

Tempe Fire Department Policies and Procedures

Triage Tagging

210.04

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Triage is a function which is performed primarily during extrication and treatment of patients. It is simply a system of identifying patient injuries and classifying these patients according to the severity of injuries and their priority needs for treatment and transportation. The most seriously injured patients are classified as Priority 1, and the very minor injured as Priority 3. The most visible means of identifying these different patients is by use of a triage tagging system.

Triage tags will be used by Tempe Fire Department personnel on all "working" multi-patient medical incidents, and independent of any standard EMS forms. A "working" multiple patient incident is defined as:

- . Three or more patients, with one of the patients requiring ALS level treatment.
- . Any medical incident involving six or more patients requiring transportation to a hospital.

During large medical emergencies, triage tagging should be completed during the "primary survey" of all patients, and before the "secondary survey" is initiated. Only correction of ABC's identified in the "primary survey" should be completed at that time. More complete patient treatment (splinting, bandaging, etc.) will be done in a treatment area location.

DEFINITIONS

The terms priority and level are sometimes used interchangeably, but a distinction should be made between the terms to avoid confusion, both at the scene and in the Alarm Room (also possibly at receiving hospitals).

During triage, patients are assigned priority to efficiently facilitate treatment and transportation.

Hospital facilities are rated in a level system according to their ability to handle certain types of patients assigned in different categories (i.e., a Level 1 trauma center is not necessarily a Level 1 burn facility, etc.).

The final decision to transport a patient to a Level 1 facility, rests with the physician with whom the patch is made, in conjunction with information given by attending paramedics. A patient needing transportation to a Level 1 facility may be referred to as a Level 1 patient, but in referring to patients during triage, the designation of priority is appropriate. A Priority 1 patient is not always a Level 1 patient.

PRIORITY TAGGING

Triage priorities should follow the guidelines listed below. Reminders are listed on the back of all triage tags for quick reference.

Priority 1 - ALS

- A. Patients with unresolved or compromised ABC problems.
- B. Unconscious patients.
- C. Shock.
- D. Major or multiple fractures.
- E. ALS level medical problems (cardiac, diabetes, CVA).

Priority 2 - BLS

Non-ambulatory patients not requiring ALS treatment.

Priority 3

Ambulatory patients.

Priority 4

Deceased.

Priority 4 patients are those persons obviously dead or where wounds are so severe that death appears reasonably certain, even if paramedic-level treatment were to be administered. Examples may be:

1. Massive open skull fractures with brain tissue showing.
2. Third degree burns of 80% or more of the body.
3. Massive crushing injuries to chest, abdomen, and pelvis with very faint vital signs detectable.

There is a fine line between the obviously mortally-injured (dying) patient and a seriously-injured patient who may survive if paramedic-level treatment is administered. If the medical incident involves only a single patient who appears mortally-injured, enough trained manpower and equipment normally is available to totally commit crews to that patient. However, as the number of seriously injured patients at the medical incident increases, trained manpower and equipment may become extremely limited. Under these circumstances, mortally-injured patients may need to be red-tagged as a Priority 4 with no treatment administered, while available resources concentrate on treating a large number of salvageable patients.

Once tagged, Priority 4 patients should not be moved unless it is necessary to treat other patients. Those that must be moved should be covered and placed in an out-of-the-way location. If possible, mark the position of the body before moving.

Triage tags should be secured preferably to the patient's uninjured ankle or wrist. When securing tags to the wrist, leave the attachment line loose enough so that it can be moved up or down the arm to accommodate an IV line infusion, but tight enough so that it will not slide off the wrist. Do not secure triage tags to belts or clothing.

Standard company triage tag inventories are as follows:

- Engine Companies - 25 triage tags of each priority and 25 attachment lines.
- Ladder Companies - 25 triage tags of each priority and 25 attachment lines.
- Battalion Chief's Car - 100 triage tags of each priority and 100 attachment lines.

All units will have an appropriate number of writing instruments included in the Triage Tag Kit.

TAG DOCUMENTATION

Information noted on the tag should include name and age, when available. Under injuries, note only those complaints or injuries that are not apparent visually. There is little need to note a fractured leg that is splinted and obvious to treatment personnel.

Under "treatment" note vital signs and the times taken, IV starts, medications, etc. and the times they were administered.

If the patient's condition changes to a different priority following initial triage tagging, attach a new triage tag that better identifies the patient's current condition. Do not remove the old tag. Simply mark a large "X" through the old tag and leave it attached. The old tag may already have patient's name, vital signs, etc. on it and this will eliminate wasted time in transferring information.

FIRE DEPARTMENT EMS INCIDENT FORM COMPLETION

Standard Fire Department documentation and completion of the EMS Incident Form may be disregarded during the stress of the incident, but should be completed as time permits at the site or later at the hospital. Priority 1 and 2 patients will either have a paramedic riding with them to the hospital or will have one arriving later. Completion of documentation on these patients can be done at the hospital by removing the triage tag and transferring patient information. There is usually enough time to document Priority 3 and 4 patients prior to transportation from the scene.

The transportation sector will be responsible for removing the bottom portion of the triage tag and noting which hospital and by which ambulance (company and unit number) the patient is transported. For those patients who have multiple tags, the transportation officer should remove only the lower portion of the current tag (the one without the "X" through it).