

Triage



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- Triage means ‘to sort’ and is the cornerstone of the management of mass casualties.
- It aims to identify the patients who will benefit the most by being treated the earliest, ensuring ‘the greatest good for the greatest number’.
- Numerous studies show that only 10–15% of disaster casualties are serious enough to require hospitalization.



- By sorting out the minor injuries, triage lessens the immediate burden on medical facilities.
- Triage should be undertaken by someone senior, who has the experience and authority to make these critical decisions.
- To keep pace with the changing clinical picture of an injured person, triage needs to be undertaken in the field, before evacuation and at the hospital.



Triage areas

- For efficient triage the injured need to be brought together into any undamaged structures that can shelter a large number of wounded.
- A good water supply, lighting and ease of access are useful.
- Separate areas should be reserved for patient holding, emergency treatment and decontamination (in the event of discharge of hazardous materials).



Practical triage

- Emergency life-saving measures should proceed alongside triage and can actually help the decision-making process.
- The assessment and restoration of airway, breathing and circulation are critical.
- Vital signs and a general physical examination should be combined with a brief history taken by a paramedic or by a volunteer worker if one is available.



Documentation for triage

- Accurate documentation is an inseparable part of triage and should include basic patient data, vital signs with timing, brief details of injuries (preferably on a diagram) and treatment given.
- A system of color-coded tags attached to the patient's wrist or around the neck should be employed by the emergency medical services.
- The color denotes the degree of urgency with which a patient requires treatment.



Triage categories

- All methods of triage use simple criteria based on vital signs.
- A rapid clinical assessment should be made taking into account the patient's ability to walk, their mental status and the presence or absence of ventilation or capillary perfusion.



BOX C-I SALT TRIAGE CATEGORIES

1. **Immediate**: immediately life-threatening injuries.
2. **Delayed**: injuries requiring treatment within 6 hours
3. **Minimal**: walking wounded and psychiatric
4. **Expectant**: severe injuries unlikely to survive with current resources
5. **Dead**



Evacuation of casualties

- Decisions regarding the best destination for each patient need to be based on how far it is safe for them to travel and whether the facilities that they need for definitive treatment will be available.
- A quick retriage is very useful in this situation.
- The paramedics accompanying the casualties should be resolved to prevent the 'second accident' (damage caused inadvertently by transport and treatment).
- An adequate supply of essentials such as intravenous fluids, dressings, pain medication, and oxygen must be arranged.

