



New Triage Disaster Plan

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Introduction

Injuries are an important cause of mortality and morbidity in our time, especially that caused by explosions, burns, road accidents and earthquakes.

A number of systems have been developed to deal with them like PHTLS, ITLS, and ATLS. The importance of these systems is to identify the dangerous cases, which can be saved if treatment is started within the golden time, consequently, reduce mortality rate.

But the question remains which patient i will start first.

Main subject of article

My colleagues replied this, and developed triage disaster plan. So what is triage?

Triage is the sorting of patients based on the need for treatment and the available resources to provide that treatment. Triage is a system for dealing with large number of casualties, the aim is to offer the most medical treatment to the largest number of patients, resulting in the best possible out come.

To be the use of triage, need to be quick, efficient, and reproducible. It should involve continual reassessment of patients by appropriate medical staff, with regular readjustment of patient priorities.

There are usually two types of triage:1_When there is sufficient treatment capacity to deal with multiple casualties, patients with life threatening and multisystem injuries are treated first.

When there is insufficient treatment capacity to deal with multiple casualties, patients with the great chance of survival are treated first.

Based on search was done and published in NCBI, twenty different systems were identified in the primary adult field including START, HOMEBUSH, SIEVE and others. In addition, two secondary triage systems encompassing SAVE and SORT were identified in this respect. There was no general and universal agreement on how patients and injured people should be triaged. Accordingly, i started to made new triage disaster plan, based on pathophysiological descriptions and anatomical descriptions, and review causes of death in trauma patients, and the need to know what are the red cases. So firstly, what are the causes of death in trauma?

Several studies have investigated the cause of death in trauma patients, Mr Baker found that brain injury accounted for a majority of deaths at 50%, heart and oarta 17%, hemorrhage 12%, sepsis 10%, lung 6%, burn 3%, and liver injury 2%.

The red case in trauma are big number, and any patient classification may change from yellow to red. So it was very difficult to remember it all, but the most important are:

1. Penetrating injury to the head, neck, trunk.
2. Glasgow coma scale less than 13.
3. Shock of any type.
4. Near to cardiac arrest or respiratory arrest in hanging and drowning.
5. Obstructed airway.
6. Burn more than 30%, electric shock, inhalation burns.
7. Vertebral column injury with shock.

These cases have to be identified early as possible as you can, and treat immediately.

My triage disaster plan is

Classification	Red	Yellow	Green
Any near to cardiac arrest or respiratory arrest	yes		
Penetrating to head, neck, trunk	yes		
Glasgow coma scale	Less than 13/15	13-15/15	15/15
Airway	obstructed		normal
Respiratory rate	30-40	20-30	14-20
Blood pressure	Less than 90 systolic	90-120	normal
pulse	Not present or weak		Present normal
Capillaryfill	3-4s	2-3s	Less than 2s
Limbs and spine	Any spine injury with shock, unstable pelvic injury, crashed limb	Any deformity in limbs with out shock	Only abrasions, no deformity
burns	More than 30% TBS, or inhalation injury, or electrical shock	15-30%	Less than 15%

Conclusion

Injuries caused by emergencies and accidents are increasing in the world. To prioritise patients to provide them with proper services and to optimally use the resources and facilities of the medical centers during accidents, the use of triage system is seen essential. Triage can decrease number of cases, because actually you will start by red cases only, and green and yellow will be next, so the real number of disaster will be red cases.

My triage disaster plan is depend on check vital signs, and simply look anatomically to the patients. I hope to be applied and give benefited in emergency departments, and remember the patients are our aim.

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