





Triage in Emergency For MO





























LEARNING OBJECTIVES

- What is Triage?
- Why we do it?
- Various ED based triage systems
- Triage categories
- Basic considerations for Triage- Trauma & Non-Trauma

















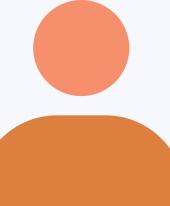


TRIAGE

- French verb "Trier" means to sort or to choose
- The sorting of patients according to the urgency of their need for care

























GOAL OF TRIAGE

Place the right *PATIENT*

In right *PLACE*

TRIAGE

In right *TIME*

By right PERSONS









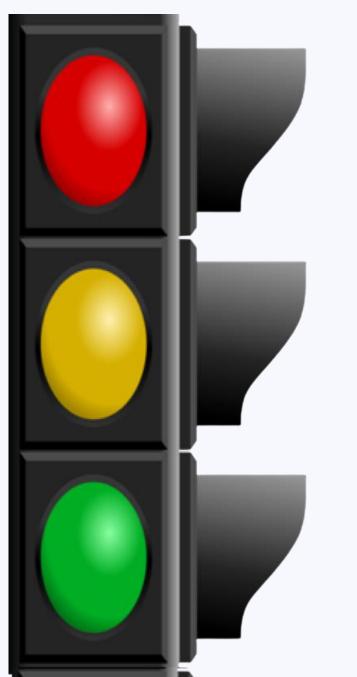








TRIAGE



Unstable

Immediate care/Resuscitation

Stable

Need observation and/or Investigation

Stable

Need observation and/or Investigation

















TRIAGE BASIC CONSIDERATION

TRAUMA

PHYSIOLOGY

Injuries Identified

Mechanism

Vulnerable Population

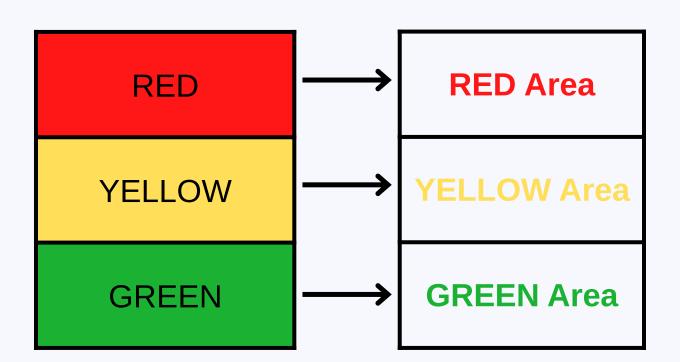
NON-TRAUMA

PHYSIOLOGY

Examination Findings

Brief History

Vulnerable Population



















MECHANISM OF INJURY

- Fall from 2-3 times the height
 - Falls >20 feet (6 meters) in adults and >10 feet (3 meters) or 2-3 times height in children
- High-risk crash
 - Vehicle speed >40mph
 - Intrusion >12 inches occupant site or 18 inches any site
 - Ejection from vehicle
 - Co- passenger Death
 - Extensive damage to vehicle

















TRIAGE PROTOCOL (NON-TRAUMA SETTINGS)

Parameters	Red Criteria	Yellow Criteria	Green Criteria
A Airways	Obstructed/Threatened– Stridor/Noisy breathing	Patent airway	Patent airway
B Breathing	RR<10 or >24* SPO2< 95%	RR-10- 24/min SPO2>95%	RR-10- 24/min SPO2>95%
C Circulation	Radial Pulse- Present/ Absent PR<50 or >100/min SBP<90mmHg Capillary refill >2sec	PR<50 or >100/min SBP>90mmHg Capillary refill <2sec	PR<50 or >100/min SBP>90mmHg Capillary refill <2sec
D Disability (AVPU) GCS	Responding only to pain or Unconscious	Not Alert but Responding only to verbal command	Alert









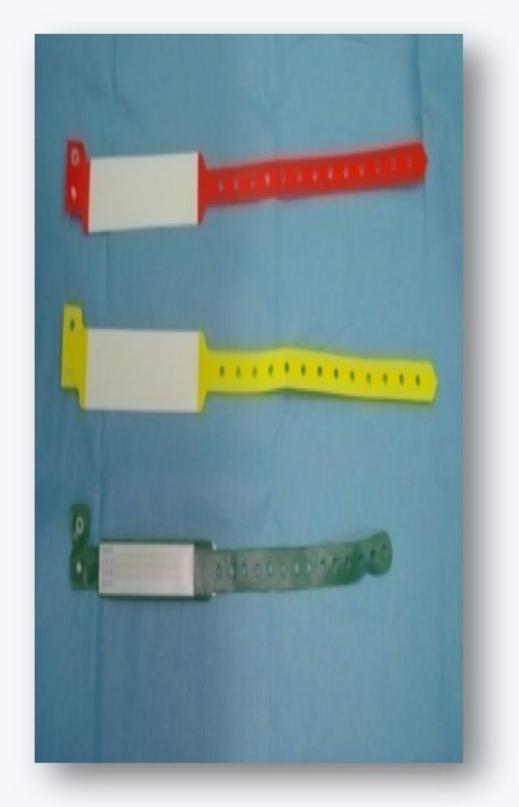








TRIAGE















































PRACTICE SESSION











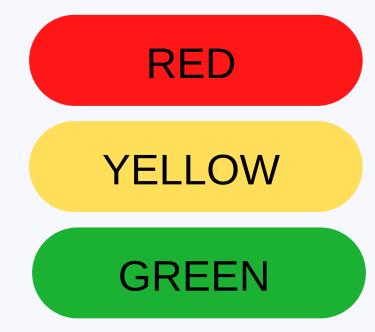






45 year old male presented with mild fever with vitals

- SpO2- 98% at room air
- Pulse Rate- 128/min
- Resp. Rate- 28/min
- BP- 122/78 mm of Hg













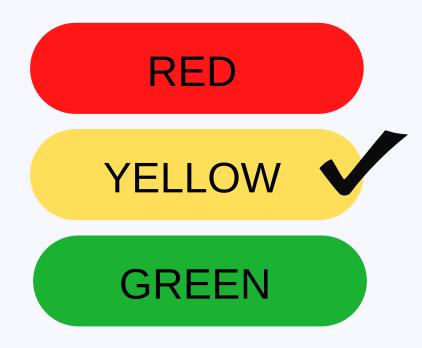






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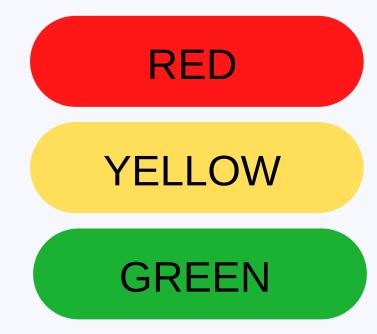






55 year old male presented with cough & fever with vitals

- SpO2- 82% at room air
- Pulse Rate- 118/min
- Resp. Rate- 38/min
- BP- 168/98 mm of Hg













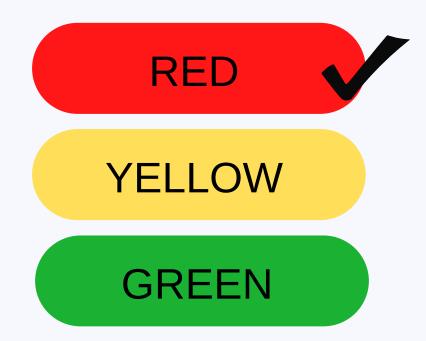






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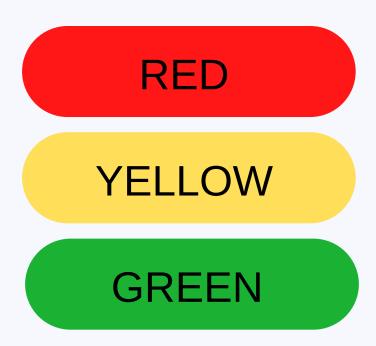






32 year old pregnant female presented with fever with P/V discharge her vitals are

- SpO2- 99% at room air
- Pulse Rate- 98/min
- Resp. Rate- 18/min
- BP- 118/78 mm of Hg













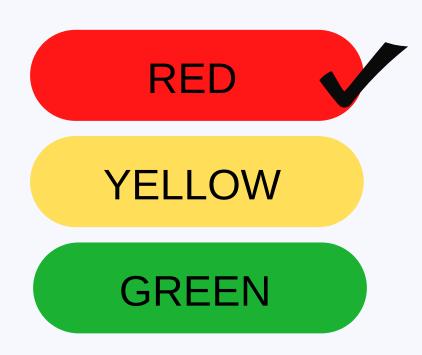






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A 57 year-old male driver, presented to emergency department with a 20-minute episode of diaphoresis and chest pain it was central, radiating to the left arm and crushing in nature





















CHEST PAIN





















PATIENT WITH ACTIVE SEIZURE



















PATIENT WITH ACTIVE SEIZURE



FAST TRACK RED



















UNCONSCIOUS PATIENT



















UNCONSCIOUS PATIENT



FAST TRACK RED

















55 year old female presented with sudden onset weakness his vitals are

- SpO2- 99% at room air
- Pulse Rate- 78/min
- Resp. Rate- 16/min
- BP- 178/94 mm of Hg

On Asking













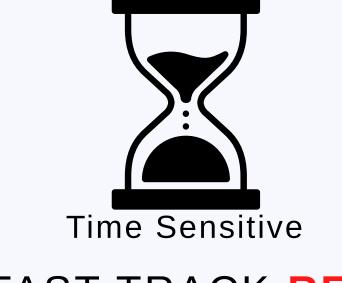




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FAST TRACK RED







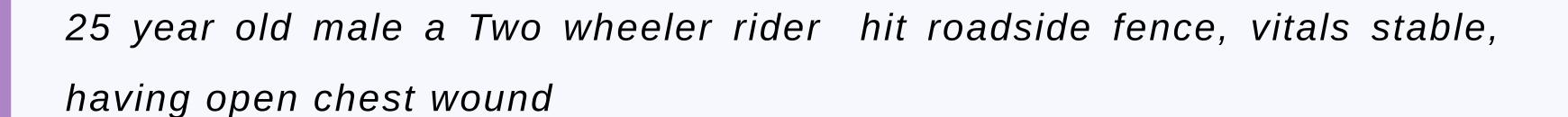


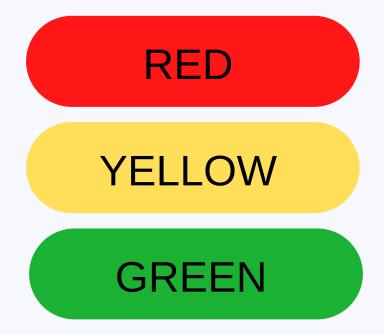


















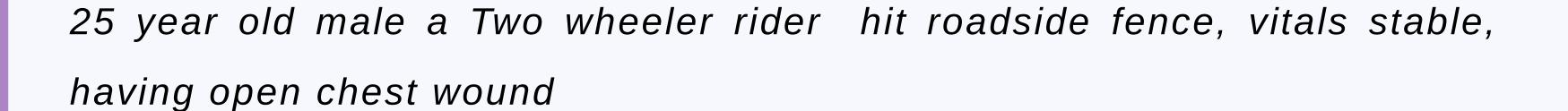




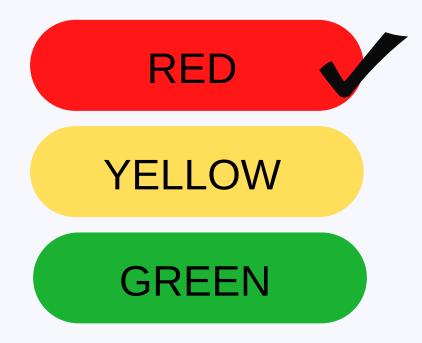








Dangerous Mechanism of Injury- Red









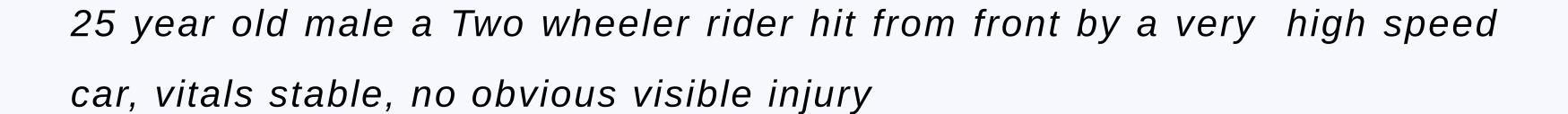


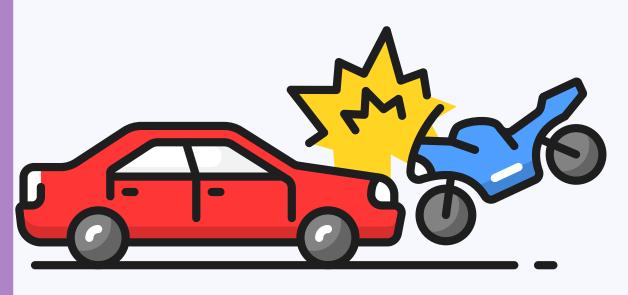


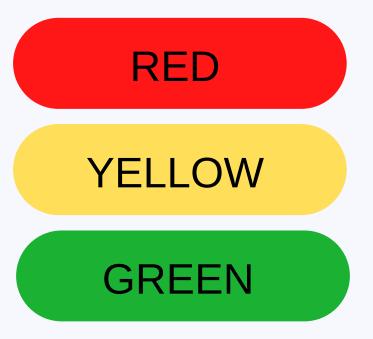






















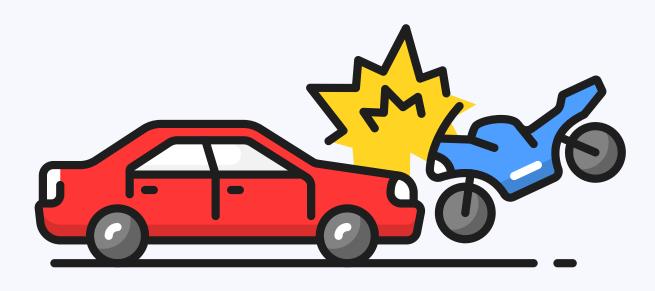


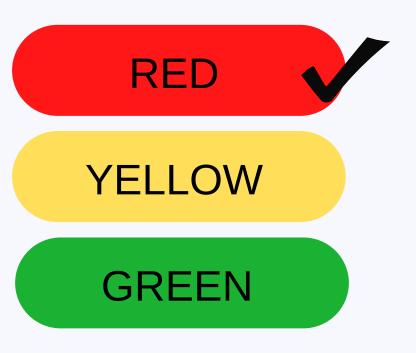




25 year old male a Two wheeler rider hit from front by a very high speed car, vitals stable, no obvious visible injury

Dangerous Mechanism of Injury- Red





















19 year old man brought to ED with history of fall from two stairs.

On arrival: Mouth full of blood















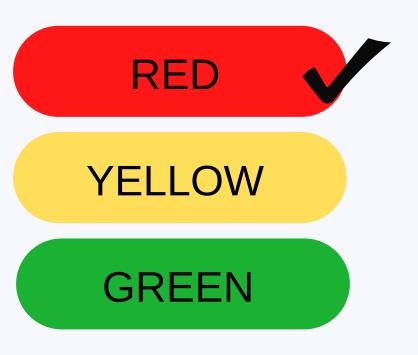




19 year old man brought to ED with history of fall from two stairs.

On arrival: Mouth full of blood























28 year /Male bike rider hit by a truck on highway, came walking & talking, on arrival stable vitals sign

















TAKE HOME MESSAGE

Triage- for all rights...

Remember- Red, Yellow & Green

• Important action- ED, Disaster

 Patient requiring immediate resuscitation should be treated as top priority.

• Impacts care outcomes- Prompt care, Early referral







Thank You











