Mastering Trauma Triage Tactics

Using START and SALT

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• Practicing Paramedic
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First on Scene? First in COMMAND!

National Incident Management System
It’s the LAW!

Five Tasks... Five Minutes

1. Establish Command and Create a Safe Zone
2. Give an arrival report
3. Size Up and Scene Safety
4. Triage and tally
5. Request/Assign Resources/Transfer Command!

The Truth about TRIAGE...
- It's a very “un-natural” process for us...
- You work ALONE
- You provide care later
- You have “skimpy” resources
We practice essentials of MCI management in a perfect world, but your basic plans must factor in chaos and a need for “fast break” operations!

During MCIs think good BLS NOT ALS!

TRIAGE
Do the greatest good for the greatest number of people!
Efficient use of resources
Triage
Sorting of patients into categories
Tough decisions!

The goal?
Get the red out!

October 16, 1991
Luby's Killeen, TX
23 killed and 20 wounded
Some uncomfortable facts

No formal triaging occurs at many incidents
   Much time wasted on “re-triaging”
   Not tagging? Not triaging properly!

What’s in your ambulance NOW is better than stuff in the MCI Trailer that’s 30-45 minutes away!

There will be CHAOS
Got your trusty “bar code” reader?
Prepare for success!

Have triage tools in every unit
Keep some triage tagging in every “jump kit”
Use tags at small incidents

Prepare for success!

Think “Fast Break”

Have a Triage kit in every unit

Keep some tags in your jump kits
TRIAGE Tagging

Identify priority
Can be used to “track the packages”
International Standard-NATO

How many times will it be done?

1. In wreckage or at site (primary)
2. At treatment or collection area
3. In ambulance
4. In ED
There are two types of triage!

**Primary triage**
- Initial size-up and triage mode
- Rapid triage and tagging *(no writing)*
- Minimal ABC care provided

**Secondary triage**
- Done in the *treatment area* after or collecting station
- A more *complete assessment*
- Tags used for documentation, ID and tracking

**Small Incidents**
- Primary
- Sticker, tape or tag
- Move from wreck to ambulance
- Secondary triage done in ambulance
Larger Incidents

- Primary at site
- Secondary triage done in treatment
- Or primary in the chute and secondary on the tarp

The “Classic” Collection Point

TRIAGE Unit Leader

1. GET ALL PATIENTS TRIAGED AND TAGGED BY CATEGORY!
   IMMEDIATE (ALS-Needs stretcher)
   DEAD
   MINIMAL (Minor/Ambulatory)
   EVERYBODY GETS A TAG!
   TRACK # OF PTS AND CATEGORY

2. COMMUNICATE WITH MEDICAL BRANCH
   A. Report CASUALTY COUNT and CATEGORY
   B. Request resources to move patients- Manpower/Backboards/Stretchers

3. GET PATIENTS MOVED TO TREATMENT OR TRANSPORT
   A. Get patients moved to either Treatment or Transportation
   B. When patients are moved, report to MEDICAL Branch for reassignment

4. GET the RED OUT!
   1. Primary objective is to Get the RED off the scene RAST
   2. Injured rescuers are tagged RED
1- IMMEDIATE

- Altered mental status
- Radial pulse absent
- Major Hemorrhage
- Resp > 30
- Respiratory Distress
- Likely to Survive given current resources

Usually ALS and needs stretcher

Know your specialty resources!

Level 1 Trauma? Burns? Amputations? Carbon Monoxide - Hyperbaric Medicine?
1-IMMEDIATE

GET THE RED OUT!

Injured Rescuers are tagged RED!

2-DELAYED
2-DELAYED

Alert!
Radial pulse present!
Hemorrhage Controlled!
Resp < 30!
No respiratory distress!

Usually BLS and needs a stretcher

3-MINIMAL

Get the GREEN to safety!
3-MINIMAL

Alert!
Minor injuries
Usually ambulatory
Normal breathing
Normal perfusion

Ambulatory...But Beware!

DEAD

EXPECTANT

DEAD

Apnea after repositioning airway

Child?
Apnea after 2 rescue breaths
EXPECTANT

• Mortal injuries
• Likely to die given current resources
• Provide comfort care when or if resources allow

START System

Respirations
Radial Pulse
Mental Status

Lower sensitivity... but simple and fast
• Order those who can walk to go to a collection point: those are the P-3
• That leaves P-1, P-2 and P-0 on the ground.
• Make the initial triage sweep of those who can’t walk

**START Triage- Global Sort**

**START Triage System**

**IMMEDIATE**
- Respirations- Resp > 30/min
- Perfusion- Radial pulse NOT palpable
- Mentation- Altered Mental Status

**DELAYED**
- Respirations - < 30/min
- Perfusion- Radial pulse Palpable
- Mentation- Alert

Dead
Not Breathing after 2 breaths

**Now Triage Walking**

**MINIMAL**
- Minor injuries only- Ambulatory
START Recap...

IMMEDIATE
- Respirations: Resp > 30/min
- Perfusion: Radial pulse NOT palpable
- Mentation: Altered Mental Status

DELAYED
- Respirations: < 30/min
- Perfusion: Normal pulse/Perfusion
- Mentation: Alert

IMMEDIATE
1

DELAYED
2

Dead
Not Breathing after 2 breaths

START Triage

NOT Evidence Based!
Has some significant flaws!

SALT TRIAGE!

Sort
Assess
Lifesaving Intervention
Triage
This field triage decision scheme, originally developed by the American College of Surgeons Committee on Trauma, was revised by an expert panel representing emergency medical services, emergency medicine, trauma surgery, and public health. The panel was convened by the Centers for Disease Control and Prevention (CDC), with support from the National Highway Traffic Safety Administration (NHTSA). The SALT Triage guideline was supported by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), with support from the National Highway Traffic Safety Administration (NHTSA).

The consensus committee included an expert panel of work group participants that included members from:

- The American College of Emergency Physicians
- The American Medical Association
- The American College of Surgeons Committee on Trauma
- The National Association of Emergency Medical Technicians
- The National Association of State Emergency Medical Service Officials
- The National Association of EMS Physicians
- The Native American Emergency Medical Services Association
- Other additional participants

**S.A.L.T. TRIAGE FLOW SHEET**

**Step 1 — Sort**

- Global Scoring
- Walk / Purposeful Movement
- S.L.I.T. / Obvious Life Threat

- Assess
- Minor
- Major
- Dead
- Expectant
- Minimal
- Immediate
SALT Triage - Global SORT FIRST!

- Respiratory Distress!
- Bleeding Uncontrolled (major) - No Peripheral Pulses
- Does not obey command - Non-purposeful movements
- Likely to survive given current resources

- NOT In Respiratory distress
- Bleeding Controlled - Has Peripheral Pulse.
- Obey Command - Purposeful Movements
- Non-Ambulatory

- NOT In Respiratory distress
- Likely to survive given current resources

- Not breathing after 2 ventilations

SALT Triage First Step

Walk
P-3
Assess LAST

Wave
P-2
Assess SECOND

Still
P-1
Assess FIRST

Perform Lifesaving Interventions as you go!
SALT Triage - Global SORT FIRST!
Walk - Wave - Still
Perform Lifesaving Interventions as you go!

IMMEDIATE
- Respiratory Distress!
- Bleeding Uncontrolled (major) - NO Peripheral Pulses
- Does not obey command - Non purposeful movements
- Likely to survive given current resources

MINIMAL
- NOT in Respiratory Distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys Command - Purposeful Movement
- Ambulatory and MINOR Injuries

EXPECTANT
- Not likely to survive given current resources

DEAD
- Open Airway, No Breathing after 2 ventilations

DELAYED
- NOT In Respiratory distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys command - Purposeful Movements
- Non-Ambulatory

LSI*:
- Control Major Hemorrhage
- Open Airway (if Child, Consider 2 Rescue Breaths)
- Chest Decompression
- Auto Injector Antidotes
- Non-Ambulatory

Life Saving Interventions during Triage
Questions So Far?

TRIAGE Drill!

You MUST Keep a Master Triage Tally

<table>
<thead>
<tr>
<th>Triage Tally</th>
<th>IMMEDIATE 1</th>
<th>DELAYED 2</th>
<th>MINIMAL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-RED</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2-YELLOW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-GREEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-EXPECTANT</td>
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<tr>
<td>5-BLACK</td>
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</table>

This helps determine resources!
First arriving unit at 5 car crash with multiple patients. Nearest backup is at least 20 min away.

1. Unresponsive, non-breathing
2. Unresponsive, HR 130, R-30 multiple leg fractures

3. Supine, alert, neck pain, HR 100

4. Unresponsive, trapped, no pulse
5. Supine, alert, HR-90, R-20, femur FX

6. Unresponsive, HR-140, R-36

7. Alert, 100% full thickness burns, HR-110, R-40
8. Ambulatory, alert, facial lacerations, HR-100, R-28

9. Responsive, HR-150, R-36, Unstable pelvis, massive leg Fx

10. Supine, alert, HR-100, R-20, Obvious arm Fx
11. Unresponsive, multiple chest wounds, HR-unobtainable
R-agonal

![Image](https://example.com/image1)

12. Ambulatory, alert, shoulder dislocation, HR-100, R-24

![Image](https://example.com/image2)

The TRIAGE Tally?

<table>
<thead>
<tr>
<th>Triage Level</th>
<th>1-RED</th>
<th>2-YELLOW</th>
<th>3-GREEN</th>
<th>E-Expectant</th>
<th>E-Black</th>
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<tbody>
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Transport Resources Needed?

<table>
<thead>
<tr>
<th>TRIAGE</th>
<th>1-RED</th>
<th>2-YELLOW</th>
<th>3-GREEN</th>
<th>4-EXPECTANT</th>
<th>5-BLACK</th>
<th>TOTALS</th>
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<td>2</td>
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<td>2</td>
<td>8</td>
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<tr>
<td>8 of 40 Needed</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

8 Ambulances for transport

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SALT Triage
Global Sort - Walk - Wave - Still
Lifesaving Interventions as you go

Remember
Resp
Perfusion
Mentation

IMMEDIATE
- Breathing Uncontrolled
- Nasopharyngeal Intubation
- Major Trauma
- Open Wounds
- Bleeding Uncontrolled
- Non-AMBULANCE

DEAD
- Open Airway
- No Breathing
- CPR

MINIMAL
- Breathing Controlled
- Peripheral Pulsations
- Ambulatory

EXPECTANT
- Likely to survival
- Given current Resources

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Thats all Folks!

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