

Triage

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- تریاژ کلمه ای فرانسوی و به معنی دسته بندی است.
- در اورژانس بیماران باید به تناسب شدت بیماریشان در دریافت خدمات اولویت بندی گردند.
- در زمان بحران نیز اولویت بندی بیماران اهمیت دارد.

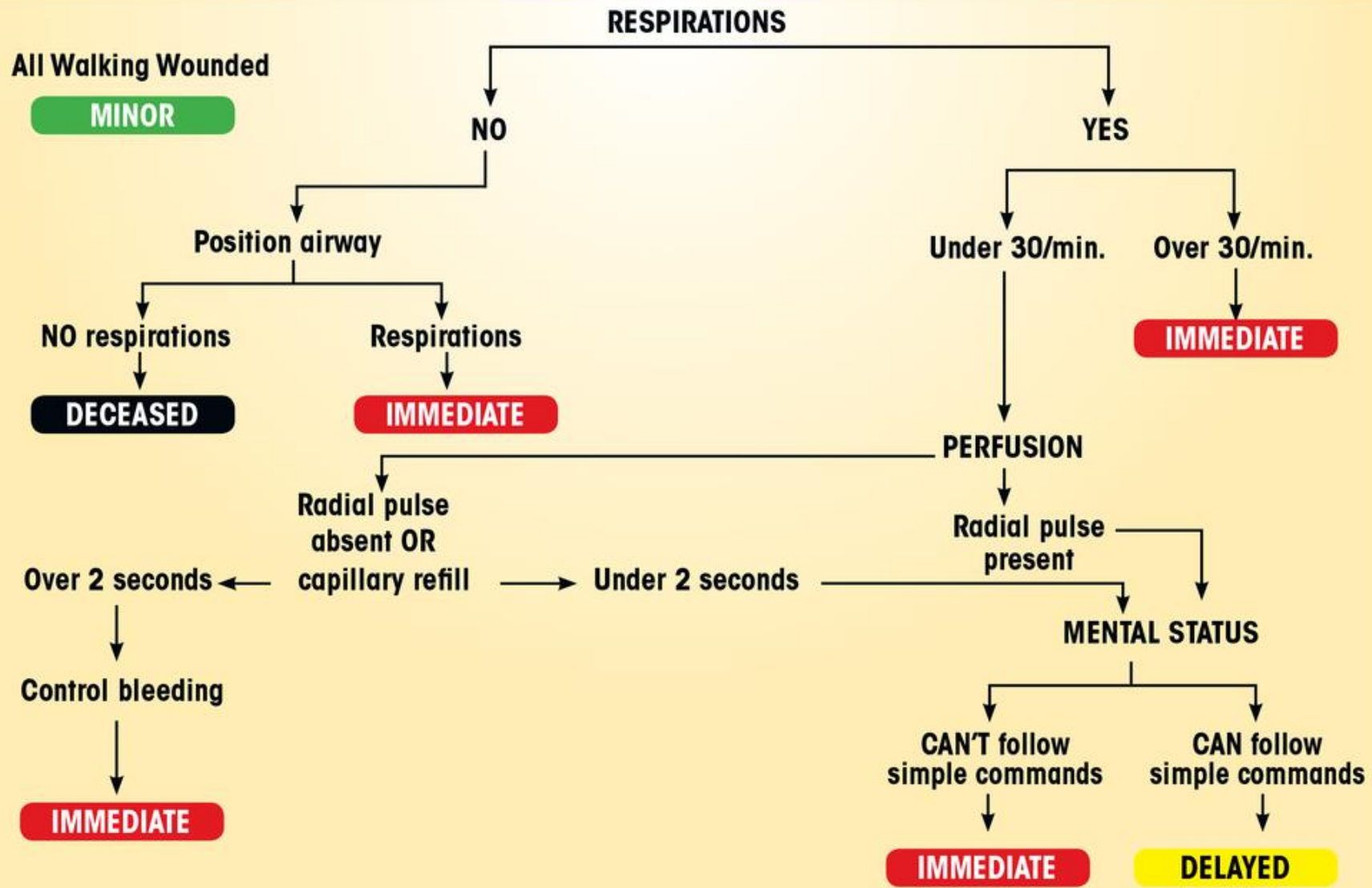


تریاز در بحران:

- سیستم های مختلفی برای تریاز در شرایط بحران وجود دارد.
- سیستم START سیستمی ساده و کارآمد برای این منظور است.
- START: Simple Triage And Rapid Treatment



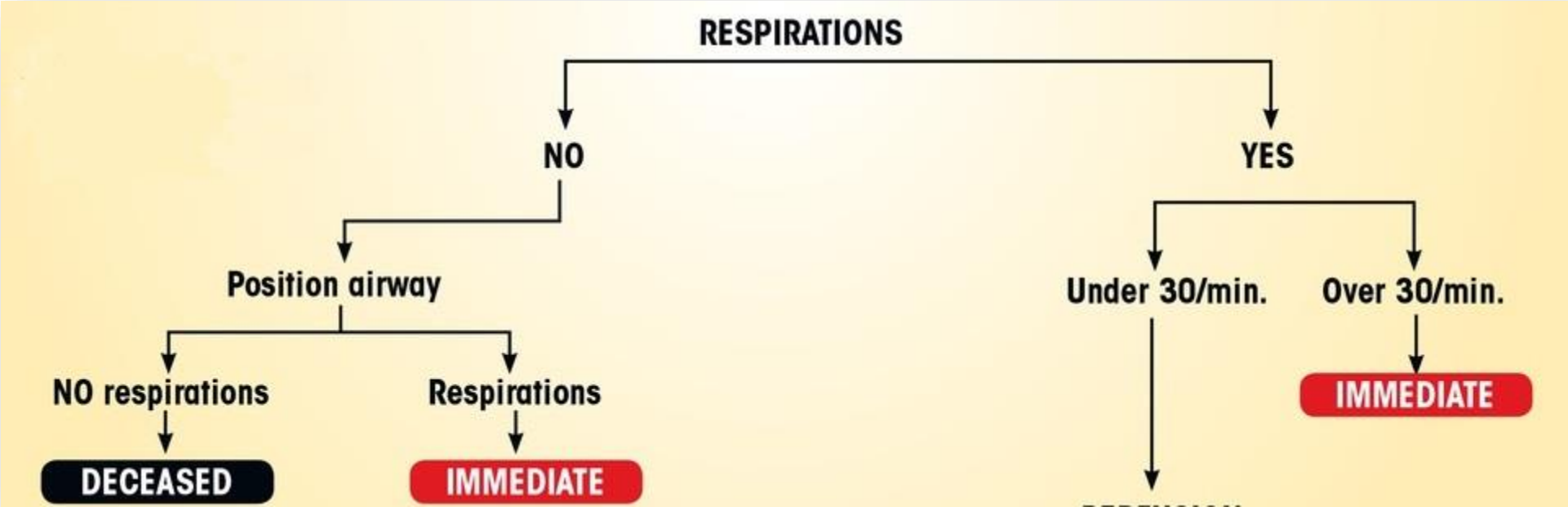
Figure 1: START Triage Flowchart

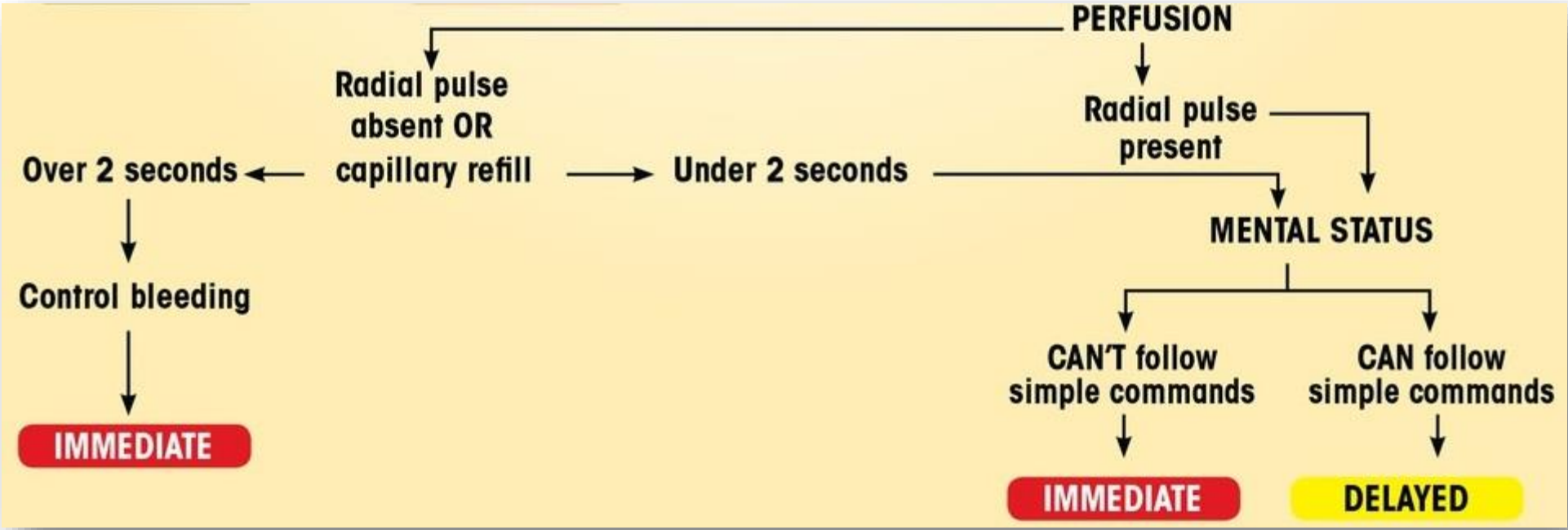


All Walking Wounded

MINOR



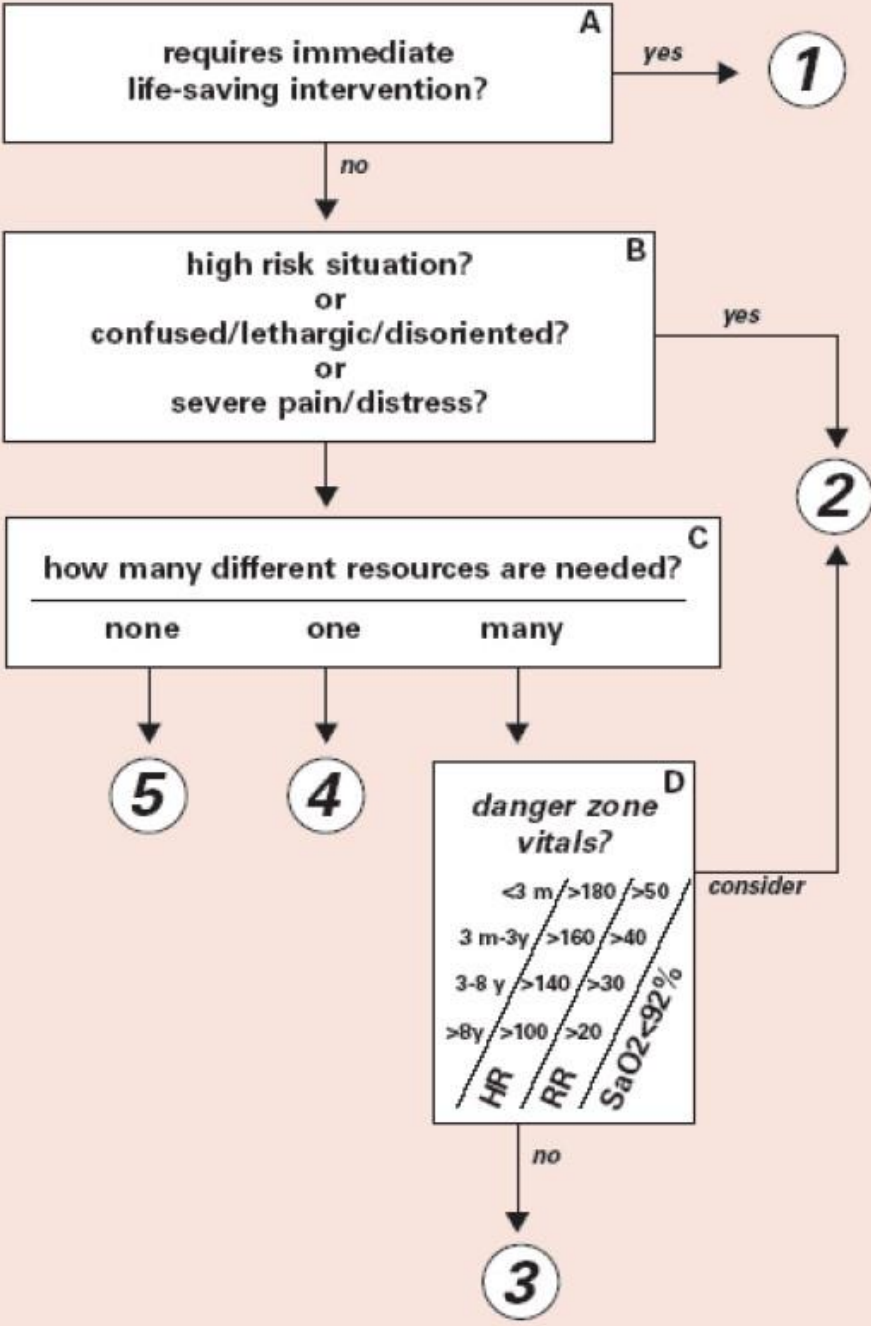




ESI triage system:

- بر اساس میزان نیاز هر بیمار به تسهیلات تشخیصی-درمانی
- بیماران به 5 سطح تقسیم میگردند
- بدحال ترین بیماران در سطح یک و خوشحال ترین بیماران در سطح پنج قرار میگیرند





Notes:

A. Immediate life-saving intervention required: airway, emergency medications, or other hemodynamic interventions (IV, supplemental O₂, monitor, ECG or labs DO NOT count); and/or any of the following clinical conditions: intubated, apneic, pulseless, severe respiratory distress, SPO₂<90, acute mental status changes, or unresponsive.

Unresponsiveness is defined as a patient that is either:

- (1) nonverbal and not following commands (acutely); or
- (2) requires noxious stimulus (P or U on AVPU) scale.

B. High risk situation is a patient you would put in your last open bed.

Severe pain/distress is determined by clinical observation and/or patient rating of greater than or equal to 7 on 0-10 pain scale.

C. Resources: Count the number of different types of resources, not the individual tests or x-rays (examples: CBC, electrolytes and coags equals one resource; CBC plus chest x-ray equals two resources).

<i>Resources</i>	<i>Not Resources</i>
<ul style="list-style-type: none">• Labs (blood, urine)• ECG, X-rays• CT-MRI-ultrasound-angiography	<ul style="list-style-type: none">• History & physical (including pelvic)• Point-of-care testing
<ul style="list-style-type: none">• IV fluids (hydration)	<ul style="list-style-type: none">• Saline or heparin
<ul style="list-style-type: none">• IV or IM or nebulized medications	<ul style="list-style-type: none">• PO medications• Tetanus immunization• Prescription refills
<ul style="list-style-type: none">• Specialty consultation	<ul style="list-style-type: none">• Phone call to PCP
<ul style="list-style-type: none">• Simple procedure =1 (lac repair, foley cath)• Complex procedure =2 (conscious sedation)	<ul style="list-style-type: none">• Simple wound care (dressings, recheck)• Crutches, splints, slings

D. Danger Zone Vital Signs

Consider uptriage to ESI 2 if any vital sign criterion is exceeded.

Pediatric Fever Considerations

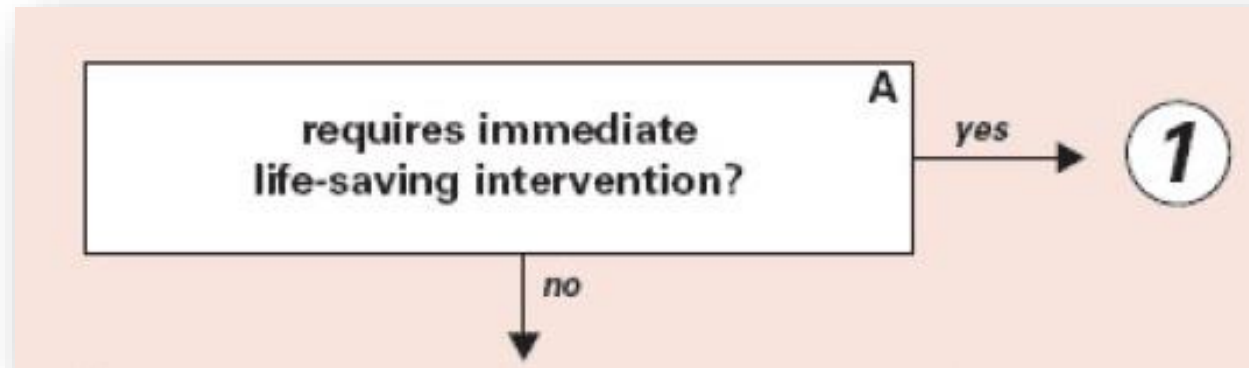
1 to 28 days of age: assign at least ESI 2 if temp >38.0 C (100.4F)

1-3 months of age: consider assigning ESI 2 if temp >38.0 C (100.4F)

3 months to 3 yrs of age: consider assigning ESI 3 if: temp >39.0 C (102.2 F), or incomplete immunizations, or no obvious source of fever



ESI 1:



ESI 2:



ESI 3,4,5:

