

Enabling Objectives

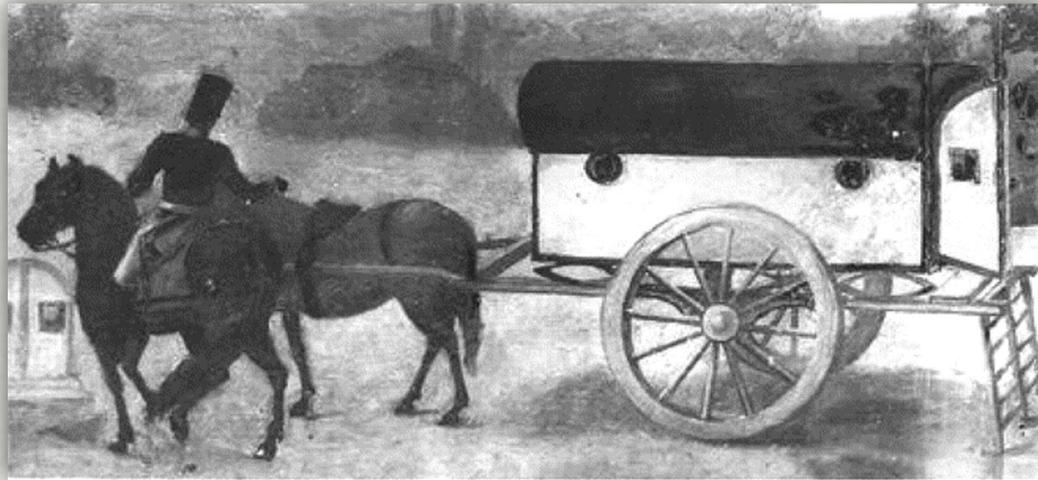
Upon completion of this training the participant will be able to:

- **Define TRIAGE and explain when it is appropriate for use**
- **List three reasons a patient triage and tracking system is required for successful operations**
- **Categorize the Triage status of patients utilizing the START and JumpSTART Triage Systems**
- **Explain the design and use of paper Triage Tags**
- **Identify five capabilities of the paper Maryland Triage Tags**



Triage

The sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors
(from the French *trier*, to sort)
(Merriam-Webster)



Developed by Baron Dominique-Jean Larrey, Napoleon's Chief Surgeon, for use by the first ambulance corps—the *ambulances volantes*—during the early 1800s

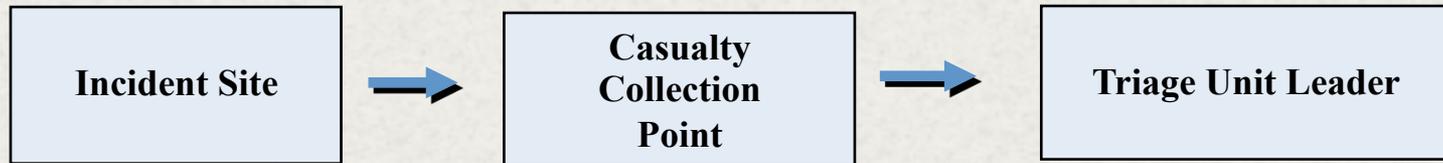


Why Triage and Tag?

- **Sorting of patients to provide for the survival of the most patients**
- **Assignment of resources in the most efficient method**
- **Most severe survivable injuries receive rapid treatment**
- **Accountability of patients**
- **Family reunification**



Triage: A rapid approach to prioritizing a large number of patients



Simple Triage And Rapid Treatment

JumpSTART



Triage

- Triage should be performed **RAPIDLY**
- Utilize **START/ JumpSTART** Triage to determine priority
- 15–60 seconds per patient
- Affix a color tape on upper arm or leg



START – **JumpSTART Triage**

- Clear the “**walking wounded**” with verbal instruction:

If you can hear me and you can move, walk to...

- Direct patients to the **casualty collection point (CCP)** or treatment area for detailed assessment and medical care
- Assign a Green Minor Manager to the area to control patients and manage area
- Tag will be issued at the CCP
- These patients may be classified as **MINOR**



START/JumpSTART

Now use **START/JumpSTART** to assess and categorize the remaining patients...

USE **COLORED** RIBBONS
ONLY



START/JumpSTART

Categorize the patients by assessing each patient's ***RPMs...***

✓ **R**espirations

✓ **P**ulse/perfusion

✓ **M**ental Status



START/JumpSTART—RPM

RESPIRATIONS

Is the patient breathing?

Yes

Adult – respirations > 30 = **Red/Immediate**

Pediatric – respirations < 15 or > 45 = **Red/Immediate**

Adult – respirations < 30 = check perfusion

Pediatric – respirations > 15 and < 45 = check perfusion



START/JumpSTART—RPM

RESPIRATIONS

Is the patient breathing?

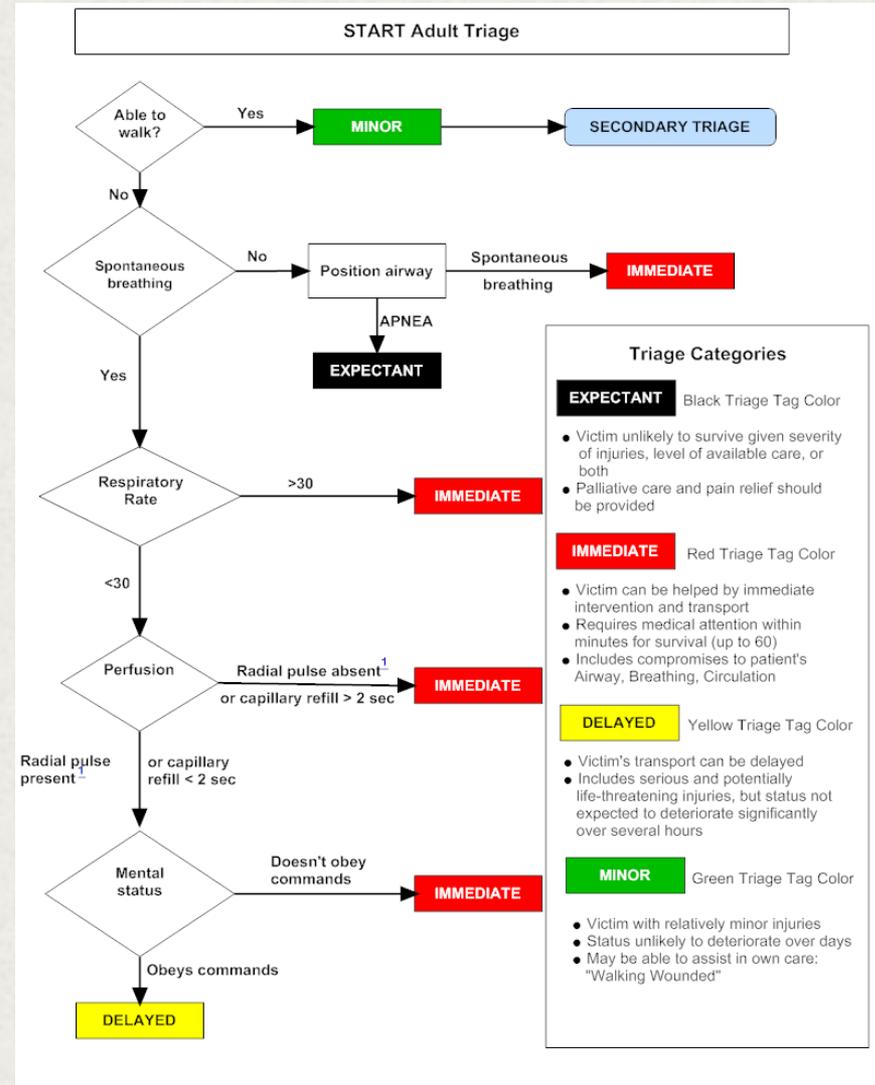
No

Reposition the airway...

Respirations begin = **IMMEDIATE/RED**

If patient is **APNEIC**

- Adult – deceased = BLACK
- Pediatric: Pulse Present – give 5 rescue breaths
 - respirations begin = **IMMEDIATE/RED**
 - absent respirations – deceased = BLACK



START/JumpSTART—RPM

PULSE/PERFUSION

Is the RADIAL pulse present?

Is capillary refill (CR) LESS than < 2 seconds?

Yes

Check mental status

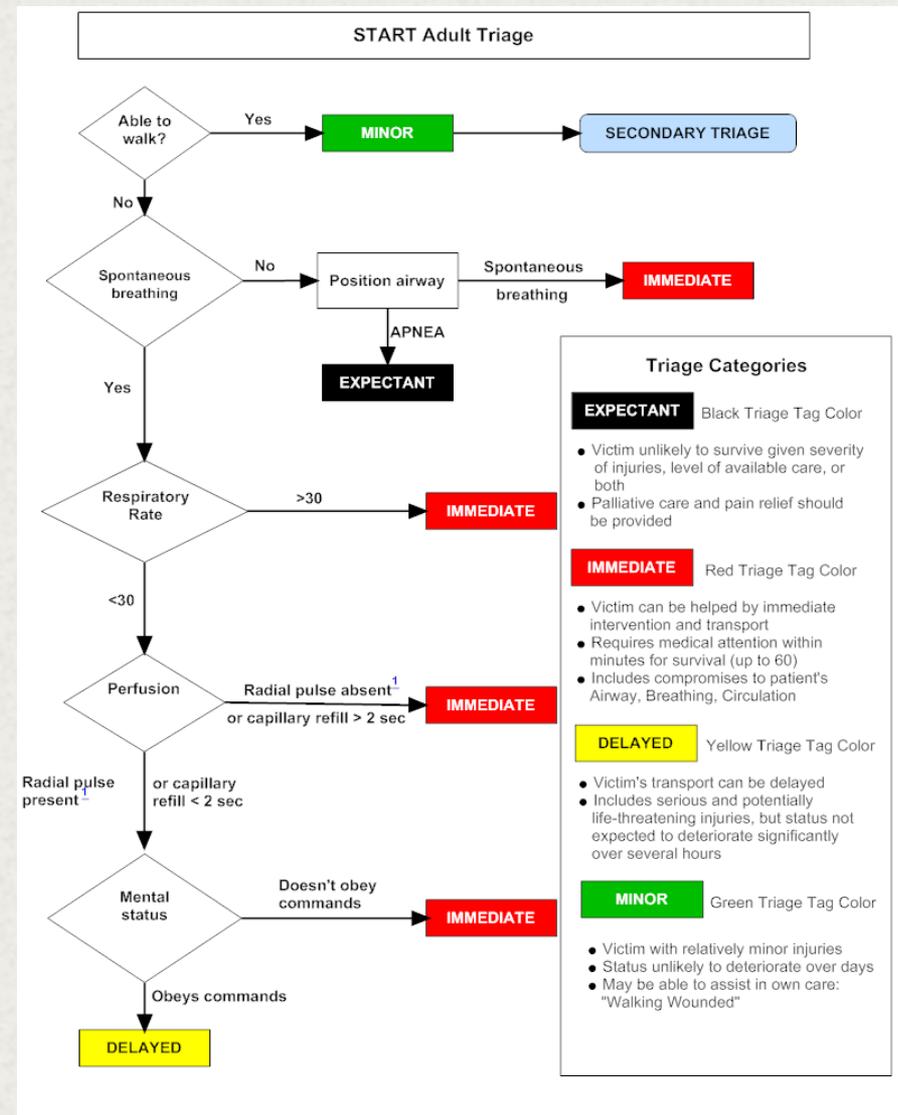
No

Adult: Pulse absent or CR > 2 seconds patient

= IMMEDIATE/RED

Pediatric: No palpable pulse patient =

IMMEDIATE/RED



START/JumpSTART—RPM

MENTAL STATUS...

Can the patient follow simple commands?

Yes

Adult = DELAYED / YELLOW

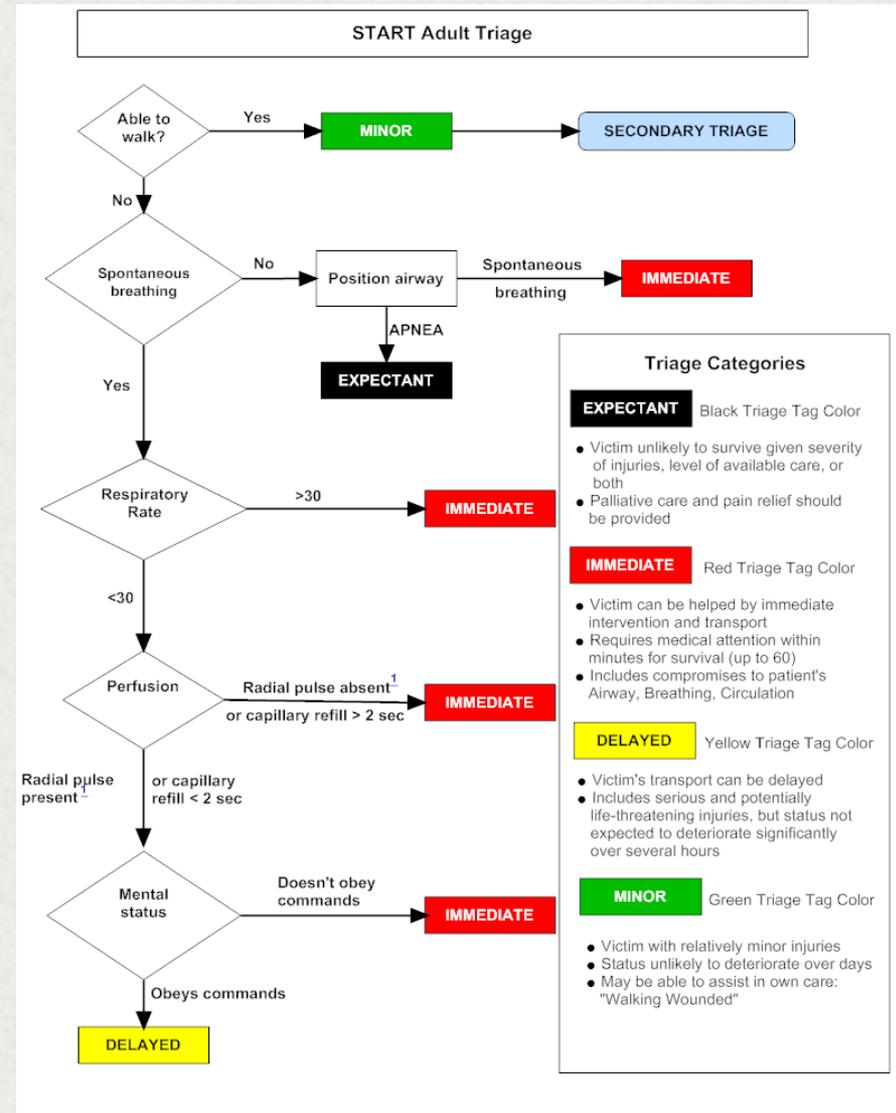
Pediatric: alert, verbal, or pain response is appropriate

= DELAYED / YELLOW

No

Adult = IMMEDIATE / RED

Pediatric – “P” pain causes inappropriate posturing or “U” unresponsive to noxious stimuli = IMMEDIATE / RED



START/JumpSTART

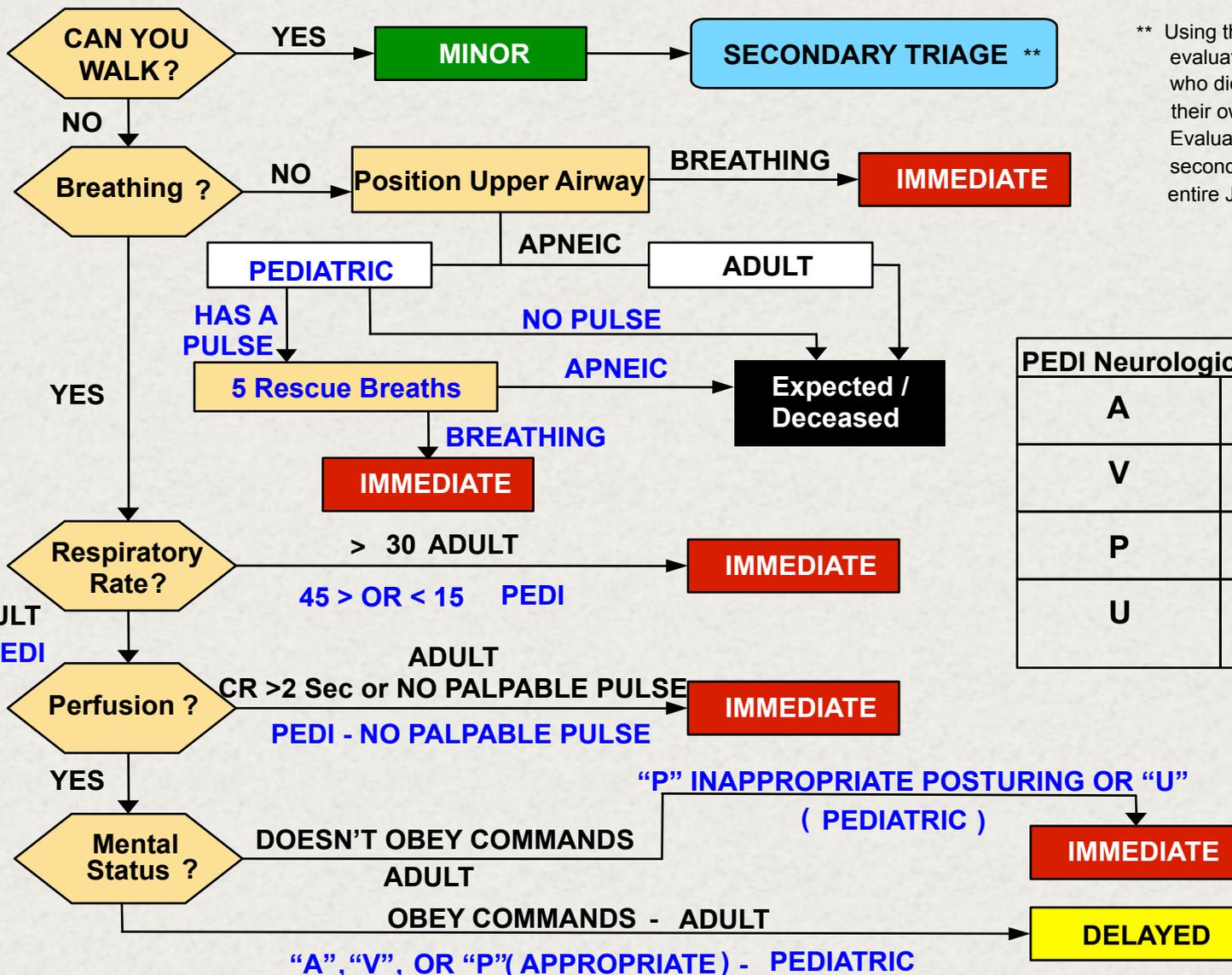
If the patient is **IMMEDIATE/RED** upon initial assessment...then, before moving the patient to the treatment area, attempt only life-saving interventions:

Airway, Needle Decompression, Tourniquet, Antidote

DO NOT ATTEMPT ANY OTHER
TREATMENT AT THIS TIME



Combined START/JumpSTART Triage



** Using the JS algorithm evaluate all children first who did not walk under their own power. Evaluate infants first in secondary triage using entire JS algorithm !

PEDI Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive To Noxious Stimuli

Fast Triage – Ribbon Applied First



Apply ribbon to upper arm or upper thigh



RED Triage Category (Immediate)

Adult

Respirations > 30 BPM
CR > 2 seconds or
no palpable radial pulse
Cannot follow simple
commands

Pneumothorax
Hemorrhagic Shock
Closed Head Injury

Pediatric

Respirations < 15 or > 45
CR > 2 seconds or no palpable
radial or brachial pulse
Inappropriate “Pain”
(e.g., posturing) or
“Unresponsive”



YELLOW Triage Category (Delayed)

Adult: respirations, capillary refill, and mentation are normal

- Isolated burns
- Extremity fractures
- Stable other trauma
- Most patients with medical complaints



Pediatric: “A,” “V,” or appropriate “P”
(e.g., withdrawal from pain stimulus)



GREEN Triage Category (Minor)

- “Walking wounded”
- Psychological casualties
- Always look for children being carried and assess them



BLACK Triage Category (Deceased)

- Obvious mortality or death (pulseless and apneic)
 - Decapitation
 - Blunt trauma arrest
 - Injuries incompatible with life
 - Brain matter visible



Revised Paper Triage Tag

MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

UNDETERMINED AGE WGT HGT PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine Penetrating Trauma
 Blunt Trauma Burn Fracture Amputation
 Laceration
 Medical Respiratory
 Cardiac OB/GYN
 Diabetic Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL

01421 01421

01421 01421

01421 01421

01421 01421

LAST NAME, FIRST NAME

MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT

DESTINATION HOSP NOTIFIED

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIASGE STATUS

RED YELLOW GREEN
 GREY BLACK

← FRONT

BACK →

MIEMSS TRIAGE TAG DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
				A V P U		

MEDICAL HISTORY

ALLERGIES

MEDICATIONS

PAST MEDICAL HISTORY

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ of _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? NAME OF FAMILY MEMBER INVOLVED

YES NO

EMERGENCY CONTACT PHONE

MIEMSS TRIAGE TAG

Maryland Emergency Medical Services

Do Not Use Gray Category

Triage Tag Sections

- Patient information
 - Triage status
 - Chief complaint
 - Transporting unit
 - Peel-off bar codes
 - Transport record
 - Vital signs
 - Medical history
 - Treatment
 - Family contact
 - Wrist band
- * Triage tags should be used in all MCI scenarios, even when handheld device is employed



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

PATIENT INFORMATION

UNDETERMINED AGE WGT KG / LBS
 MALE FEMALE DOB

NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation
 Medical Respiratory
 Diabetic OB/GYN
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT: _____ DESTINATION: _____ TIME ARRIVED: _____

TREATMENT: _____ HOSPITAL: _____
 OTHER: _____ OTHER: _____
 OTHER: _____ OTHER: _____
 OTHER: _____ OTHER: _____

TRANSPORT RECORD

UNDETERMINED AGE
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIAS STATUS

RED YELLOW GREEN
 GREY BLACK

DOB: _____

LAST NAME, FIRST NAME: _____

PATIENT INFORMATION

UNDETERMINED AGE WGT KG / LBS
 MALE FEMALE DOB

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

PATIENT NUMBER

* M D 4 2 0 7 7 1 *



- **PATIENT INFORMATION**
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

UNDETERMINED AGE WGT HGT SEX PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical Respiratory
 Diabetic OB/GYN
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT: _____ HOSPITAL: _____
OTHER: _____ OTHER: _____
OTHER: _____ OTHER: _____
OTHER: _____ OTHER: _____

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAGE STATUS: RED YELLOW GREEN GREY BLACK

DOB: _____
*00077041
LAST NAME, FIRST NAME: _____

	EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
TRIAGE STATUS	INITIAL						
	SECONDARY						
	HOSPITAL						

The paper triage tag includes a **GREY** category for future use based on anticipated national acceptance.

IT WILL NOT BE USED IN THE TRIAGE OF PATIENTS UNTIL APPROVED BY MIEMSS.

- Patient information
- **TRIAGE STATUS**
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

UNDETERMINED AGE WGT HGT LBS PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical
 Cardiac Respiratory
 Diabetic OB/GYN
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT: #H0420771# HOSPITAL: #H0420771#
OTHER: #H0420771# OTHER: #H0420771#
OTHER: #H0420771# OTHER: #H0420771#
OTHER: #H0420771# OTHER: #H0420771#

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAJE STATUS: **RED** **YELLOW** **GREEN**
GREY **BLACK**

DOB: _____
*0007704#
LAST NAME, FIRST NAME: _____

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical
 Cardiac Respiratory
 Diabetic OB/GYN
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

- Patient information
- Triage status
- **CHIEF COMPLAINT**
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG
DO NOT REMOVE

DATE: _____

PATIENT INFORMATION

UNDETERMINED AGE WGT HGT LBS PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____ HOME: _____

TRIASE STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation
 Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL

OTHER OTHER OTHER OTHER

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIASE STATUS

RED	YELLOW	GREEN
GREY	BLACK	

DOB: _____

LAST NAME, FIRST NAME: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

- Patient information
- Triage status
- Chief complaint
- **TRANSPORTING UNIT**
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG
 DATE: _____ DO NOT REMOVE

PATIENT INFORMATION

UNDETERMINED AGE WGT HGT LBS PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____ PHONE: _____

TRIAL STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation
 Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL
 OTHER OTHER
 OTHER OTHER
 OTHER OTHER

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
 CHIEF COMPLAINT: _____
 DESTINATION: _____ HOSP NOTIFIED: _____
 TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAL STATUS

RED	YELLOW	GREEN
GREY	BLACK	

DOB: _____
 LAST NAME, FIRST NAME: _____

TREATMENT	* M D 4 2 0 7 7 1 *	HOSPITAL	* M D 4 2 0 7 7 1 *
OTHER	* M D 4 2 0 7 7 1 *	OTHER	* M D 4 2 0 7 7 1 *
OTHER	* M D 4 2 0 7 7 1 *	OTHER	* M D 4 2 0 7 7 1 *
OTHER	* M D 4 2 0 7 7 1 *	OTHER	* M D 4 2 0 7 7 1 *

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- **PEEL-OFF BAR CODES**
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

PATIENT INFORMATION

UNDETERMINED MALE FEMALE AGE: _____ DOB: _____

NAME: _____ PATIENT NUMBER: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

TRIAL STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT: _____ DESTINATION: _____ TIME ARRIVED: _____

TREATMENT: _____ HOSPITAL: _____

OTHER: _____ OTHER: _____

OTHER: _____ OTHER: _____

OTHER: _____ OTHER: _____

TRANSPORT RECORD

UNDETERMINED MALE FEMALE AGE: _____ DOB: _____

NAME: _____ PATIENT NUMBER: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIAL STATUS: RED YELLOW GREEN GREY BLACK

DOB: _____

MIEMSS TRIAGE TAG DO NOT REMOVE

TRANSPORT RECORD

UNDETERMINED MALE FEMALE AGE: _____ DOB: _____

NAME: _____ PATIENT NUMBER: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIAL STATUS: RED YELLOW GREEN GREY BLACK

- Detachable as a tear-off and as a peel-off sticky label
- Used to document patient movement
- Must be affixed to Transport Tactical Worksheet with the unit, priority, and destination marked and initialed.

Commonly called the "Ticket"

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- **TRANSPORT RECORD**
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG **DO NOT REMOVE**

DATE: _____

UNDETERMINED AGE WGT HGT / LBW PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT	HOSPITAL
OTHER	OTHER
OTHER	OTHER
OTHER	OTHER

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIASE STATUS

RED YELLOW GREEN
 GREY BLACK

DOB: _____

400037041

LAST NAME, FIRST NAME

Removable wrist band has been added with an area for DOB and name

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- **WRIST BAND**



MEDICAL HISTORY	ALLERGIES
	MEDICATIONS
	PAST MEDICAL HISTORY

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- **MEDICAL HISTORY**
- Treatment
- Family contact
- Wrist band


MIEMSS

O

TRIAGE TAG
DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
MEDICAL HISTORY	ALLERGIES					
	MEDICATIONS					
	PAST MEDICAL HISTORY					
TIME	TREATMENT RECORD					INITIALS
	<input type="checkbox"/> BVM					
	<input type="checkbox"/> ET _____ (Depth)					
	<input type="checkbox"/> Oxygen by _____ at _____ LPM					
	<input type="checkbox"/> Bleeding Control					
	<input type="checkbox"/> TOURNIQUET @ _____					
	<input type="checkbox"/> Spinal Immobilization					
	<input type="checkbox"/> Extremity Splint					
	<input type="checkbox"/> IV Started: _____ Site: _____ Gauge: _____					
	<input type="checkbox"/> IO _____ (Site)					
	<input type="checkbox"/> Gross Decon					
	<input type="checkbox"/> Final Decon					
FAMILY MEMBER INVOLVED?			NAME OF FAMILY MEMBER INVOLVED			
<input type="checkbox"/> YES <input type="checkbox"/> NO						
EMERGENCY CONTACT					PHONE	



TRIAGE TAG





TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Split	
	<input type="checkbox"/> IV Started: _____ Site _____ : _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- **TREATMENT**
- Family contact
- Wrist band



MIEMSS

TRIASGE TAG
DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
				A V P U		

MEDICAL HISTORY

ALLERGIES

MEDICATIONS

PAST MEDICAL HISTORY

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Split	
	<input type="checkbox"/> IV Started: _____ Site _____ : _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? YES NO

NAME OF FAMILY MEMBER INVOLVED

EMERGENCY CONTACT

PHONE



TRIASGE TAG



Maryland Emergency Medical Services



FAMILY MEMBER INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF FAMILY MEMBER INVOLVED	
EMERGENCY CONTACT		PHONE	

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- **FAMILY CONTACT**
- Wrist band


MIEMSS

TRIASGE TAG
DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
				A V P U		

MEDICAL HISTORY	ALLERGIES
	MEDICATIONS
	PAST MEDICAL HISTORY

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site: _____ Gauge: _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF FAMILY MEMBER INVOLVED	
EMERGENCY CONTACT		PHONE	


TRIASGE TAG


Maryland Emergency Medical Services
Maryland Emergency Medical Services

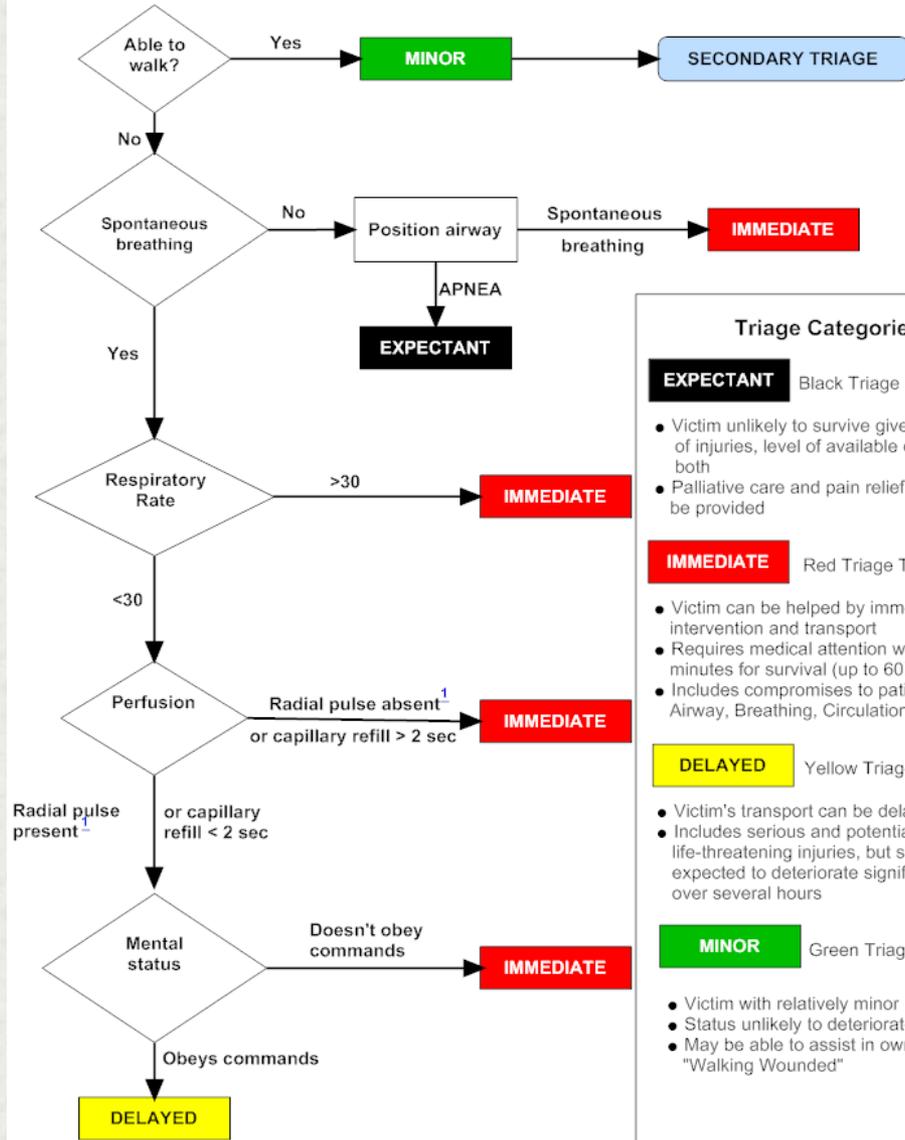


Triage Summary

- Triage allows for effective and efficient care, helping to increase the survivability for as many patients as possible
- Assignment of resources will increase efficiency
- Most severely injured patients will receive rapid treatment and transport in logical order
- Ensures accountability of all patients
- Allows for family reunification



START Adult Triage



Triage Categories

EXPECTANT Black Triage Tag Color

- Victim unlikely to survive given severity of injuries, level of available care, or both
- Palliative care and pain relief should be provided

IMMEDIATE Red Triage Tag Color

- Victim can be helped by immediate intervention and transport
- Requires medical attention within minutes for survival (up to 60)
- Includes compromises to patient's Airway, Breathing, Circulation

DELAYED Yellow Triage Tag Color

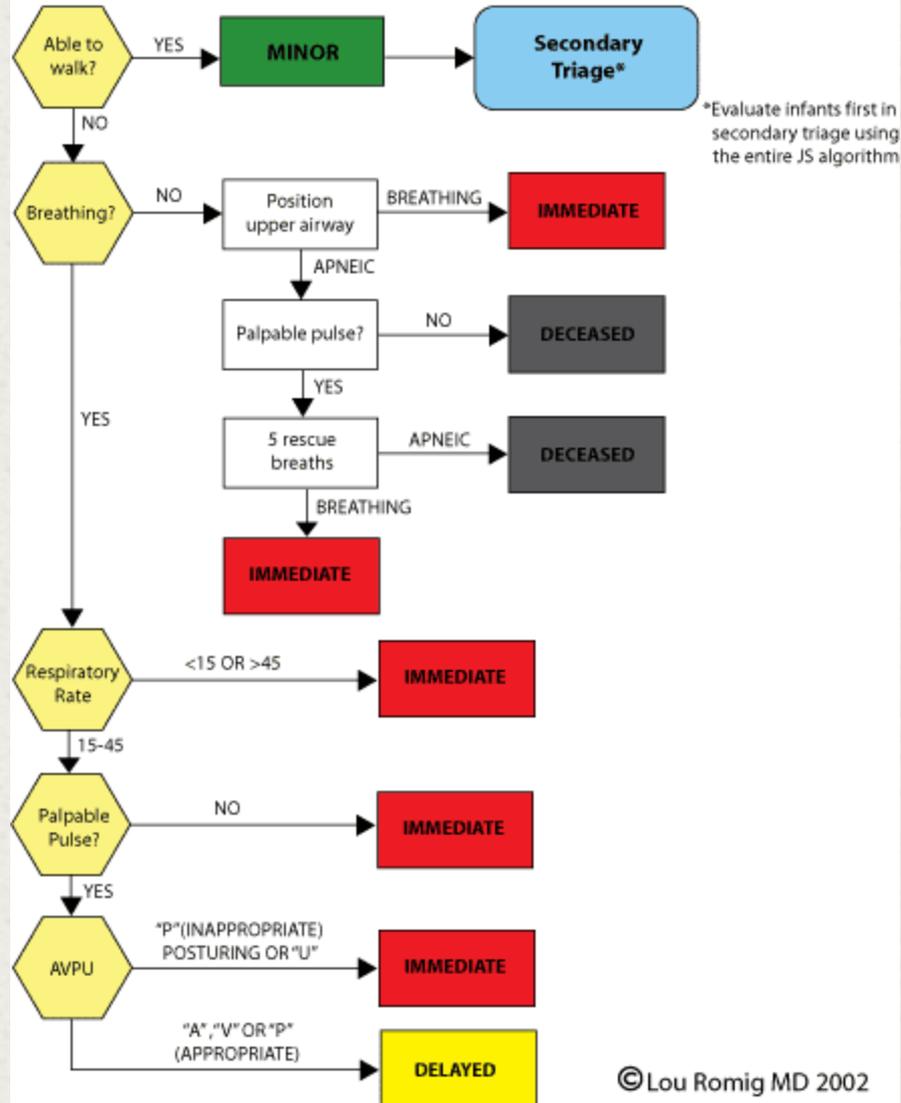
- Victim's transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours

MINOR Green Triage Tag Color

- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care: "Walking Wounded"



JumpSTART Pediatric MCI Triage[®]



Maryland Triage System

MIEMSS gratefully acknowledges the following individuals for their efforts in the development of this program:

Maryland Triage System



**MARYLAND INSTITUTE FOR
EMERGENCY MEDICAL SERVICES SYSTEMS**

Maryland Institute for
Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201
410-706-3996