

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Triage

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Pediatric Triage

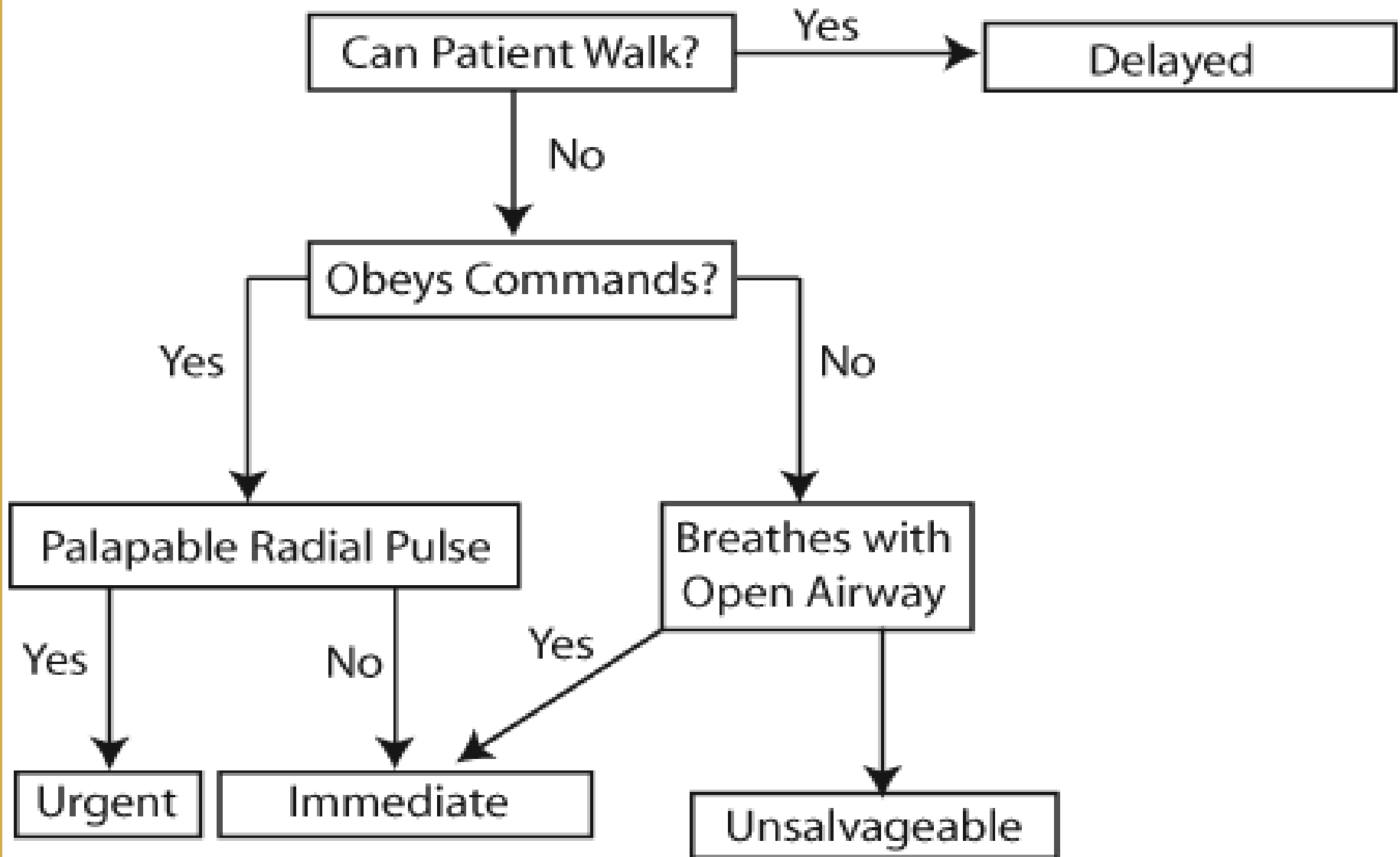
Triage

Children Triage

- **S**kin.....mottled? cyanotic? Petechiae? Pallor?
- **A**ctivity.....needs assistance? Not ambulating? Responsive?
- **V**entilation.....retractions? head bobbing? Nasal flaring? Slow? Fast? Stridor? Wheezing?
- **E**ye contactglassy stare? Fails to engage/focus?
- **A**buse.....unexplained bruising /injuries? Inappropriate parent?
- **C**ry.....high pitched ? Irritable?
- **H**eat..... >41" c? - <36" c?
- **I**mmune sys..... sickle cell? AIDS? Corticosteroids?
- **L**evel of consciousness.....irritable? Lethargic? Pain only? Convulsing? responsive?
- **D**ehydration..... Hollow eyes ? Capillary refill ? Cold hands,feet ? Voiding ?
Severe diarrhea ? Vomiting : projectile , bilious , persistent?
Dry mucous membranes ?

Care Flight Triage

Care Flight Triage



Pediatric Triage Tape

PTT
Triage

Developed in Great Britain

The Smart Triage Tape®

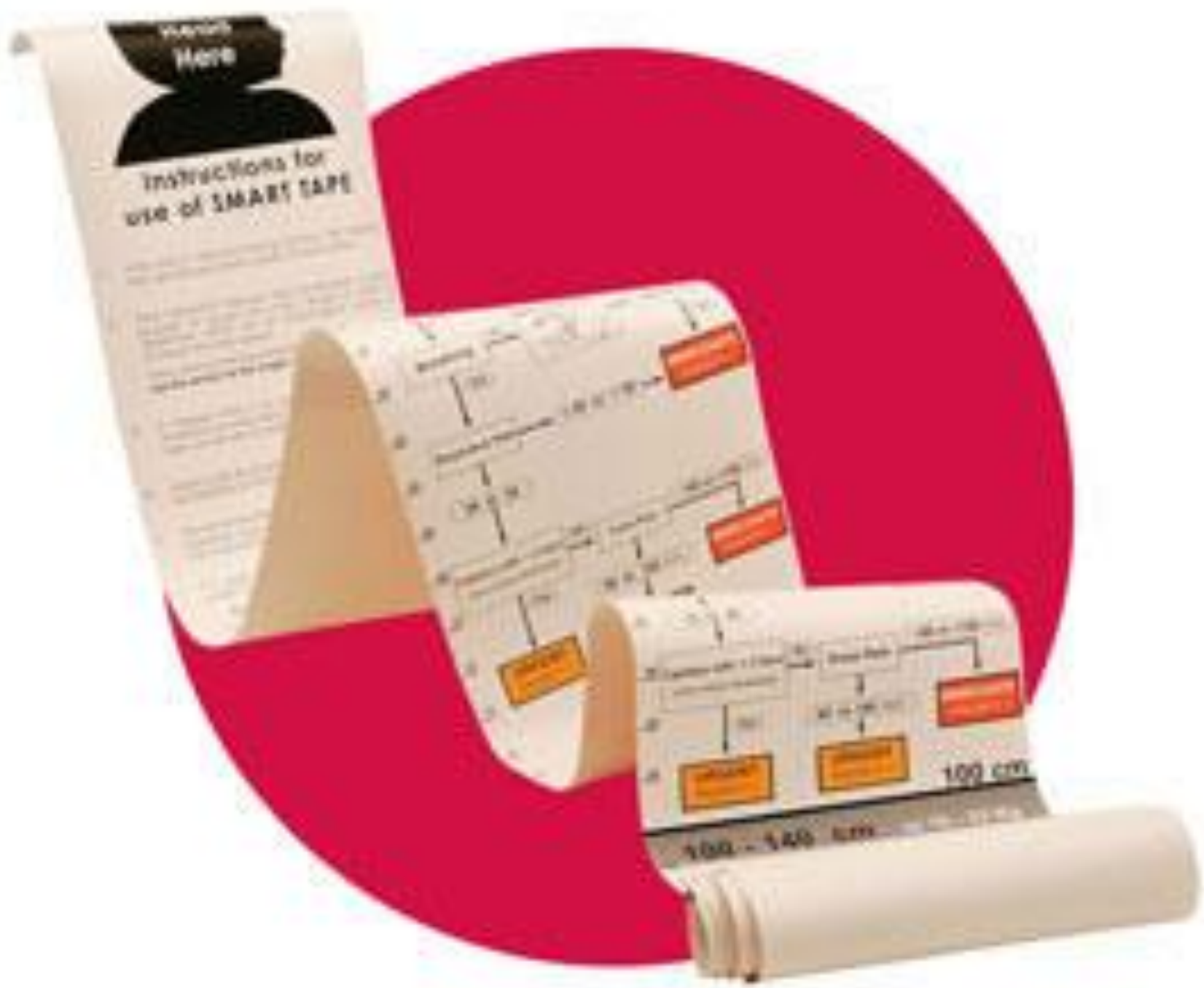
Proprietary, TSG

**Associates Length-based
pediatric MCI triage tape
Age-adjusted physiologic
parameters**

[www.tsgassociates.co.uk/
English/Civilian/products/
smart_tape.htm](http://www.tsgassociates.co.uk/English/Civilian/products/smart_tape.htm)

**In use in Europe, Africa and
some states in the US**





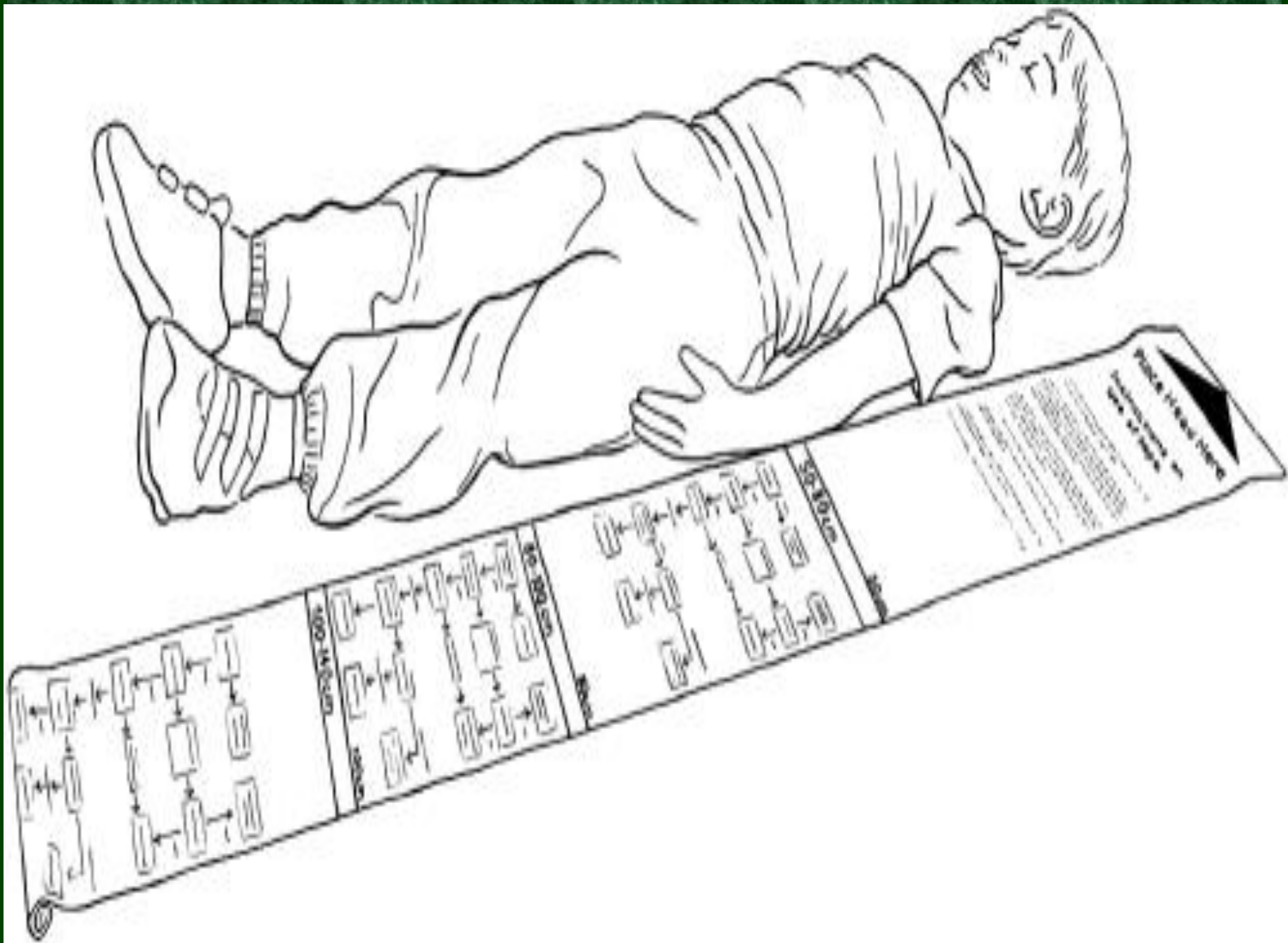
Insert Here

Instructions for use of SMART TAPE



100 cm

100 - 140 cm



JumpSTART

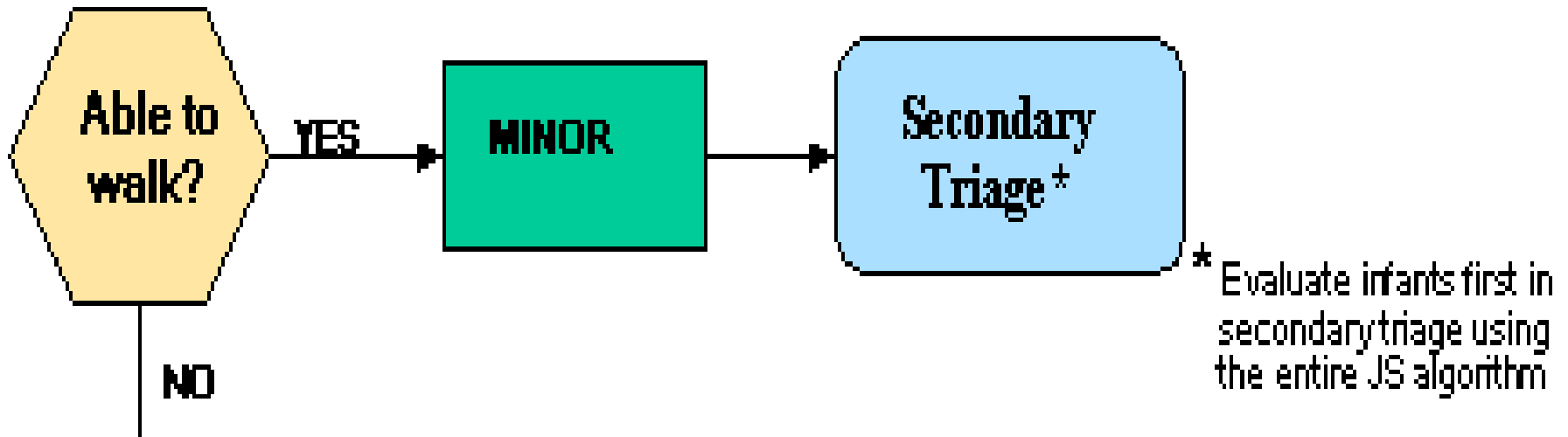
Triage

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.



Patients who are able to walk are assumed to have stable, well-compensated physiology, regardless of the nature of their injuries or illness.



Secondary Triage



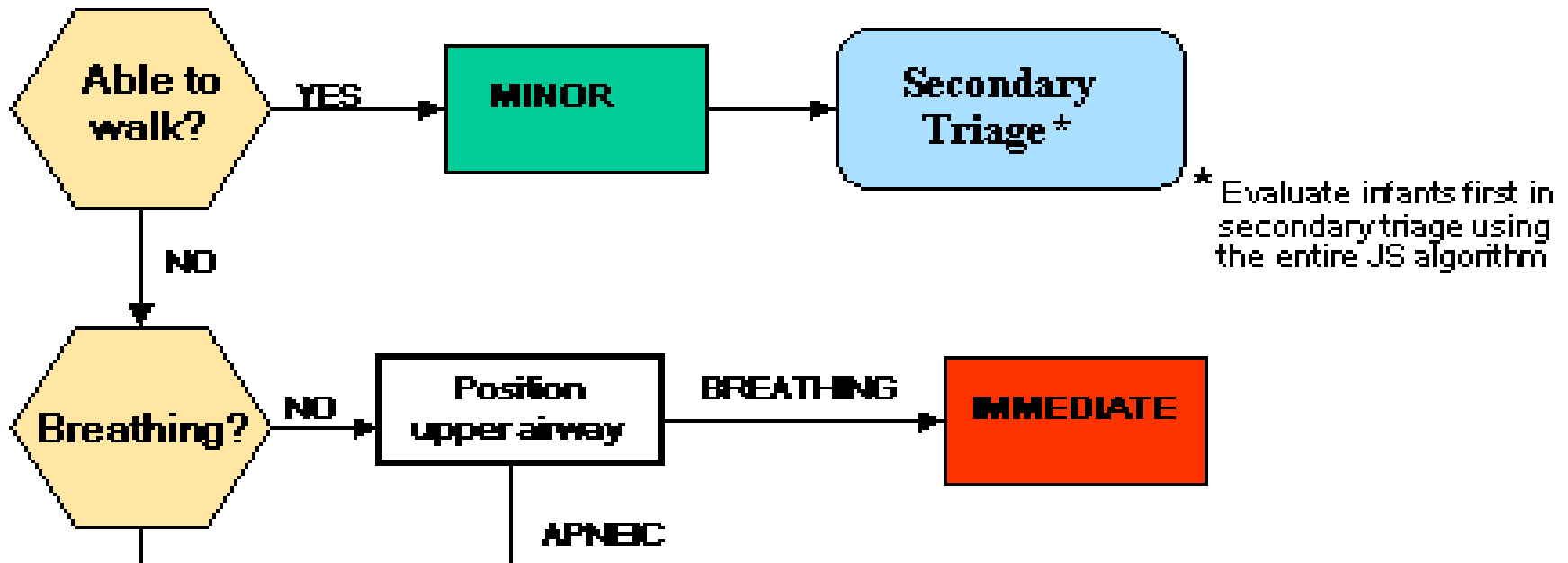
- **All green patients must be individually assessed in secondary triage.**

- **Assess physiology**
- **Assess injuries**
- **Assess probability of deterioration**
- **Assess needs vs. resource availability**

Secondary Triage



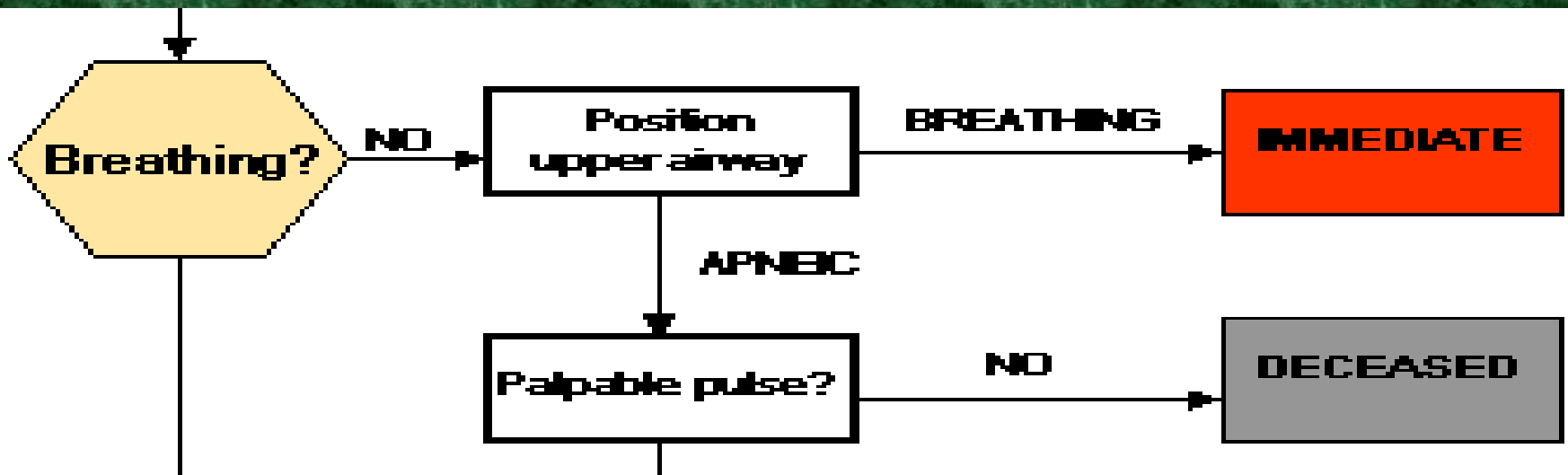
- **Some children may be carried to the green area by others. They have not proven their physiologic stability by performing the complex act of walking.**
- **These children should be assessed first among all those in the green area.**



- Position the upper airway of the apneic child.

- If they start to breathe, tag them as



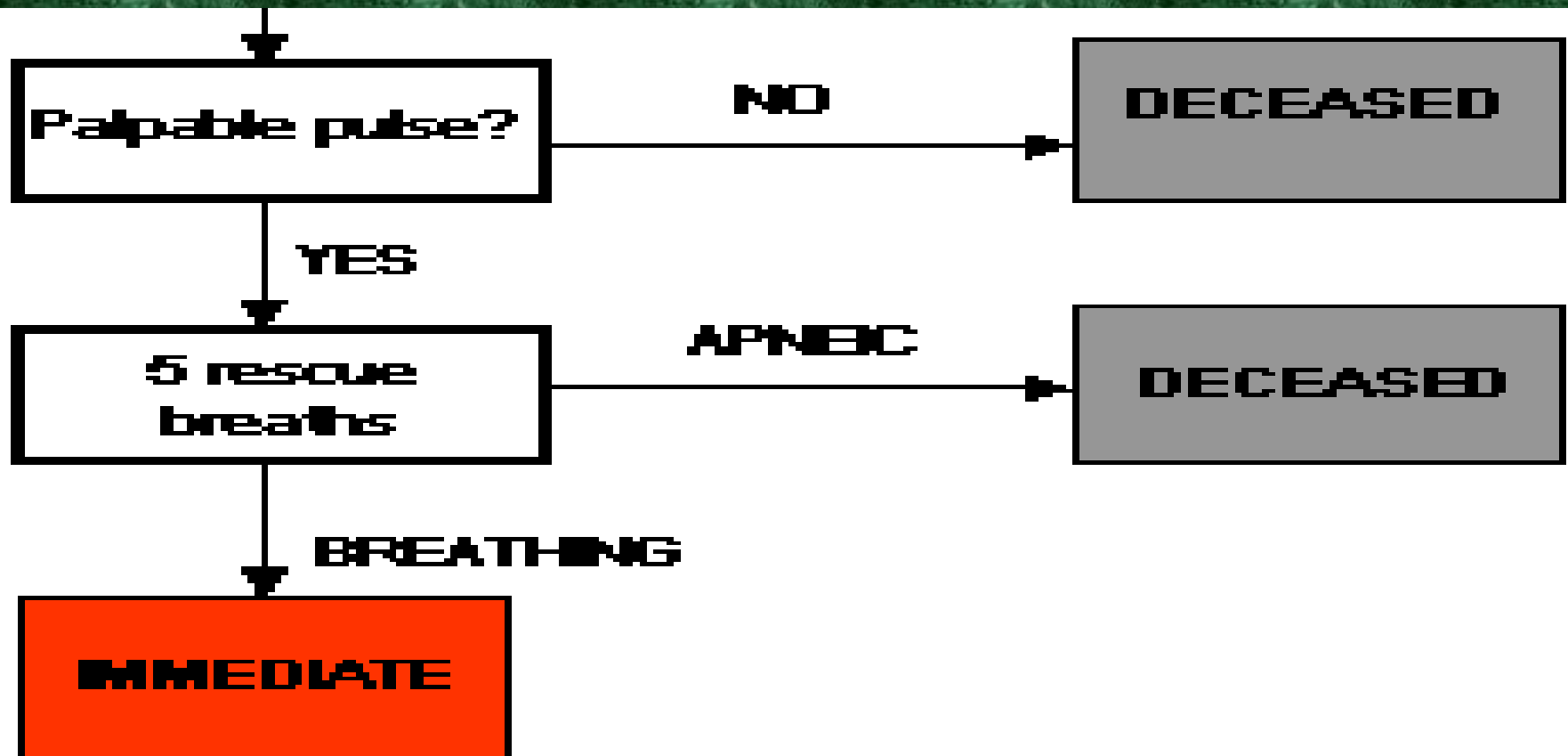


- If the child doesn't start breathing with upper airway opening, feel for a pulse.

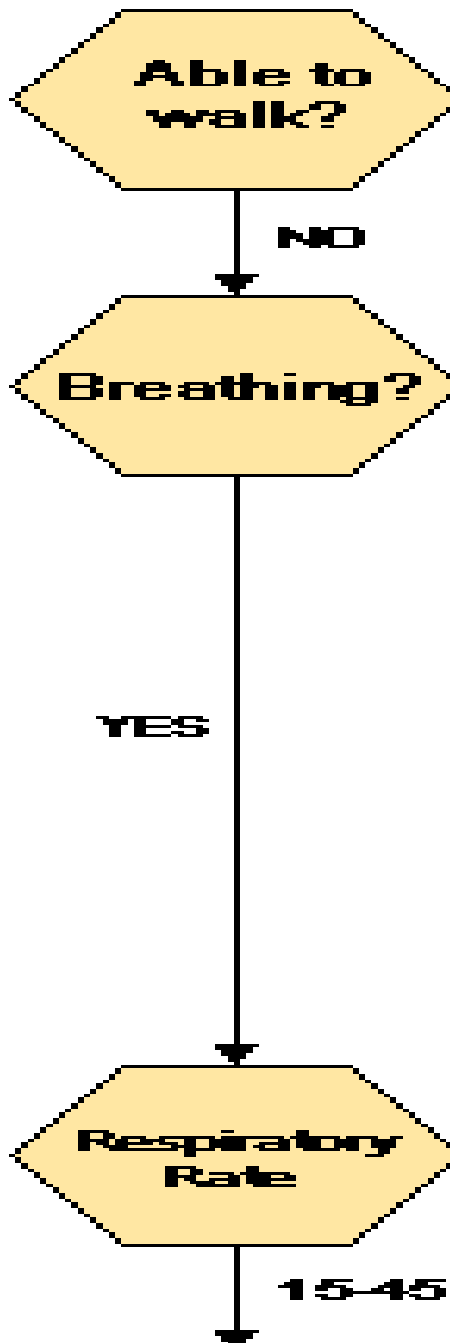
- If no pulse is palpable, tag the patient as



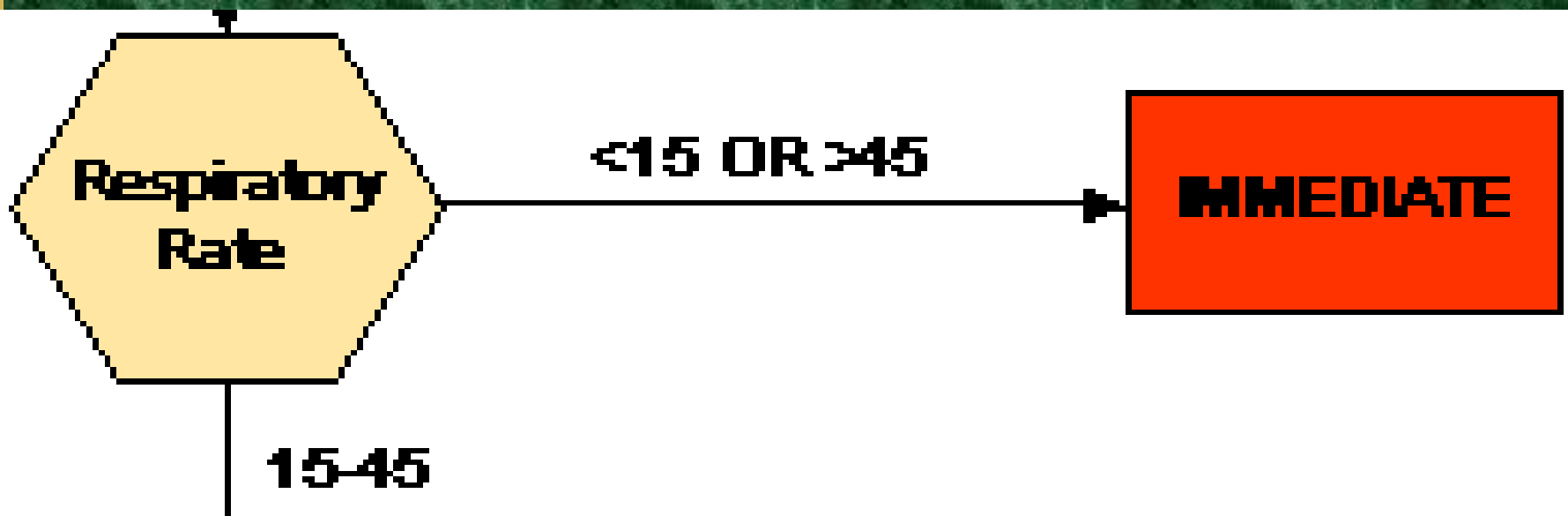
If the patient has a palpable pulse, give 5 mouth-to-barrier breaths to open the lower airways. Tag as below, depending on response to ventilations.



DO NOT CONTINUE TO VENTILATE THE PATIENT. RESUME TRIAGE DUTIES.

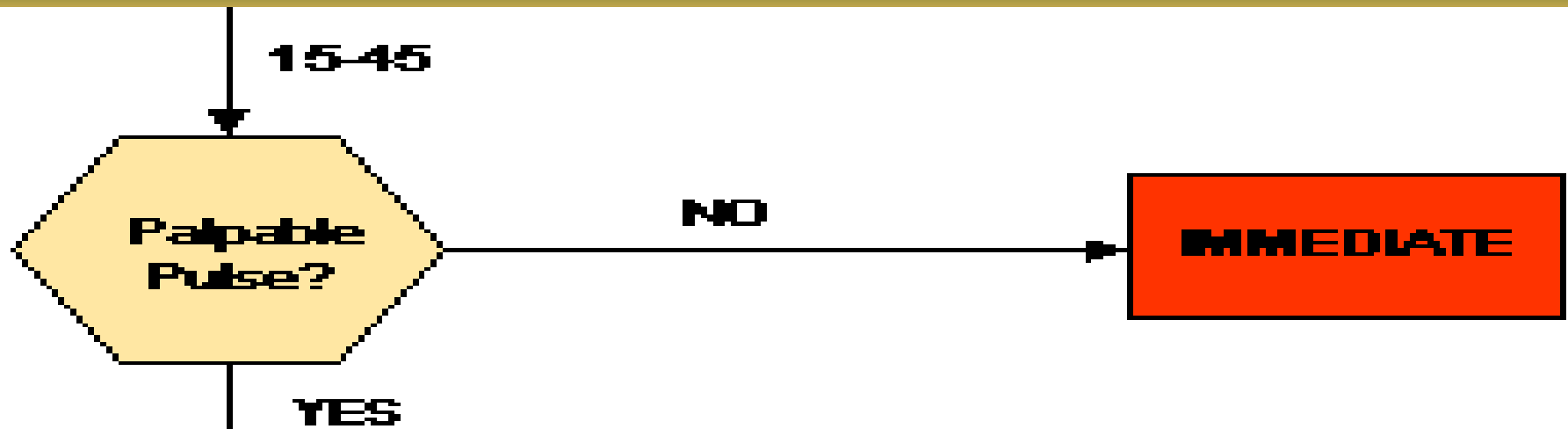


Assess the respiratory rate of the spontaneously breathing child.



- Move on to next assessment if respiratory rate is 15-45 breaths/minute.
- If respiratory rate is <15 or >45, tag the patient as





- If the child's pulse is palpable, move on to the next assessment.

- If no palpable pulse, tag the patient as





If patient is inappropriately responsive to pain, posturing, or unresponsive, tag as



If patient is alert, responds to voice or appropriately responds to pain, tag as



Modification for Nonambulatory Children

- **Children developmentally unable to walk due to young age or developmental delay**
- **Children with chronic disabilities that prevent them from walking**

Modification for Nonambulatory Children

- For nonambulatory children, assess using the JumpSTART algorithm.
- If pt meets any red criteria tag as
as



Modification for Nonambulatory Children

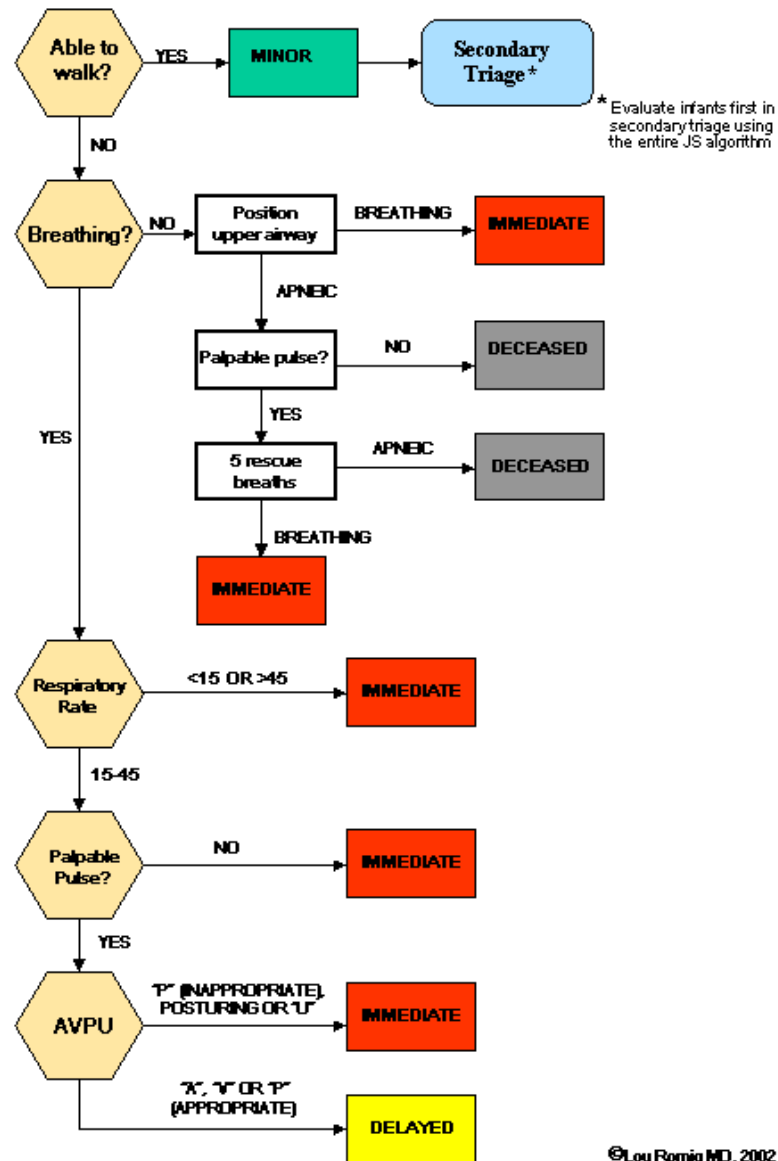
- If patient meets yellow criteria and has significant external signs of injury, tag as



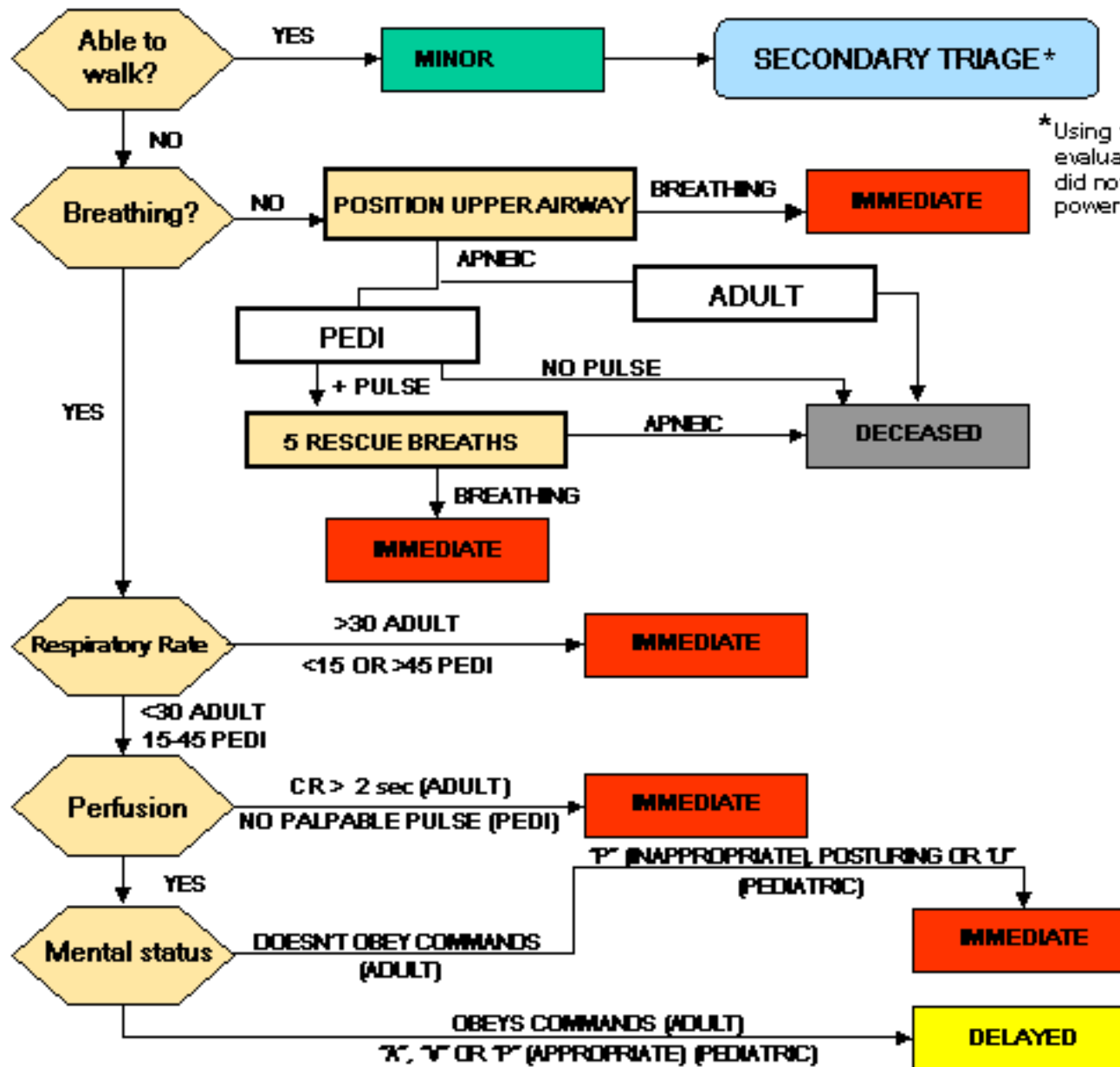
- If patient meets yellow criteria and has no significant external signs of injury, tag as



JumpSTART Pediatric MCI Triage[®]



Combined START/JumpSTART Triage Algorithm



*Using the JS algorithm, evaluate first all children who did not walk under their own power.

Triage

Radiation Casualties Triage

Radiation Casualties Triage

- Based on their overall pathology not on exposure
- Even patients receiving a lethal dose of radiation will not die immediately
- If a R.C. suffers a severe injury or illness , immediate intervention is required
- Decontamination : clothing removal
hair covering
reduce contamination by approx. 80%

Radiation Casualties Triage

Patient classification :

- Survival probable
- Survival possible
- Survival improbable

Radiation Casualties Triage

Survival probable :

- No initial symptoms
- Mild symptoms : nausea , vomiting
- Subside within a few hours
- No hospitalization

Radiation Casualties Triage

Survival possible:

- nausea & vomiting relatively brief lasting 24-48h following an asymptomatic period
- Admit for fluid & electrolytes + anti emetics
- Protective isolation precaution

Radiation Casualties Triage

Survival improbable

- Rapid onset of fulminating nausea , vomiting & diarrhea
- Intense fluid & electrolytes & hyperalimentation therapy + B.M. transplantation

Lightening & Electrical Injuries Triage

Lightening & Electrical Injury

- Traditional rules of mass casualty triage do not apply to Lightning victims
- Major cause of death: C.P. arrest
- No pulse or respiration : C.P.R.
- Multiple victims : RESPIRATION control

Lightening &Electrical Injury

- Resp. arrest caused by CNS injury often lasts longer than the cardiac pause & may lead to a secondary cardiac arrest with VF from hypoxia
- Ventilation during the time between the two arrests must be continued

Triage in Burn Injuries

Triage

- **1st Degree >>>>>>>>>>>Green**

- **3rd Degree >>>>>>>>>>>Red**

2nd Degree

- **> 30% >>> Red**
- **Head , Neck, Genitalia, Joints, Hands, Feet>>> Red**
- **{ < 5yrs, > 60yrs, Pregnants } > 10% >>> Red**
- **Comorbidities & > 10% >>> Red**
- **Other 2nd Degrees >>> Yellow**

Triage of pregnant patient

Triage of pregnant patient

- Two lives can be treated as single live
- The best preserver of fetal life is optimal care of the mother
- Resuscitate the mother before abandoning her sake of the infant

Levels of Severity

Red

- Cardio-respiratory distress
- Eclampsia
- Active hemorrhage/
heavy bleeding
- Urge to push
- Objects protruding from vagina
- No fetal movement
- Diabetic coma/DKA
- Other life-threatening conditions to mother or fetus

**Yellow conditions are listed in order of priority

Levels of Severity

Yellow

-
- ▶ Contractions every 2 minutes & appears uncomfortable
 - ▶ Multipara in active labor
 - ▶ Decreased fetal movement
 - ▶ Abdominal pain
 - ▶ Preterm labor or preterm rupture of membranes
 - ▶ Actual or potential Pre-eclampsia or HELLP syndrome
 - ▶ Rule-out ROM

**Yellow conditions are listed in order of priority

Levels of Severity

Green

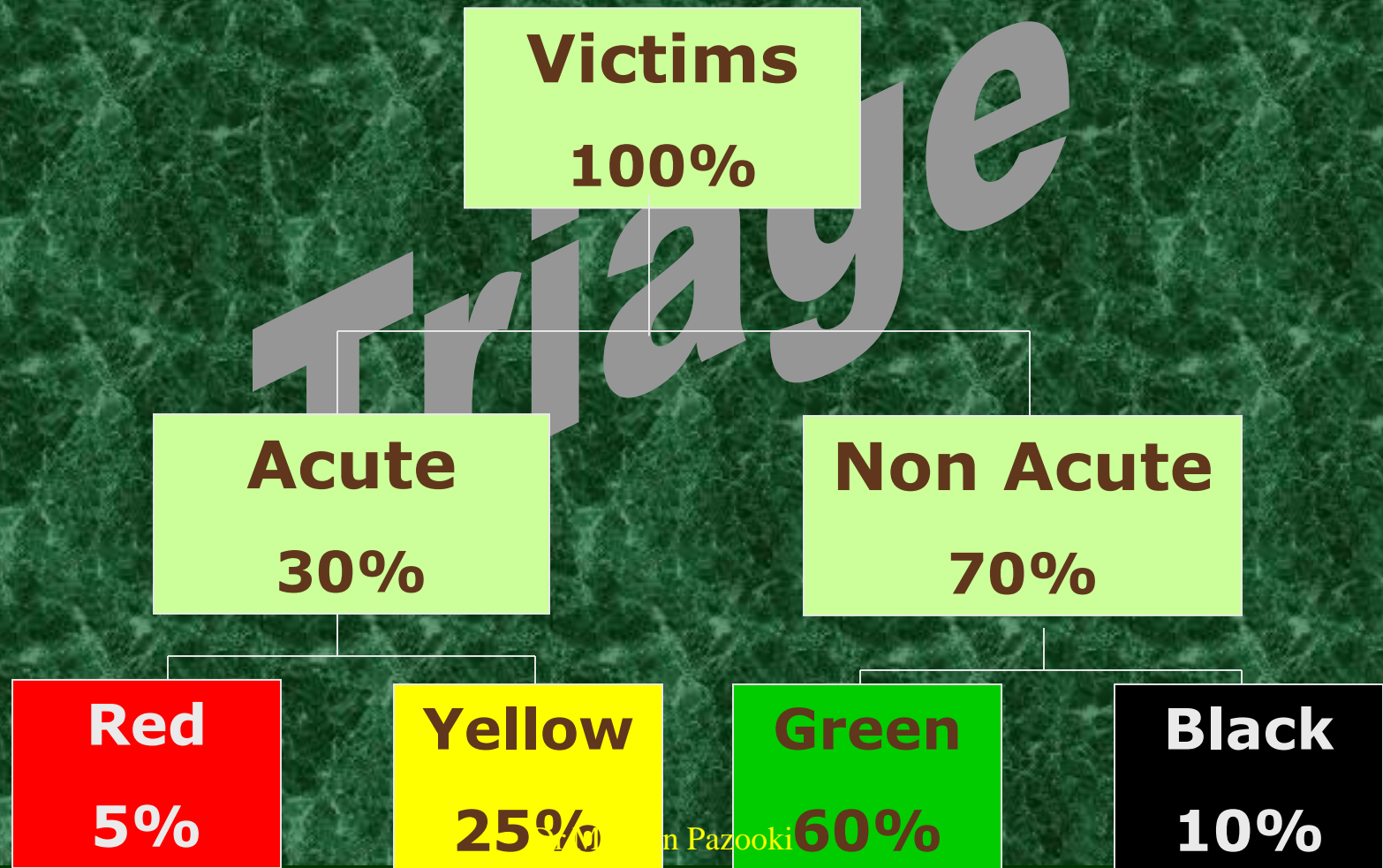
- ▶ Nausea/vomiting/diarrhea
- ▶ Urinary complaints
- ▶ Stable gestational hypertension
- ▶ Wound infection
- ▶ Upper respiratory infection
- ▶ Vaginal discharge/vaginitis
- ▶ Wound checks
- ▶ Staple removal
- ▶ Injections, lab draws

**Yellow conditions are listed in order of priority

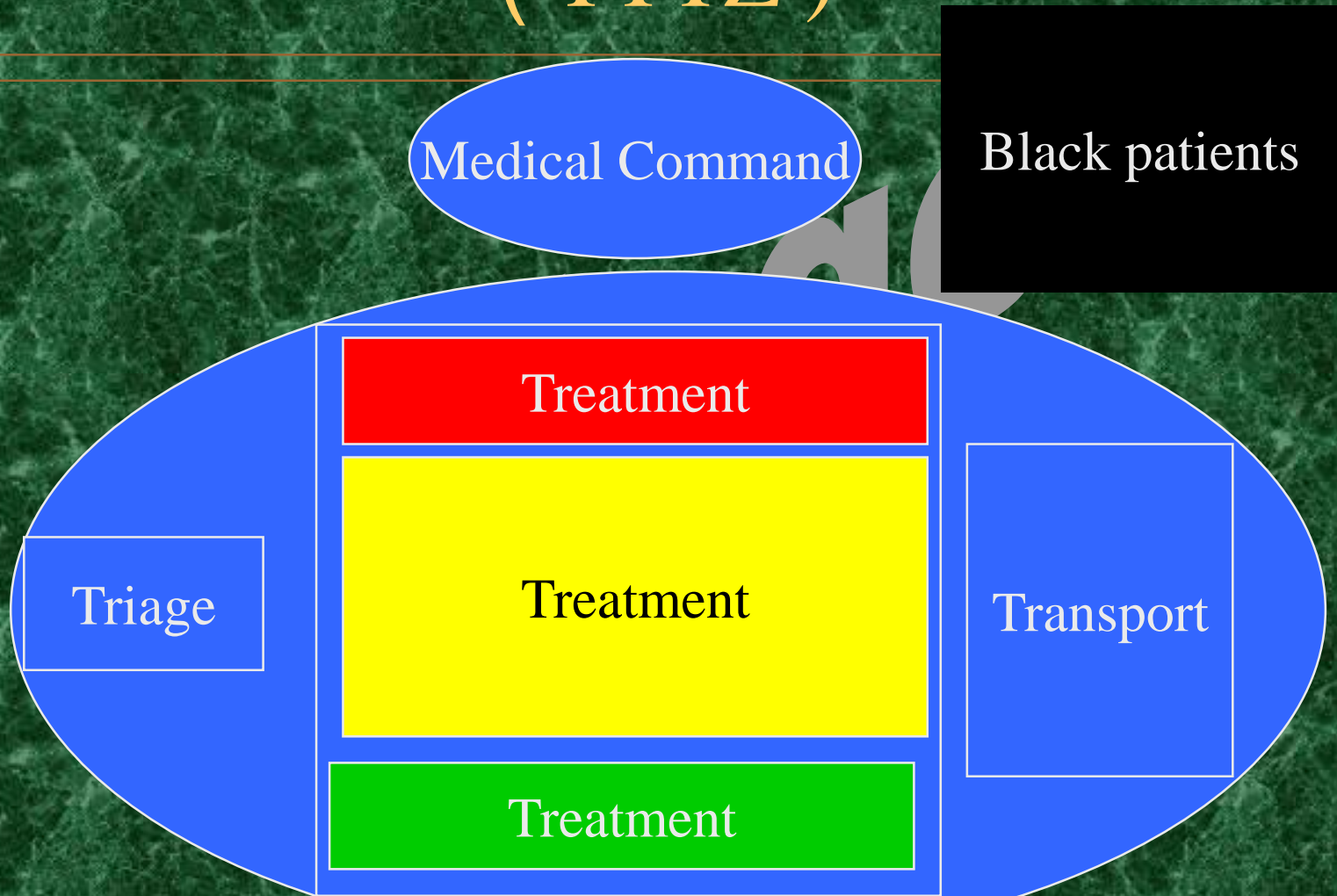
Triage

Management of MCI

Management of Mass Casualty Incident



Triage & Treatment & Transport Zone (TTTZ)



MEDICAL OFFICERS

MEDICAL COMMAND

- **DUTIES**- *responsible for overall control of Medical Sector*
- **PLACEMENT**- *At Command Post*
- **Key focus**
 1. *Facilitate communication between Incident Commander and Medical Sector.*
 2. *Provide direction and support for Medical Sector officers*

MEDICAL OFFICERS (Continued)

TRIAGE OFFICER

- **Duties**
- 1. Establish Triage and Treatment Zone (TTTZ)
- 2. Triage all patients before they are placed in TTZ
- 3. Number each patient on triage band for tracking
- **PLACEMENT:** At entrance of TTTZ
- **KEY FOCUS**
- “Guard” TTZ entrance, do not allow patients to enter until tagged and numbered

MEDICAL OFFICERS (Continued)

TREATMENT OFFICER

- **Duties:**
 1. Coordinate primary treatment of patients in TTTZ
 2. Assign patients to Transport Officer in order of transport
 3. Monitor *minor injury area*, assign personnel (1:10 ratio)
 4. Assure retriage of patients awaiting transport q. 15 minutes or less
- **PLACEMENT:** Inside TTTZ
- **KEY FOCUS:** Supervise treatment, prioritize patient transport

MEDICAL OFFICERS (Continued)

TRANSPORT OFFICER

Duties:

- 1. Assign patients for transport as directed by Treatment Officer*
- 2. Assign patient destinations as directed by Dispatch*
- 3. Complete Unit Transport Record for each transporting unit*
- 4. If Dispatch unable to assign destinations, use Field MCI Log to evenly distribute patients*

- **PLACEMENT:** At exit of TTTZ*
- **KEY FOCUS:** Evenly distribute patients to hospitals, most critical first*



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THANK YOU