

Disaster Triage START/JUMPSTART

Finger Lakes Regional Resource Center



Kathee Tyo, MS, RN
Coordinator/Educator



Objectives:

- Understand the differences between day-to-day triage and triage during an MCI
- Increase the UHS staff awareness of disaster triage
- Create comfort with the START/JumpSTART methodology

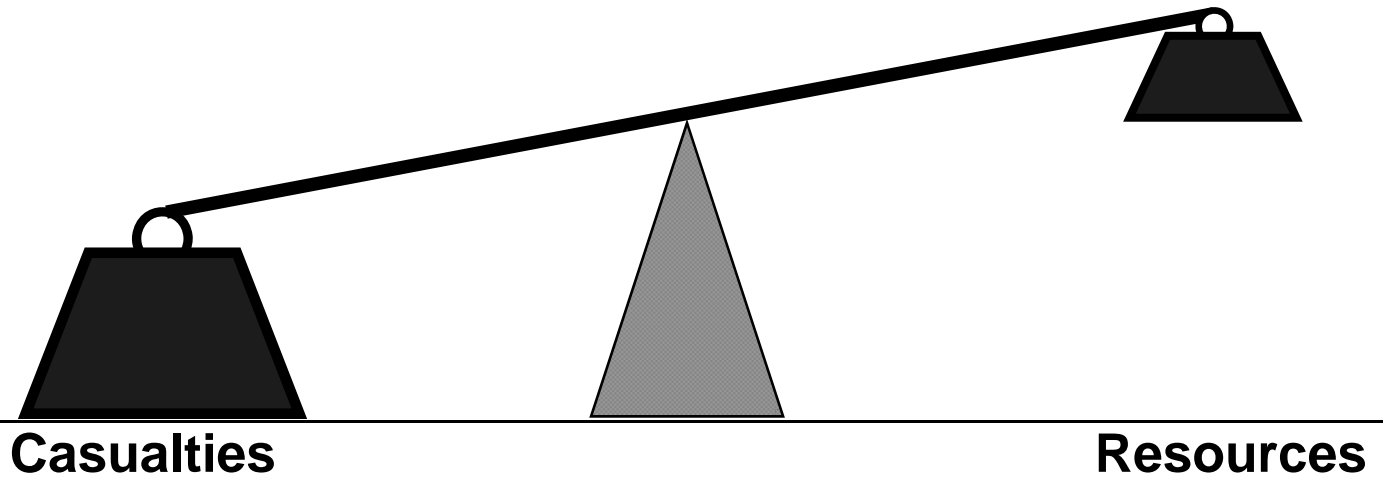
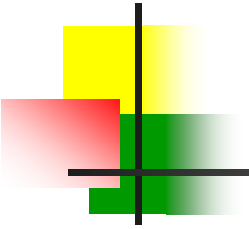


What is the Goal of MCI
Management?



**GOAL:
TO SAVE THE LARGEST NUMBER OF
SURVIVORS FROM A MULTIPLE
CASUALTY INCIDENT**

The Problem

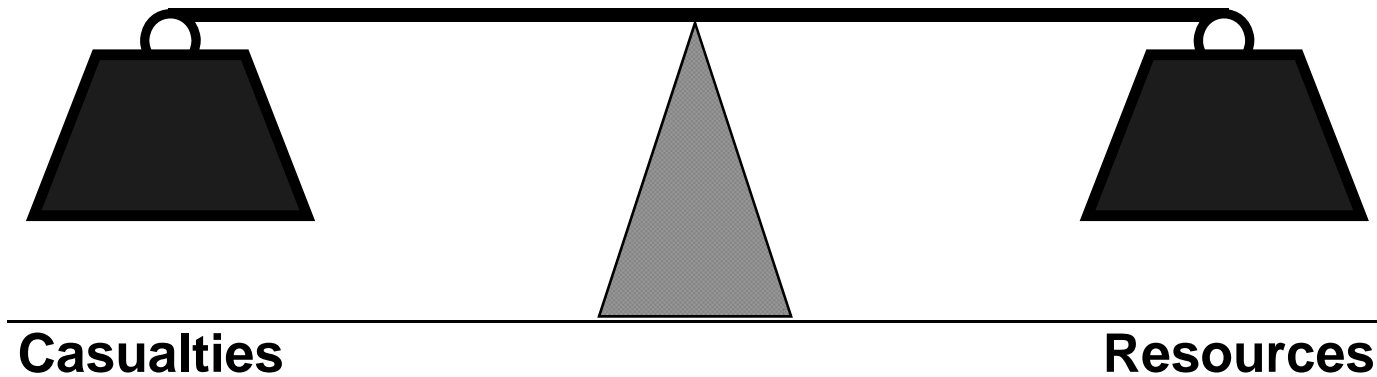
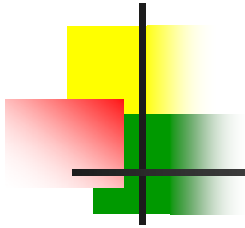




Considerations During an MCI Response

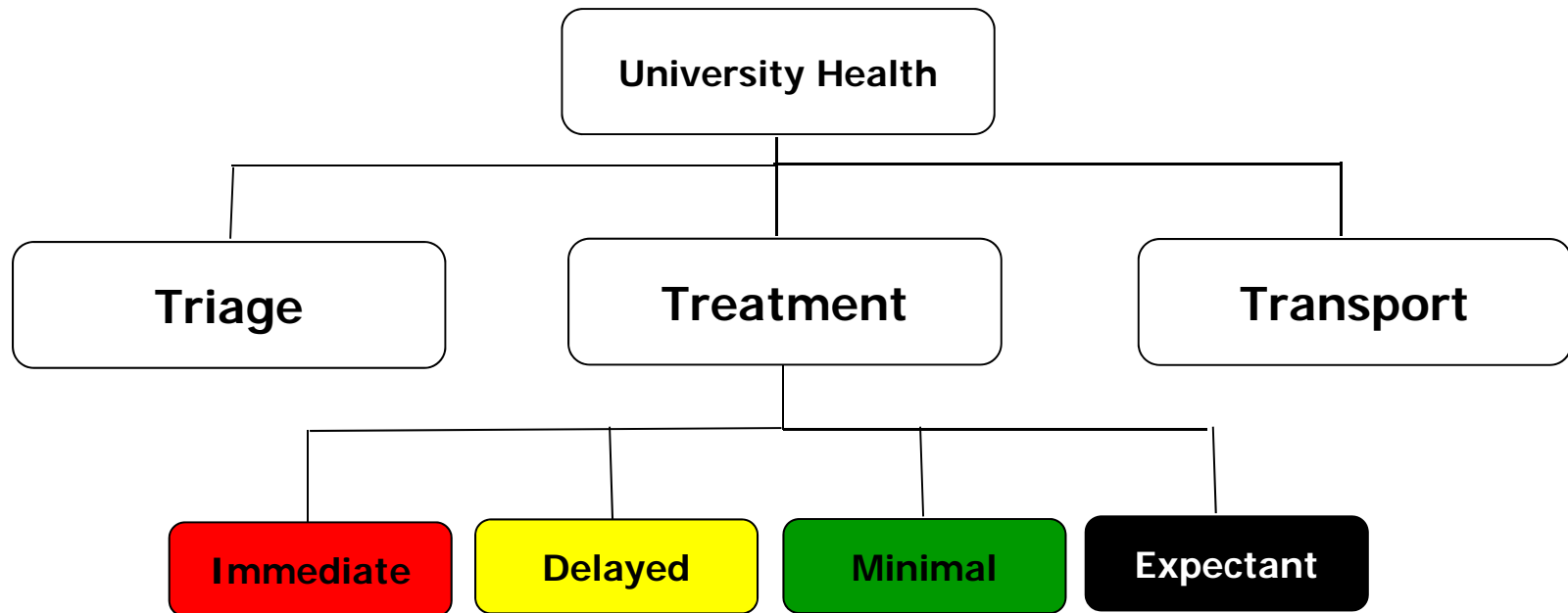
- Supply vs. Demand
- Resource Allocation
- Coordination
- Medical Management
- Ethics

The Objective





Incident Command System





Disaster Triage

START/JUMPSTART



Types of Triage

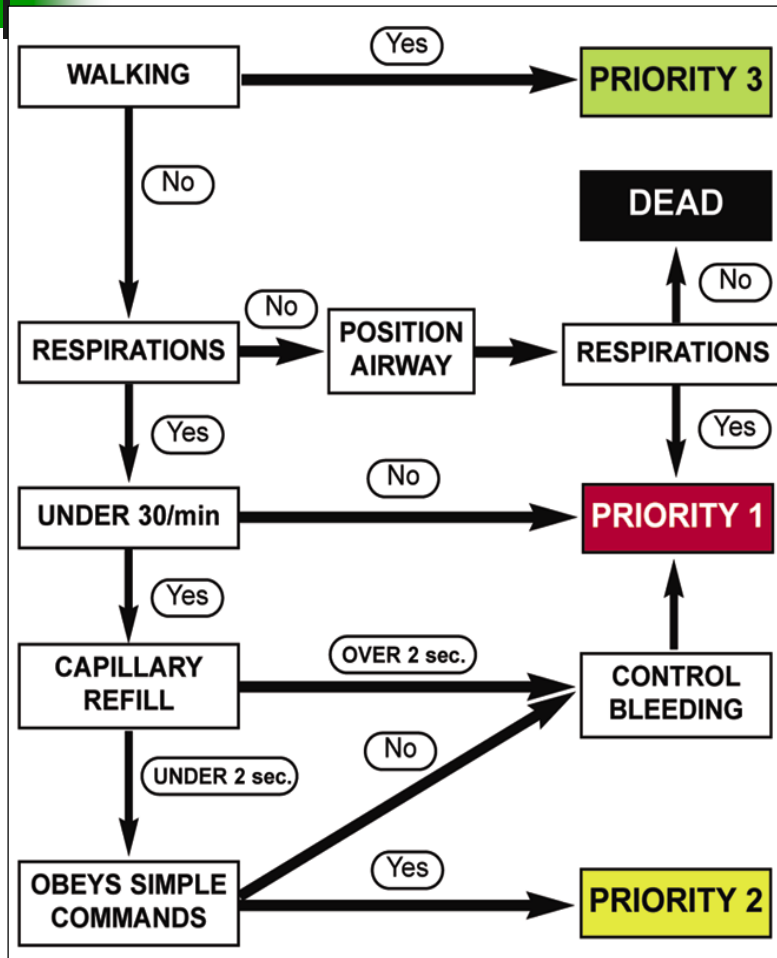
- ***Primary***

- On scene prior to movement or at hospital (self transports)

- ***Secondary***

- Incident dependent, probably prior to or during transport or upon arrival to hospital

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

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

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

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

DEAD	1	2	3	4	5	6	7	8	9	10
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Triage Coding

Priority Treatment

Immediate 1

Urgent 2

Delayed 3

Dead 0

Color

RED

Yellow

Green

Black



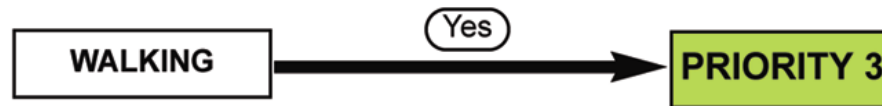
Primary Triage



**The
Scene**



Primary Triage



The first attempt at balancing resources and casualties/injured



PRIORITY 3

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

DELAYED



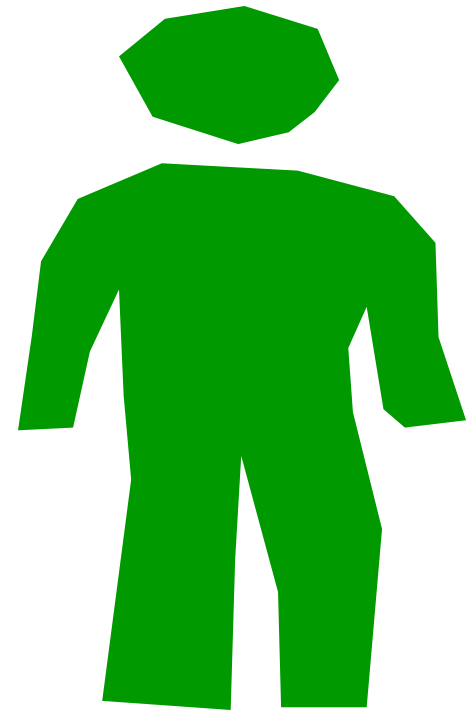
Example

Patient walks over to you and
has an obvious broken arm

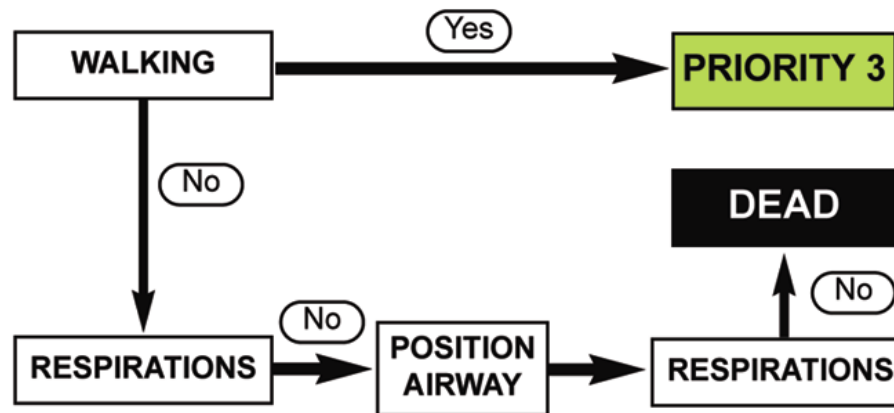
Respirations are 22

Pulse is 124 (Radial)

He is awake, alert, and crying

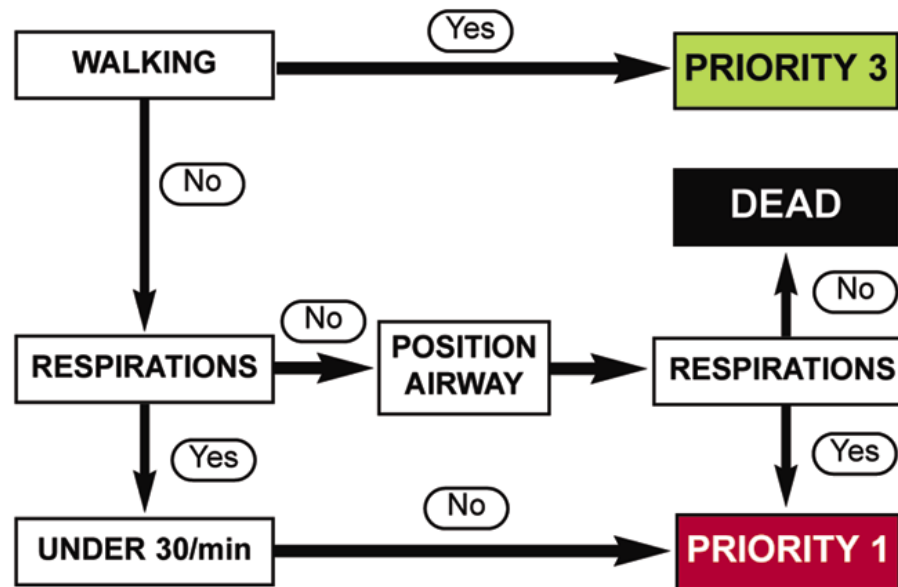


Primary Triage



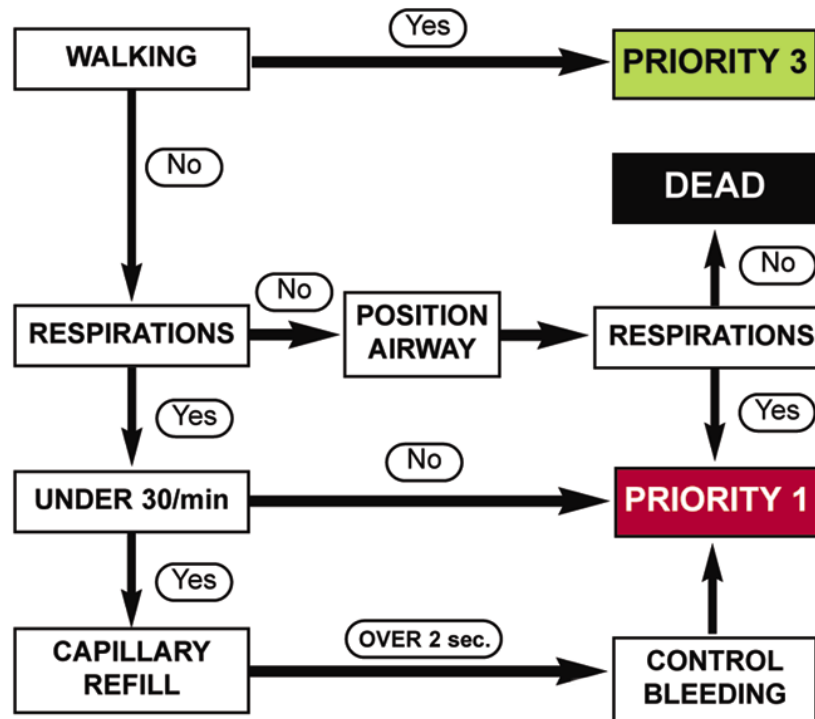
Determining whether there is an
airway and breathing

Primary Triage



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

Primary Triage



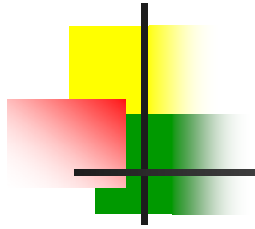
They have an airway, are breathing.
Are they circulating blood sufficiently?



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

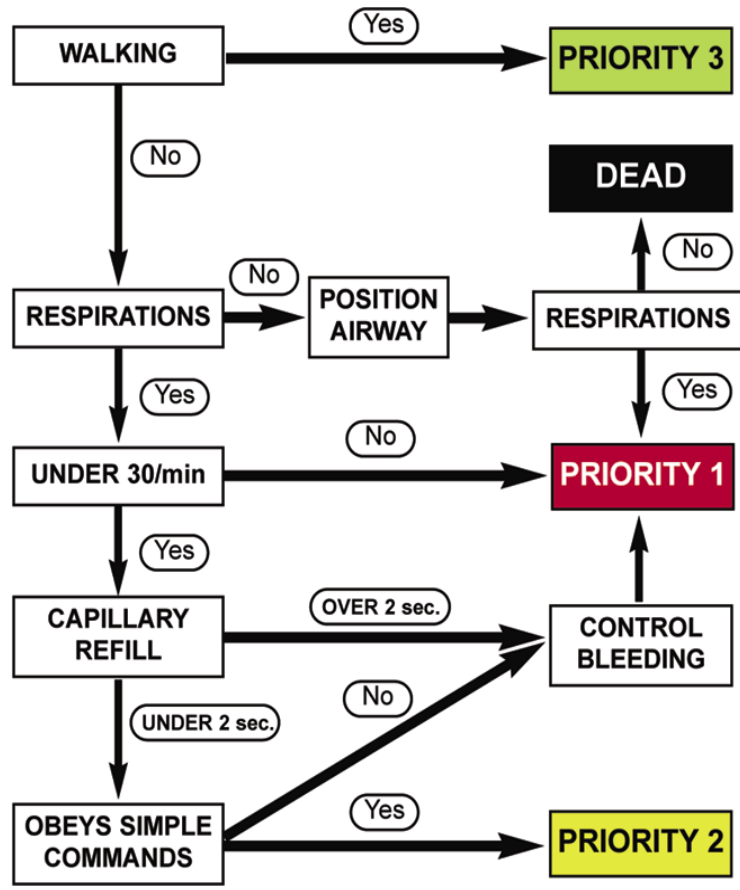


A

B

C

Mental Status





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



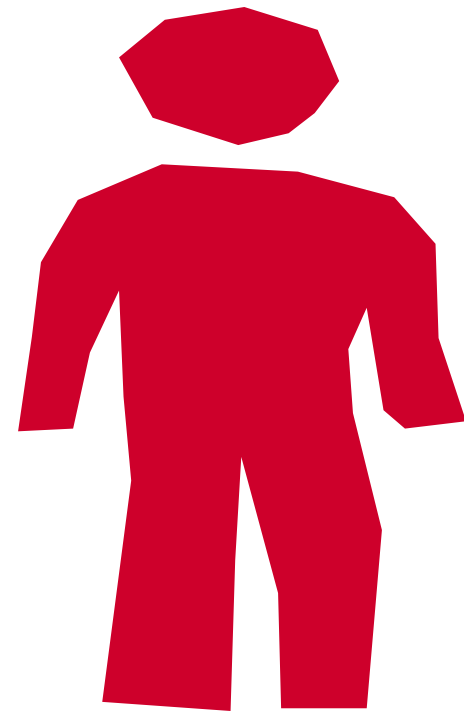
Example

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



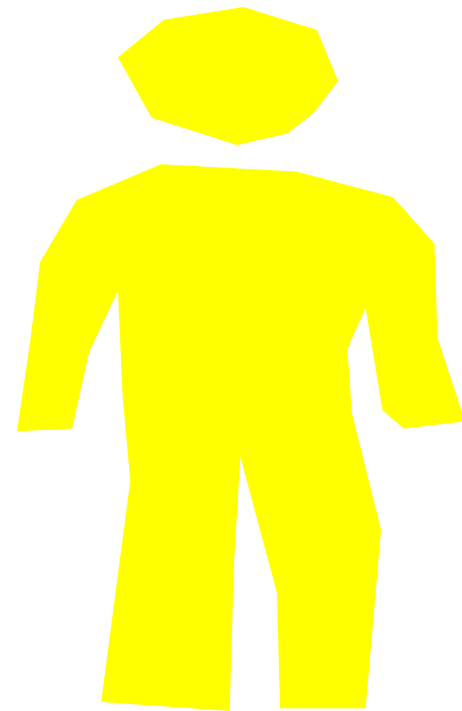
Example

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

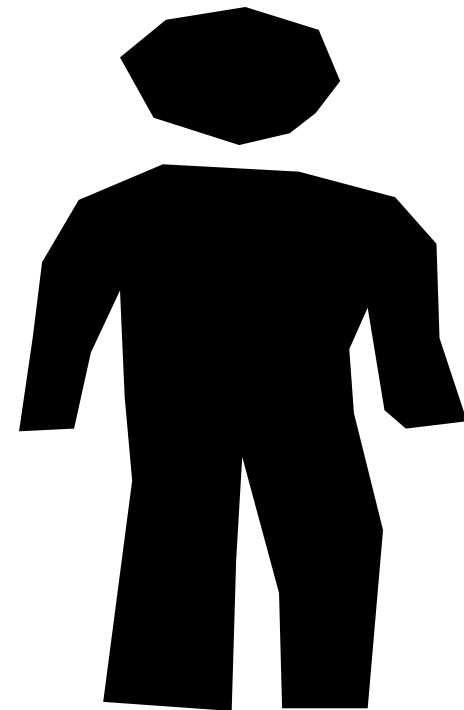


Examples

Patient not breathing

Absent radial pulse

She is unresponsive

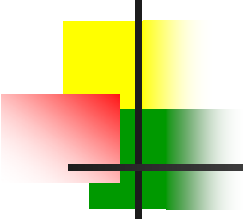


Secondary Triage

- 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	4	<input type="text"/>
TO VOICE	3	
TO PAIN	2	
NONE	1	

VERBAL RESPONSE :

ORIENTATED	5	
CONFUSED	4	<input type="text"/>
INAPPROPRIATE WORDS	3	
INCOMPREHENSIBLE WORDS	2	
NO RESPONSE	1	

MOTOR RESPONSE :

OBEYS COMMANDS	6	
LOCALISES	5	
PAIN WITHDRAWS	4	<input type="text"/>
PAIN FLEXION	3	
PAIN EXTENSION	2	
NO RESPONSE	1	

GLASGOW COMA SCALE TOTAL :

TOTAL GLASGOW COMA SCALE	13 - 15	4	
	9 - 12	3	<input type="text"/>
	6 - 8	2	
	4 - 5	1	
	3	0	
RESPIRATORY RATE	10 - 29	4	
	30 or more	3	<input type="text"/>
	6 - 9	2	
	1 - 5	1	
	0	0	
SYSTOLIC BP	90 or more	4	
	76 - 89	3	<input type="text"/>
	50 - 75	2	
	1 - 49	1	
	0	0	

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

TOTAL :

Pediatric Triage

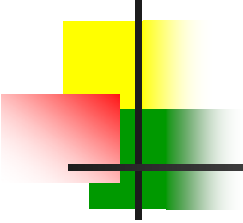


- Children are involved in mass casualty incidents
- The over prioritizing of children will take valuable resources away from more seriously injured adults
- Triage systems based on adult physiology will not provide accurate triage



The SMART Tape™





SMART Tag Triage System





SMART Triage Pack Contents

- Dynamic Tags (20)
- Dead Tags (10)
- Pencils
- Cylume Sticks
- Patient Count Card/Protocol
- SMART Pediatric Tape



Scenarios



Scenario #1

An improvised explosive device is detonated outside of Fauver Stadium during a football game. At least 50 people are confirmed injured. The University's Medical Response Team is on scene, but students are bringing injured to you as well.

Triage and "Tag" the following patients.

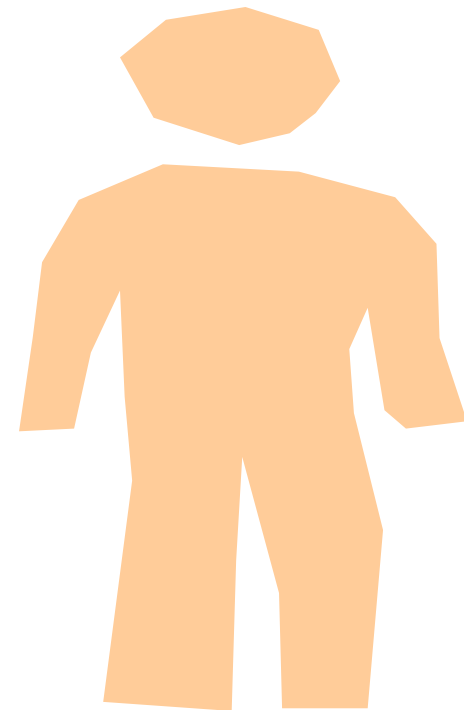


Patient #1

Apneic

Pulse-less

Missing LUE



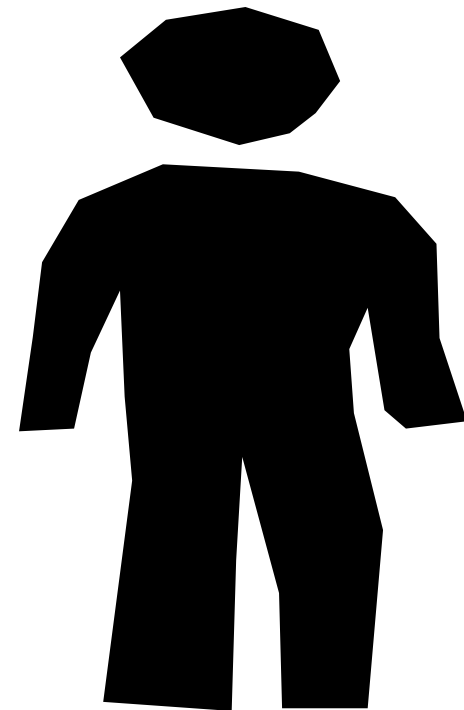


Patient #1

Apneic

Pulse-less

Missing LUE





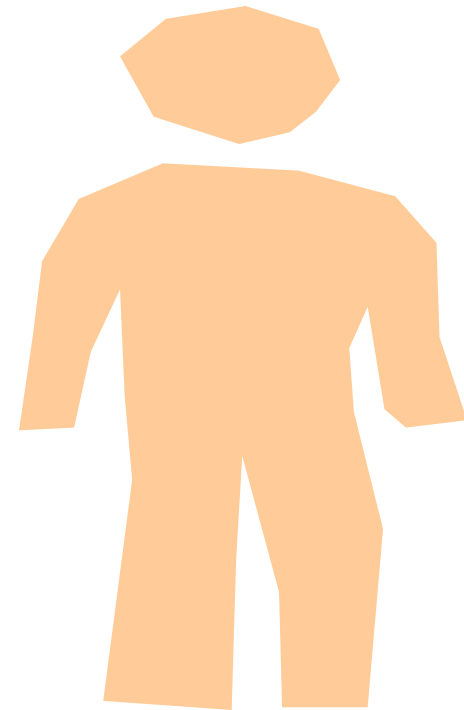
Patient #2

Eviscerated bowel

Multiple penetrating
wounds to chest &
head

Brain matter exposed

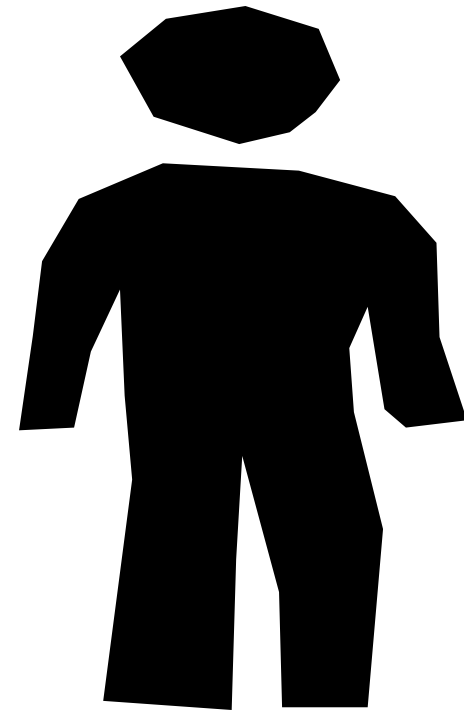
Unresponsive to tactile
stimuli





Patient #2

Eviscerated bowel
Multiple penetrating
wounds to chest &
head
Brain matter exposed
Unresponsive to tactile
stimuli





Patient #3

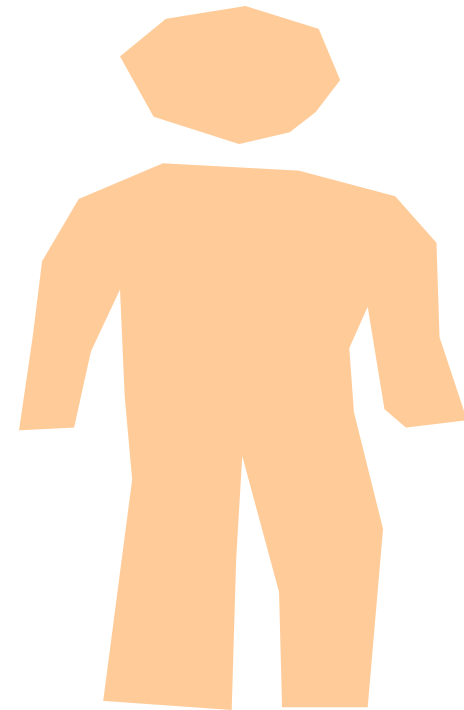
Abd. tenderness and
minor penetrating
trauma

Ambulating

A & O x 3

RR 24

Strong radial pulse





Patient #3

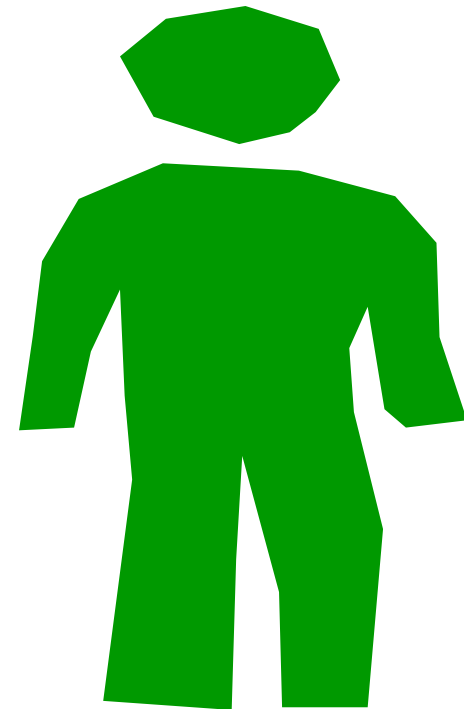
Abd. tenderness and
minor penetrating
trauma

Ambulating

A & O x 3

RR 24

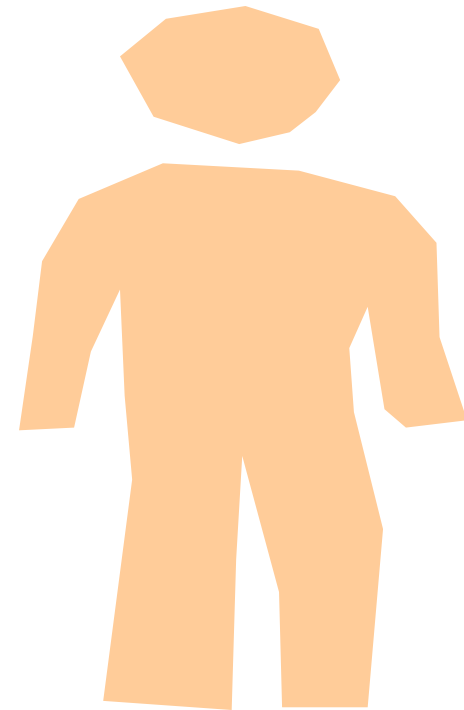
Strong radial pulse





Patient #4

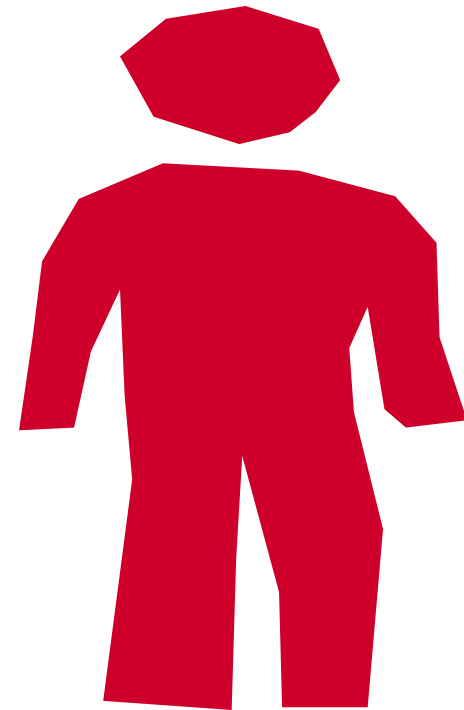
Multiple penetrating
injuries, blood in ears
Responds only to pain
Airway clear
RR 20
Strong radial pulse





Patient #4

Multiple penetrating
injuries, blood in ears
Responds only to pain
Airway clear
RR 20
Strong radial pulse





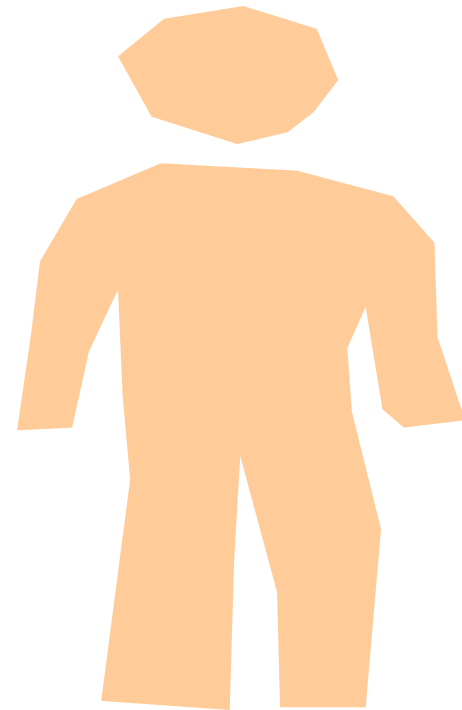
Patient #5

Extremity fractures,
blood in ears

A & O x 3

RR 26

Strong radial pulse





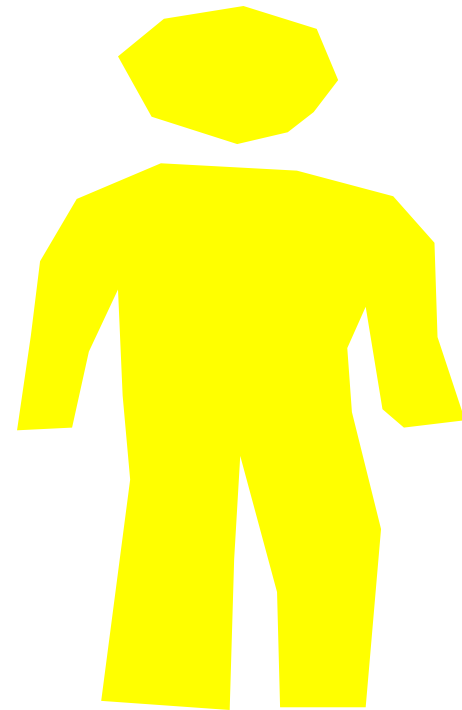
Patient #5

Extremity fractures,
blood in ears

A & O x 3

RR 26

Strong radial pulse





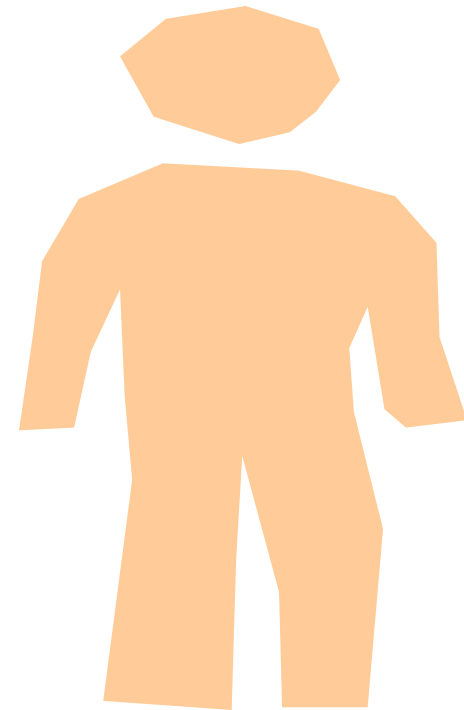
Patient #6

Child, screaming

Minor lacs, blood in
ears

RR 30

Moving all
extremities





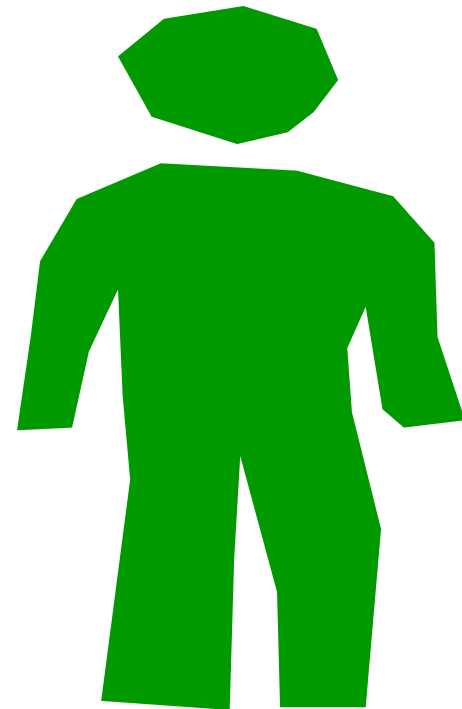
Patient #6

Child, screaming

Minor lacs, blood in
ears

RR 30

Moving all
extremities





Patient #7

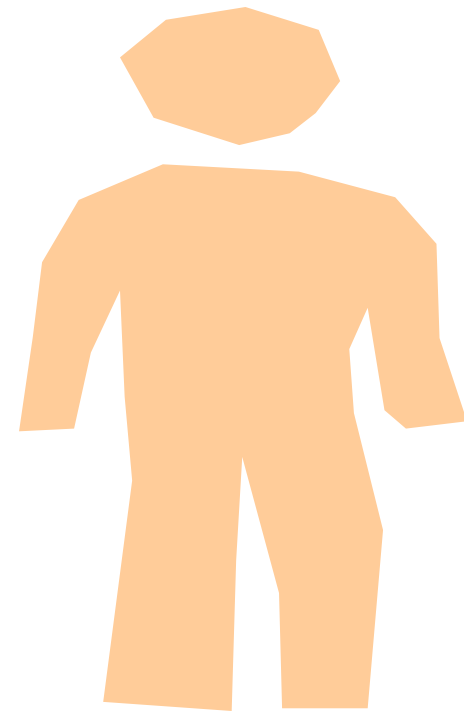
Amputated fingers,
head injury

A & O x 3

Dizzy

RR 24

Smells like beer





Patient #7

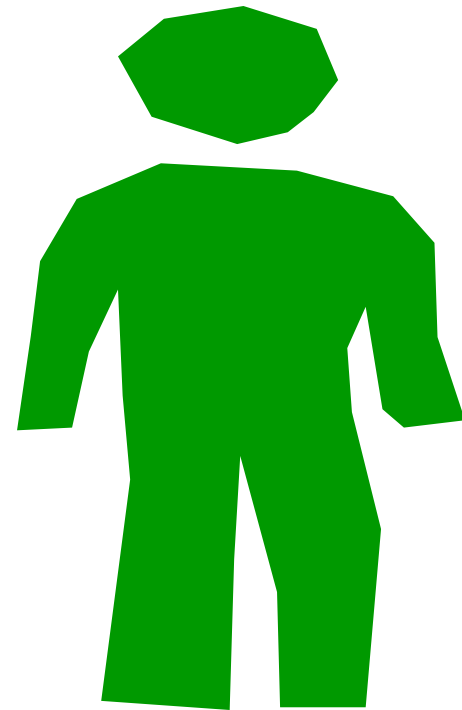
Amputated fingers,
head injury

A & O x 3

Dizzy

RR 24

Smells like beer





Patient #8

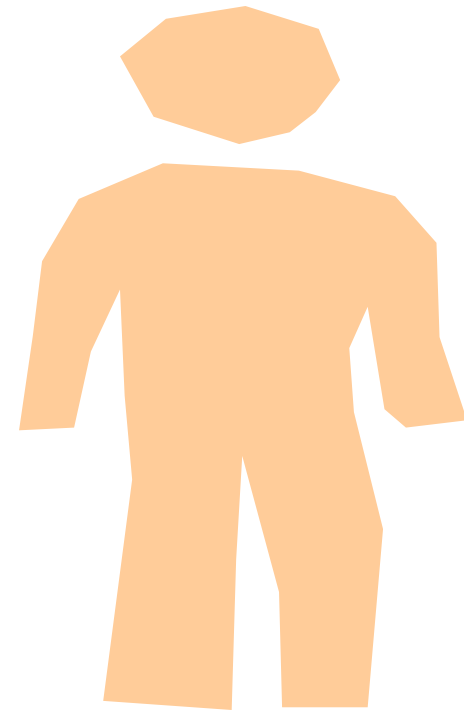
Chest pain, SOB

No trauma noted

RR 34

Shallow

Weak radial pulse





Patient #8

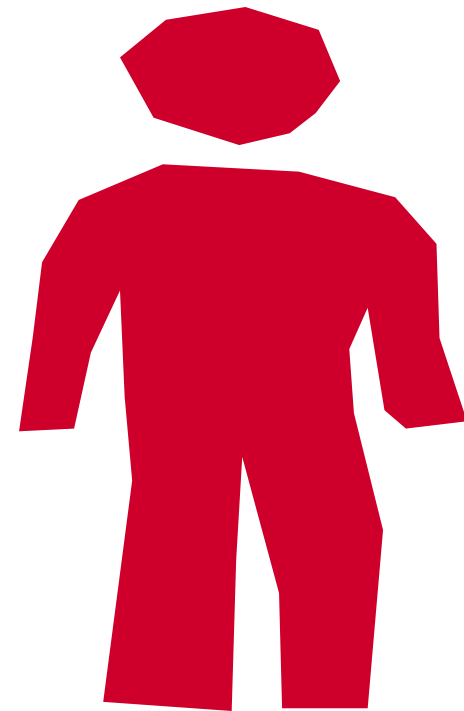
Chest pain, SOB

No trauma noted

RR 34

Shallow

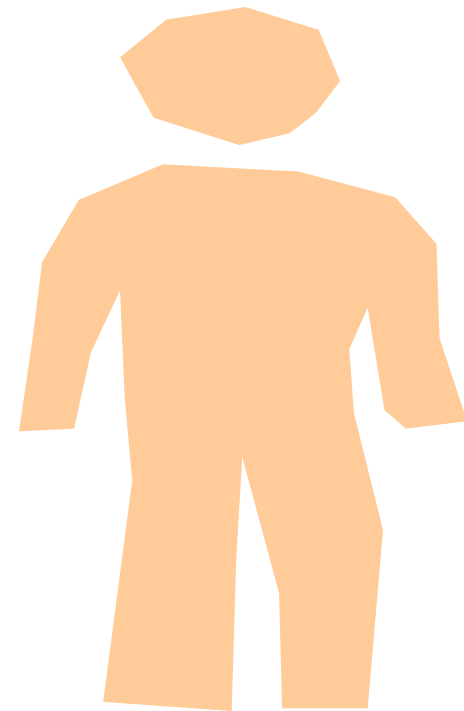
Weak radial pulse





Patient #9

Blood in nose,
mouth and ears
Not breathing

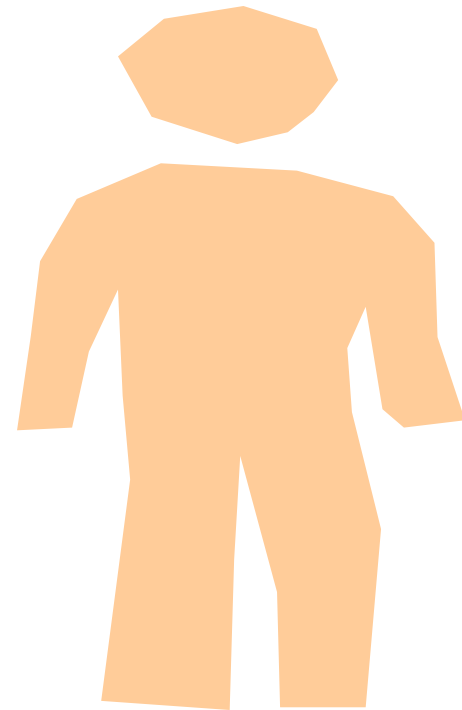




Patient #9

Blood in nose,
mouth and ears
Not breathing

What would you do?



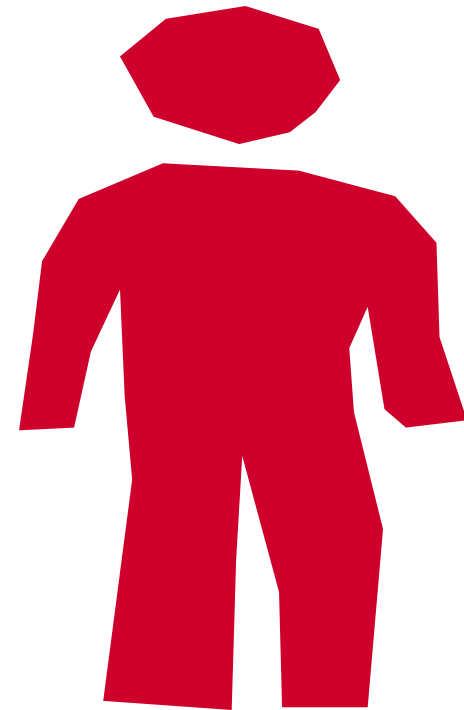


Patient #9

Blood in nose,
mouth and ears

Not breathing

RR 10 with manual
opening





Patient #10

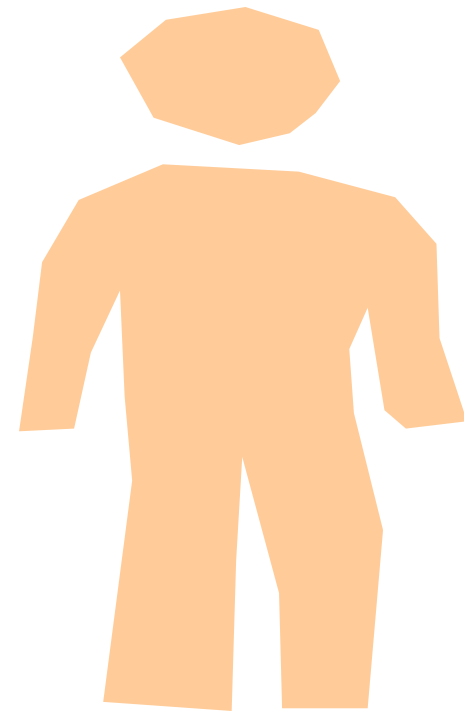
Some penetrating
trauma

Unresponsive

Apneic

No radial pulse

Carotid 130/min





Patient #10

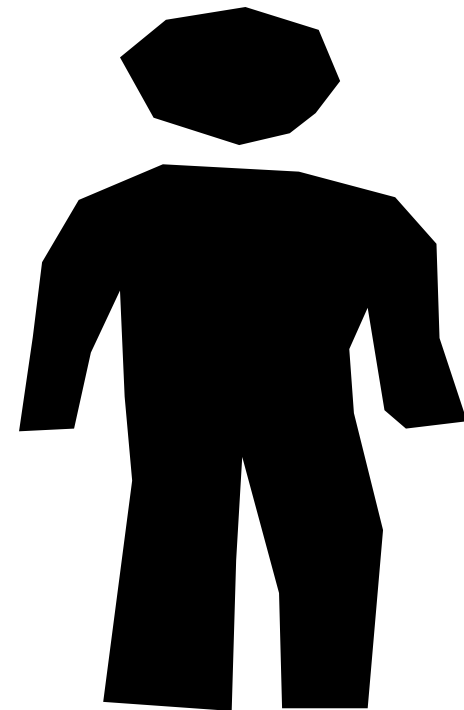
Some penetrating
trauma

Unresponsive

Apneic

No radial pulse

Carotid 130/min





Patient #11

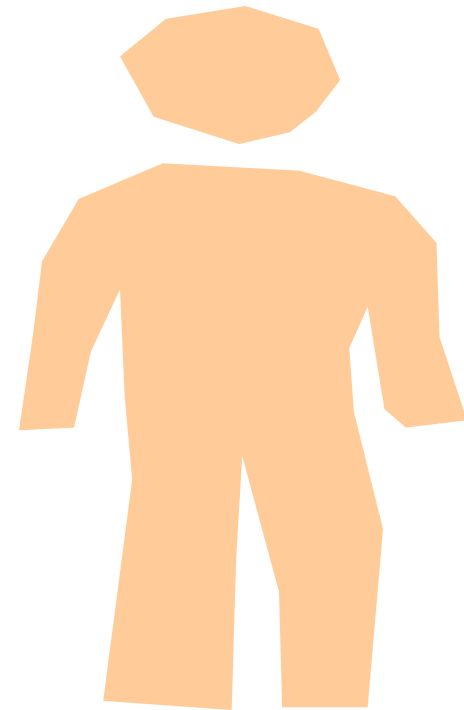
Arterial bleed from
leg

Responsive to pain

RR 34

No radial pulse

Carotid 130/min





Patient #11

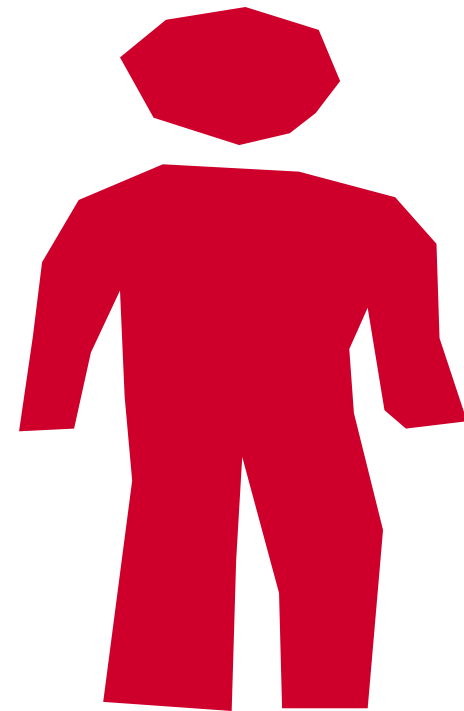
Arterial bleed from
leg

Responsive to pain

RR 34

No radial pulse

Carotid 130/min





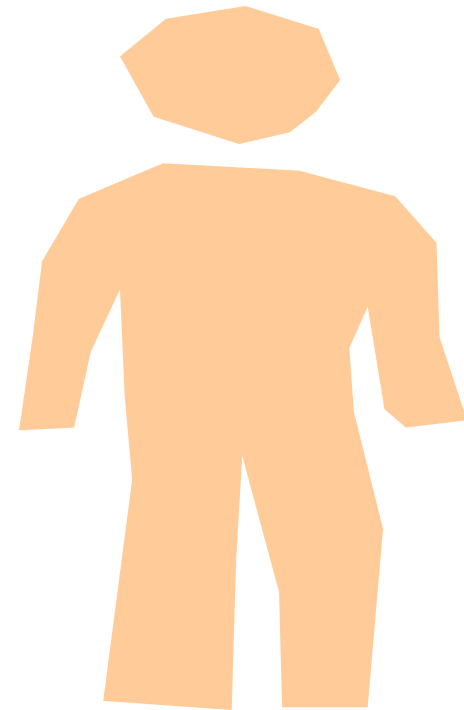
Patient #12

Minor lacs

Crying

Ambulatory

RR 24





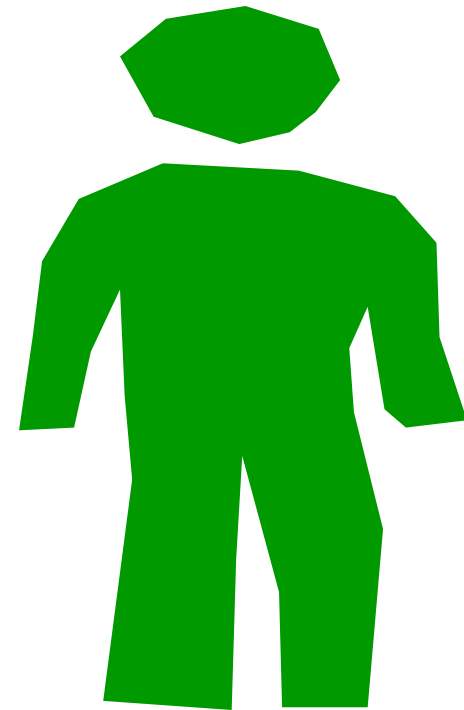
Patient #12

Minor lacs

Crying

Ambulatory

RR 24





Patient #13

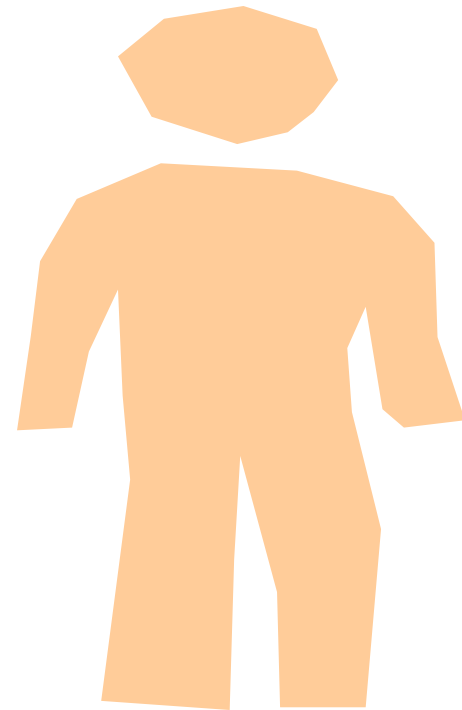
Deviate trachea

RR 40

Weak radial pulse

+JVD

Cyanosis





Patient #13

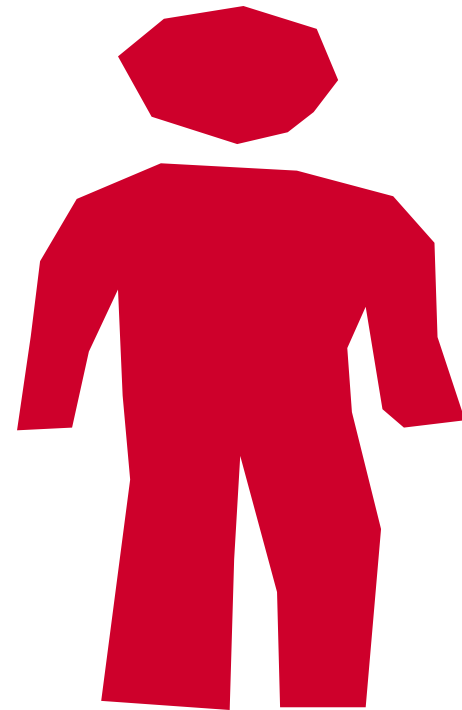
Deviate trachea

RR 40

Weak radial pulse

+JVD

Cyanosis





Patient #14

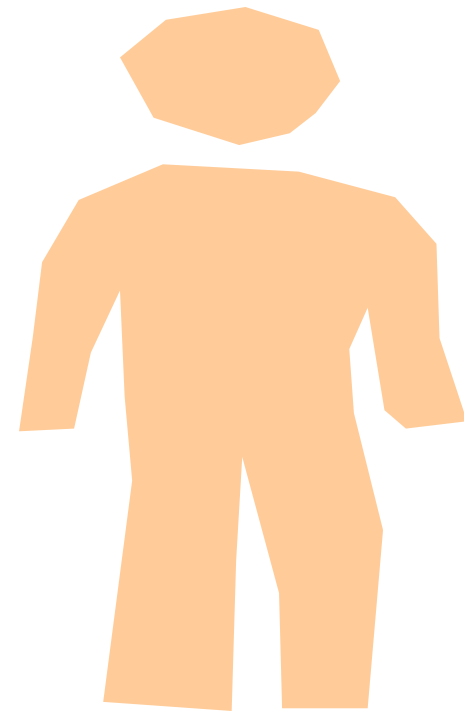
Open fracture of
RUE

Non-ambulatory

A & O x 3

RR 26

Strong radial pulse





Patient #14

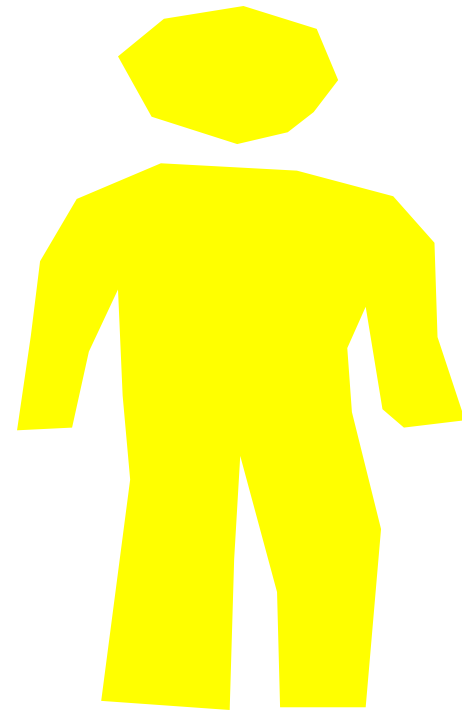
Open fracture of
RUE

Non-ambulatory

A & O x 3

RR 26

Strong radial pulse





Patient #15

CP, SOB

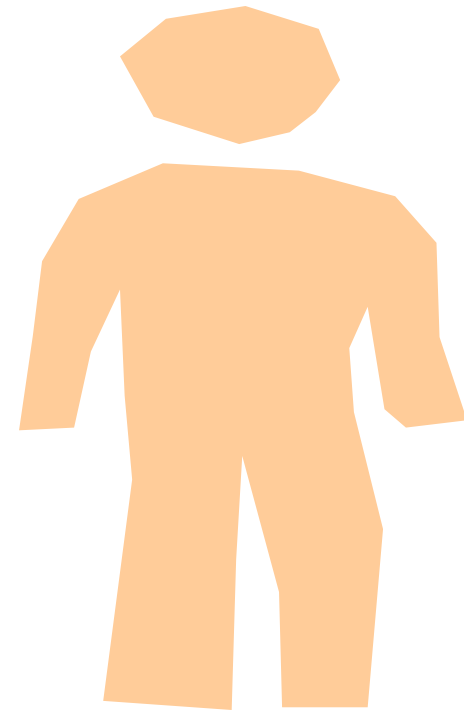
Slurred speech

R sided weakness

A & O x 1

RR 24

Strong radial pulse





Patient #15

CP, SOB

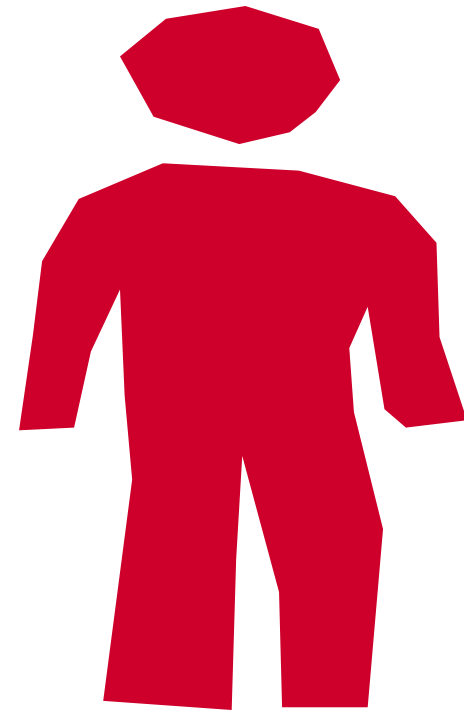
Slurred speech

R sided weakness

A & O x 1

RR 24

Strong radial pulse





Patient #16

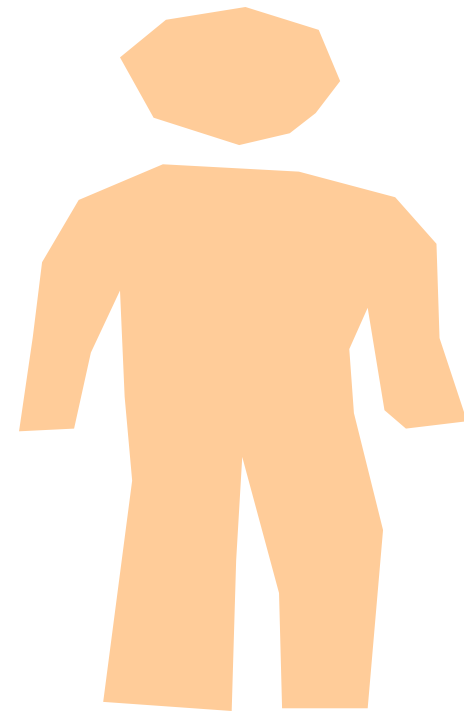
Avulsion RUE

Arterial bleed

A & O x 2

RR 30

"I'm thirsty"





Patient #16

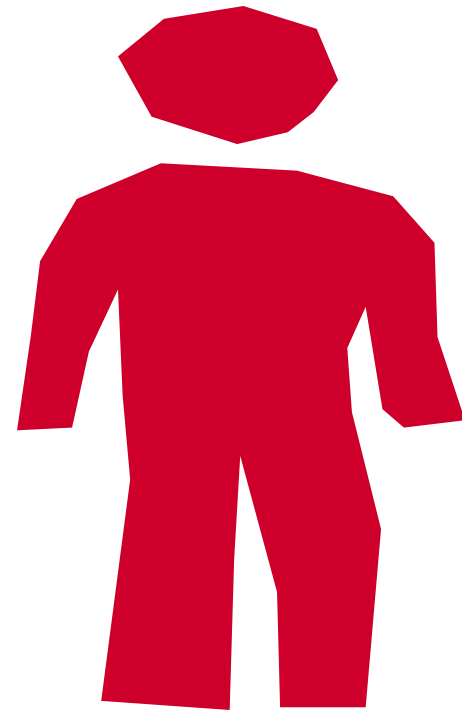
Avulsion RUE

Arterial bleed

A & O x 2

RR 30

"I'm thirsty"





Patient #17

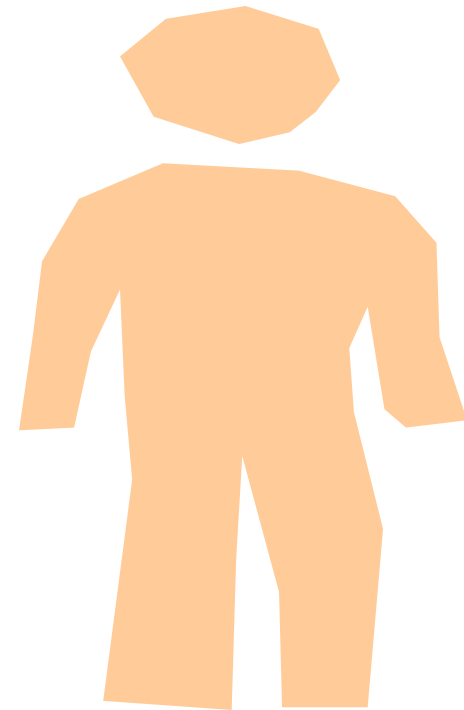
Open fractures BLE

Blood in ears

A & O x 3

RR 28

Strong radial pulse





Patient #17

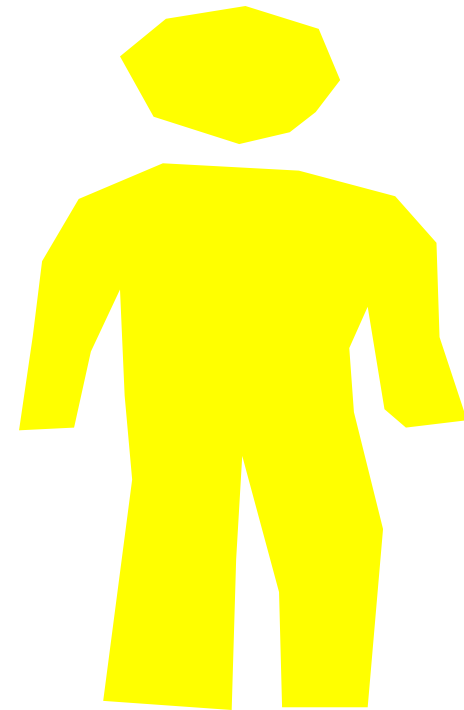
Open fractures BLE

Blood in ears

A & O x 3

RR 28

Strong radial pulse





Patient #18

Walking

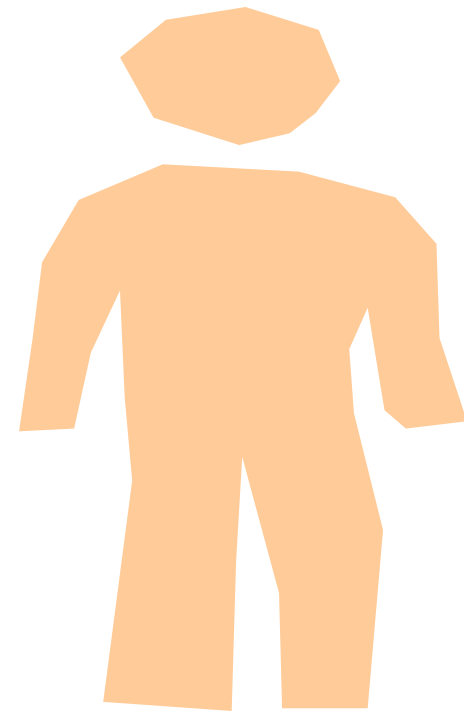
Hysterical,
screaming

Blood in ears

A & O x 3

RR 36

Strong radial pulse





Patient #18

Walking

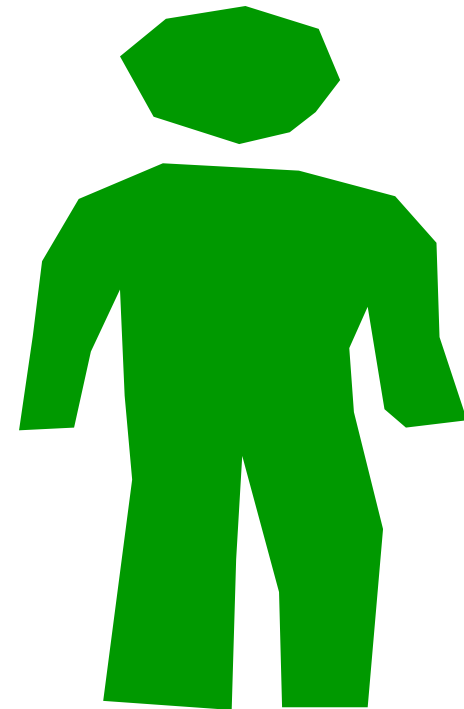
Hysterical,
screaming

Blood in ears

A & O x 3

RR 36

Strong radial pulse



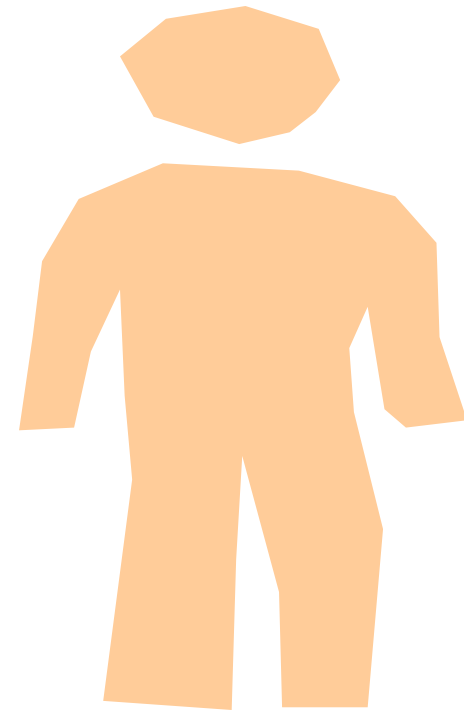


Patient #19

Child

Cyanotic from nipple
line up

Apneic



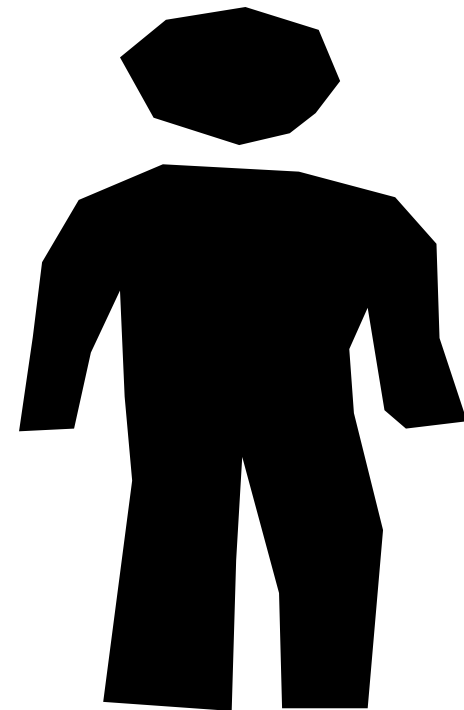


Patient #19

Child

Cyanotic from nipple
line up

Apneic





What is the goal of **Disaster Triage** training?

- Increase familiarity/proficiency of the START and Jump START triage methodologies
- Increase familiarity with the SMART Tag Triage System
- Train with a standardized methodology and system



Questions???



Thank You!

Kathee Tyo, MS, RN

585-756-4029

Kathee_tyo@urmc.rochester.edu



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ROCHESTER
MEDICAL CENTER