Simple

Triage

And

Rapid

Treatment



START Triage

- Developed in California in the early 1980's by Hoag Hospital and Newport Beach Fire and Marine (California)
- Rapid approach to triaging large numbers of causalities
- Easy to remember

- Initial patient assessment and treatment should take less than 30 seconds for each patient
- Patients are triaged based upon 4 factors
 - Ability to walk away from the scene
 - Respiration > or < 30 respirations per minute</p>
 - Pulse Radial pulse ? or capillary refill < or > 2 seconds
 - Mental Status able/unable to follow simple commands

R espirations P ulse M ental Status

- First clear the walking wounded using verbal instructions.
 - Direct them to the treatment areas for detailed assessment and treatment
 - These Patients are triaged MINOR
- Now check your RPMs



RPM

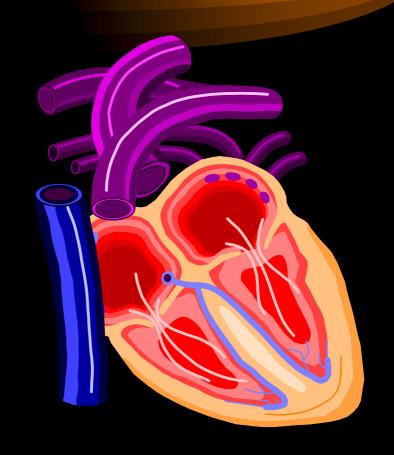
- Respiration's
 - None Open the Airway
 - Still None? DECEASED
 - Restored?- IMMEDIATE



- Present?
 - Above 30 IMMEDIATE
 - Below 30 CHECK PERFUSION

RPM

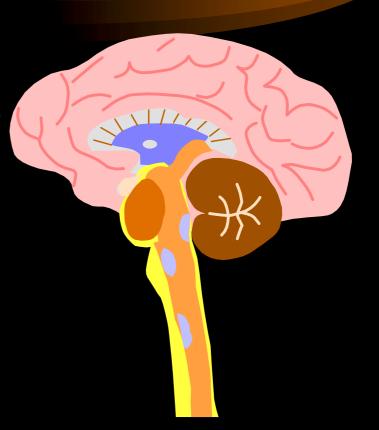
- Perfusion
 - Radial Pulse Absent
 or
 Capillary Refill > 2 secs
 IMMEDIATE
 - Radial Pulse Present
 or
 Capillary Refill ≤ 2 secs
 CHECK MENTAL STATUS



RPM

- Mental Status
 - Can Not Follow Simple Commands (Unconscious or Altered LOC)
 IMMEDIATE

Can Follow Simple Commands
DELAYED



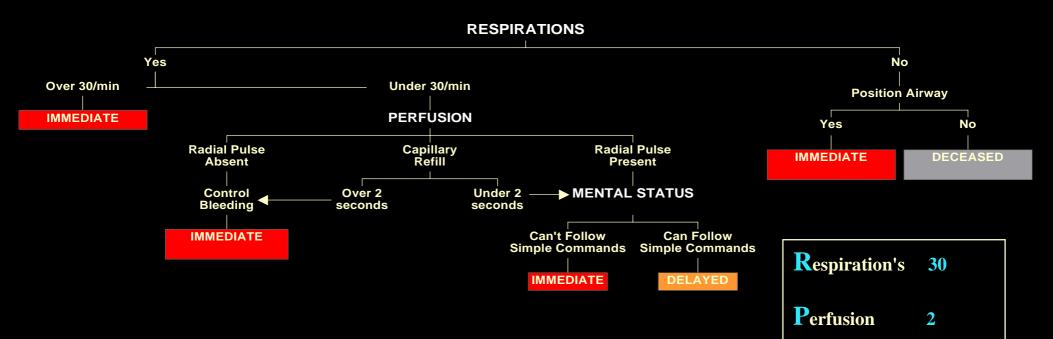
If patient is immediate – Code Red upon initial assessment, attempt *only* to correct airway blockage or uncontrolled bleeding before moving on to next patient.

- When things get hectic with multiple patients rev up your RPM's.
 - —R Respiration 30
 - -P Perfusion 2
 - -M Mental status CAN do



mnemonic: 30 - 2 - CANDO





Mental Status CAN DO

The START process permits a limited number of rescuers to rapidly triage a large number of patients without specialized training.

Patients are systematically moved to treatment areas where more detailed assessment and treatment are conducted.

START Triage was Developed by the Newport Beach (CA.) Fire & Marine Department