

Tactical Triage

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Traditional Triage

•Numbers based

•Uses cards

•Requires full use of senses

•Predicated on physiological parameters

•Difficult to recall under significant stress





START Triage - A Cautionary Tale.....

•'START triage assumes that patients will be stratified across an acuity continuim (I.e not all patients will be red). However based on START protocol... This grouping contained a significant percentage of the patient population on this particular night – enough so that this group by itself was overwhelming to most facilities'

Las Vegas AAR





Tactical Triage

Considerations:

- Low light
- Smoke
- Water/blood
- Dynamic threat
- Mass casualties
- Ballistic PPE

International Models of Tactical Triage



Because of the type of injury pattern you are expecting to see in a ballistic environment a commander may invoke modified triage.

This may be because of the number of casualties, the speed required to a assess a large number of casualties and the fact that some internal / penetrating injuries may be under triaged using the NASMed Triage Sieve.

International Models of Tactical Triage



2 Categories?

1995: Oklahoma Bombing

- EMS took patients with higher severity and Tx immediately without formal triage

- Concerns for further structural collapse and secondary IED's



2 Categories?

Israeli Approach:

'Get off the X'



International Models of Tactical Triage

Southern Nevada Fire Operations Orange or Black

Sift and Sort

- Term used to describe the actions of the Force Protection Teams
- Sifting & Sorting is not triage.
- Formal Triage will be performed in an exterior medical area.
 - Categories of patients:
 - Walking Wounded (no tag)
 - Litter (marked with an Orange tag)
 - Expectant (marked with Black tag)

C-TECC - ITC Operational Principles

Unless in a fixed patient collection point, triage in this phase of care should be limited to the following categories:

a. Uninjured or minimally injured and capable of ambulation/self-extraction

b. Deceased / expectant

C. All others

More Categories?

Careflight Triage Tool





More Categories?

PRIMARY TRIAGE



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**.

Science Behind RAMP

- GCS directly correlates with hospital discharge in trauma¹
 - But we are terrible at scoring GCS
- Following basic commands as substitute²
 - Study of 29,573 patients found this the best overall indicator of survival from trauma
- Prehospital trauma patients presenting with absent radial pulse have a significantly higher mortality rate³
 - Overall mortality of greater than 50%
- Lack of radial pulse and not following commands⁴
 - 92% mortality rate
- Positive radial pulse and following basic commands⁵
 - 95% survival rate

RAMP Triage Model

(Rapid Assessment of Mentation and Pulse)



Benefits of RAMP

Rapid Identification of Most Severely Wounded

• Ease of use

• Easily taught

No reliance on numbers or critical thinking

Uses Scientific Evidence

START vs. RAMP

(19 Patient Scenario)

START

- Time at Patient
 - 59.53 Seconds
- Triage Accuracy
 - <u>58</u>%

29:31

Time Until All Reds Off Scene

<u>RAMP</u>

- Time at Patient
 - 45.36 Seconds
- Triage Accuracy
 - 84%
- Time Until All Reds Off Scene

Average time to apply lifesaving interventions (across both triage systems): 58.4 seconds

Time to conduct triage: RAMP 24.7 seconds SMART 50.3 seconds

Accuracy: RAMP 98% SMART 76%



Survey Results: Avg RAMP 4.3/5 Avg SMART 2.69/5

Rate how comfortable you are currently in the application of RAMP/SMART triage:

Rate how easy the RAMP/SMART triage system is to recall and apply:

Rate how likely you would be to apply the RAMP/SMART triage system in an intentional mass violence incident:

How accurate do you think the RAMP/SMART triage system is for identifying the criticality of patients when applied in an intentional mass violence incident?

How fast do you think you can apply the RAMP/SMART triage system to patients in an intentional mass violence incident?

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C-TECC - ITC Operational Principles

Unless in a fixed patient collection point, triage in this phase of care should be conducted using RAMP methodology:

Apply Lifesaving interventions

- Assess ability to obey simple commands and presence/absence of radial pulse
 - Assign category:
 - Both: Green
 - One or the other: **Red**
 - Neither: **Black**

Contact Info

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