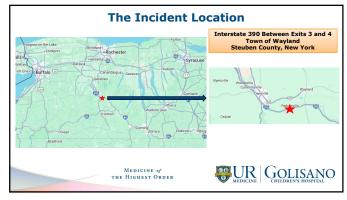
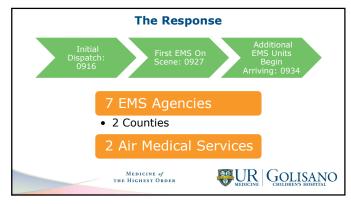
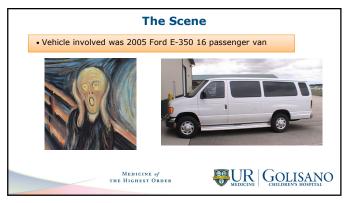
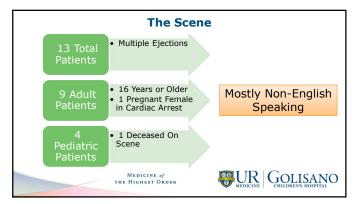


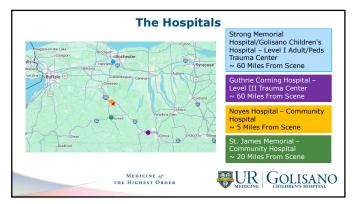
Approximately 0915 on Saturday, August 19, 2023 • Steuben County 911 received reports of rollover MVC Multiple Patients Multiple Ejected Multiple Pediatric Multiple Pediatric Multiple Pediatric Medicine of The Highest Order Medicine of The Highest Order Medicine of The Highest Order

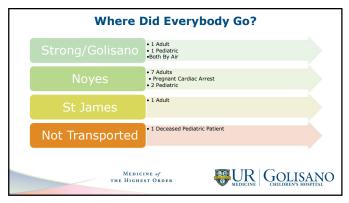












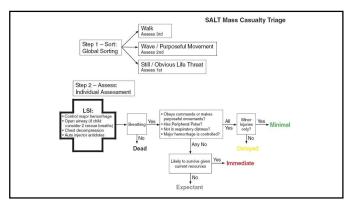
SORT

Assess

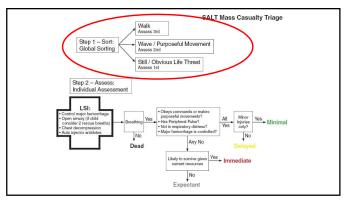
Life-Saving Interventions

T reatment/Transport

10



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Global Sorting Result

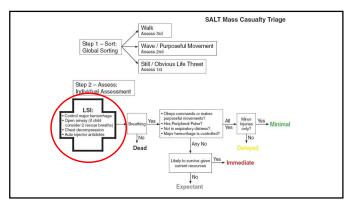
Casualties are now prioritized for individual assessment

First Priority: Still or unable to move

Second Priority: Waving/purposeful movements

Third Priority: Walking

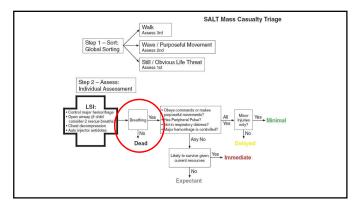
13



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Step 2: Assessment – Life Saving Interventions

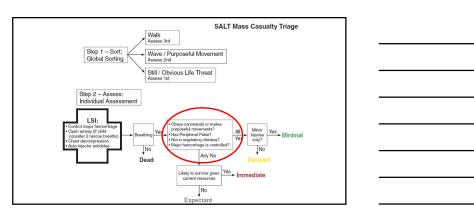
- Control major external hemorrhage
 - Tourniquet
 - Wound Packing
- Open airway if not breathing
 - If child, consider giving 2 rescue breaths
- Chest needle decompression (if equipped)
- Auto injector antidotes (if equipped and appropriate)



Dead

- Patient is not breathing after opening airway
- In Children, consider giving two rescue breaths
- If still not breathing must tag as dead Black/Zebra
- Tag dead patients to prevent re-triage
- Do not move
- Except to obtain access to live patients
- Avoid destruction of evidence
- If breathing conduct the next assessment

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Mnemonic for Assessment Questions

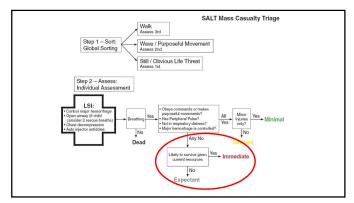
C — Follows Commands

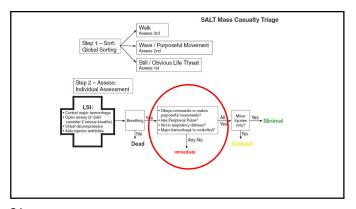
R — Respiratory Distress

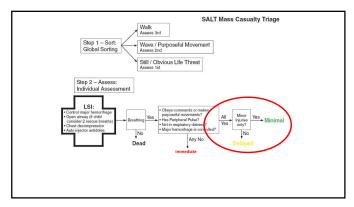
A — (Uncontrolled) Arterial bleeding

P — Peripheral Pulse

"Bad" answer to any one: Red (Immediate)







- · Serious injuries that can be delayed
- Bleeding controlled by tourniquet or Follows commands or makes purposeful movements wound packing

· Fracture/dislocation/deformity

- · Not in respiratory distress Chest pain
- Hemorrhage is controlled Has a peripheral pulse

No "bad" CRAP

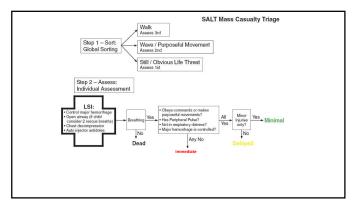
Minor

- Scrapes, abrasions, minor lacerations
- Simple orthopedic injuries

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Everyone Else

- Cohort those that self-identify as no injury
- As higher acuities are addressed, and focus can change, systematically evaluate those self-identified as uninjured
- Maintain cohorting
 Tag Zebra or White if assessed and no medical/injury need
- Prevents re-evaluation of someone already evaluated



Now What? Back to our van crash... Let's use the SALT Triage Algorithm on the actual patients from this incident! MEDICINE of THE HIGHEST ORDER MEDICINE OF CHILDRESS HOSPITAL

Patient	Presentation	Initial Destination	Mode	Disposition
43 YOF	Still; + weak radial; + respiratory distress	SMH	Air	BTICU - Deceased
8 YOM	Waves; + radial; - LTH; - resp. dist	GCH	Air	PICU
37 YOF	Waves; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
8 YOM	Walking; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
34 YOM	Waves; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
16 YOF	Waves; + radial; bleeding from leg wound; - resp dist	NNH	Ground	Xfer to SMH
49 YOF	Waves; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
40 YOF	Still; No pulse, no respirations	NNH	Ground	Deceased
13 YOM	Walking; + radial, - LTH; - resp dist	NNH	Ground	EDDC
41 YOM	Walking; + radial; - LTH; - resp dist	NNH	Ground	EDDC
20 MOM	Walking; + radial, - LTH; - resp dist; forehead lac	NNH	Ground	EDDC
40 YOM	Walking: + radial: - LTH: - resp dist	SJMH	Ground	EDDC
12 YOM	Still - No pulse, no respirations	N/A	N/A	Deceased

Patient	Presentation	Initial Destination	Mode	Disposition
43 YOF	Still; + weak radial; + respiratory distress	SMH	Air	BTICU - Deceased
8 YOM	Waves; + radial; - LTH; - resp. dist; ALOC	GCH	Air	PICU
37 YOF	Waves; + radial; - LTH; - resp dist; extremity fx	NNH	Ground	Xfer to SMH
8 YOM	Walking; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
34 YOM	Waves; + radial; - LTH; - resp dist; extremity fx	NNH	Ground	Xfer to SMH
16 YOF	Waves; + radial; bleeding from leg wound; - resp di	NNH	Ground	Xfer to SMH
49 YOF	Waves; + radial; - LTH; - resp dist; extremity fx	NNH	Ground	Xfer to SMH
40 YOF	Still; No pulse, no respirations	NNH	Ground	Deceased
13 YOM	Walking; + radial, - LTH; - resp dist	NNH	Ground	EDDC
41 YOM	Walking; + radial; - LTH; - resp dist	NNH	Ground	EDDC
20 MOM	Walking; + radial, - LTH; - resp dist; forehead lac	NNH	Ground	EDDC
40 YOM	Walking; + radial; - LTH; - resp dist	SJMH	Ground	EDDC
12 YOM	Still - Moribund	N/A	N/A	Deceased
	MEDICINE of THE HIGHEST ORDER	100	UR (JOLISAN CHILDREN'S HOSPITAL

Patient	Presentation	Initial Destination	Mode	Disposition
43 YOF	Still; + weak radial; + respiratory distress	SMH	Air	BTICU - Deceased
8 YOM	Waves; + radial; - LTH; - resp. dist	GCH	Air	PICU
37 YOF	Waves; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
8 YOM	Walking; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
34 YOM	Waves; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
16 YOF	Waves; + radial; bleeding from leg wound; - resp dist	NNH	Ground	Xfer to SMH
49 YOF	Waves; + radial; - LTH; - resp dist	NNH	Ground	Xfer to SMH
40 YOF	Still; No pulse, no respirations	NNH	Ground	Deceased
13 YOM	Walking; + radial, - LTH; - resp dist; bumps/bruises	NNH	Ground	EDDC
41 YOM	Walking; + radial; - LTH; - resp dist; bumps/bruises	NNH	Ground	EDDC
20 MOM	Walking; + radial, - LTH; - resp dist; forehead lac	NNH	Ground	EDDC
40 YOM	Walking; + radial; - LTH; - resp dist	SJMH	Ground	EDDC
12 YOM	Still - Moribund	N/A	N/A	Deceased

State the importance of proper triage and transport decisions Discuss the treatment of injured special population patients Explain the SALT Triage Algorithm Discuss the importance of the field triage guideline and it's link to improved survival Triage decisions and transport destination are not the same thing Injured special population patients should be transported to centers that can care for them if possible The SALT Triage Algorithm is a simple, quick and effective MCI triage tool Knowing and following the transport guidance provided by the National Field Triage Guidelines can help get patients to the appropriate center Initial transport to those centers is not always possible – do the best you can

