

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Triage

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Photo by Michael Rieger

Volunteer disaster victims, courtesy of Americorps, are assisted by emergency crews during a training exercise at the old Mile High Stadium in February.

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Triage

Is derived from “ **TRIER** “

Since dr. Larry (Bonaparte's dr.) used it for dividing the injured soldiers

Triage Classification

- In normal conditions :
 - in Field
 - in Hospital
- In disaster :
 - in Hospital
 - in Presurgical Holding
 - in Field

Disaster Triage

Disaster Triage

- Hospital ED Triage
- Hospital Pre-Surgical Holding
Triage
- Field Triage

Disaster Triage

Goal :

~~To find high risk patients as soon as possible
& to do the appropriate treatment~~

To do the best for the most

Disaster Triage

Means : To see & leave some patients & let them to die !!!!

Means : There is no role for CPR in disasters

Hospital Disaster Triage

Red

First priority

Most urgent

Life – threatening shock or hypoxia is present or imminent but patient can be stabilized and if given immediate care will probably survive.

Yellow

Second priority

Urgent

Injuries have systemic implications or effects but patients is not yet in life – threatening shock or hypoxia ; although systemic decline will ensue, given appropriate care, patient seems able to withstand a 45- to 60min wait without immediate risk.

Green

Third priority

Nonurgent

Injuries are localized and without immediate systemic implications : with a minimum of care, patient generally does not deteriorate for up to several hours.

Black

Dead

No distinction can be made between clinical and biologic death in a mass-casualty incident, and any unresponsive patient who has no spontaneous ventilation or circulation is classified as dead; some classify in this category catastrophically injured patients who have a poor chance for survival regardless of care.

Field Triage in MCI



Dr.Mohsen Pazooki



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SALT Triage

Triage

SALT Triage

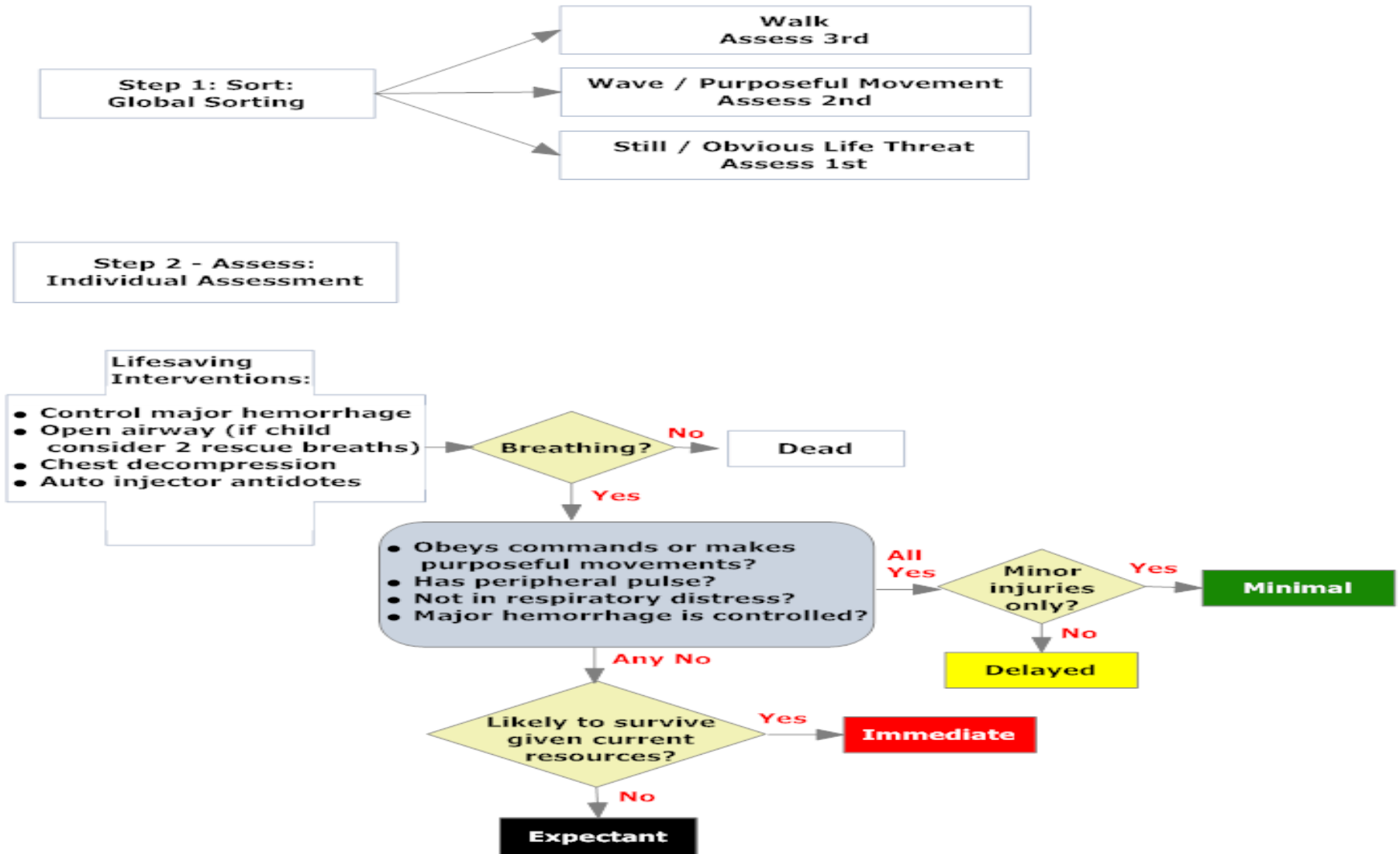
Concept endorsed by

1. American College of Emergency Physicians,
2. American College of Surgeons Committee on Trauma,
3. American Trauma Society,
4. National Association of EMS Physicians,
5. National Disaster Life Support Education Consortium,
6. State and Territorial Injury Prevention Directors Association

SALT Mass Casualty Triage Algorithm

- **S**ort
- **A**ssess
- **L**ifesaving Interventions
- **T**reatment/Transport

SALT Triage



SALT Triage Steps 1-2

**Step 1: Sort:
Global Sorting**

```
graph LR; A[Step 1: Sort: Global Sorting] --> B[Walk Assess 3rd]; A --> C[Wave / Purposeful Movement Assess 2nd]; A --> D[Still / Obvious Life Threat Assess 1st];
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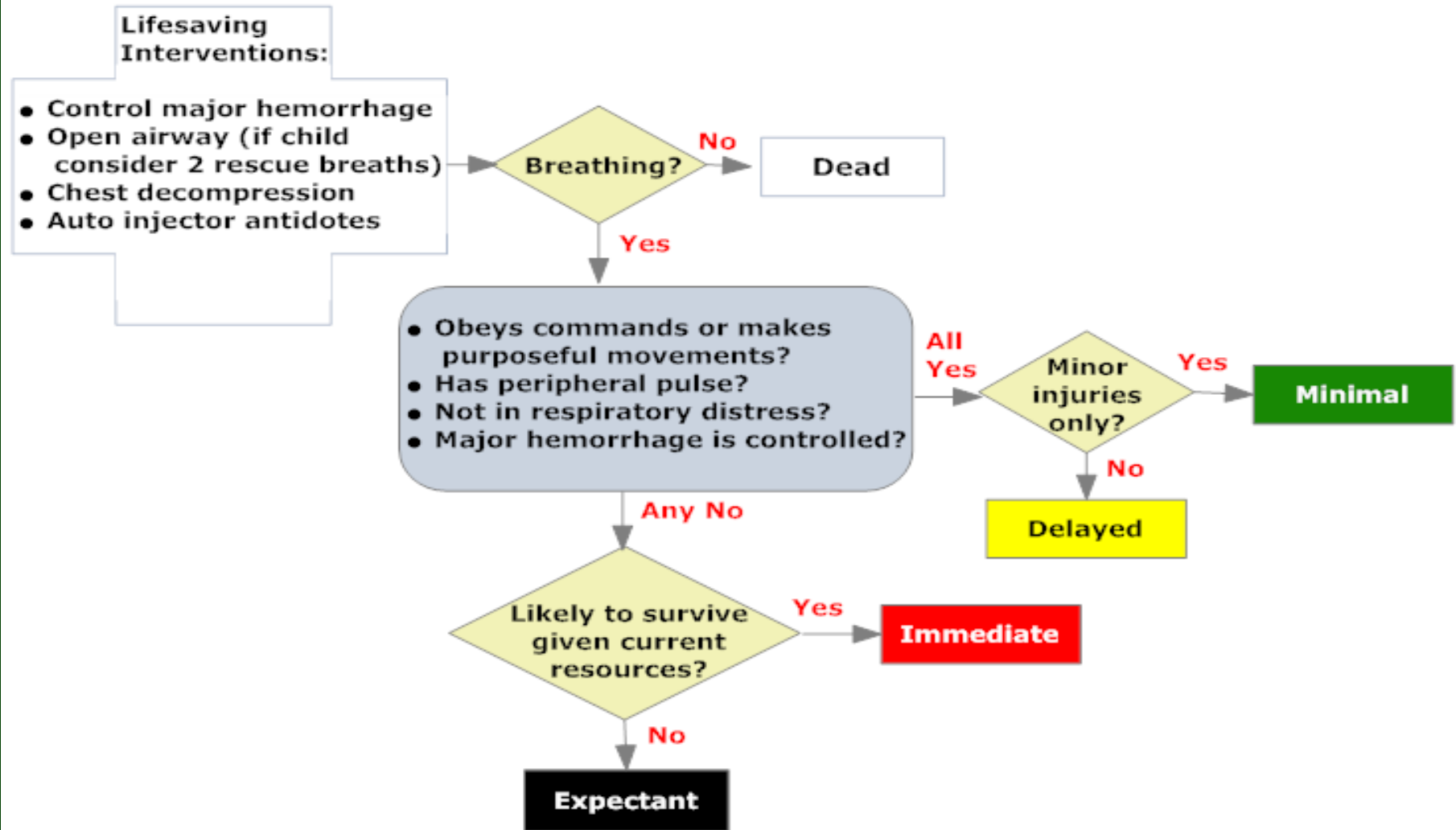
**Walk
Assess 3rd**

**Wave / Purposeful Movement
Assess 2nd**

**Still / Obvious Life Threat
Assess 1st**

**Step 2 - Assess:
Individual Assessment**

SALT Triage Steps 3-4



START Triage

Triage

Field Triage in MCI

- **S**imple
- **T**riage
- **A**nd
- **R**apid
- **T**ransport


Triage

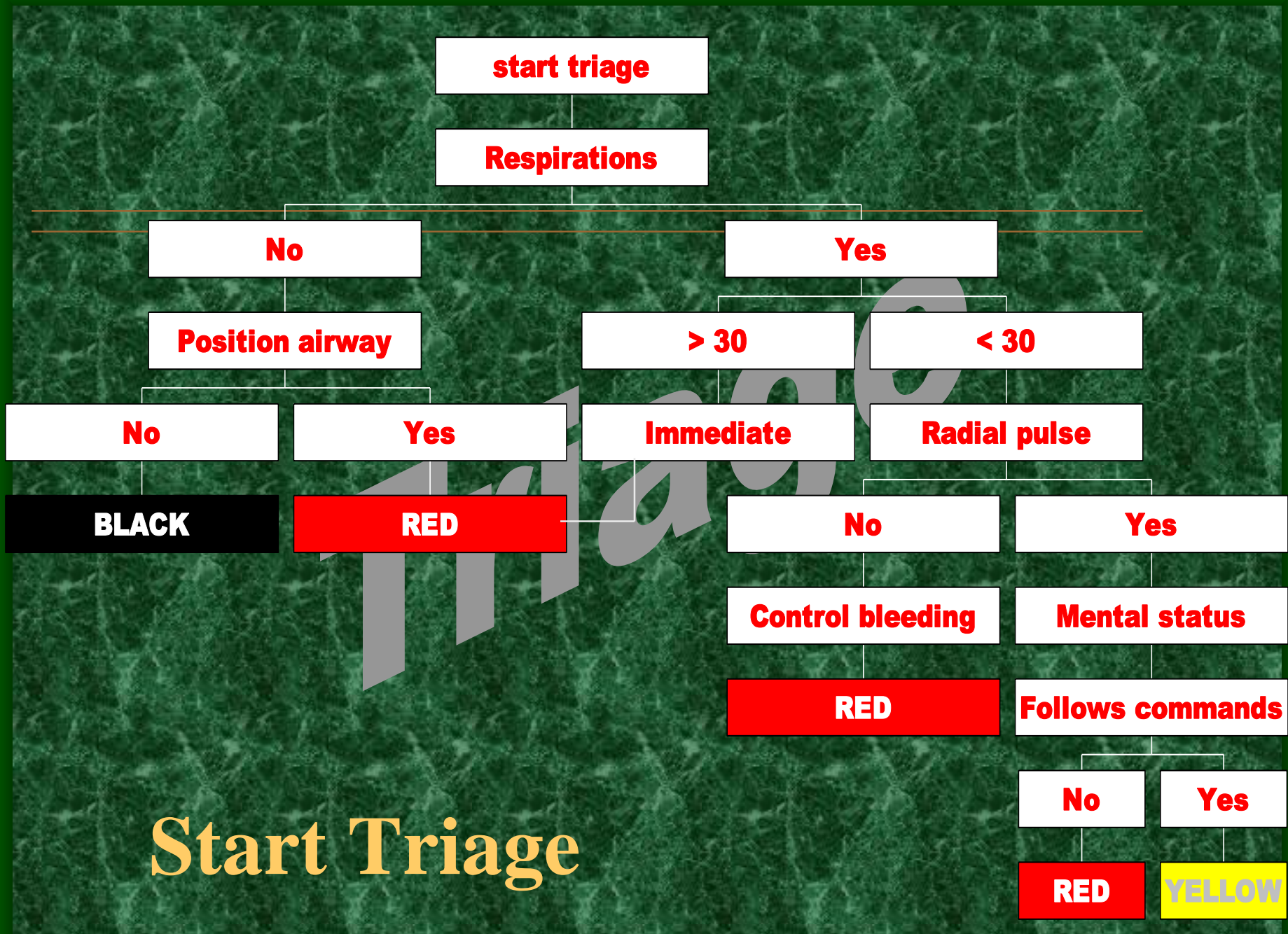
Mass Casualty Triage

1. To shout: “ whoever is able, walk away from the incident site “
(walking wounded) : Tag **Green**

2. A - B - C - D

Airway R.R. Radial Pulse Follow commands²⁴





Start Triage

Pazooki's Modified START Triage

Respiration

No

**Airway
Position**

**No
Respiration**

Yes

RR < 30

Radial Pulse +

**Follow
Commands**

Rest of Patients

MCI Field Triage

Possibility of remaining patients in the field for days

Triage



START + SAVE protocol

MCI Field Triage

- **S**econdary
- **A**ssessment of
- **V**ictim
- **E**ndpoint

Triage

Save Protocol

1. Patients who will die whether be helped or not
2. Patients who will survive whether be helped or not
3. Patients who will survive if are helped and will die if are not helped

SAVE Triage

If there are 2 patients require chest tube in whom 1 patient has bilateral chest injury and 1 patient has unilateral chest injury and we have only 2 chest tubes, 1 chest tube should be used for the patient with unilateral chest injury & another one for the patient with bilateral chest injury

MCI Field Triage

- Use alert patient's help
- Retriage
- Rapid transport

Treatment procedures by Triage team

1. Airway positioning
2. Stop active bleeding
3. Rapid transport based on triage

How to inform triage

- **Documentation on paper**

- **Color Markers**

- **Color labels**



- On papers

- On patients forehead

- On patients arm

- On patients files



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	/	/	/

0



I



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II



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III



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0



0

I



I

II



II

III



III

FRONT

No. 678406 TRIAGE TAG No. 678406

PART I

No. 678406

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
<input type="checkbox"/> Respirations - Over 30	IMMEDIATE
<input type="checkbox"/> Perfusion - Capillary refill Over 2 seconds	IMMEDIATE
<input type="checkbox"/> 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. 678406
DELAYED No. 678406
MINOR No. 678406

BACK

TRIAGE TAG

PART II

MEDICAL COMPLAINTS/HISTORY

ALLERGIES:

PATIENT R:

TIME	DRUG SOLUTION			DOSE
	D ₅ W	R/L	NS	

NOTES:

PERSONAL INFORMATION

NAME:

ADDRESS:

CITY:

TEL. NO.:

MALE

FEMALE

AGE:

WEIGHT:

DECEASED
IMMEDIATE
DELAYED
MINOR

Nº 507991

Nº 507991

**EVACU-AID™
TRIAGE
TAG**



Nº 507991

CONTAMINATION:

___ NO ___ YES
Circle type below

Respirations ___ Yes ___ No

Perfusion ___ +2 SEC ___ -2 SEC

Mental Status ___ Can do ___ Can't do

Mark x ORIENTED ___ DISORIENTED ___ UNCONSCIOUS ___



Chemical



Biological



Radioactive

Time	Pulse	B/P	Respiration

Time	Drug Solution	Dosage

Major Injuries: _____

Destination: _____

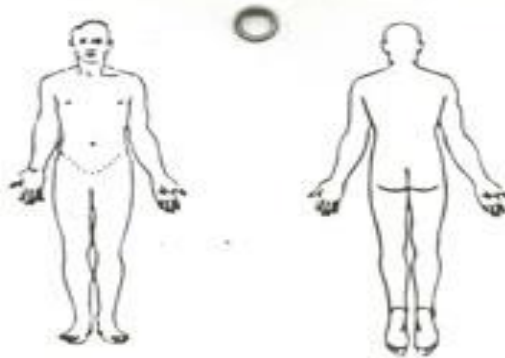
DECEASED

Nº 507991
IMMEDIATE

Nº 507991
DELAYED

Nº 507991
MINOR

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Notes:

Allergies:

Prescriptive Medication:

Personal Information

Name:

Address:

City: _____ St: _____ Zip: _____ Phone: _____

Male _____ Female _____ Age: _____ Weight: _____

DECEASED

IMMEDIATE

DELAYED

MINOR

PRINTED
IN CHINA

Dr.Mohsen Pazooki

FRONT

BACK

CONTAMINATED

CONTAMINATED

Personal Property Receipt/Evidence Tag  *1234567*

Destination _____ 
Via _____ *1234567*

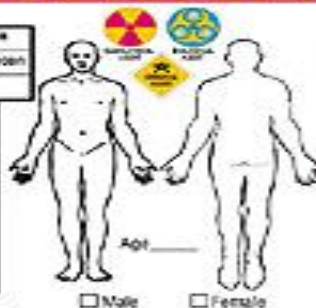
TRIAGE TAG  *1234567*

S L U D G E M
S: Salivation/Lachrymation/Diarrhea Debarthen S.U. Distress E: Etness M: Moist

AUTO INJECTOR 1 2 3 4 5

Fix No. Primary Device
Fix No. Secondary Device
Solution

Blunt Trauma
Burn
C-Spine
Chest
Crushing
Fracture
Laceration
Penetrating Injury



Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE

IMMEDIATE
Life Threatening Injury
 *1234567*

IMMEDIATE
Life Threatening Injury
 *1234567*

DELAYED
Serious Non Life Threatening
 *1234567*

DELAYED
Serious Non Life Threatening
 *1234567*

MINOR
Walking Wounded
 *1234567*

MINOR
Walking Wounded
 *1234567*

Comments/Information

Patient's Name _____

R RESPIRATIONS
 Yes
 No

P PERFUSION
 + 2 Sec.
 - 2 Sec.

M MENTAL STATUS
 Can Do
 Can't Do

Move the Walking Wounded **MINOR**

No Respirations After Head Tilt **MORGUE**

Respirations - Over 30 **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds **IMMEDIATE**

Mental Status - Unable to Follow Simply Commands **IMMEDIATE**

Otherwise **DELAYED**

DESIGNED BY



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PERSONAL INFORMATION

NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
PHONE _____
COMMENTS _____ RELIGIOUS PREF. _____

MORGUE

Pulseless/Non-Breathing

IMMEDIATE
Life Threatening Injury
 *1234567*

IMMEDIATE
Life Threatening Injury
 *1234567*

DELAYED
Serious Non Life Threatening
 *1234567*

DELAYED
Serious Non Life Threatening
 *1234567*

MINOR
Walking Wounded
 *1234567*

MINOR
Walking Wounded
 *1234567*

EVIDENCE

EVIDENCE

EVIDENCE



drmohsenp@yahoo.com

THANK YOU