MCI Triage

Can the patient walk?
  - Yes: MINOR
  - No: Breathing?
    - No: Reposition Upper Airway
      - Results in Spontaneous Breathing
        - Follow Adult or Ped Arm
    - Yes: Rebreathing

Pediatric
- Pulse: Yes
  - 2 Rescue Breaths
  - Breathing: Yes
    - IMMEDIATE

Adult
- Pulse: No
  - DECEASED

Respiratory Rate?
- Adult < 30/minute
  - Ped > 15 or < 45
    - IMMEDIATE

Perfusion
- Cap Refill > 2 Sec (Adult)
  - No palpable Pulse (Pediatric)
    - IMMEDIATE

Mental Status
- Obeys Commands
  - Adult
    - Appropriate to AVPU
  - Pediatric
    - IMMEDIATE

Effective November 2018
Treatment Protocol G04
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Effective March 2019
San Mateo County Emergency Medical Services

MCI Triage

Pearls

• **Reference Operations 9**

• **When approaching a multiple casualty incident where resources are limited:**
  
  Triage decisions must be made rapidly with less time to gather information. 
  
  Emphasis shifts from ensuring the best possible outcome for an individual patient to ensuring the best possible outcome for the greatest number of patients.

• **Scene Size Up:**
  
  1. Conduct a scene size up. Assure well being of responders. Determine or ensure scene safety before entering. If there are several patients with the same complaints consider HazMat, WMD or CO poisoning.
  
  2. Take Triage ribbon kit/tags.
  
  3. Determine number of patients. Communicate the number of patients and nature of the incident, establish command and establish a medical group supervisor and triage unit leader, if personnel available.

• **Triage is a continual process and should recur in each section as resources allow.**
  
  o Step 1. Global sorting: Call out to those involved in the incident to walk to a designated area and assess third. For those who cannot walk, have them wave/indicate a purposeful movement and assess them second. Those involved who are not moving or have an obvious life threat, assess first.
  
  o Step 2: Individual assessments:
    
    Control major hemorrhage.
    
    Open airway and if child, give 2 rescue breaths.
    
    Perform Needle Chest Decompression Procedure if indicated.
    
    Administer injector antidotes if indicated.

• **Assess the first patient you encounter using the three objective criteria which can be remembered by RPM.**
  
  R: Respiratory
  
  P: Perfusion
  
  M: Mental Status

• If your patient falls into the RED category, stop, place RED TAG/RIBBON and move on to next patient. Attempt only to correct airway problems, treat uncontrolled bleeding, or administer an antidote before moving to next patient.

• **Treatment:**
  
  o Once casualties are triaged focus on treatment can begin. You may need to move patients to treatment areas. REDs are moved/treated first followed by YELLOWs. BLACKs should remain in place.
  
  o You may also indicate deceased patients by pulling their shirt/clothing over their head.
  
  o As more help arrives then the triage/treatment process may proceed simultaneously.

• Capillary refill can be altered by many factors including skin temperature. Age-appropriate heart rate may also be used in triage decisions.

• DMS triage tag system is utilized in San Mateo County.