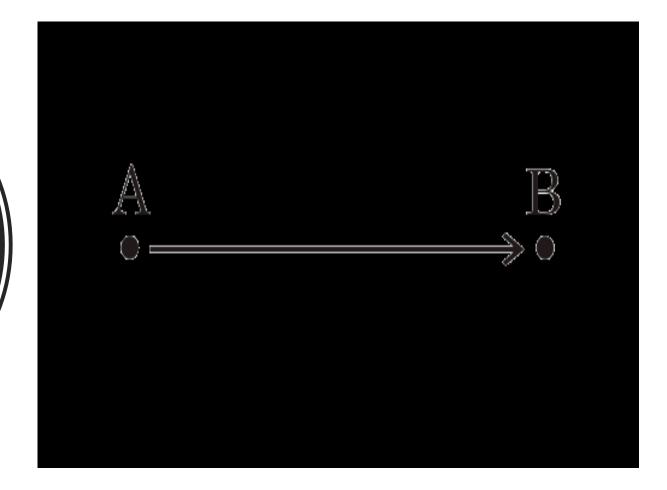
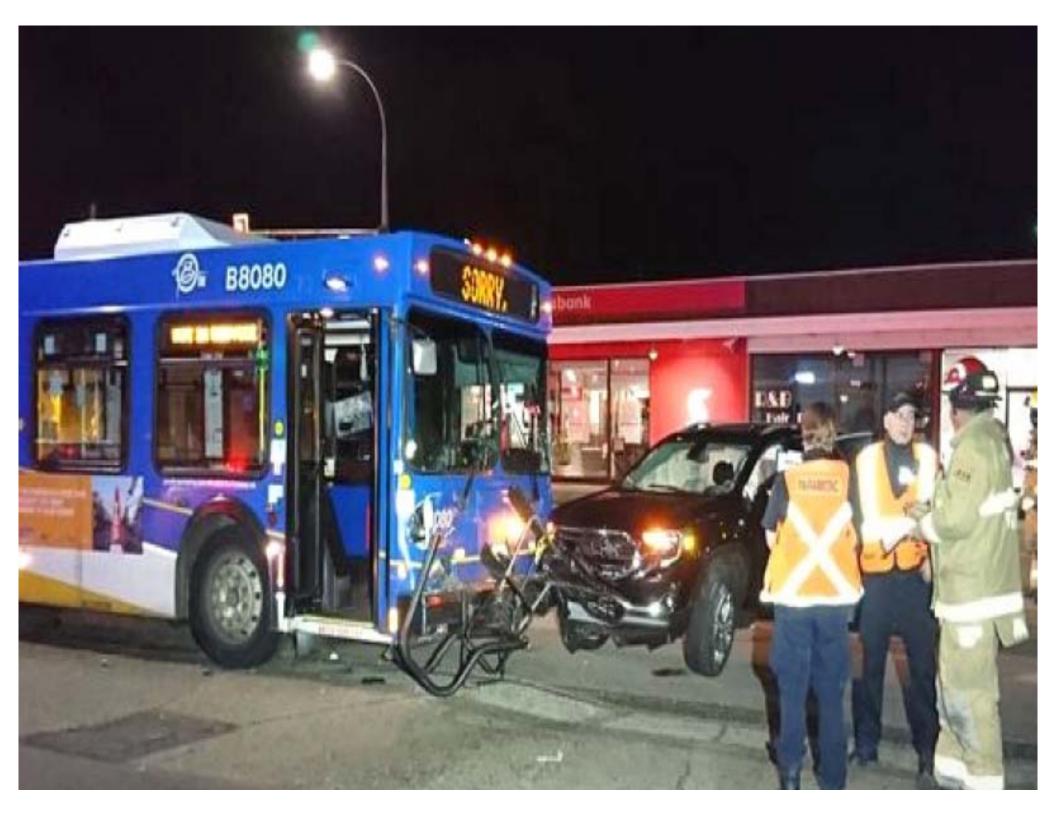
Traditional Triage on Trial: Reality-Testing with Current Paradigms for MCIs

> K. Sophia Dyer, MD Medical Director, Boston EMS

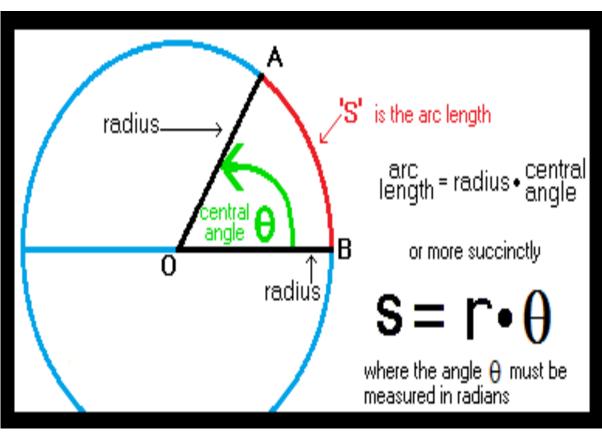
E. Stein Bronsky, MD

Chief Medical Director, Colorado Springs FD El Paso County AMR Triage in MCI
Sometime easy









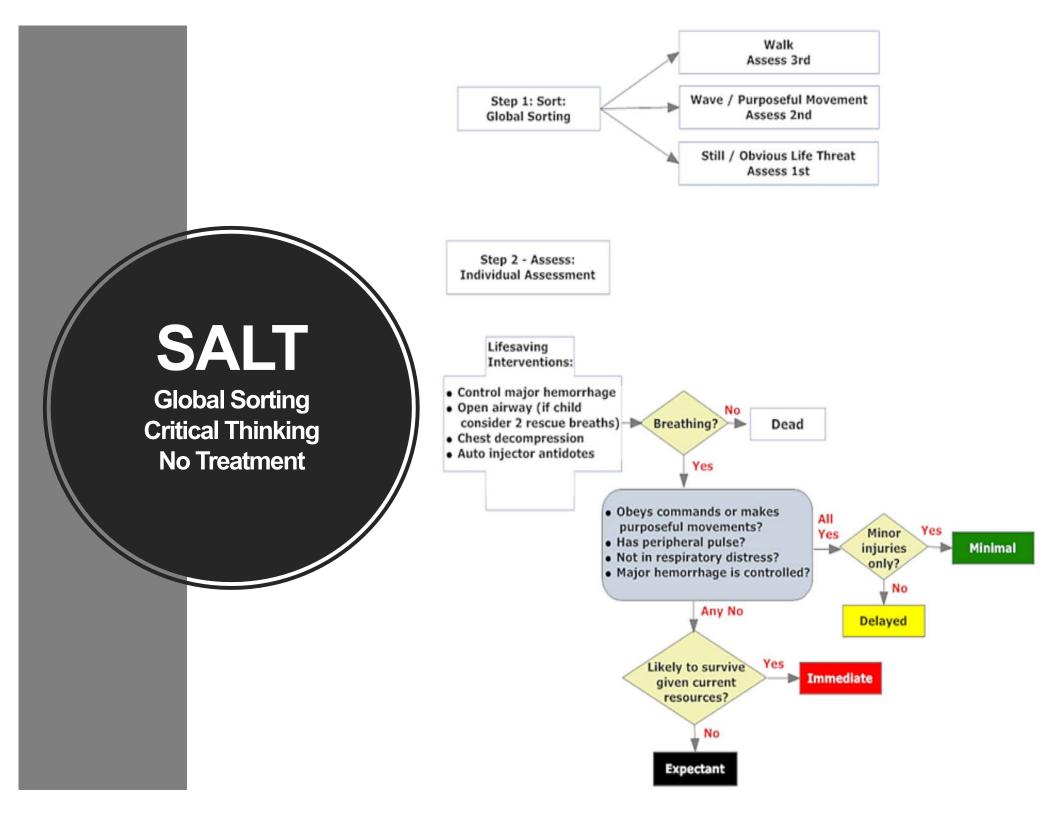


How do we make Triage for High Treat MCI, easier for providers and better for Patients?



- Too Complicated
- Unrealistic
- Scene confusion
- Inaccurate triage

START Adult Triage Yes Able to SECONDARY TRIAGE MINOR walk? No No Spontaneous Spontaneous Position airway IMMEDIATE breathing breathing APNEA **Triage Categories EXPECTANT** Yes **EXPECTANT** Black Triage Tag Color Victim unlikely to survive given severity of injuries, level of available care, or START Respiratory >30 Palliative care and pain relief should IMMEDIATE Rate be provided IMMEDIATE **Uses Respirations** Red Triage Tag Color <30 · Victim can be helped by immediate **Uses Numbers** intervention and transport · Requires medical attention within **Uses Cap Refill** minutes for survival (up to 60) · Includes compromises to patient's Perfusion Radial pulse absent Airway, Breathing, Circulation IMMEDIATE or capillary refill > 2 sec DELAYED Yellow Triage Tag Color Radial pulse or capillary Victim's transport can be delayed present refill < 2 sec · Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours Doesn't obey Mental MINOR Green Triage Tag Color commands status IMMEDIATE · Victim with relatively minor injuries . Status unlikely to deteriorate over days · May be able to assist in own care: Obeys commands "Walking Wounded" DELAYED



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

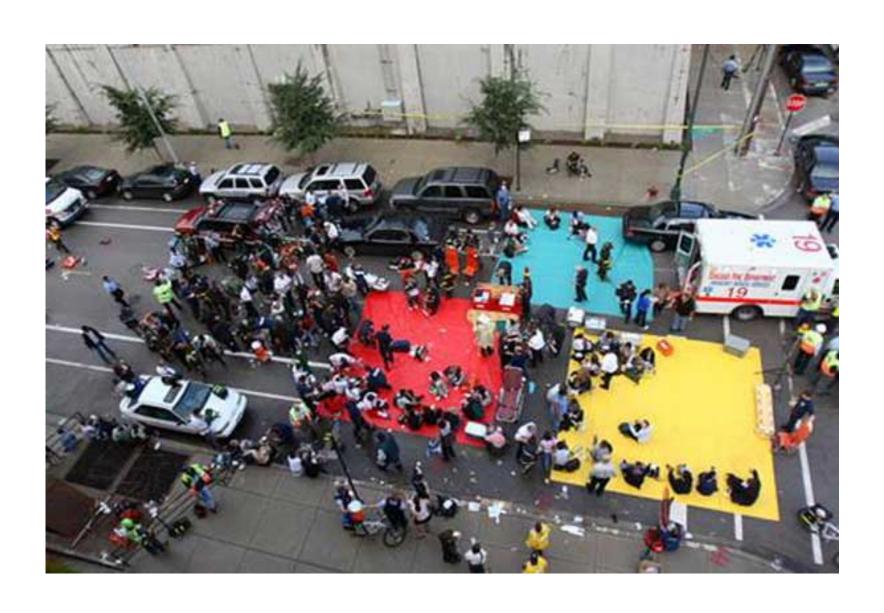
SIMPLY DOESN'T WORK IN REAL LIFE

EMS responses are not optimally aligned to maximize victim survival

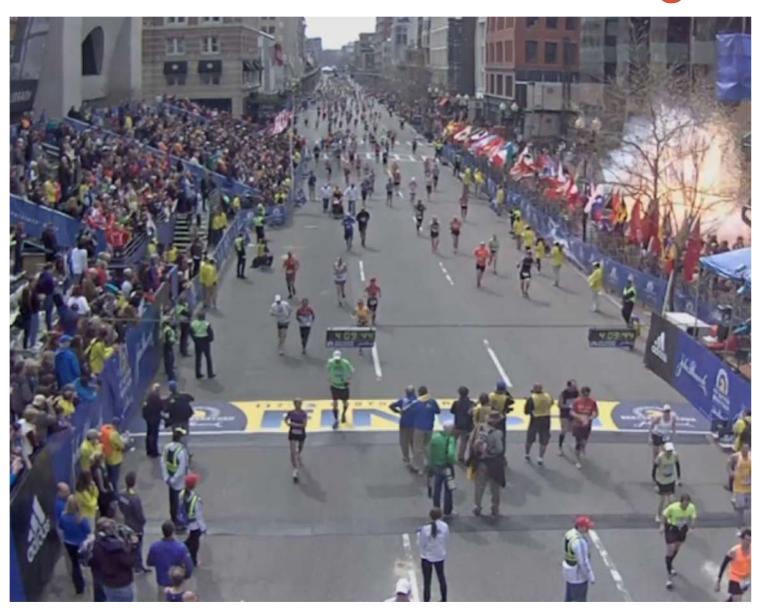
Why is EMS Triage so Inaccurate?

- "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

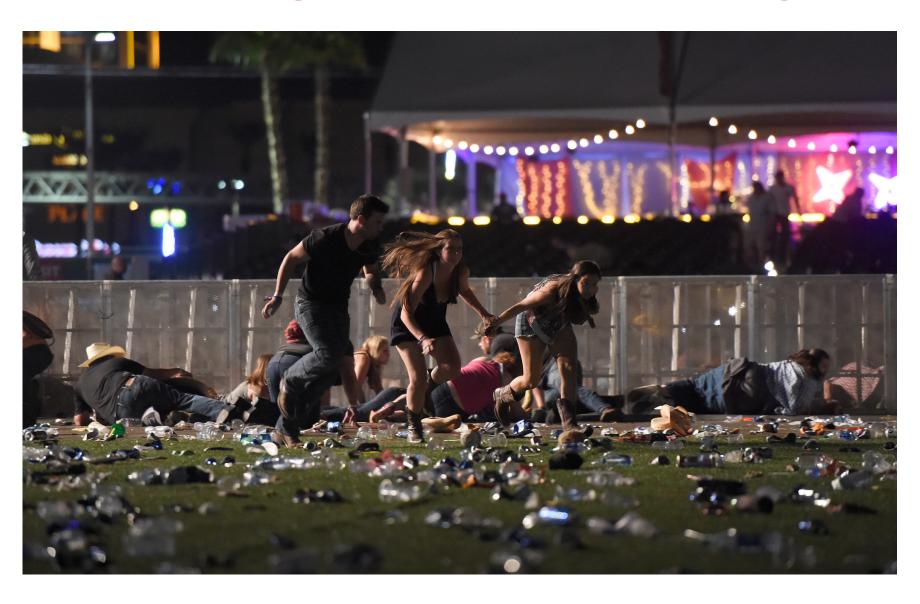
MCI Drills



Boston Marathon Bombing



Las Vegas Concert Shooting

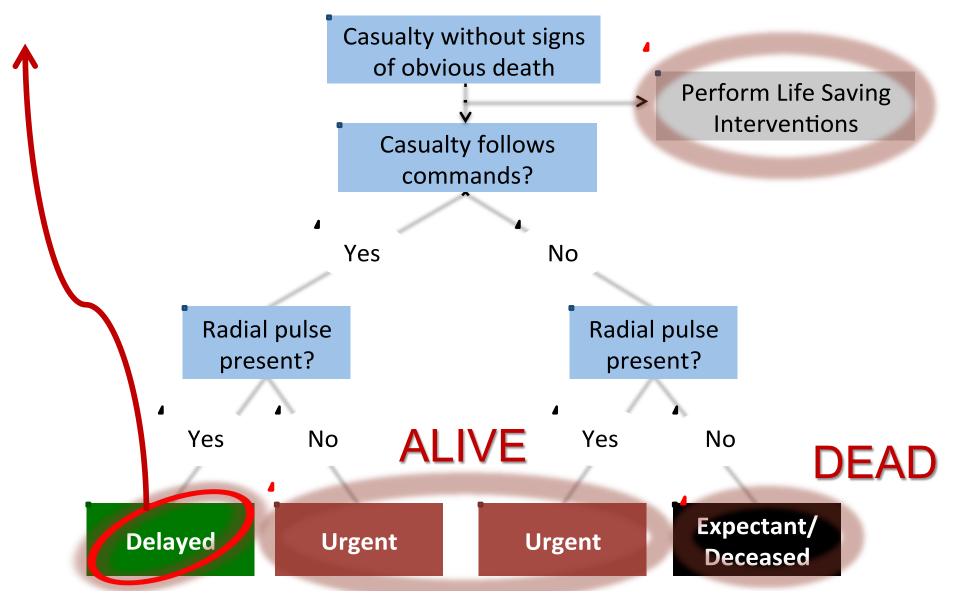


Florida School Shooting



RAMP Triage Model

(Rapid Assessment of Mentation & Pulse)





- 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



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



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t is difficult to makethings easy but its also easy to make things difficult.