SMART Triage System

MCI

Is an incident that overwhelms the resources of an EMS system

It is of the utmost importance to sort patients by their level of injury to provide the most good to the most amount of patients

Triage

Is the process of sorting patients into distinct priorities so that the appropriate care can be rendered

Triage should be achieved in under thirty seconds per patient

Adult Triage

Primary Triage
The first criteria is the ability for the patient to walk. An announcement should be made on scene for all patients who are able to walk to converge in a single area.

Respirations are the next criteria for categorizing patients. If the patient is not breathing.

The EMT may open the airway using a head-tilt chin lift procedure and provide an OPA if available and accepted by the patient.

If the patient with the opened airway and OPA placed is still not breathing...

A dead tag should be placed on the patient.

If the patient with the opened airway and OPA placed is breathing...
A priority 1 tag should be placed on the patient.

Once breathing status has been determined, the next criteria that is evaluated is capillary refill / circulatory status.

If you are unable to obtain capillary refill – check the radial pulse and determine if it is present.

If the respirations are over 30 – the patient is marked as priority 1.

And the capillary refill time is over 2 seconds or radial pulse is absent.

And label the patient as priority 1.

You can control bleeding if present.
If the capillary refill is less than 2 seconds or the radial pulse is present...

The last criteria is mental status. This is assessed by asking the patients to carry out simple commands.

If the patient is not able to carry out your commands

You may control bleeding and......

A Priority one tag is placed on the patient

If the patient is able to follow your commands........
Priority One patients are those who have a dysfunction of respiration, circulation or mental status.

Priority Two patients are those who do not have a dysfunction of respiration, circulation or mental status and are unable to walk.

Priority Three patients are those who do not have a dysfunction of respiration, circulation or mental status and are able to walk.

Patients who are marked “Dead” are those that have no respirations and even after repositioning the airway and inserting an OPA.
**Smart Triage Tape**

**Used to triage pediatric patients based on their height and weight**

The tape should be placed next to the patient and wherever their feet land, that is the triage criteria that will be used.

**Smart Triage Tape**

**Considerations**

- Alert and moving all limbs or walking children are considered Priority 3

**Smart Triage Tape**

**Considerations**

- If the patient is not alert, moving all extremities or walking, the EMT should use the Smart Tape to determine the triage scheme to use.

**50-80 cm or 3-10 Kg**

- Respiration: Dead
- Position: No
- Airway: No
- Pulse Rate: <20 or >50
- Respiration: No
- Position: No
- Airway: No
- Pulse Rate: <90 or >180/min

**80-100 cm or 11-18 Kg**

- Respiration: Dead
- Position: No
- Airway: No
- Pulse Rate: <15 or >40
- Respiration: No
- Position: No
- Airway: No
- Pulse Rate: <90 or >180/min

**100-140 cm or 19-32 Kg**

- Respiration: Dead
- Position: No
- Airway: No
- Pulse Rate: <10 or >30
- Respiration: No
- Position: No
- Airway: No
- Pulse Rate: <70 or >140/min
>140 cm or >32 Kg

Smart Triage Tape
Other Considerations

- A trapped child is considered Priority 1 until extricated. The priority should be re-evaluated when released

2 X (age in years +4) = Weight (Kgs)

SMART Triage Tags
The SMART Triage Tag is a foldable water resistant tag that is uniquely identified by number / barcode. Each side of the tag contains patient information of the patients priority

The priority side of the foldable card is designed to be folded so that it is viewable through the see through window in the plastic envelope. This identifies which triage / treatment category that the patient falls into

The kit also contains a red light stick that can be activated and placed in the plastic bag. This allows the rescuers to identify priority 1 patients even in situations with low lighting
The plastic pouch contains an embedded elastic band that can be attached to the patient. This band should be attached to the patient's wrist so that it is out of the way from injury.

The plastic pouch also contains an external pocket in which other cards can be placed to better define the patient's status.

These status cards are tri-fold. Just like the primary triage cards, they can be folded so that a side can be displayed through the window. The side that should be displayed is either the contaminated or decontaminated face. The other panes are to document further information.

This is the second side of the status card.

The contamination card indicates that the patient is contaminated with a chemical, biological, or radiological substance.

Only those with proper protective gear should triage these patients and indicate that they are contaminated. Patients should be decontaminated before being moved to treatment areas.
The tag also indicates which type of agent the patient has been contaminated with. This can be checked off by the protected person providing the triage. More detailed panels can be filled out during the decontamination process.

Once triage has taken place and the agent has been identified as a chemical, it can be documented on the chemical agent tag. Documentation can include the agent, specific signs and symptoms and any treatments that have been delivered.

If the agent has been identified as a biological agent, additional information can be placed on the folding card in the biological agent section. Information can include the agents identified, their characteristics, if the pathogen is infectious, signs and symptoms and any treatments rendered.

If the agent has been identified as a Radiological agent, additional information can be placed on the folding card in the Radiological agent section. Information can include the type of radiation, estimated dose, signs and symptoms and any treatments rendered.

Once the patient has been decontaminated, the decontamination tag should be shown through the window. Information will include the patient number, where the decon took place, the method of decontamination and time.
Secondary Triage is accomplished once patients have been extricated and are now in the treatment areas, or any time the provider wants to re-evaluate the patient.

One panel of the SMART Triage tag is dedicated to secondary triage.

The Glasgow Coma Scale is used to assess the patient's mental status.

Once the total is obtained, it is compared to the chart and a number score is assigned. This score is placed in the GCS box and will be added with other criteria to determine the patient's priority after secondary triage.

The patient's respiratory rate will also be compared to the chart and assigned a score.

Finally, the systolic blood pressure will be assigned a score and entered in the box.
These three scores are combined for a total score. Using the total score the patient's priority will be assigned. If there is a change, the new priority should be displayed through the window.

This secondary triage should be done over time and patients should constantly be re-evaluated for priority.

The treatment section of the card has a flowchart. Treatments have a time, description, provider sign off, and vital signs column. The provider in the treatment area should document interventions and assessment findings here.

The demographics section has patient information as well as past medical history, medications, and allergies. This information can be collected once patient triage and treatment has begun and as time permits.

The patient assessment portion of the card is designed for the provider to document injury and treatment of the patient.
When the patient is transported, the perforated removable tag is removed. This tag should be given to the commander coordinating transportation. This helps the command staff keep track of patients' disposition.

The kit contains an adult triage schematic that can be used to triage patients. On the reverse of the adult triage schematic is a casualty count where the person triaging should cross off the number of priority patients as assigned.

During an MCI, triage is an important process to ensure that the most amount of people are able to survive and ultimately recover from the event. Being able to systematically triage and track patients increases the likelihood for good patient outcomes.

The SMART triage system is being put into place in Massachusetts for triaging and tracking patients during an MCI, and tags will be available on all ambulances. Patient triage is based on the patients' ability to walk, respiratory status, circulation, and mental status.
Any questions in regards to SMART triage should be directed towards:

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