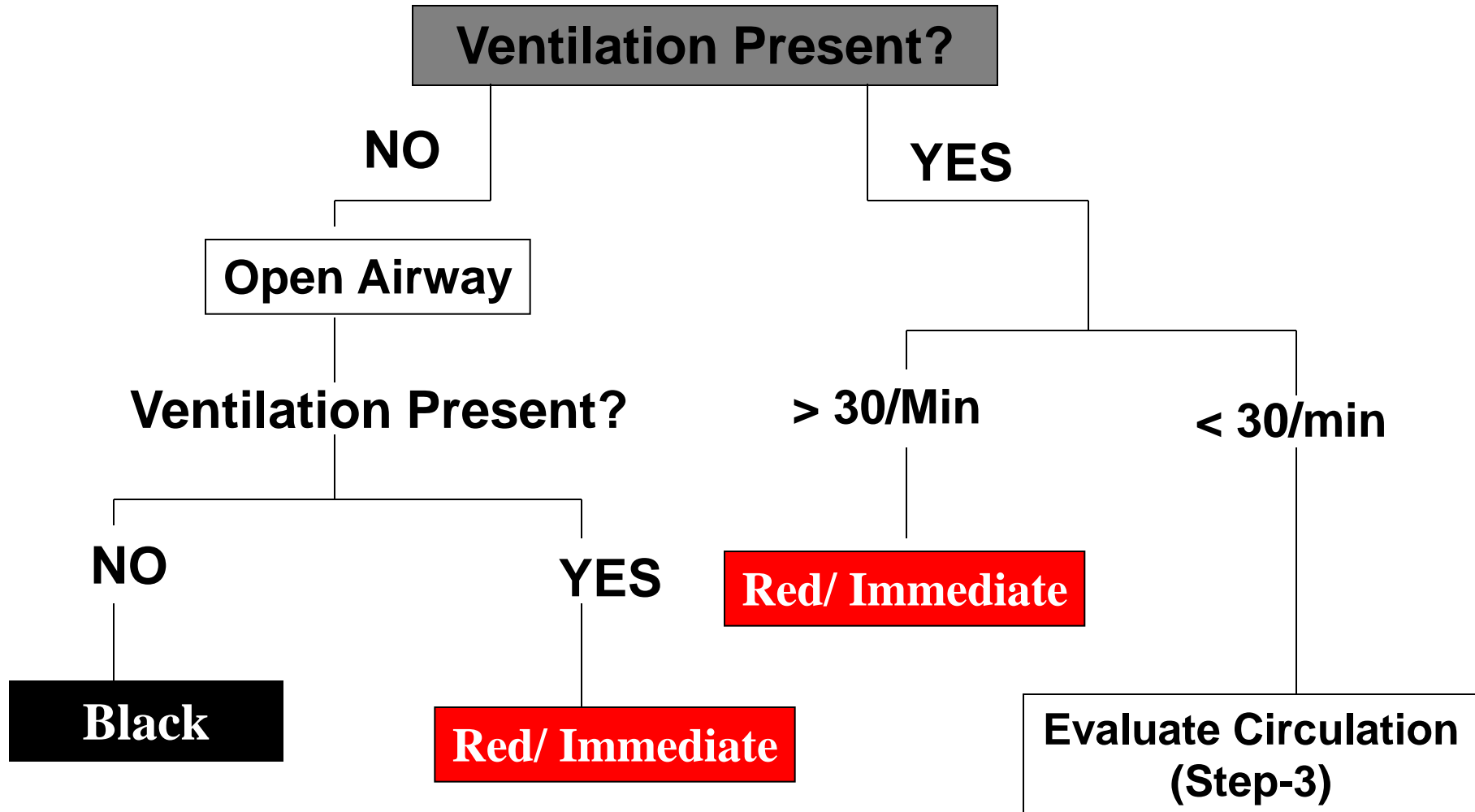
☐ Check for Radial pulse.

■ Radial pulse absent = tag **RED**

■ Radial pulse present = **go to next step**

---

# START Step-2



# START/JumpSTART—RPM

## PULSE/PERFUSION

Is the *RADIAL* pulse present?

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

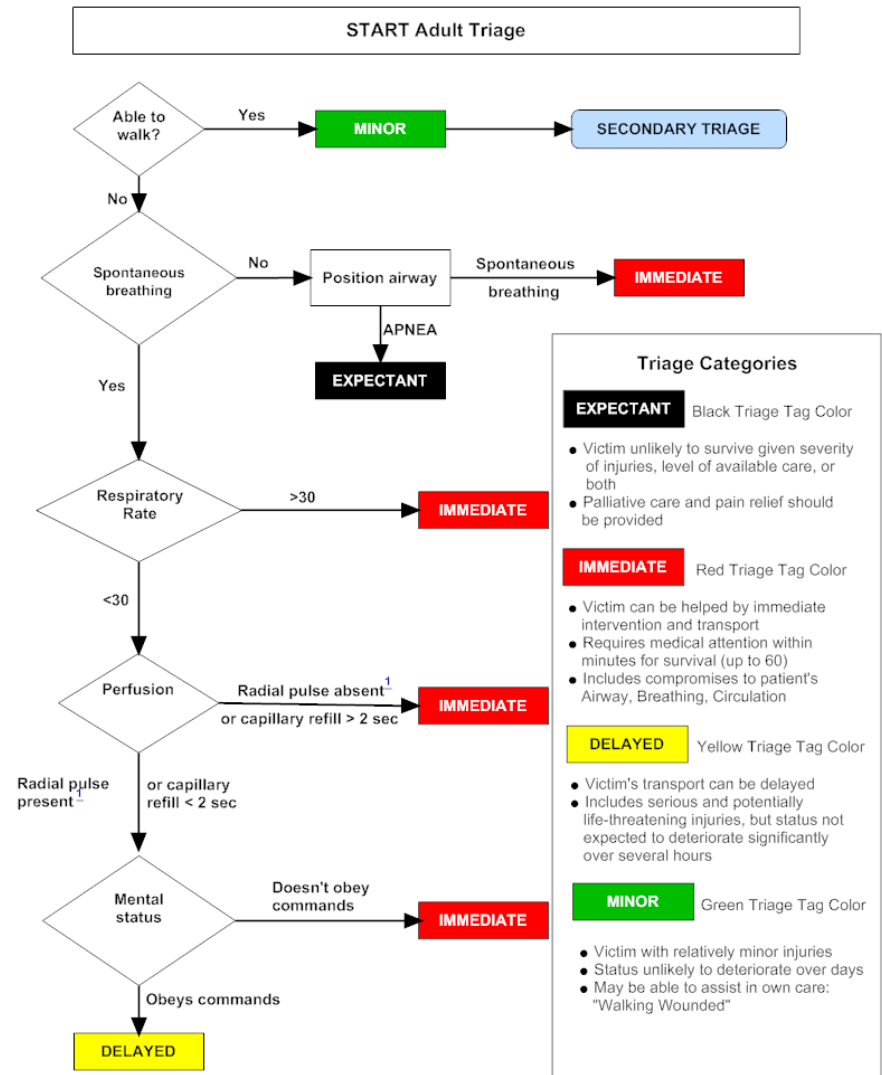
Yes

Check mental status

No

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

Pediatric: No palpable  
pulse patient =  
**IMMEDIATE/RED**



# START – Step 3

## Mental Status

---

- ☐ You are assessing whether or not the person can follow a simple command.
    - "Squeeze my hand"
  
  - ☐ Can follow a simple command = tag  
YELLOW
  
  - ☐ Cannot follow a simple command = tag  
RED
-

# START Step-3

**Circulation**

```
graph TD; A[Circulation] --> B[Absent Radial Pulse]; A --> C[Present Radial Pulse]; B --> D[Control Hemorrhage]; D --> E[Red/Immediate]; C --> F[Evaluate Level of Consciousness];
```

**Absent Radial Pulse**

**Control Hemorrhage**

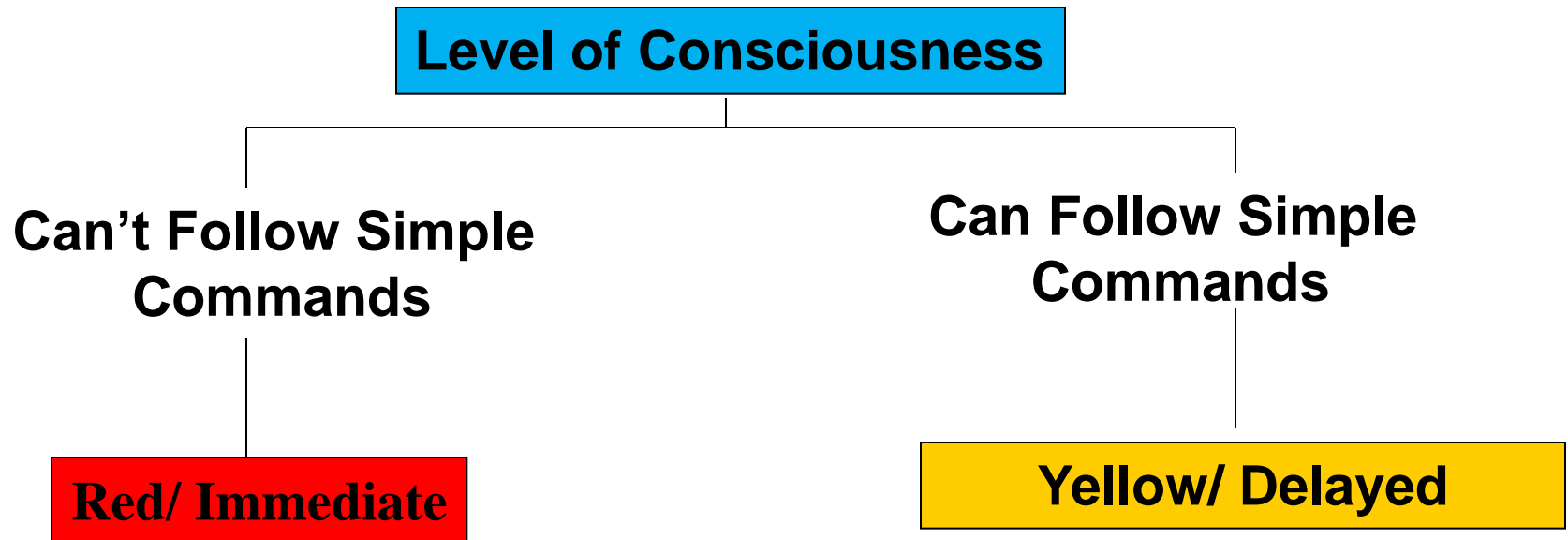
**Red/Immediate**

**Present Radial Pulse**

**Evaluate Level of  
Consciousness**



# START Step-4



# START/JumpSTART—RPM

## MENTAL STATUS...

Can the patient follow simple commands?  
Yes

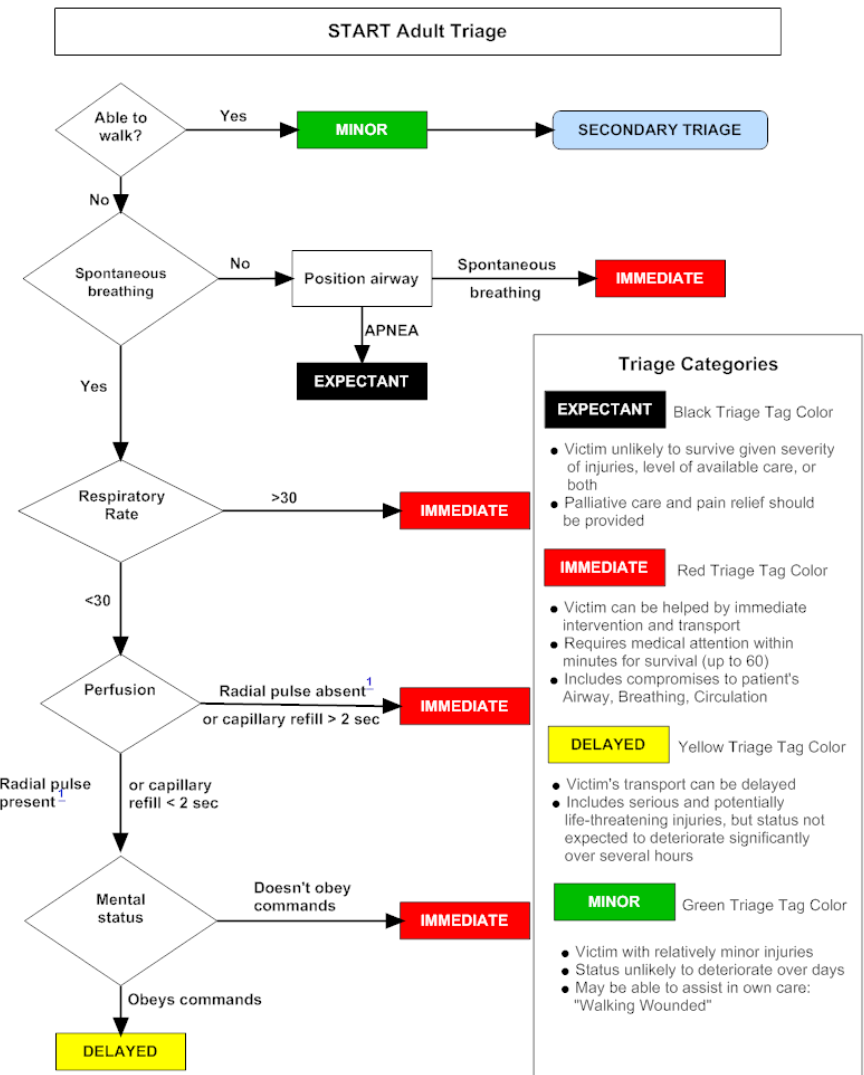
Adult = DELAYED / YELLOW

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



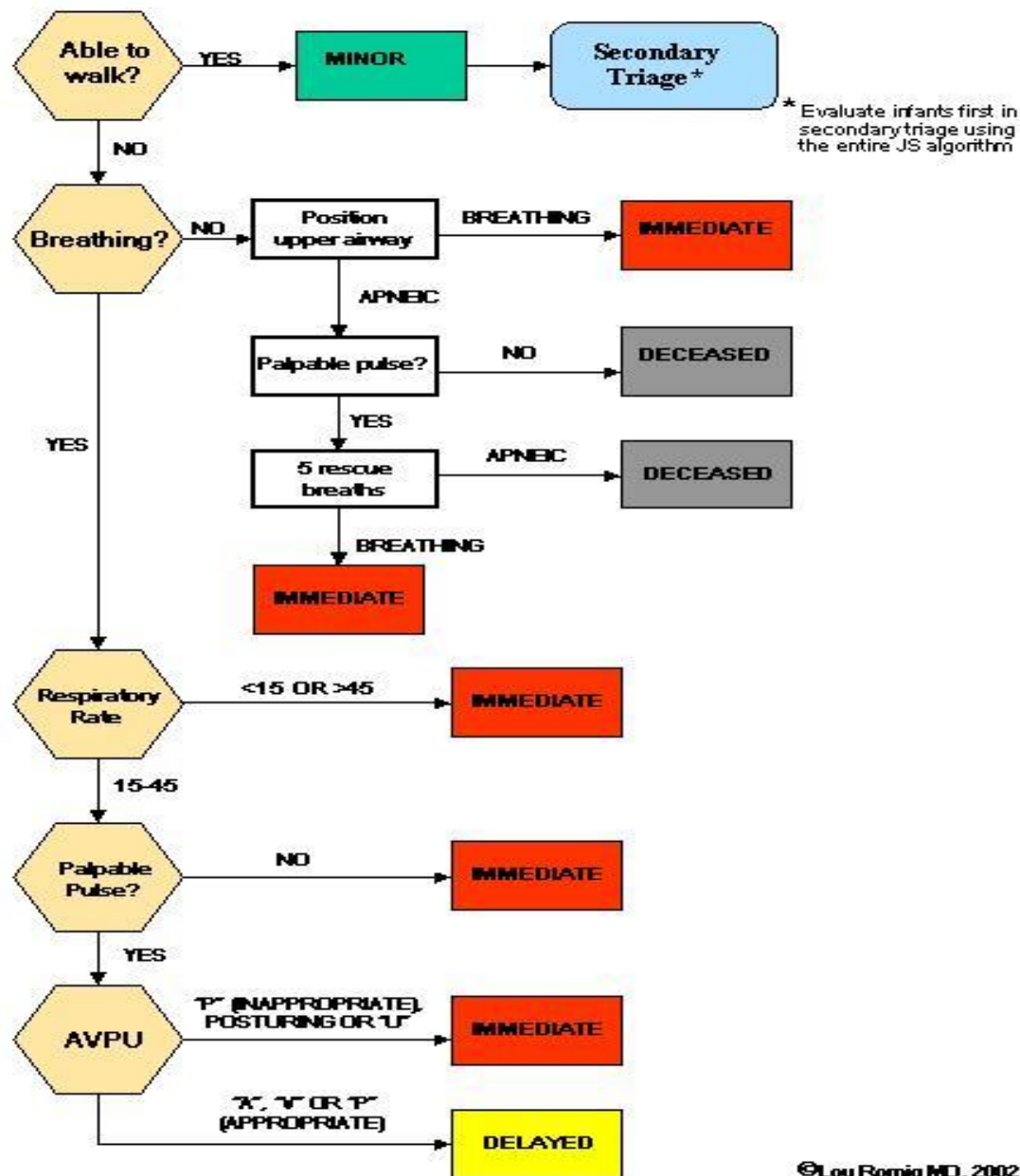
# ***START/JumpSTART***

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

**Airway, Needle Decompression, Tourniquet,  
Antidote**

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

# JumpSTART Pediatric MCI Triage®



- In children, circulatory failure usually follows respiratory failure.
- Apnea may occur relatively rapidly, rather than after a prolonged period of hypoxia.
- There may be a brief period when the child is apneic but not yet pulseless since the heart has not yet experienced prolonged hypoxia. It is felt that providing a brief trial of ventilations may help “jumpstart” their respirations.

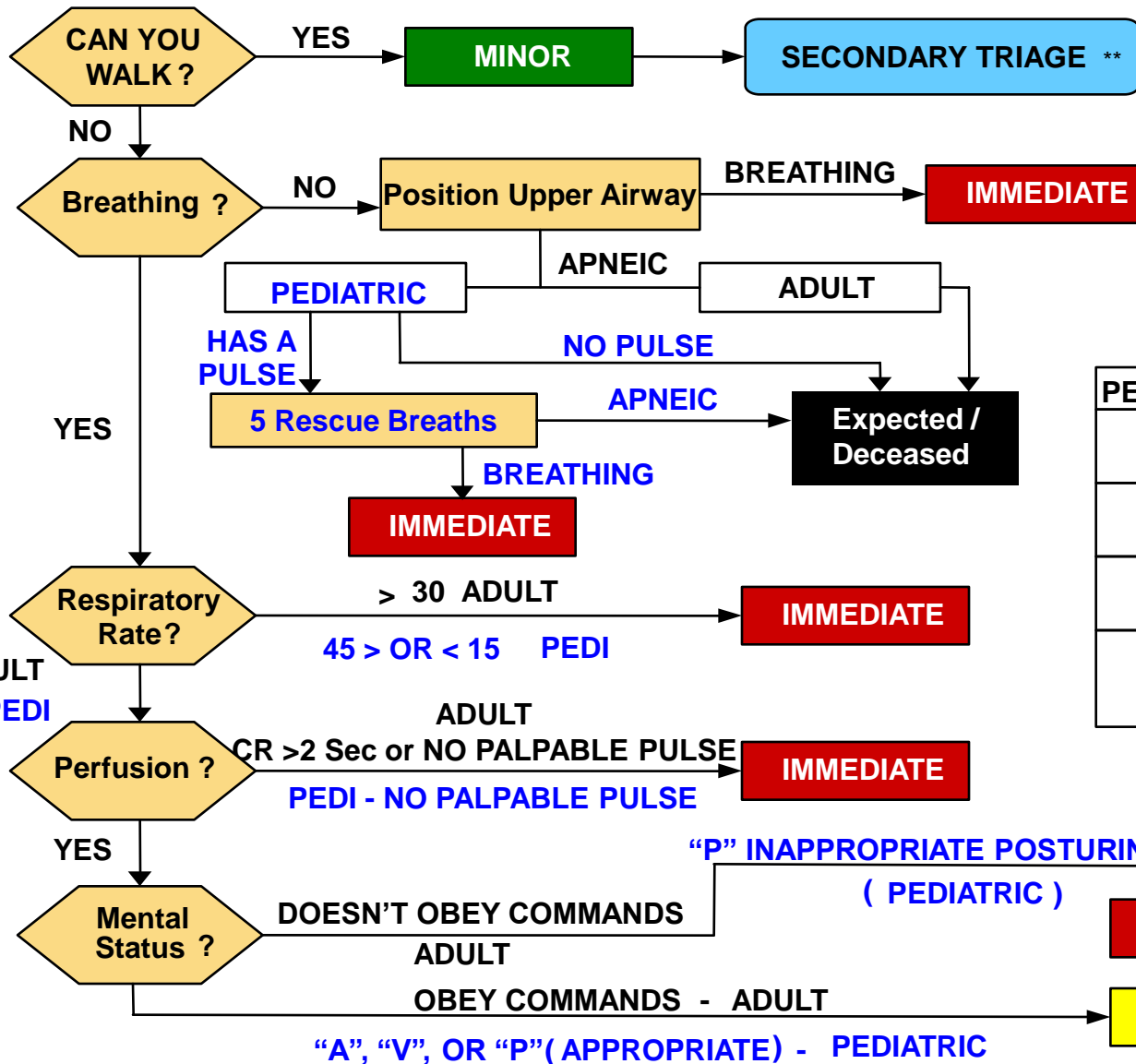
# JumpSTART: Age

The ages of “tweens and teens” can be hard to determine so the current recommendation is:

*If a victim appears to be a **child**,  
use JumpSTART.*

*If a victim appears to be a **young  
adult**, use START*

# Combined START/JumpSTART Triage



\*\* Using the JS algorithm evaluate all children first who did not walk under their own power. Evaluate infants first in secondary triage using entire JS algorithm !

PEDI Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive To Noxious Stimuli



# LEVELS OF CONSCIOUSNESS

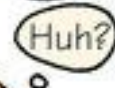
A

Alert



V

Verbal  
Stimuli



P

Painful  
Stimuli

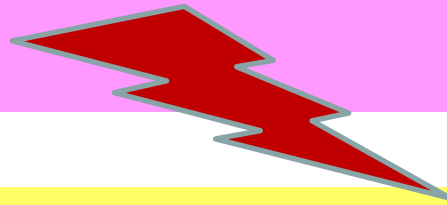


U

Unresponsive

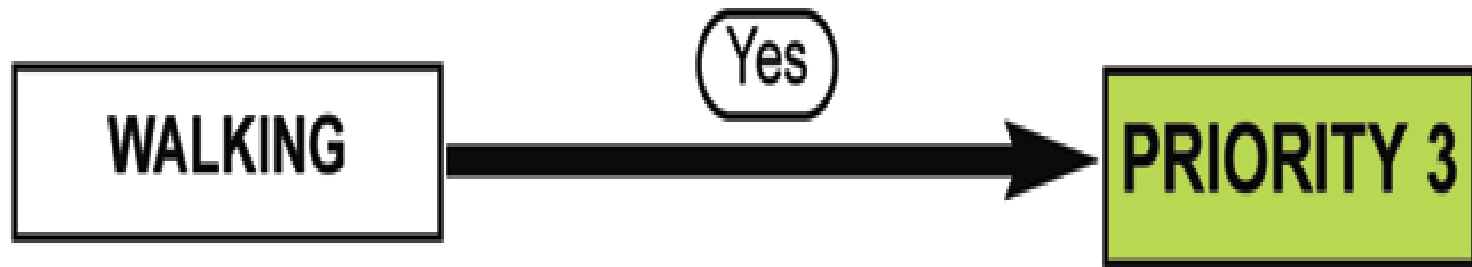


# AVPU



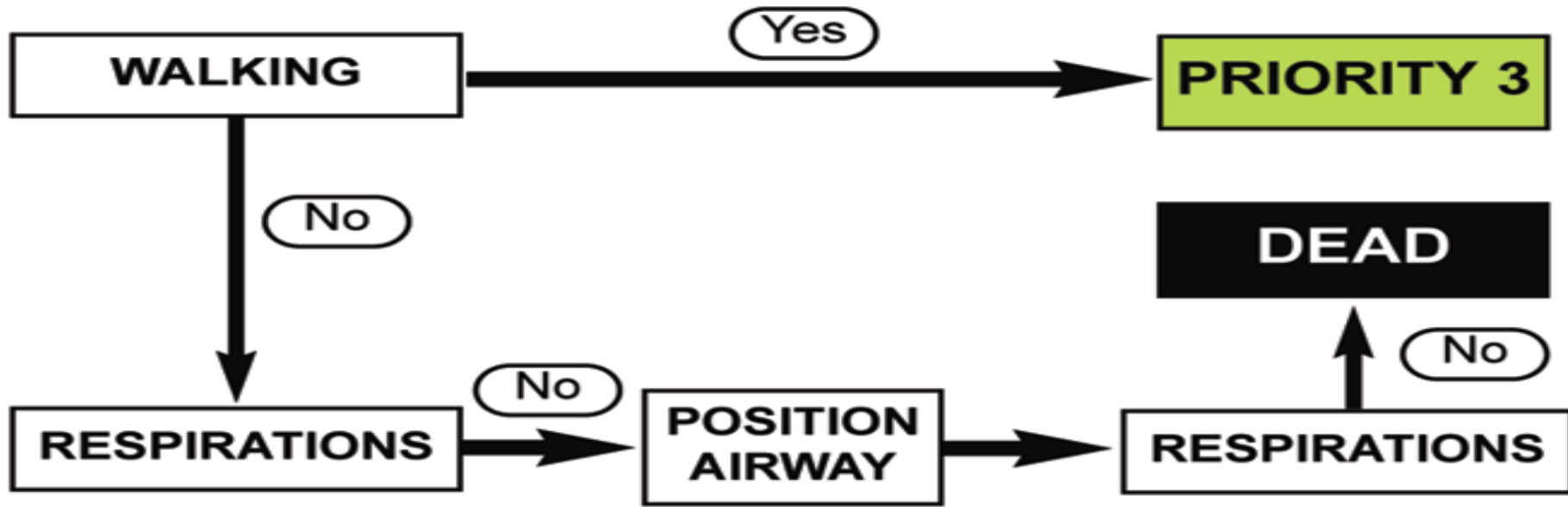
- Alert/awake – not necessarily oriented
- Verbal – responds to verbal stimuli before tactile/touch stimuli
  - You shout for the patients to open their eyes and their eyelids flicker or they open their eyes
  - In non-verbal children, evaluate the cry
- Painful – responds to tactile stimuli; does not have to be painful stimuli but can be to touch
  - A flicker of the eyelids is a positive response
- Unresponsive – there is absolutely no response large or small

# Primary Triage



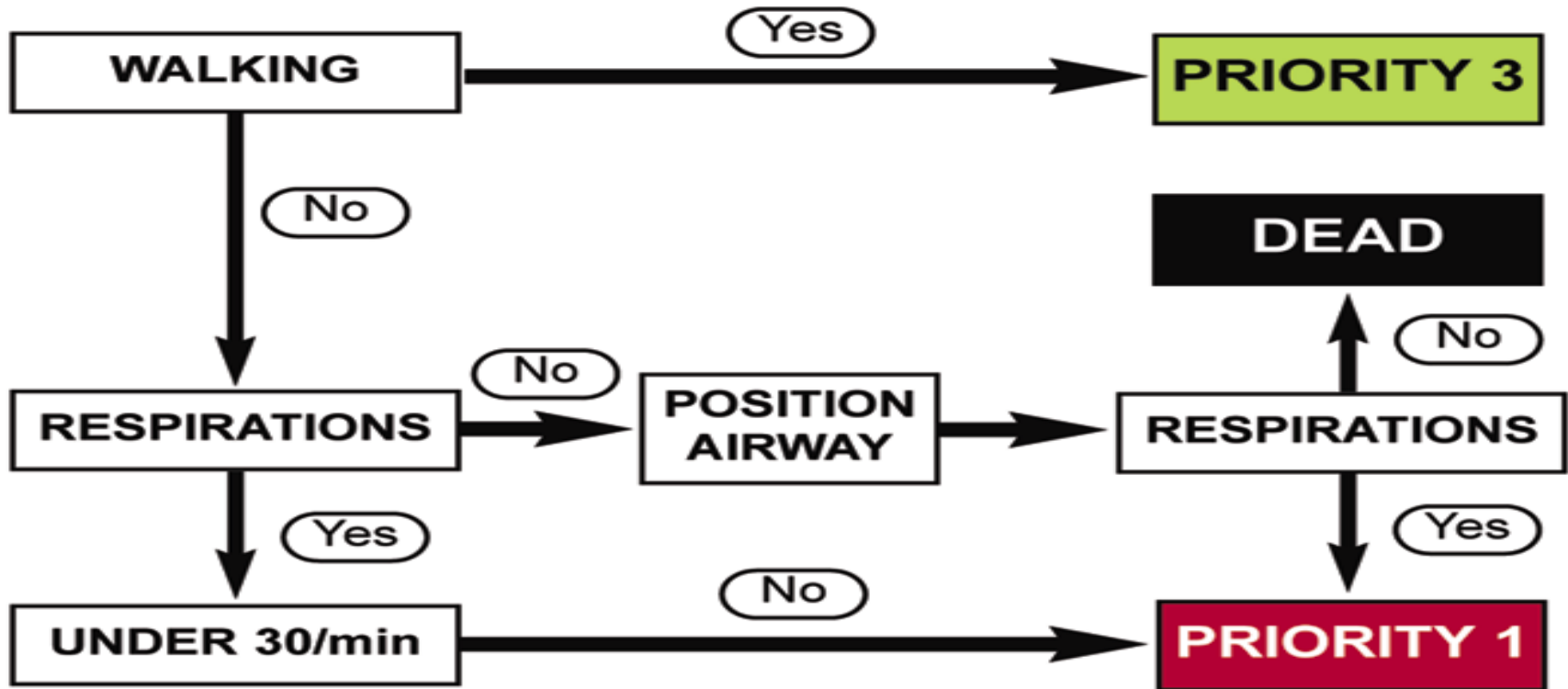
The first attempt at balancing resources and casualties/injured

# Primary Triage



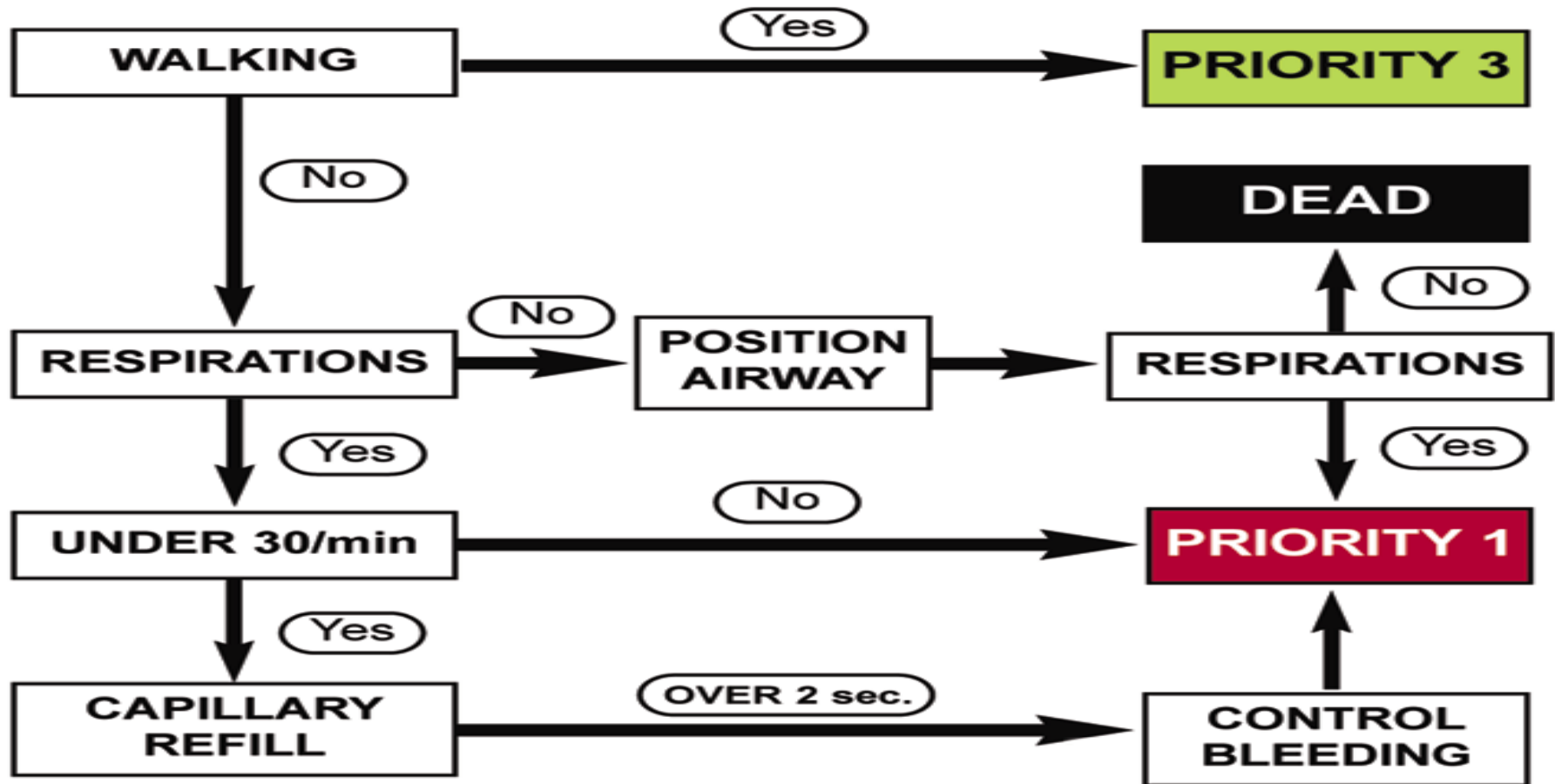
Determining whether there is an  
airway and breathing

# Primary Triage



If breathing, at what rate & is it good enough?

# Primary Triage



They have an airway, are breathing.

Are they circulating blood sufficiently?

# Circulatory Check

If you are unable to obtain a capillary refill, check the radial pulse. If absent then control any bleeding and prioritize the patient

**PRIORITY 1**





# Primary Triage

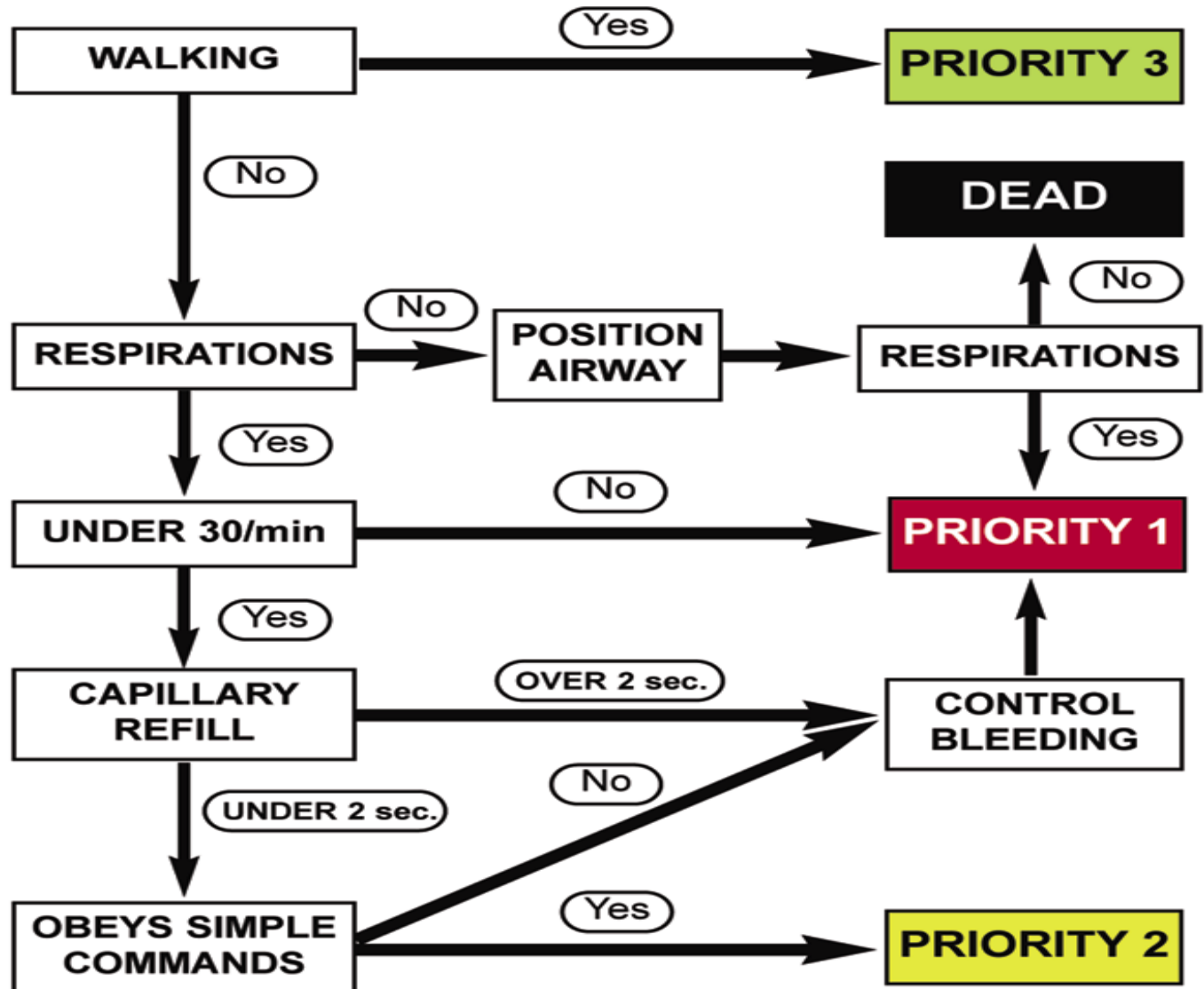
A

B

C

D

Mental  
Status



# **PRIORITY 3**

- Not injured or “Walking wounded”
- Have motor, respiratory, mental function

# **DELAYED**

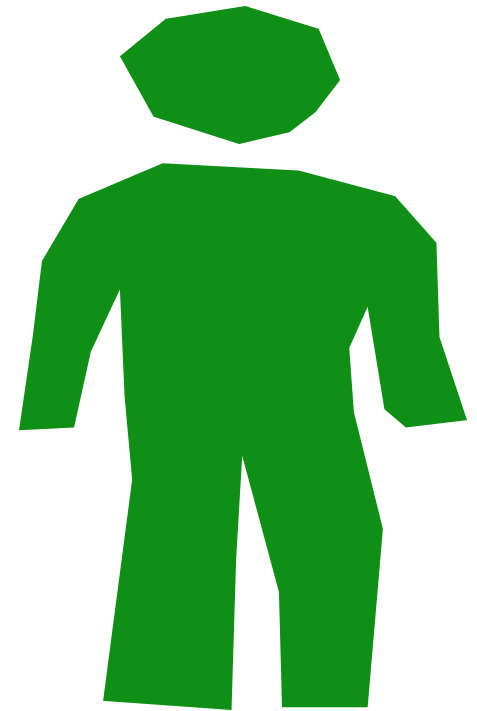
# Example

Patient walks over to you and  
has an obvious broken arm

Respirations are 22

Pulse is 124 (Radial)

He is awake, alert, and crying



# PRIORITY 1

- Opening airway, starts to breathe
- Breathing is greater than 30 or less than 10
- Delayed capillary refill time ( $> 2$  seconds)
- Absent radial pulses
- Bleeding that needs to be controlled
- Does not follow instructions

## Immediate

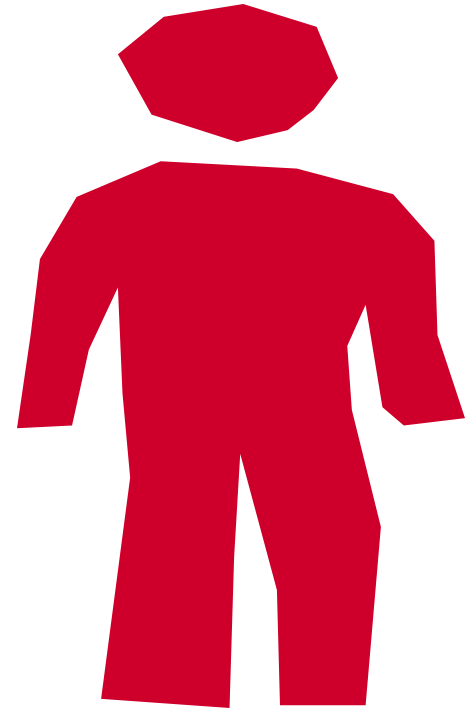
# Example

Patient has an open head  
Wound, bleeding controlled

Respirations are 16

Pulse is 88 (Radial)

He is unconscious



# PRIORITY 2

- Did not move out, when asked
- Airway OK
- Breathing within 11 and 29
- Capillary refill less than 2 seconds or radial pulses present
- Can follow instructions to move unaffected limb

## Urgent

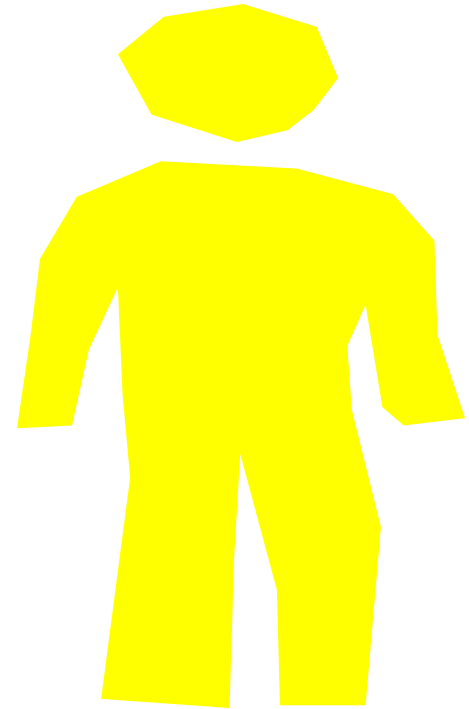
# Example

Patient states he can't  
move or feel his legs

Respirations are 26

Pulse is 110 (Radial)

He is awake and oriented





# EXPECTANT/DEAD

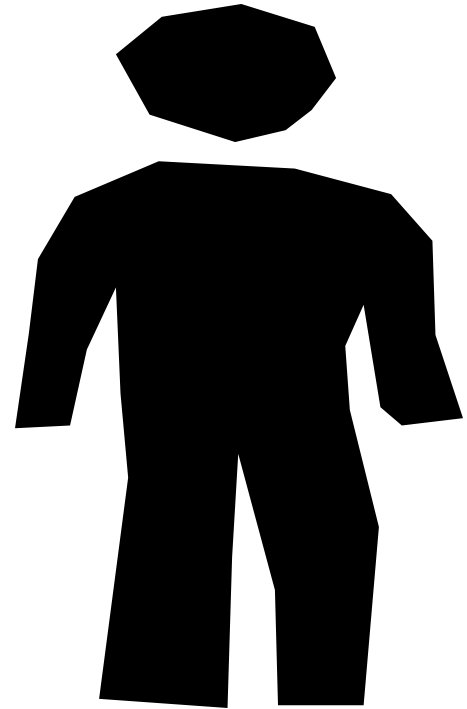
- Still require resources
- Focus of care is comfort
- Psychologically most challenging for healthcare providers

# Examples

Patient gurgles but can't  
maintain an open airway  
and is not breathing

Weak Carotid Pulse

She is unresponsive



# Triage Tag Sections

- **Patient information**
- **Triage status**
- **Chief complaint**
- **Transporting unit**
- **Peel-off bar codes**
- **Transport record**
- **Vital signs**
- **Medical history**
- **Treatment**
- **Family contact**
- **Wrist band**

**\* Triage tags should be used in all MCI scenarios, even when handheld device is employed**

# Revised Paper Triage Tag

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE AGE WGT DOB

PATIENT NUMBER

NAME

ADDRESS

CITY ST ZIP PHONE

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury ☐ C-Spine ☐ Blunt Trauma ☐ Penetrating Trauma ☐ Burn ☐ Fracture ☐ Laceration ☐ Amputation

Medical ☐ Cardiac ☐ Diabetic ☐ Psychiatric ☐ Haz-Mat Exposure ☐ Respiratory ☐ OB/GYN

COMMENTS

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL

01421 01421 01421 01421

LAST NAME, FIRST NAME

MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE AGE WGT DOB

PATIENT NUMBER

NAME

CHIEF COMPLAINT

DESTINATION HOSP NOTIFIED

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAS STATUS

RED YELLOW GREEN GREY BLACK

← FRONT

BACK →

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE AGE WGT DOB

PATIENT NUMBER

NAME

ADDRESS

CITY ST ZIP PHONE

TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
			AVPU		
			AVPU		
			AVPU		

ALLERGIES

MEDICATIONS

PAST MEDICAL HISTORY

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ of _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? ☐ YES ☐ NO NAME OF FAMILY MEMBER INVOLVED

EMERGENCY CONTACT PHONE

MIEMSS TRIAGE TAG

MIEMSS TRIAGE TAG

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

**PATIENT INFORMATION**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE \_\_\_\_\_ WGT \_\_\_\_\_ KG / LBS

DOB \_\_\_\_\_

PATIENT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**TRIAGE STATUS**

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

**CHIEF COMPLAINT**

☐ Head Injury  
☐ Blunt Trauma  
☐ Burn  
☐ Laceration  
☐ C-Spine  
☐ Penetrating Trauma  
☐ Fracture  
☐ Amputation  
☐ Medical  
☐ Cardiac  
☐ Diabetic  
☐ Psychiatric  
☐ Haz-Mat Exposure  
☐ Respiratory  
☐ OB/GYN

COMMENTS \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT \_\_\_\_\_ DESTINATION \_\_\_\_\_ TIME ARRIVED \_\_\_\_\_

TREATMENT \_\_\_\_\_ HOSPITAL \_\_\_\_\_

OT1401 \_\_\_\_\_ OT1402 \_\_\_\_\_ OT1403 \_\_\_\_\_ OT1404 \_\_\_\_\_

**TRANSPORT RECORD**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE \_\_\_\_\_ WGT \_\_\_\_\_ KG / LBS

DOB \_\_\_\_\_

PATIENT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

CHIEF COMPLAINT \_\_\_\_\_

DESTINATION \_\_\_\_\_ HOSP NOTIFIED \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT \_\_\_\_\_ TRANSPORT TIME \_\_\_\_\_

TRIAGE STATUS

RED	YELLOW	GREEN	GREY	BLACK

DOB \_\_\_\_\_

LAST NAME, FIRST NAME \_\_\_\_\_

**PATIENT INFORMATION**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE \_\_\_\_\_ WGT \_\_\_\_\_ KG / LBS

DOB \_\_\_\_\_

PATIENT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

- **PATIENT INFORMATION**
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE ☐ DOB: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

**CHIEF COMPLAINT**

☐ Head Injury ☐ C-Spine ☐ Penetrating Trauma ☐ Fracture ☐ Amputation

☐ Blunt Trauma ☐ Burn ☐ Laceration

☐ Medical ☐ Respiratory ☐ OB/GYN

☐ Diabetic ☐ Psychiatric ☐ Haz-Mat Exposure

COMMENTS: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ TIME ARRIVED: \_\_\_\_\_

TREATMENT: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

OT1401: \_\_\_\_\_ OT1402: \_\_\_\_\_ OT1403: \_\_\_\_\_ OT1404: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE ☐ DOB: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ HOSP NOTIFIED: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ TRANSPORT TIME: \_\_\_\_\_

TRIAGE STATUS: **RED** **YELLOW** **GREEN** **GREY** **BLACK**

DOB: \_\_\_\_\_

LAST NAME, FIRST NAME: \_\_\_\_\_

	EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
TRIAGE STATUS	INITIAL						
	SECONDARY						
	HOSPITAL						

The paper triage tag includes a **GREY** category for future use based on anticipated national acceptance.

**IT WILL NOT BE USED IN THE TRIAGE OF PATIENTS UNTIL APPROVED BY MIEMSS.**

- Patient information
- **TRIAGE STATUS**
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

**PATIENT INFORMATION**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE: \_\_\_\_\_ WGT: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRIAGE STATUS**

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

**CHIEF COMPLAINT**

☐ Head Injury ☐ C-Spine ☐ Penetrating Trauma ☐ Fracture ☐ Amputation

☐ Blunt Trauma ☐ Burn ☐ Laceration

☐ Medical ☐ Cardiac ☐ Diabetic ☐ Psychiatric ☐ Haz-Mat Exposure

☐ Respiratory ☐ OB/GYN

COMMENTS: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ TIME ARRIVED: \_\_\_\_\_

TREATMENT: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

OT1401: \_\_\_\_\_ OT1402: \_\_\_\_\_ OT1403: \_\_\_\_\_ OT1404: \_\_\_\_\_

**TRANSPORT RECORD**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ HOSP NOTIFIED: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ TRANSPORT TIME: \_\_\_\_\_

TRIAGE STATUS: **RED** **YELLOW** **GREEN** **GREY** **BLACK**

LAST NAME, FIRST NAME: \_\_\_\_\_

**CHIEF COMPLAINT**

☐ Head Injury ☐ C-Spine ☐ Penetrating Trauma ☐ Fracture ☐ Amputation

☐ Blunt Trauma ☐ Burn ☐ Laceration

☐ Medical ☐ Cardiac ☐ Diabetic ☐ Psychiatric ☐ Haz-Mat Exposure

☐ Respiratory ☐ OB/GYN

COMMENTS: \_\_\_\_\_

- Patient information
- Triage status
- **CHIEF COMPLAINT**
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



**MIEMSS** **TRIAGE TAG**  
DO NOT REMOVE

DATE: \_\_\_\_\_

**PATIENT INFORMATION**

☐ UNDETERMINED ☐ MALE ☐ FEMALE  
AGE: \_\_\_\_\_ WGT: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRIAGE STATUS**

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

**CHIEF COMPLAINT**

☐ Head Injury  
☐ Blunt Trauma  
☐ Burn  
☐ Laceration  
☐ C-Spine  
☐ Penetrating Trauma  
☐ Fracture  
☐ Amputation  
☐ Medical  
☐ Cardiac  
☐ Diabetic  
☐ Psychiatric  
☐ Haz-Mat Exposure  
☐ Respiratory  
☐ OB/GYN

COMMENTS: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ TIME ARRIVED: \_\_\_\_\_

**TREATMENT**

TREATMENT	HOSPITAL
01401	01401
01401	01401
01401	01401
01401	01401

**TRANSPORT RECORD**

☐ UNDETERMINED ☐ MALE ☐ FEMALE  
AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_  
CHIEF COMPLAINT: \_\_\_\_\_  
DESTINATION: \_\_\_\_\_ HOSP NOTIFIED: \_\_\_\_\_  
TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ TRANSPORT TIME: \_\_\_\_\_

**TRIAGE STATUS**

RED	YELLOW	GREEN	GREY	BLACK

LAST NAME, FIRST NAME: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT

DESTINATION

TIME ARRIVED

- Patient information
- Triage status
- Chief complaint
- **TRANSPORTING UNIT**
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

**PATIENT INFORMATION**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE: \_\_\_\_\_ WGT: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRIAL STATUS**

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

**CHIEF COMPLAINT**

☐ Head Injury ☐ C-Spine ☐ Penetrating Trauma ☐ Fracture ☐ Amputation

☐ Blunt Trauma ☐ Burn ☐ Laceration

☐ Medical ☐ Cardiac ☐ Diabetic ☐ Psychiatric ☐ Haz-Mat Exposure

☐ Respiratory ☐ OB/GYN

COMMENTS: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ TIME ARRIVED: \_\_\_\_\_

**PEEL-OFF BAR CODES**

TREATMENT: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

OTHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

**TRANSPORT RECORD**

☐ UNDETERMINED ☐ MALE ☐ FEMALE

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ HOSP NOTIFIED: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ TRANSPORT TIME: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_

TRIAL STATUS: \_\_\_\_\_

RED YELLOW GREEN

GREY BLACK

LAST NAME, FIRST NAME: \_\_\_\_\_

**PEEL-OFF BAR CODES**

TREATMENT: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

OTHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- **PEEL-OFF BAR CODES**
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE AGE WGT HGT DOB

PATIENT NUMBER

NAME

ADDRESS

CITY ST ZIP PHONE

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury ☐ C-Spine ☐ Penetrating Trauma ☐ Fracture ☐ Amputation

Blunt Trauma ☐ Burn ☐ Laceration ☐ Medical ☐ Cardiac ☐ Diabetic ☐ Psychiatric ☐ Haz-Mat Exposure ☐ Respiratory ☐ OB/GYN

COMMENTS

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT

HOSPITAL

071401 071402 071403 071404

071401 071402 071403 071404

071401 071402 071403 071404

071401 071402 071403 071404

☐ UNDETERMINED ☐ MALE ☐ FEMALE AGE DOB

PATIENT NUMBER

NAME

CHIEF COMPLAINT

DESTINATION

HOSP NOTIFIED

TRANSPORTATION AGENCY/UNIT

TRANSPORT TIME

TRIAGE STATUS

RED YELLOW GREEN

GREY BLACK

DOB

ONE FIRST NAME

**PATIENT INFORMATION**

☐ UNDETERMINED ☐ MALE ☐ FEMALE AGE DOB

PATIENT NUMBER

NAME

CHIEF COMPLAINT

DESTINATION

HOSP NOTIFIED

TRANSPORTATION AGENCY/UNIT

TRANSPORT TIME

TRIAGE STATUS

RED YELLOW GREEN

GREY BLACK


- Detachable as a tear-off and as a peel-off sticky label
- Used to document patient movement
- Must be affixed to Transport Tactical Worksheet with the unit, priority, and destination marked and initialed.

**Commonly called the "Ticket"**


- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- **TRANSPORT RECORD**
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO <sub>2</sub>
				A V P U		
				A V P U		
				A V P U		

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- **VITAL SIGNS**
- Medical history
- Treatment
- Family contact
- Wrist band



**MIEMSS**


**TRIAGE TAG  
DO NOT REMOVE**

TIME	RESP	PULSE	MENTAL STATUS	BP	SpO <sub>2</sub>
			A V P U		
			A V P U		
			A V P U		

**ALLERGIES**

**MEDICATIONS**

**PAST MEDICAL HISTORY**

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

**FAMILY MEMBER INVOLVED?**  
☐ YES ☐ NO

**NAME OF FAMILY MEMBER INVOLVED**

**EMERGENCY CONTACT**

**PHONE**



**TRIAGE  
TAG**



MEDICAL HISTORY

ALLERGIES

MEDICATIONS

PAST MEDICAL HISTORY

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- **MEDICAL HISTORY**
- Treatment
- Family contact
- Wrist band



MIEMSS



TRIAGE TAG  
DO NOT REMOVE

TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
			A V P U		
			A V P U		
			A V P U		

ALLERGIES

MEDICATIONS

PAST MEDICAL HISTORY

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? ☐ YES ☐ NO

NAME OF FAMILY MEMBER INVOLVED

EMERGENCY CONTACT

PHONE



Maryland Emergency  
Medical Services


TRIAGE  
TAG



Maryland Emergency  
Medical Services


TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Split	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- **TREATMENT**
- Family contact
- Wrist band



**MIEMSS**

**TRIAGE TAG**  
**DO NOT REMOVE**



VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
VITAL SIGNS				A V P U		
				A V P U		
				A V P U		

**MEDICAL HISTORY**

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_


PAST MEDICAL HISTORY \_\_\_\_\_

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Split	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	


FAMILY MEMBER INVOLVED? ☐ YES ☐ NO

NAME OF FAMILY MEMBER INVOLVED \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_




**TRIAGE TAG**




Maryland Emergency Medical Services

FAMILY MEMBER INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF FAMILY MEMBER INVOLVED
EMERGENCY CONTACT		PHONE

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- **FAMILY CONTACT**
- Wrist band



**MIEMSS**



**TRIAGE TAG  
DO NOT REMOVE**

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
				A V P U		


**ALLERGIES**  
 \_\_\_\_\_  
**MEDICATIONS**  
 \_\_\_\_\_  
**PAST MEDICAL HISTORY**  
 \_\_\_\_\_

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF FAMILY MEMBER INVOLVED
EMERGENCY CONTACT		PHONE

  
 Maryland Emergency  
Medical Services

**TRIAGE  
TAG**

  
 Maryland Emergency  
Medical Services



**MIEMSS** TRIAGE TAG **DO NOT REMOVE**

DATE: \_\_\_\_\_

☐ UNDETERMINED ☐ MALE ☐ FEMALE ☐ DOB \_\_\_\_\_

PATIENT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

☐ Head Injury ☐ C-Spine  
☐ Blunt Trauma ☐ Penetrating Trauma  
☐ Burn ☐ Fracture  
☐ Laceration ☐ Amputation

☐ Medical ☐ Respiratory  
☐ Cardiac ☐ OB/GYN  
☐ Diabetic ☐ Psychiatric  
☐ Haz-Mat Exposure

COMMENTS \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT \_\_\_\_\_ DESTINATION \_\_\_\_\_ TIME ARRIVED \_\_\_\_\_

TREATMENT	HOSPITAL
OTHER	OTHER
OTHER	OTHER
OTHER	OTHER
OTHER	OTHER

TRANSPORT RECORD

☐ UNDETERMINED ☐ MALE ☐ FEMALE ☐ DOB \_\_\_\_\_

PATIENT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

CHIEF COMPLAINT \_\_\_\_\_

DESTINATION \_\_\_\_\_ HOSP NOTIFIED \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT \_\_\_\_\_ TRANSPORT TIME \_\_\_\_\_

TRIAGE STATUS

RED YELLOW GREEN GREY BLACK

DOB \_\_\_\_\_

LAST NAME, FIRST NAME \_\_\_\_\_

**Removable  
wrist band has  
been added  
with an area  
for DOB and  
name**

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- **WRIST BAND**

# 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



# Secondary Triage

## GLASGOW COMA SCORE

### EYE OPENING :

SPONTANEOUS  
TO VOICE  
TO PAIN  
NONE

4  
3  
2  
1

### VERBAL RESPONSE :

ORIENTATED  
CONFUSED  
INAPPROPRIATE WORDS  
INCOMPREHENSIBLE WORDS  
NO RESPONSE

5  
4  
3  
2  
1

### MOTOR RESPONSE :

OBEYS COMMANDS  
LOCALISES  
PAIN WITHDRAWS  
PAIN FLEXION  
PAIN EXTENSION  
NO RESPONSE

6  
5  
4  
3  
2  
1

GLASGOW COMA SCALE TOTAL :

TOTAL GLASGOW  
COMA SCALE

13 - 15  
9 - 12  
6 - 8  
4 - 5  
3

4  
3  
2  
1  
0

RESPIRATORY  
RATE

10 - 29  
30 or more  
6 - 9  
1 - 5  
0

4  
3  
2  
1  
0

SYSTOLIC BP

90 or more  
76 - 89  
50 - 75  
1 - 49  
0

4  
3  
2  
1  
0

12 = PRIORITY 3  
11 = PRIORITY 2  
10 or less PRIORITY 1

TOTAL :

# Patient Tracking

---

- Document minimal information depending on your situation
    - **Primary Triage**
      - Very little documentation
    - **Secondary Triage**
      - More information
      - More assessment and treatment will be done
  
  - Smart Tag has a command board to keep track of where the patient went.
-

## Important Info

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- ❑ Remember that anyone who can walk at the scene will be tagged **GREEN**.
  - ❑ The patient could deteriorate or you may determine a different priority when you re-triage at the scene or the ED.
-

# Morgue – Tagged Black

---



- ☐ Establish an area away from other patients
- ☐ It should be a secure area away from on-lookers, media, etc.
- ☐ Accessible for you and coroner staff
  - At scene...



# In The Treatment Area

---

- ❑ Designate someone to **oversee** the entire treatment area or each color depending on scale of the event
  - ❑ **Additional treatment** can be provided in this area while awaiting transport
  - ❑ Secondary triage is **ongoing** – patients can and do deteriorate.
-



# Pediatric Modifications for **START = JUMPSTART**

---

## ☐ Kids Are A Little Different

- Expect children to be part of a disaster
- JumpStart – modified START for kids
- Designed for children ages 1-8 y/0





# Pediatric Modifications - RPMs

- ❑ **Respiratory effort** – not breathing
  - Open the airway
  - If the patient starts breathing tag **RED**
  - If apneic and no pulse tag **BLACK**
  - If apneic with pulse try **5 rescue breaths**
  - If still apneic tag **BLACK**
  - If starts breathing tag **RED**
- ❑ Respirations < 15 or > 45 tag **RED**
- ❑ Respirations 15-45 go to next step (Pulse)

# Pediatric START - RPMs

---

## ☐ Pulse

- No distal pulse – **tag RED**
- Pulse present go to next step (Mental)

## ☐ Mental status – use AVPU

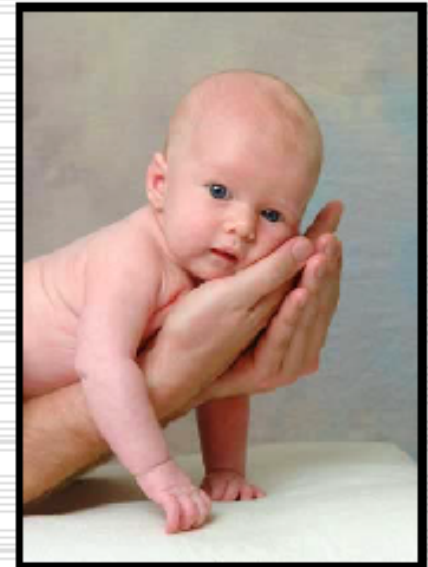
- Alert, responds to verbal or responds to pain = **tag YELLOW**
  - Inappropriate response, posturing or unresponsive **tag RED**
-

---

All Babies **Under 1 Year**  
Get Secondary Triage  
(Meaning **No Greens!**).

Follow JumpStart to  
Determine **Yellow** or **Red**.

---



# SMART TRIAGE TAG

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- ☐ A kit versus a group of tags
  - ☐ Larger, easier to see colors
  - ☐ Patient condition changes, tag changes
  - ☐ Larger area for documentation
  - ☐ Better Patient tracking system
  - ☐ Decon/Hazmat capabilities
-

It's a **RED**  
that is **VERY Critical**

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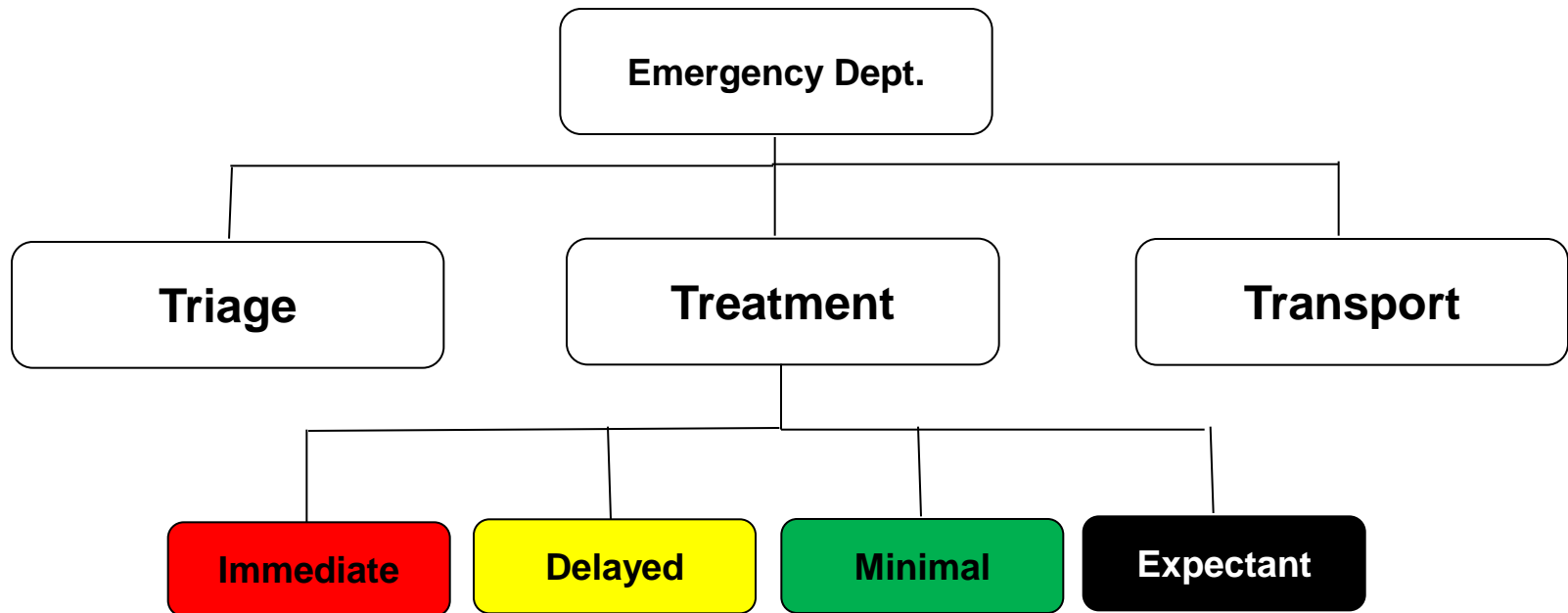


## What about HAZMAT

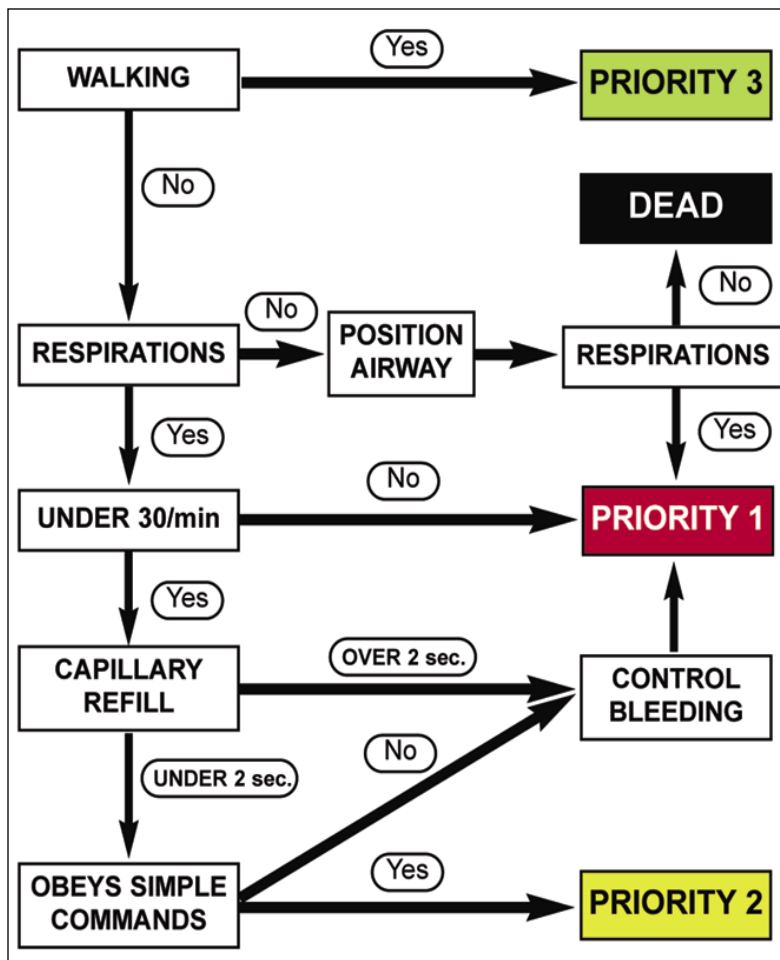
[illegible]

CHEMICAL AGENT	RADIOLOGICAL AGENT	BIOLOGICAL AGENT
<b>AGENT(S)</b> _____ <b>Characteristics</b> <input type="checkbox"/> Non Persistent Nerve <input type="checkbox"/> Choking <input type="checkbox"/> Persistent Nerve <input type="checkbox"/> Other _____ <input type="checkbox"/> Blister _____	<b>Type :</b> ALPHA    BETA    GAMMA <b>Dose Estimation Method &amp; Estimated Dose</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Dosimeter <input type="checkbox"/> $mSv @$ _____ <input type="checkbox"/> $mSv @$ _____ <b>Contamination State</b> <input type="checkbox"/> Internal <input type="checkbox"/> External	<b>AGENT(S)</b> _____ <b>Characteristics</b> _____ _____ <input type="checkbox"/> Infectious <input type="checkbox"/> Non-infectious If infectious, ensure infectious panel is displayed at all times
<b>Signs / Symptoms</b> _____ _____	<b>Signs / Symptoms</b> _____ _____	<b>Signs / Symptoms</b> _____ _____

# Incident Command System



# Triage Protocol (START)



The Triage Sieve flow chart on the reverse should only be used for an adult.  
For Paediatric Triage (0 to 10 years) use the Smart Paediatric Triage Tape.

*Cross the next number in each row as you find a new casualty*

<b>PRIORITY 1</b>	1	2	3	4	5	6	7	8
IMMEDIATE	9	10	11	12	13	14		
	15	16	17	18	19	20		

<b>PRIORITY 2</b>	1	2	3	4	5	6	7	8
URGENT	9	10	11	12	13	14		
	15	16	17	18	19	20		

<b>PRIORITY 3</b>	1	2	3	4	5	6	7	8
DELAYED	9	10	11	12	13	14		
	15	16	17	18	19	20		

<b>DEAD</b>	1	2	3	4	5	6	7	8	9	10
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## Mangled Extremity Severity Score (MESS)

Type	Characteristics	Injury	Points
1	Low energy	stab wound, simple closed fx, small-caliber GSW	1
2	Medium energy	Open/multilevel fx, dislocation, moderate crush	2
3	High energy	shotgun, high-velocity GSW	3
4	Massive crush	Logging, railroad, oil rig accidents	4
<b>Shock Group</b>			
1	Normotensive	BP stable	0
2	Transiently hypotensive	BP unstable in field but responsive to fluid	1
3	Prolonged hypotension	SBP <90mmHg in field and responsive to IV fluids in OR	2
<b>Ischemia Group</b>			
1	None	Pulsatile, no signs of ischemia	1
2	Mild	Diminished pulses without signs of ischemia	2
3	Moderate	No dopplerable pulse, sluggish cap refill, paresthesia, diminished motor activity	3
4	Advanced	Pulseless, cool, paralyzed, numb without cap refill	4
<b>Age Group</b>			
1	<30y/o		0
2	>30 <50		1

**MESS score: six or less consistent with a salvageable limb. Seven or greater amputation generally the eventual result.**

## **SAVE Triage Guidelines**

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- **Crush Injury to Lower Extremity**
  - **Patients are assessed using the MESS score**
  - **Score of 7 or more: amputate**
  - **Score less than 7: attempt limb salvage**

## **SAVE Triage Guidelines**

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- **Head Injury (adults)**
  - **Use the Glasgow Coma Score (GCS)**
  - **Score 8 or above: treat**
    - **Better than 50% chance of a normal or good neurologic recovery**
  - **Score 7 or less: comfort care only**

## **SAVE Triage Guidelines**

---

- **Burn Injury: less than 50% chance of survival**
  - **70% TBSA burn**
  - **Age > 60 with inhalational injury**
  - **Age < 2 with 50% TBSA burn**
  - **Age > 60 with 35% TBSA burn**
- **Comfort care only**

## **SAVE Triage Guidelines**

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- **Abdominal Injury**
  - **No data to guide evaluation**
  - **4 ml/kg hypertonic saline X 2**
  - **If no response, comfort care only**
  - **Role of handheld ultrasound?**



# Time-2-Treatment

ATS category	Treatment acuity (maximum waiting time)	Performance indicator (%)
1	Immediate	100
2	10 minutes	80
3	30 minutes	75
4	60 minutes	70
5	120 minutes	70

# Physiological Predictors

	<b>Category 1 Immediate</b>	<b>Category 2 10 minutes</b>	<b>Category 3 30 minutes</b>	<b>Category 4 60 minutes</b>	<b>Category 5 120 minutes</b>
Airway	Obstructed/ partially obstructed	Patent	Patent	Patent	Patent
Breathing	Severe respiratory distress/absent respiration/ hypoventilation	Moderate respiratory distress	Mild respiratory distress	No respiratory distress	No respiratory distress
Circulation	Severe haemodynamic compromise/ absent circulation  Uncontrolled haemorrhage	Moderate haemodynamic compromise	Mild haemodynamic compromise	No haemodynamic compromise	No haemodynamic compromise
Disability	GCS <9	GCS 9–12	GCS >12	Normal GCS	Normal GCS

*Risk factors for serious illness/injury – age, high risk history, high risk mechanism of injury, cardiac risk factors, effects of drugs or alcohol, rash and alterations in body temperature – should be considered in the light of history of events and physiological data. Multiple risk factors = increased risk of serious injury/illness. Presence of one or more risk factors may result in allocation to a triage category of higher acuity.*

# Assessment @ Triage

Its all about:

- Airway
- Breathing
- Circulation
- Disability
- Exposure/Environment



# Airway

Always check patency

— Consider C-Spine precautions



- Occluded or compromised airway

=

ATS 1

# Breathing

Assessment includes:

- Resp Rate
  - Work of Breathing
- 
- Detecting hypoxia is paramount!



# Circulation

Assessment includes:

- Heart rate
- Pulse & pulse characteristics
- Cap refill



- Signs of haemodynamic compromise

=

ATS 1 or 2

# Disability

Assessment includes:

– Use AVPU or GCS

- Signs of altered level of consciousness

=

Important indicator of serious injury/illness

# Environment

Assessment Includes:

— Assess Temperature



- Hypo/hyperthermia are important indicators of serious illness!

# PAIN

Descriptor	ATS category
Very severe	2
Moderately severe	3
Moderate	4
Minimal	5

# The Eyes

Category 1 Immediate	Category 2 10 minutes	Category 3 30 minutes	Category 4 60 minutes	Category 5 120 minutes
	<ul style="list-style-type: none"><li>• Penetrating eye injury</li><li>• Chemical injury</li><li>• Sudden loss of vision with or without injury</li><li>• Sudden onset severe eye pain</li></ul>	<ul style="list-style-type: none"><li>• Sudden abnormal vision with or without injury</li><li>• Moderate eye pain, e.g.<ul style="list-style-type: none"><li>– blunt eye injury</li><li>– flash burns</li><li>– foreign body</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Normal vision</li><li>• Mild eye pain, e.g.<ul style="list-style-type: none"><li>– blunt eye injury</li><li>– flash burns</li><li>– foreign body</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Normal vision</li><li>• No eye pain</li></ul>

## High Risk Features

- Chronic Illness
  - Cognitive impairment
  - Co-morbidities
  - Poisonings
  - Severe pain
- 
- Use caution allocate higher ATS





# 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