

Traditional Triage on Trial: Reality-Testing with Current Paradigms for MCIs

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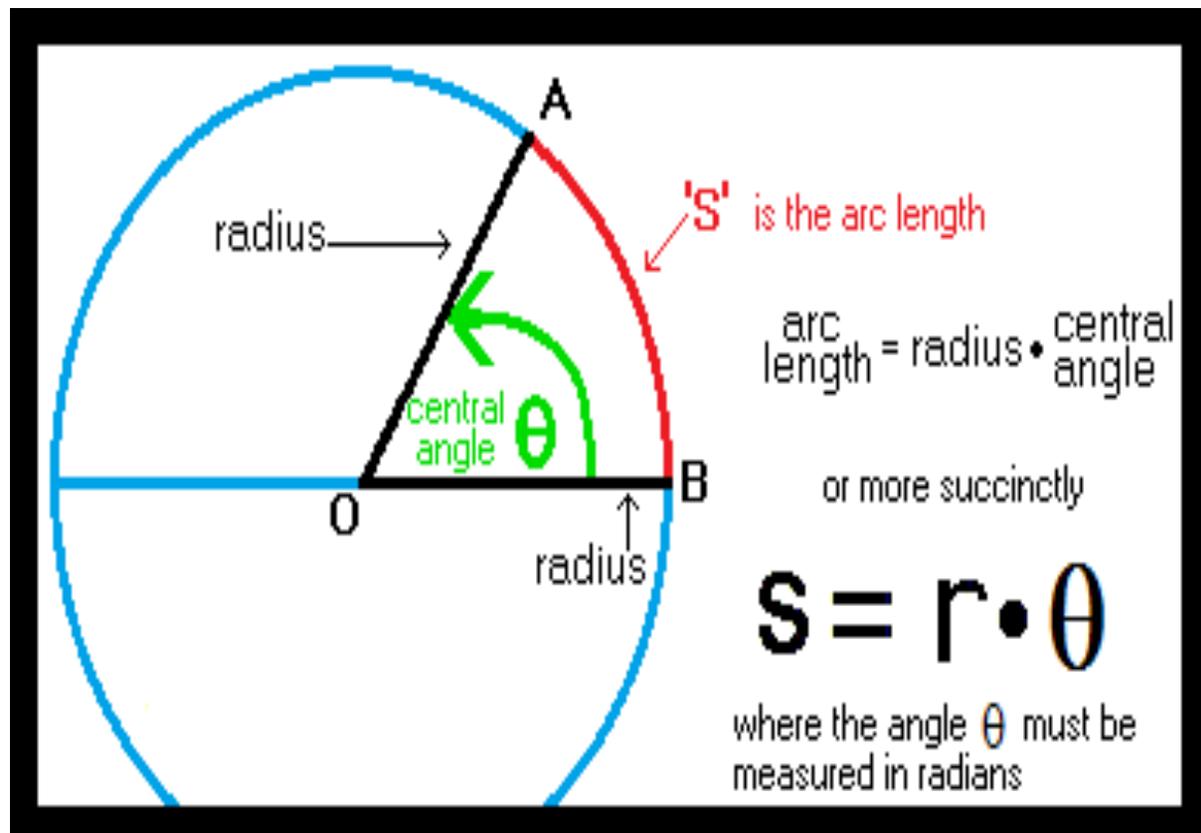
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Triage in
MCI
Sometime
easy





Sometime
Hard







How do we make Triage
for High Treat MCI, easier
for providers and better for
Patients?

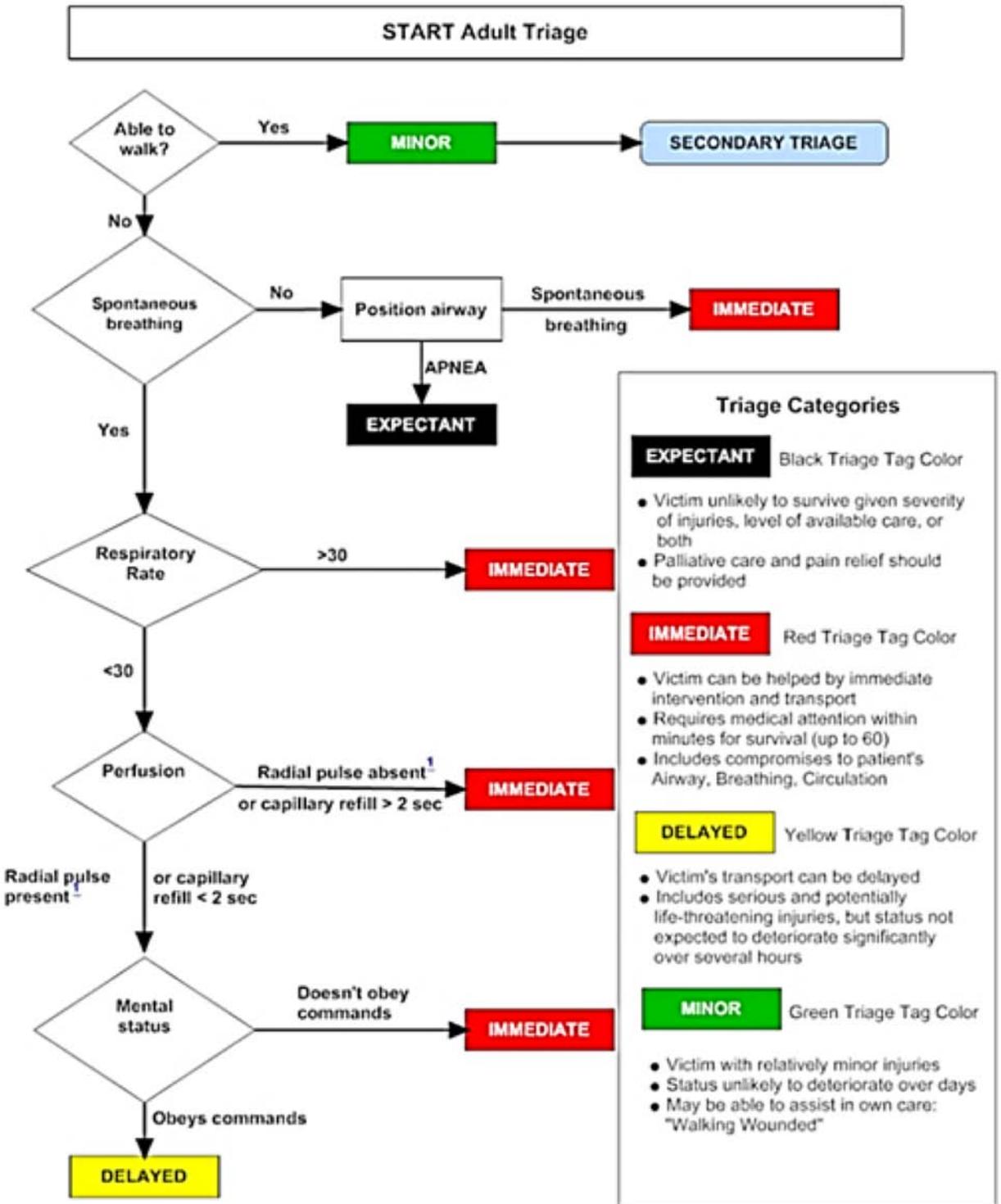


Traditional
Civilian MCI
Triage
Models

- **Too Complicated**
- **Unrealistic**
- **Scene confusion**
- **Inaccurate triage**

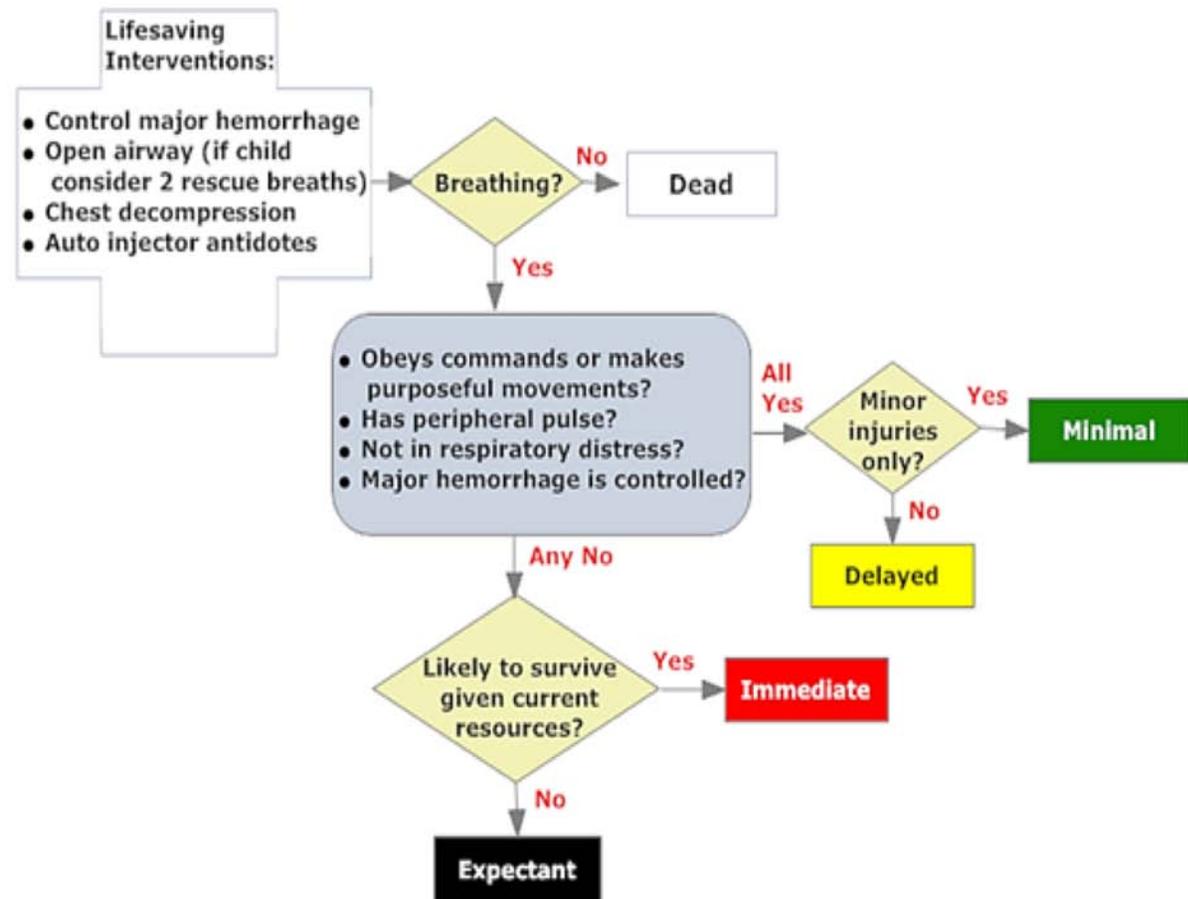
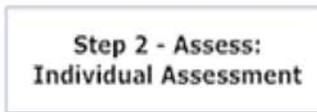
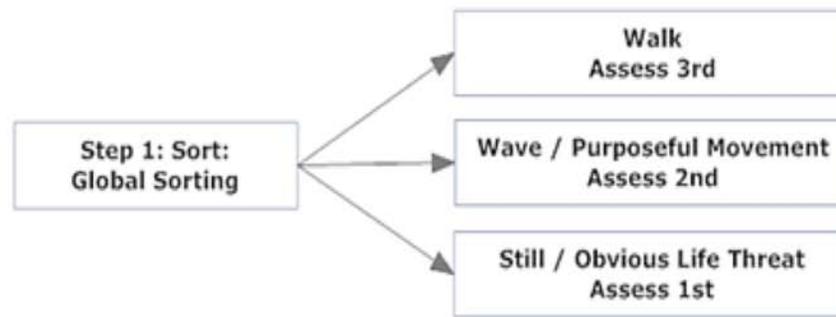
START

Uses Respirations
Uses Numbers
Uses Cap Refill



SALT

Global Sorting
Critical Thinking
No Treatment





Efficacy of Traditional EMS Triage

- **Virginia Tech Shooting**
 - 69% over-triage rate
- **Fort Hood Massacre**
 - Nearly 70% inappropriately triaged
 - Directly led to misuse of resources
 - Increased fatality rate

SIMPLY DOESN'T WORK IN REAL LIFE

EMS responses are not optimally aligned to maximize victim survival



Why is
EMS Triage
so
Inaccurate?

- **“Physiology of Fear” in Responders**
 - Sympathetic response
 - Loss of critical thinking
 - Loss of fine motor skills
- **“Physiology of Fear” in Patients**
 - False assumptions of human behavior
- **Overly-complicated triage algorithms**
 - START
 - SALT

MCI Drills



Boston Marathon Bombing



Las Vegas Concert Shooting

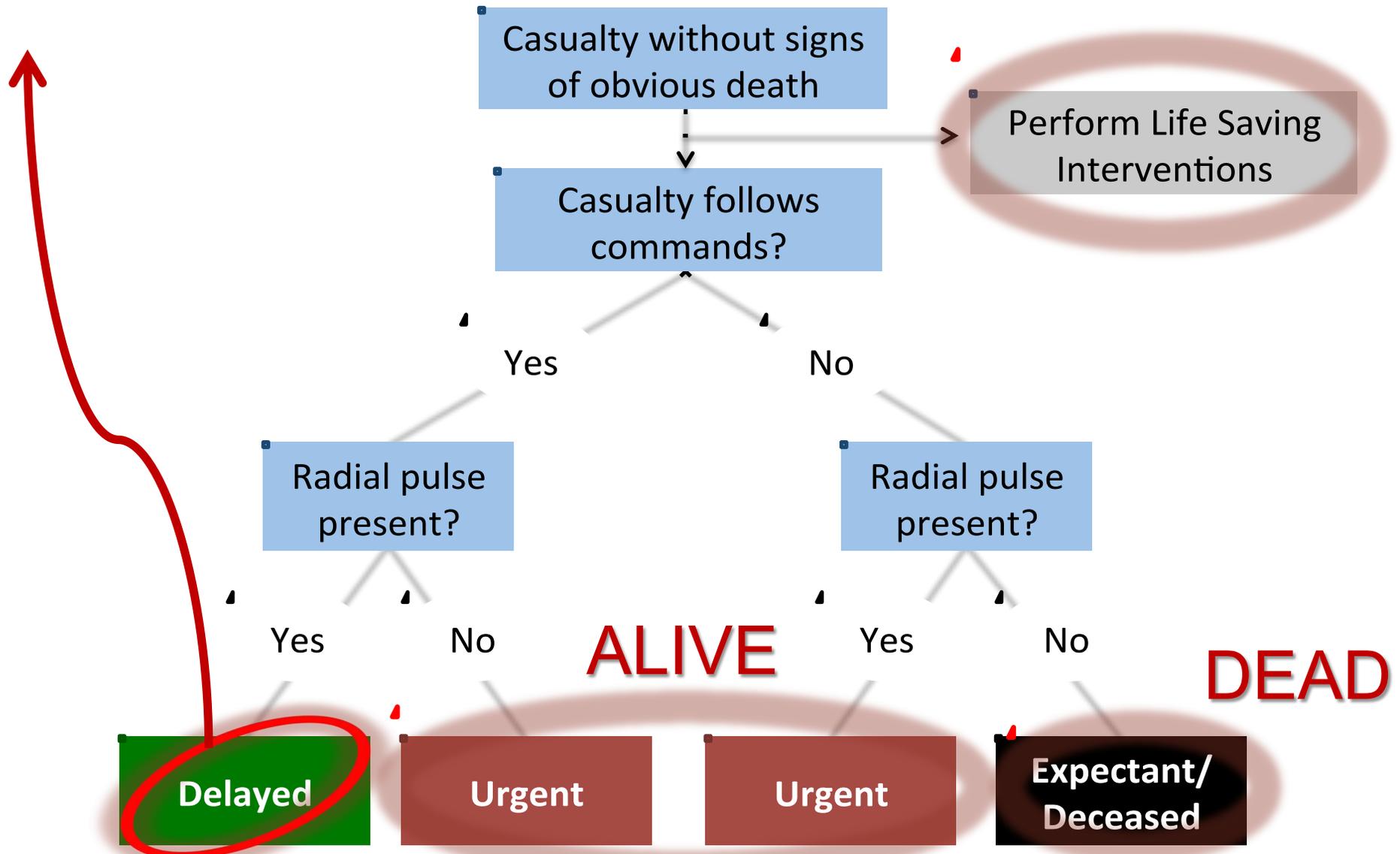


Florida School Shooting



RAMP Triage Model

(Rapid Assessment of Mentation & Pulse)





Science of RAMP

- **GCS directly correlates with hospital discharge in trauma**
 - But we are terrible at scoring GCS
- **Following basic commands as substitute for GCS**
 - Best overall indicator of survival from trauma
- **No radial pulse and not following commands**
 - 92% mortality rate
- **Yellow category most inaccurate by EMS**



**Benefits
of
RAMP**

- **Ease of use**
- **Easily taught**
- **No reliance on numbers or critical thinking**
- **Easily remembered**
- **Uses scientific evidence**
- **Easily implemented**



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**It is difficult to
make things
easy but its
also easy to
make things
difficult.**