

Triage

- Prioritizing patients in a multiple casualty incident
 - Who gets treatment first?
 - Who gets transported to a hospital first?
 - Quick communication about scope of incident
- The triage system we use is called START:
Simple Triage and Rapid Treatment
 - Developed in 1983 in Newport Beach, CA
 - Widely used throughout the US

Triage Categories

MINOR

No field treatment needed

DELAYED

Treatment needed but no life threat

IMMEDIATE

Treatment needed for life threat

DECEASED

Dead or non-salvageable

Triage Procedure

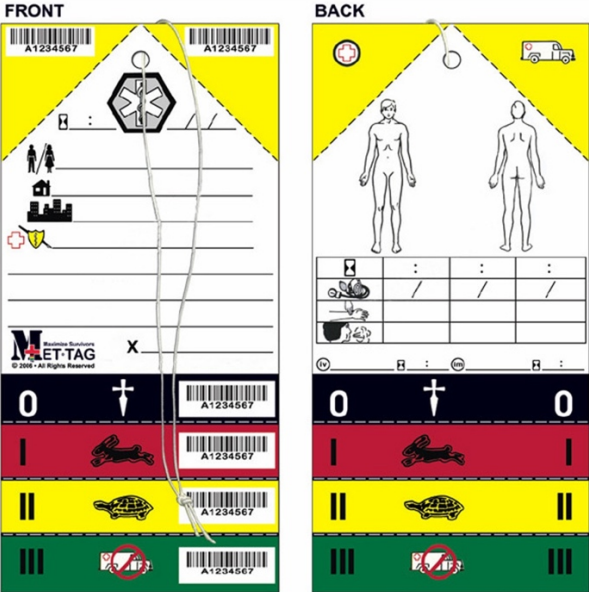
1. On entry to the incident scene, call for anyone who can walk to you. “If you can hear my voice, come to me.”
 - These are your **MINOR** patients
 - These are people you can draw on for untrained help
2. Visit each remaining patient, starting with the one closest to you and following an orderly pattern.
 - Evaluate and categorize them
 - Mark them with a triage marking
 - Direct your untrained help to provide specific treatment
 - No more than 60 seconds per patient (30 is better)
3. Report your findings, with counts of each category.

Triage Markings

- Triage tags
- Colored ribbons
- Writing on skin:
 - M = MINOR**
 - D = DELAYED.**
 - I = IMMEDIATE**
 - X = DECEASED**

If you write on skin, be consistent about where you write.

Examples of Triage Tags and Ribbons



Triage Evaluation: RPM

We check for three things, by the acronym **RPM**:

Respiration: are they breathing, and not too fast?

Pulse: do they have a radial pulse? Capillary refill?

Mental Status: can they follow simple commands?

R: <30/minute

P: Radial pulse present, or *capillary refill <2 seconds

M: Alert, can follow simple commands

*Capillary refill is when you press on the fingernail or the webbing between the thumb and forefinger, the skin blanches then in <2 seconds should return to normal color.

If any of the above are abnormal, then the patient is in the **Immediate** category.

Triage Flow Chart

All walking wounded are **Minor "M"**

