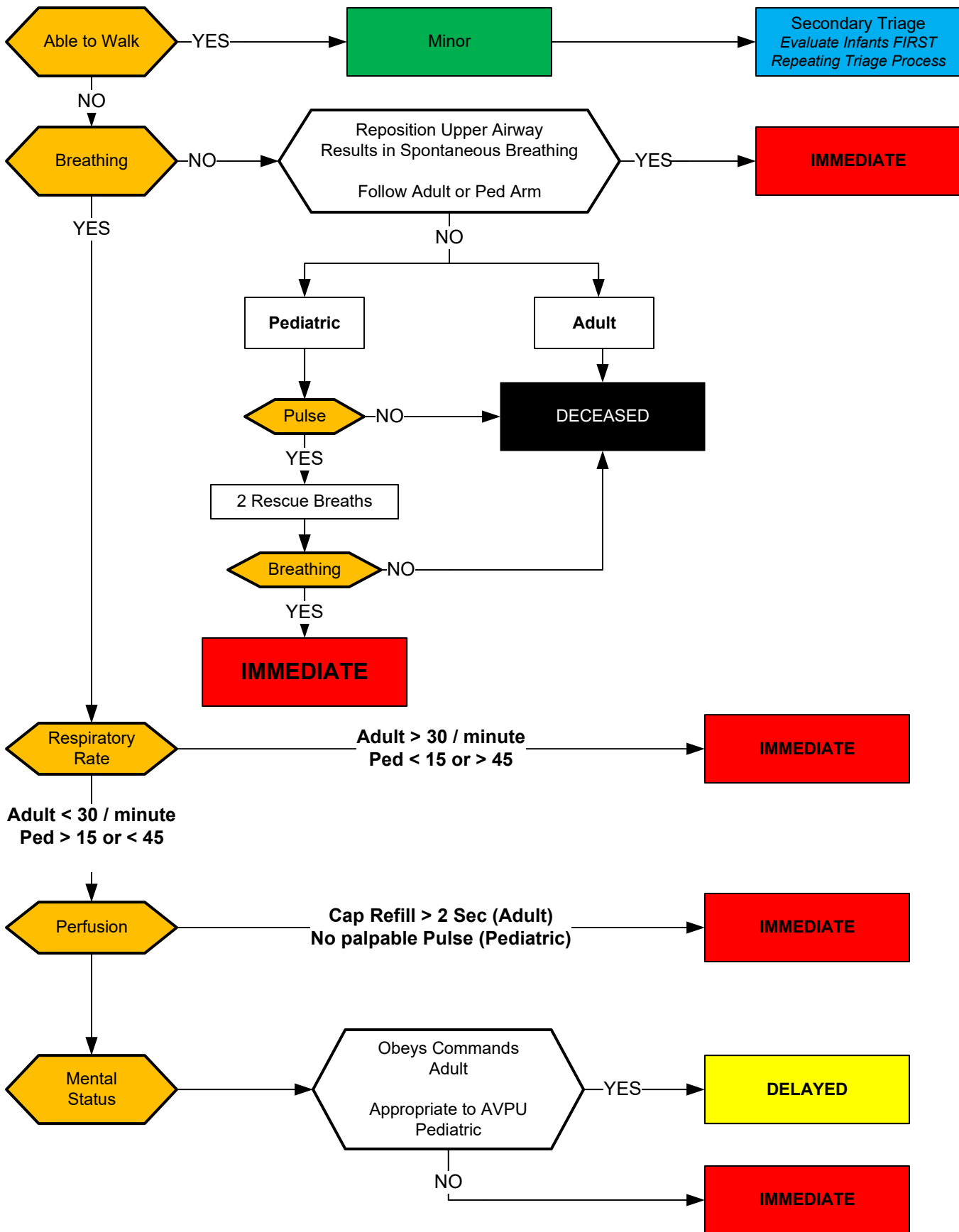




Triage





Triage

Pearls

- **When approaching a multiple casualty incident where resources are limited:**
Triage decisions must be made rapidly with less time to gather information
Emphasis shifts from ensuring the best possible outcome for an individual patient to ensuring the best possible outcome for the greatest number of patients.
- **Scene Size Up:**
 1. **Conduct a scene size up. Assure well being of responders. Determine or ensure scene safety before entering. If there are several patients with the same complaints consider HazMat, WMC or CO poisoning.**
 2. **Take Triage system kit.**
 3. **Determine number of patients. Communicate the number of patients and nature of the incident and establish incident command.**
 4. **Direct incoming resources. Identify ingress and egress path. Establish a staging area. Assign a medical officer, triage officer, transportation officer, and staging officer as personnel become available.**
- **Triage is a continual process and is a continuous process in each section as resources allow.**
- **Step 1: Global sorting:**
Call out to those involved in the incident to walk to a designated area and assess group last.
For those who cannot walk, have them wave/ indicate a purposeful movement and assess them second.
Those involved who are not moving, or have an obvious life threat, assess first.
- **Step 2: Individual assessments:**
Control major hemorrhage.
Open airway and if child, give 2 rescue breaths.
Perform Needle Chest Decompression Procedure if indicated.
Administer injector antidotes if indicated.
- **Assess the first patient you encounter using the three objective criteria which can be remembered by RPM.**
R: Respiratory (*Respiratory rates are difficult to measure quickly, use work of breathing and respiratory distress*)
P: Perfusion (*Capillary refill can be altered by many factors including skin temperature – use age appropriate heart rates*)
M: Mental Status (*Motor component of GCS score is important indicator – ability to follow commands*)
- If your patient falls into the RED TAG category, stop, place RED TAG and move on to next patient. Attempt only to correct airway problems, treat uncontrolled bleeding, or administer an antidote before moving to next patient.
- **Treatment:**
Once casualties are triaged, a focus on treatment can begin. You may need to move patients to treatment areas.
RED TAGs are moved/ treated first, followed by YELLOW TAGs. BLACK TAGs should remain in place.
You may also indicate deceased patients by pulling their shirt/ clothing over their head.
As more help arrives, then the triage/ treatment process may proceed simultaneously.
- **Lightning strike (Reverse Triage):**
Lightning strike victims are amenable to airway, breathing, cardiac compressions as well as early defibrillation.
Use concept of reverse triage with multiple casualties. Resuscitate lightning strikes as the priority.
Lightning strike victims found alive do not often deteriorate quickly.
- **SMART triage tag system is utilized in NC.**