

Since EMS providers are typically involved with the immediate period following the onset of a large-scale incident, you will be well-positioned to perform initial and ongoing triage of patients who will need acute medical care. It is the toughest job anyone in EMS will do. Therefore, you must be properly prepared for decision-making, death, and emotional trauma.

Multiple triage systems are currently being implemented around the world. However, it is important to choose one based on your local protocol and adhere to its algorithm to maintain an ordered approach. In this

lesson, we will talk about Simple Triage and Rapid Treatment or the START triage system.

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WHAT IS START?

- Triage system
- Used to classify patients
- Severity of the injury
- Developed in 1983
- Used widely in the United States



Dominique-Jean Larrey



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START is a triage system used by first responders to classify patients based on the severity of injury in a mass casualty incident. The method was developed in 1983 by the staff members of Hoag Hospital and Newport Beach Fire Department located in California, and is currently widely used in the United States. Generally, it is understood in Japan that triage was developed by the army surgeon Larrey during the Napoleonic era.

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START: STEP 1

- Patients that can walk, should get up and walk to a designated area
- Eventual secondary triage
- Ambulatory patients – tagged Green



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Now we will briefly discuss the steps in a START triage.

Step 1:

All patients that can walk should get up and walk to a designated area for eventual secondary triage. All ambulatory patients are initially tagged as Green.

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START: STEP 2

- Assess patients in the order in which they are encountered
- Assess for presence or absence of spontaneous respirations
- If breathing, move to Step 3
- If apneic, open airway
- If patient remains apneic, tag as Black
- If patient starts breathing, tag as Red



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Step 2:

- Assess patients in the order in which they are encountered
- Assess for presence or absence of spontaneous respirations
- If breathing, move to Step 3
- If apneic, open airway
- If the patient remains apneic, tag as Black
- If the patient starts breathing, tag as Red

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START: STEP 3

- Assess respiratory rate
- If ≤ 30, proceed to Step 4
- If > 30, tag patient as Red

Age	Respiration rate
< 1 year	30 - 40
1 – 2 years	25 - 35
2 – 5 years	25 - 30
5 – 12 years	20 - 25
>12 years	12 - 20

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Step 3:

- Assess respiratory rate
- If ≤ 30, proceed to Step 4
- If > 30, tag patient as Red

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START: STEP 4

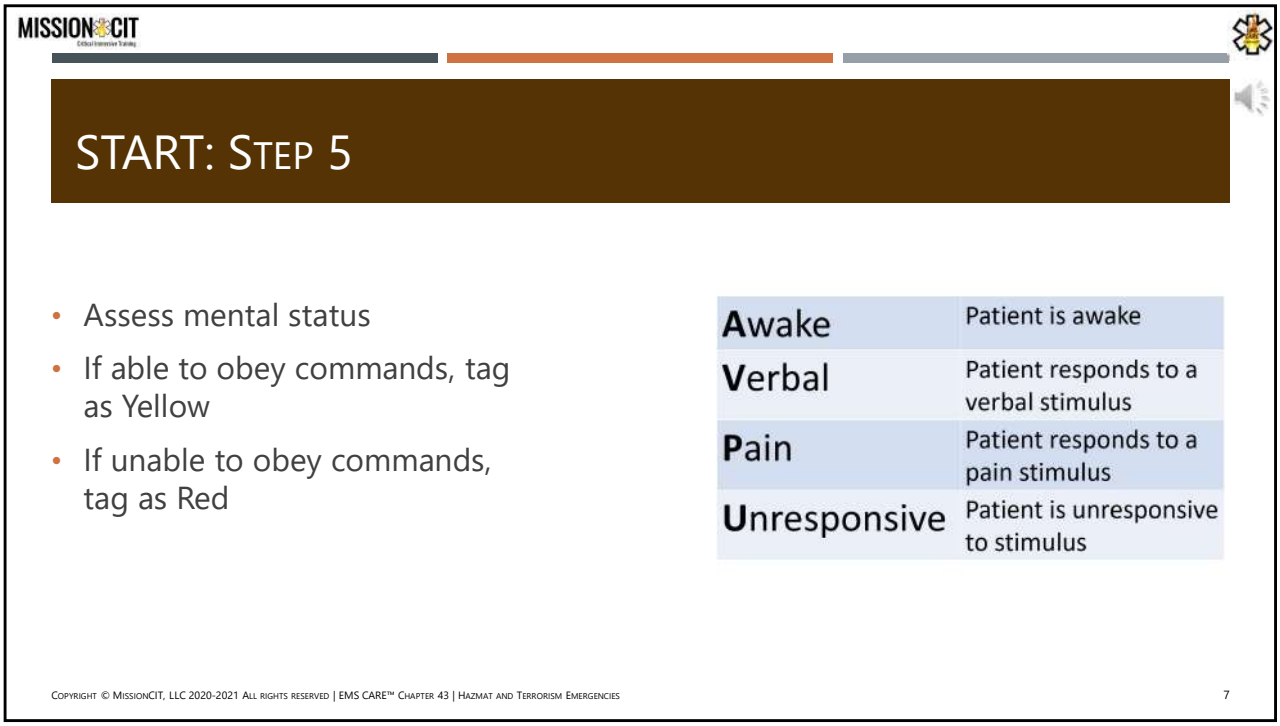
- Assess capillary refill
- If ≤ 2 seconds, move to Step 5
- If > 2 seconds, tag as Red



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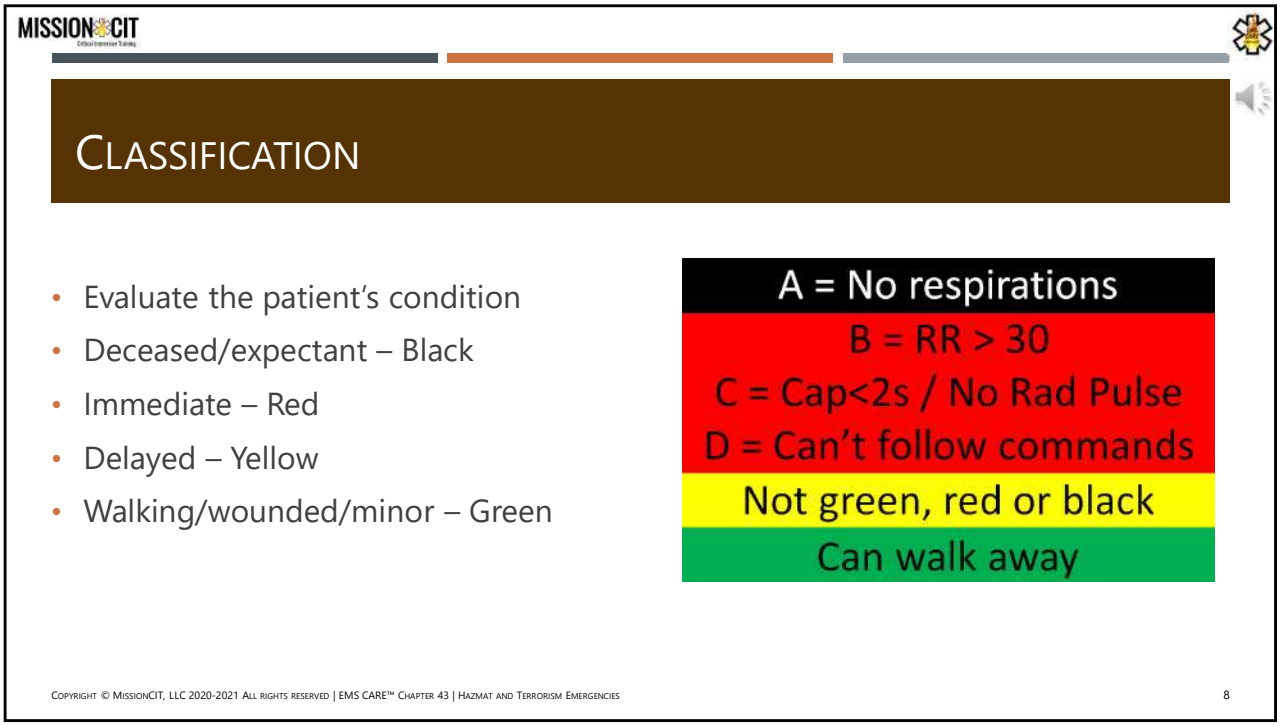
Step 4:

- Assess capillary refill
- If ≤ 2 seconds, move to Step 5
- If > 2 seconds, tag as Red



Step 5:

- Assess mental status
- If able to obey commands, tag as Yellow
- If unable to obey commands, tag as Red



By following these steps, you will evaluate the condition of a patient, and assign that person to one of these four categories:

- Deceased/expectant is denoted by black. Here expectant means someone alive, but has no chance of survival with the currently available resources.
- Immediate is denoted by red. This means the patient is in a life-threatening situation and can survive with the appropriate intervention.
- Delayed is denoted by yellow and this means, the patient requires treatment but is not in a life-

threatening situation.

- Walking/wounded/minor is denoted by green and means that the patient has minor injuries and may not require treatment at all.

Pediatric Triage Tool

- Developed by Lou Romig MD
- Used throughout the US and Canada
- Taught in numerous countries

Age:

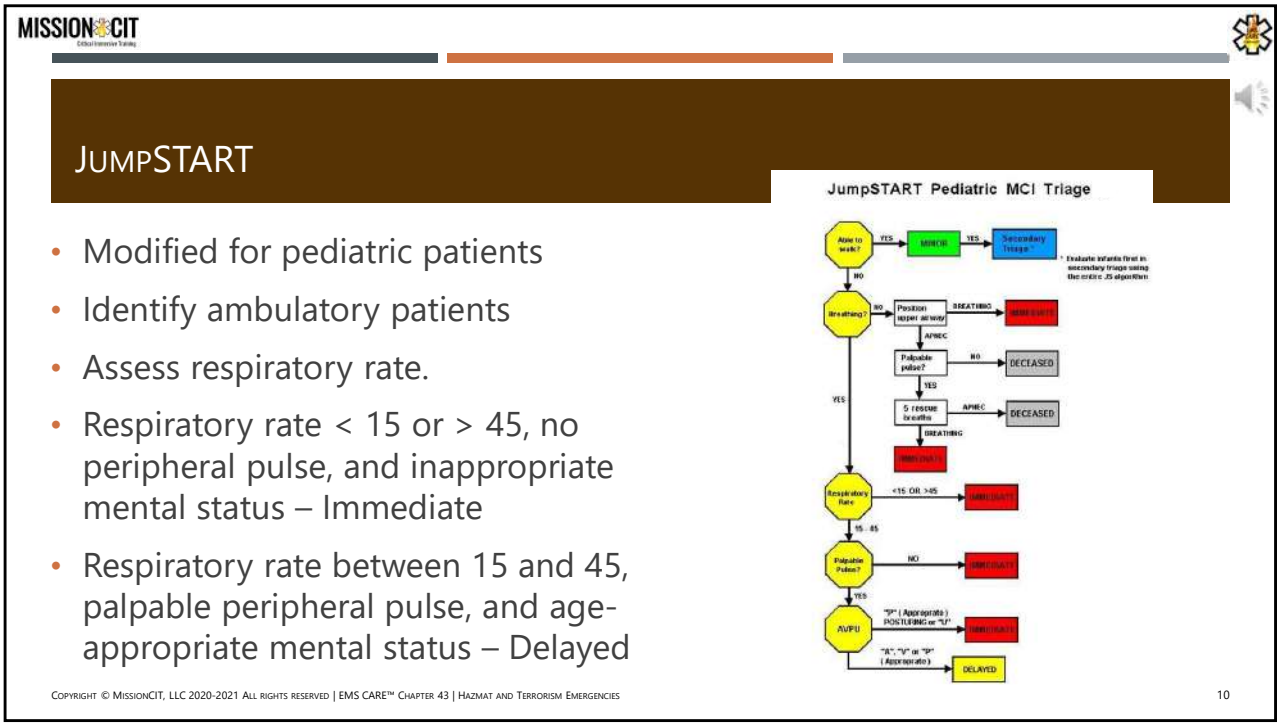
- Initially ages 1-8 years
- < One year of age, less likely to be ambulatory
- The pertinent pediatric physiology





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JumpSTART, a pediatric version of START, was developed at the Miami, Florida Children's Hospital in 1995 by Dr. Lou Romig. It is now in widespread use throughout the US and Canada and being taught in numerous countries around the world.



In this algorithm, the first step is to identify ambulatory patients. They have minor injuries and don't require extensive treatment. In the second step, you check if the patient is breathing, and if so, move to the third step, which is to assess the respiratory rate, perfusion, and mental status. A child falls in the immediate category if the respiratory rate is under 15 or over 45, no peripheral pulse, and the mental status is inappropriate for the age based on the AVPU scale.

To be in the yellow triage, a child must have a respiratory rate between 15 and 45, have a palpable peripheral

pulse, and have age-appropriate mental status.

With this, we come to the end of this lesson and in the next one, Missah will take you through the history and categories of terrorism.