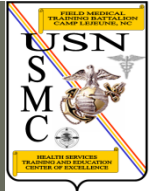




CONDUCT TRIAGE



FMST 504



OVERVIEW



- Principles of Triage
- The Four Categories of Triage
- TCCC Triage Algorithm
- Mass-Casualty Triage
- Triage Tags

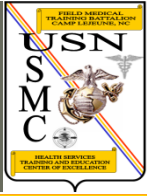




LEARNING OBJECTIVES



Please Read Your
Terminal Learning Objectives
And
Enabling Learning Objectives





PRINCIPLES OF TRIAGE



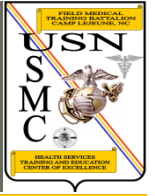
- Sorting casualties into groups based on their immediate medical needs
- Establishes the order of treatment and movement



PRINCIPLES OF TRIAGE

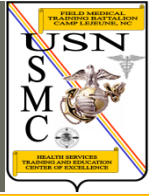


- Accomplish the greatest good for the greatest number of casualties
- Employ the most efficient use of available resources
- Return personnel to duty as soon as possible





CATEGORIES OF TRIAGE



MINIMAL – GREEN TAG

- Walking wounded
- May remain stable for days
- Self/buddy aid
- Types of Injuries Include:
 - Minor lacerations
 - Abrasions
 - Minor burns
 - Small fractures





CATEGORIES OF TRIAGE



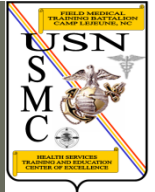
DELAYED – YELLOW TAG

- May require surgery, but condition allows a delay in treatment
- Types of Injuries
 - Large soft tissue wounds with no evidence of shock
 - Fractures of major bones
 - Intra-abdominal or thoracic wounds
 - Burns less than 20% of the total body surface area





CATEGORIES OF TRIAGE



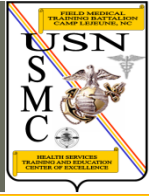
IMMEDIATE – RED TAG

- Life threatening
 - The patient WILL die without treatment
- This treatment should:
 - NOT be time consuming
 - Be for casualties that have a high chance of survival





CATEGORIES OF TRIAGE



IMMEDIATE – RED TAG

- Types of Injuries
 - Hemodynamically unstable casualties with airway obstruction
 - Chest or abdominal injuries
 - Massive external bleeding
 - Shock



CATEGORIES OF TRIAGE



EXPECTANT – BLACK TAG

- Low chance of survival
- Time consuming treatment
- Resource consuming treatment



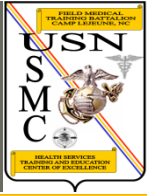


CATEGORIES OF TRIAGE



EXPECTANT – BLACK TAG

- DO NOT abandon these patients
- Provide comfort
- Re-triage after immediate & delayed casualties are treated
- Types of Injuries
 - Penetrating head wounds
 - Blunt head trauma
 - Absent radial pulse

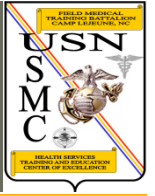




TRIAGE ALGORITHM



- Patients who can walk and talk will usually be minimal category
- Patients with obvious signs of death are expectant
- Massive bleeding is most obvious sign for a life-saving intervention
- Once intervention is performed, re-triage
- Delayed if the patient can follow commands, has a normal radial pulse, and not in respiratory distress





MASS CASUALTY TRIAGE



- Always be prepared to deal with mass casualties
- Establish and rehearse plans
- Remember triage is not treatment, but constant reassessment



TRIAGE CARDS

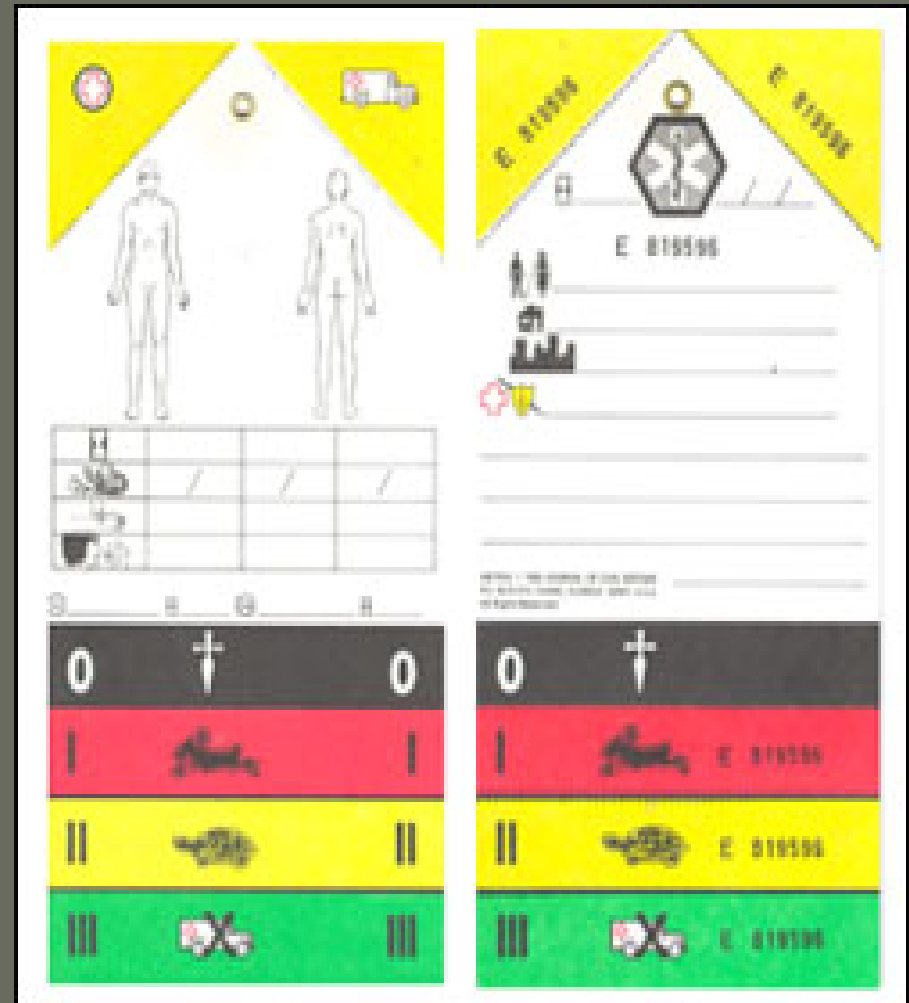


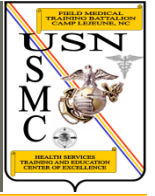
METTAG

- Furnishes essential information about injury and treatment provided
- Sole or initial medical record for troops injured in combat
- 7 character serial number identifies and tracks casualties

TRIAGE CARDS

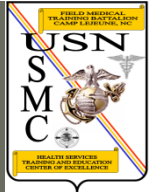
- Stays with the patient at all times
- The yellow corner with ambulance picture and serial number stays with the evacuating vehicle
- The yellow corner with first aid sign and serial number stays with the BAS







CONDUCT TRIAGE



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