

UNITED STATES MARINE CORPS
FIELD MEDICAL TRAINING BATTALION-EAST
Camp Lejeune, NC 28542-0042

FMSO 107

CONDUCT TRIAGE

TERMINAL LEARNING OBJECTIVE

(1) Given multiple simulated casualties in a simulated operational environment, necessary medical equipment and supplies, manage a mass casualty incident to provide appropriate stabilization care to casualties within the scope of care preventing further injury or death. (FMSO-HSS-2002)

(2) Given casualties in an operational environment, conduct triage for medical treatment, to prevent further injury or death. (FMSO-HSS-2001)

ENABLING LEARNING OBJECTIVES

(3) Without the aid of reference, given a description or list, identify the purpose of tactical triage, within 80% accuracy, per Prehospital Trauma Life Support, Current Military Edition. (FMSO-HSS-2001a)

(4) Without the aid of reference and in writing, identify the principles of triage, within 80% accuracy, per Prehospital Trauma Life Support, Current Military Edition. (FMSO-HSS-2001b)

(5) Without the aid of reference, given a descriptive list of injuries, identify the appropriate triage category for specific injuries, in accordance with Prehospital Trauma Life Support, Current Military Edition. (FMSO-HSS-2001c)

(6) Given multiple simulated casualties in a simulated operational environment, necessary medical equipment and supplies, implement a mass casualty plan preventing further injury or death, per Prehospital Trauma Life Support, Current Military Edition. (FMSO-HSS-2002a)

(5) Given multiple simulated casualties in a simulated operational environment, necessary medical equipment and supplies, establish communications with the COC communicating the appropriate medical information, per Prehospital Trauma Life Support, Current Military Edition. (FMSO-HSS-2002b)

(6) Given multiple simulated operational environment, necessary medical equipment and supplies, provide emergency treatment within the scope of care preventing further injury or death, per Prehospital Trauma Life Support, Current Military Edition. (FMSO-HSS-2002c)

(7) Given multiple simulated casualties in a simulated operational environment, necessary medical equipment and supplies, coordinate evacuation efforts successfully evacuating all patients, per Prehospital Trauma Life Support Current Military Edition. (FMSO-HSS-2002d)

1. **TACTICAL TRIAGE**

a. **Definition.**

(1) Casualty Triage is the categorization of casualties for the priority of treatment and evacuation. Triage is one of the most important tasks in casualty care. It requires the most informed judgment, knowledge, and courage. Triage is a continuing process and the individual assigned should be the most capable and experienced health care provider available.

b. **Principles.**

- (1) Accomplish the greatest good for the greatest number of casualties
- (2) Employ the most efficient use of available resources
- (3) Return personnel to duty as soon as possible

c. **Factors.**

- (1) Number of casualties requiring treatment
- (2) Medical resources available to treat casualties (to include personnel and equipment, and time)
- (3) Attention towards easily treated conditions
- (4) Rapid and accurate assessments

- (5) Continuous reassessment and re-triage of all casualties

2. **THE FOUR (4) CATEGORIES OF CASUALTY TRIAGE.** (20 MINS)

Triage establishes the patients' category. These categories are color coded and are recognized as follows:

a. **Category I IMMEDIATE (RED TAG).**

(1) Compromises to a patient's ABC's. If immediate medical attention is not provided, the patient will die. These medical procedures should not be time consuming and concern only those casualties with high chance of survival. Examples include:

(a) Airway Compromise.

- (1) Upper airway obstruction
- (2) Emergency Cricothyroidotomy
- (3) Stridor
- (4) Extreme 2nd or 3rd degree facial burns

(b) Breathing Compromise.

- (1) Tension pneumothorax
- (2) Needle thoracentesis
- (3) Severe respiratory distress

(c) Circulation Compromise.

- (1) Life threatening hemorrhage Note: This hemorrhage has been controlled before the patient is moved.

(d) Other.

- (1) Heatstroke
- (2) Decompensated shock
- (3) Rapidly deteriorating responsiveness

b. Category II DELAYED (YELLOW TAG).

(1) Includes any injuries that may be serious and potentially life threatening. They may require extensive and intensive treatment. However, they are not expected to significantly deteriorate over several hours and therefore can safely wait until the immediate category of patients has been stabilized. Examples include:

- (a) Compensated shock
- (b) Closed Fractures or injuries causing circulatory compromise.
- (c) Open fractures and dislocations
- (d) Controlled hemorrhage (not life threatening)
- (e) Abdominal, thoracic, spinal, or head injuries
- (f) Uncomplicated major burns
- (g) Severe combat stress or psychosis

c. Category III MINIMAL (GREEN TAG).

(1) Also called the “walking wounded.” These individuals have injuries that will still need treatment, however, are unlikely to deteriorate over the next few days. This includes those with relatively minor injuries who can effectively care for themselves or can be helped by untrained personnel. Examples include:

- (a) Minor lacerations
- (b) Abrasions
- (c) Uncomplicated closed fractures and dislocations
- (d) Burns < 20% BSA in adults

(e) Sprains, strains, and uncomplicated dislocations

(f) Frostbite

(g) Penetrating injuries to extremities where hemorrhage is controlled (not life threatening hemorrhage)

d. **Category IV EXPECTANT (BLACK TAG).**

(1) This category is comprised of patients whose treatment would be time consuming and extremely complicated coupled with a low chance of survival. The extent of their treatment depends on available supplies and manpower. **(ON SLIDE #18)** These patients should not be abandoned; however, every effort should be devoted to their comfort. Once all immediate and delayed patients are treated, expectant patients will be re-triaged and treated based on remaining medical supplies and personnel. Examples include:

(a) Cardiac arrest

(b) Massive brain/head trauma

(c) Second or third degree burns over 70% body surface area (BSA)

(ON SLIDE #20)

TRIAGE FACTORS	Triage Category and Color Codes			
	Immediate (RED)	Delayed (YELLOW)	Minimal (GREEN)	Expectant (BLACK)
Threat to Life	LIFE THREATENING	Potentially LIFE THREATENING	NOT Life Threatening	Life Threatening
Chance of Survival	HIGH	HIGH	HIGH	LOW
Time Consuming (Resources and personnel)	NO	SOMEWHAT	NO	YES

Types of Wounds	Temporarily Corrected Airway Compromise	Compensated Shock	Minor Lacerations	Cardiac Arrest
	Temporarily Corrected Breathing Compromise	Fractures / Dislocations causing circulatory compromise	Abrasions	Massive head / brain trauma
	Temporarily Controlled Severe Hemorrhage	Open Fractures	Small Bone Fractures	Second or Third degree burns over 70% of BSA
		Abdominal, Thoracic, Spinal, or Head Injuries	Minor Burns	
		Uncomplicated Major Burns	Sprains / Strains	
			Frostbite	
			Injured Extremities with controlled hemorrhage	

Figure 1. Triage Categories And Medevac Priorities

3. **FIELD MEDICAL CARD.**

a. **DD Form 1380.** (See fig. 2)

(1) **Purpose.** The Field Medical Card, DD Form 1380 is the medical record for the troops injured in combat. It serves as a record during outpatient visits when the patient's health record is not available.

(a) The main purpose is to furnish the attending care provider during the evacuation of a casualty with essential information about the injury or disease and the treatment provided.

(b) The DD 1380 has two parts an original and a carbon copy. The original is maintained as part of the patients medical records and stays with the patient at all times. The carbon copy is used as the Senior Medical Officer prescribes.

1. LAST NAME, FIRST NAME / NOM ET PRENOM RANK / GRADE GENDER / SEXE
 2. BINUMERO MATRICULE SPECIALTY CODE / GPM RELIGION / RELIGION

3. UNIT / UNITE

FORCE ELEMENT NATIONALITY / NATIONALITE

A/T AFA NM MCH AC/DC MR/BNC DISEASE / MALADIE PSYCH / PSYCH

4. INJURY / BLESSURE
 FRONT / DEVANT BACK / ARRIERE

AIRWAY / TRACHÉE
 HEAD / TÊTE
 WOUND / BLESSURE
 NECK/BACK INJURY / BLESSURE AU COL/AU DOS
 BURN / BRULURE
 AMPUTATION / AMPUTATION
 STRESS / TENSION
 OTHER (Specify) / AUTRE (Spécifier)

5. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE
 ALERT / ALERTE PAIN RESPONSE / RÉPONSE À LA DOULEUR
 VERBAL RESPONSE / RÉPONSE VERBALE UNRESPONSIVE / SANS RÉPONSE

6. PULSE / POULS TIME / HEURE 7. TOURNOUET / QUINQUET TIME / HEURE
 NO / NON YES / OUI

8. MORPHINE / MORPHINE DOSE / DOSE TIME / HEURE 9. IV / IV TIME / HEURE
 NO / NON YES / OUI

10. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NEC (ANTIOTOE) / TRAITEMENT / OBSERVATIONS / PRÉSENTE MEDICATION / ALLERGIES / ANTIOTOE

11. DISPOSITION / DISPOSITION RETURNED TO DUTY / RETOUR À L'UNITE TIME / HEURE
 EVACUATED / EVACUÉ
 DECEASED / DÉCÉDÉ

12. PROVIDER / UNIT / OFFICER MEDICALE / UNITE DATE / DATE (YYMMDD)

DD Form 1380, DEC 91 U.S. FIELD MEDICAL CARD FICHE MEDICALE DE LAVANT ETATS-UNIS

13. REASSESSMENT / REASSESSMENT
 DATE / DATE (YYMMDD) TIME OF ARRIVAL / HEURE D'ARRIVÉE

TIME / HEURE
 BP / PS
 PULSE / POULS
 RESP / RESP

14. CLINICAL COMMENTS / DIAGNOSIS / INFORMATION MEDICALE / DIAGNOSTIQUES

15. ORDERS / ANTIBIOTICS (Specify) / TETANUS / IV FLUIDS / DIRECTIVES MEDICALES / ANTIOTIQUES (Spécifier) / TÉTANOS / IV FLUIDES

16. PROVIDER / OFFICER MEDICALE DATE / DATE (YYMMDD)

17. DISPOSITION / DISPOSITION RETURNED TO DUTY / RETOUR À L'UNITE TIME / HEURE
 EVACUATED / EVACUÉ
 DECEASED / DÉCÉDÉ

18. RELIGIOUS SERVICES / SERVICES RELIGIEUX BAPTISM / BAPTISME PRAYER / PRIÈRE
 ANOINTING / ONCTION COMMUNION / COMMUNION
 CONFESSION / CONFESION OTHER / AUTRE

CHAPLAIN / CHAPELAIN

DD Form 1380, DEC 91 (Back)

Figure 2 DD Form 1380

(2) Description. See example for specific block information. The blocks are self explanatory.

(3) Routing.

(a) If patient is returned to full duty or deceased at final destination, the original DD 1380 must be sent to the BAS for entry into the journal then the MTF will forward the form to BUMED.

(b) When a patient is killed in action or dies enroute to the MTF, the original form is left attached to the body until it reaches the unit providing mortuary services. Then it is removed for transmittal to BUMED.

(c) The back of the card is to be used if treatment is administered by different echelons of medical care. If all the space on the original card has been used, an additional card is prepared and attached to the casualty. The original DD Form 1380 is NOT removed when additional card (s) is attached.

b. **NATO Card (METTAG: Medical Emergency Triage Tag 137).**

(See fig. 3)

(1) Purpose.

(a) The purpose of the NATO Card is to have a quick reliable method of assessing casualties and assigning them with an appropriate triage or priority evacuation depending on the severity of the injury.

(b) The NATO Card, is the sole or initial medical record for the troops injured in combat.

(c) The main purpose is to furnish the attending care provider during the evacuation of a casualty with essential information about the injury or disease and the treatment provided.

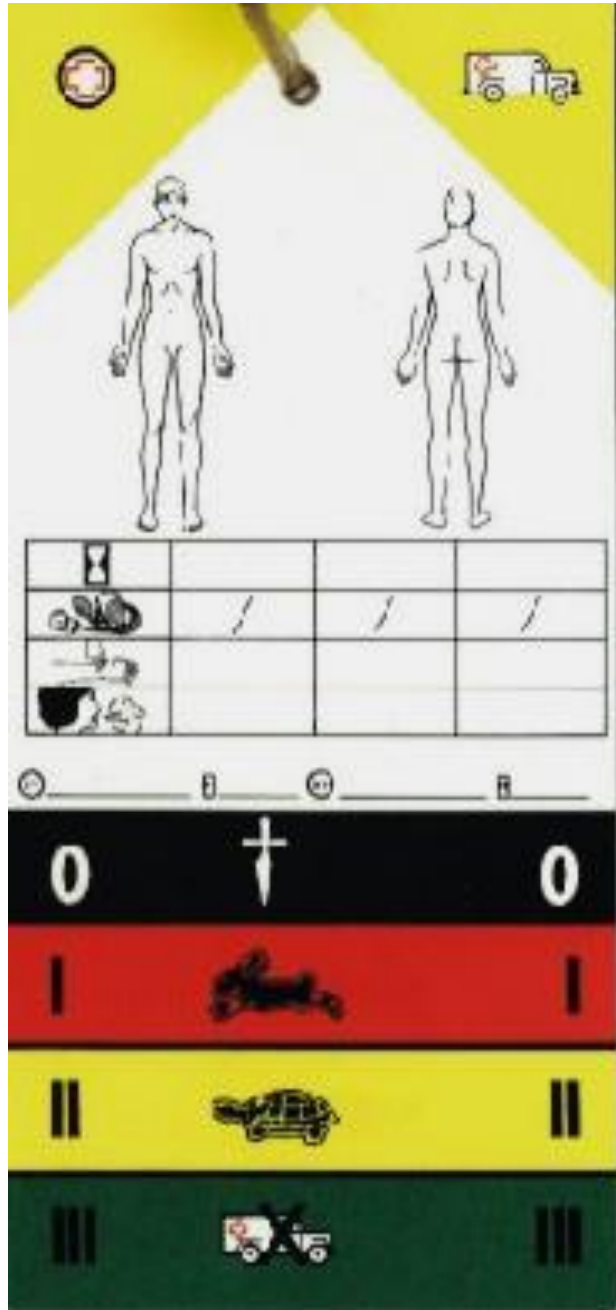
(d) Each triage tag is coded with a unique sequential 7-character serial number used for identification and tracking of casualty. The serial number is located on the top right and left diagonal tear-offs.

(2) Routing.

(a) The card stays with the patient at all times.

(b) The yellow corner with the ambulance picture and a serial number stays with the evacuating vehicle.

(c) The yellow corner with the first aid sign and serial number stays at the BAS.



NATO CARD (MT 137)
(FRONT & BACK)

Figure 3. NATO Card (METTAG 137)

4. **MASS CASUALTY PLAN.**

(1) In today's complex disasters, especially those involving terrorism and weapons of mass destruction (chemical, biological, or nuclear), may result in an austere environment. An austere environment is a setting in which resources, supplies, equipment, personnel, transportation, and other aspects are limited.

(2) Medical concerns related to creating a Mass Casualty Plan include the following **four** elements:

(a) **Search and rescue**- This involves the process of systematically looking for those individuals who have been impacted by an event and rescuing them from the hazardous situation.

(b) **Triage and initial stabilization**- This is the process of systematically evaluating and categorizing each victim as to the seriousness of their injury or illness and providing initial medical care to address immediate life or limb threatening problems.

(c) **Definitive medical care**- This is the provision of the specific care needed to treat the patient's specific injuries.

(b) **Evacuation**- This is the process of transporting disaster victims and injured patients away from the point of injury to a definitive care facility.

5. **COMMUNICATIONS WITH THE COC**

(1) Many events have demonstrated that the lack of unified communication systems significantly hinders the ability to mount a coordinated response to a Mass Casualty.

(2) When coming up with a Mass Casualty plan, **two things are essential to keep in communication with the COC**:

(a) A unified communication system to which all pertinent responders have access.

(b) System redundancy such that if one modality of communication fails or is disabled, another source can be used efficiently and effectively as an appropriate backup.

6. **EMERGENCY TREATMENT WITHIN SCOPE**

(1) Since in most Mass Casualty situations the number of casualties will initially exceed the available resources, treatment on the scene is generally limited to manually opening the airway, correction of tension pneumothorax and external hemorrhage control. Always seek the aid of a Medical provider when trying to perform a medical procedure for the first time.

7. **COORDINATE EVACUATION**

(1) The transport of patients from a mass- casualty incident to receiving hospitals involves a coordinated effort using a variety of transport vehicles. Critically injured or ill patients will be taken to the hospital via CASEVAC or TACEVAC. It is important to remember, however, that when we send patients out on transports, medical personnel with alternate supplies and equipment must be assigned to accompany the casualties.

REFERENCES:

Advanced Trauma Life Support (ATLS)
American College of Surgeons
Hospital Corpsman 3&2 NAVEDTRA 10670-C
Prehospital Trauma Life Support (PHTLS)
National Association of Emergency Medical Technicians