Tab 600
Pre-Hospital Patient Assessment

Lucas County Emergency Medical Services
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TAB 600
PRE-HOSPITAL PATIENT ASSESSMENT
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SECTION

A
Patient Assessment

Patient assessment in the field is performed differently than assessment in a conventional medical setting. Emergency assessment, both pre-hospital and in-hospital, focuses on the ABC's first. History is often obtained after physical examination, and treatment may need to be initiated before the assessment is completed. No matter what sequence the assessment is performed, it must be very methodical and systematic. The very speed with which emergencies must be handled makes assessment and care very important. Key questions during patient examination organize the approach to emergency assessment and treatment:

A. **What is the life-threat to this patient?**
The purpose of the initial and rapid survey is to detect life-threatening problems. Treatment of life threats, both medical and traumatic, must then be started before further assessment.

B. **What is the most serious condition that your patient could have?**
Diagnosis of a patient in the field is often not possible. However, appropriate care should be possible in most cases. When the patient is considered "ill or injured until proven healthy" you are prepared for anything.

C. **What has caused the patient or family to seek help at this time?**
Particularly with medical problems, the real purpose of the call must be determined. What is new about the patient's problem? What has changed recently to make the patient or family consider this is an emergency at this time?

D. **What data can be gathered that will help improve patient care?**
The paramedic is the physician's eyes, ears and hands in the field. We can observe such things as the patient's environment, the mechanism of injury, and the patient's ability to care for themselves. The data obtained from the field can be invaluable to patient care and outcome.

E. **How can field care keep your patient from becoming worse?**
Field stabilization is aimed at preventing or minimizing patient deterioration during pre-hospital care. Stabilization can provide relatively definitive treatment of some patients (i.e., splinting a fractured extremity). On the other hand, when no field techniques can keep the patient from deteriorating, treatment may consist of immediate transport to minimize time in the field.

Patient Assessment, cont.

F. **What treatment is appropriate for your patient?**
Some problems can be documented and definitively treated in the field (i.e., ventricular fibrillation, hypoglycemia). Some can't be diagnosed or managed in the field (i.e., pericardial tamponade). Many problems lie in between these two extremes. Deciding who should be treated requires judgment:

1. How certain is the diagnosis?
2. How sick is the patient?
3. Can the problem be documented before treatment?
4. How effective is the treatment?
5. What are the hazards of the proposed treatment?
6. What are the risks of delaying treatment?
7. How much will the treatment alter the ability of the physician to assess the patient at the hospital?
8. What is the transport time?

The ability to use good judgment in assessing the patient is a difficult and yet more valuable skill than any of the technical skills involved in pre-hospital treatment and assessment.

G. **Has *On-Line Medical Control* been consulted?**
Frequently it is necessary to make rapid assessments and treatment decisions with little time to gather information. The radio is an essential tool for assessment. Contact with ***On-Line Medical Control*** can often lead to a better understanding of the patient's illness.

H. **Have the treatment decisions you have made taken into consideration the surroundings and the patient's situation?**
Care must be individualized. Is your patient capable of taking care of him/herself even if unwilling to be transported? Is the patient competent to refuse to consent to treatment?

Patient evaluation requires skillful history taking, and physical examination. Stabilization and treatment may be started without complete knowledge of what your patient's disease process may be. This uncertainty limits the ability to treat in the field, and provides a challenge to work skillfully to make the most of field assessment.

Patient Assessment, cont.

I. The Importance of Patient Assessment

The most important skill in prehospital care is ***patient assessment***. You cannot treat what you cannot find. The ability to assess patients rapidly and accurately is the FIRST step in effective treatment.

Patient assessment requires a thorough knowledge of anatomy, physiology and pathophysiology. It is a complex process. You need to develop and rely on four (4) separate items:

1. Proper sequence of assessment
2. Proper recording and reporting of data
3. Thorough knowledge of diagnostic signs and how to obtain them
4. Judgment – the ability to KNOW what has been found, to EVALUATE it and to DEVELOP appropriate conclusions.

II. The Goals of Patient Assessment

There are four (4) primary goals when assessing a patient:

1. Comprehensive data gathering to determine the patient condition and extent of injury or problem
2. Identification of life-threatening conditions
3. Rapid intervention
4. Treatment of all non-threatening injuries; packaging and transport

III. Sequence of Patient Assessment

The assessment sequence is designed to be done on every patient regardless of condition. The way that the information will develop will vary from patient to patient. Assessment is divided into 5 major parts:

1. Scene Size-Up
2. Initial Assessment
3. Rapid Assessment
4. Detailed Examination
5. Ongoing Examination

Patient Assessment, cont.

Scene Size-Up – Designed to protect responders:

a. Hazards - Location of emergency and physical scene. Where are you? Are you dealing with fire, MVA, building collapse, or hazardous material? Standard precautions are always required.

b. Hostile situation - Law enforcement assistance is paramount. Never enter a hostile situation (domestic included) until law enforcement personnel indicate the scene is safe. Never assume there is only one perpetrator. Always be aware of bystander's mood in a hostile situation. It may be hostile or supportive.
NOTE: If the scene is unsafe - **DO NOT ENTER IT** - you are of no help to others if you are injured in an unsafe scene. The #1 priority of any emergency call is safe treatment and transport of the patient to definitive care, which requires paramedic safety.

c. Paramedic and Patient Protection:
   i. Special equipment - If special equipment is warranted, you must consider using it before entering a scene. Example: you are called to the scene of an unattended death - the patient expired one week ago and was just discovered today. You might consider using a SCBA before you enter the house.
   ii. Protective clothing is a must when dealing with any chemical scene, gas, fire or environmental extremes (hot, cold). A decontamination suit may be necessary if dealing with radiation.
   iii. Aerial Access/Water Rescue Equipment - Unless you are trained to use this equipment, let those who are trained perform the rescue operations such as fire dept./water rescue teams.
   iv. Environment - Know your environment and protect your patient. Example: rain, snow, heat, cold, chemical contamination, etc. Preserve the patient's modesty as much as is allowable under the specific circumstances and protect them from further injury and exposure.
   v. Backup - You may need additional personnel at the scene to assist with transportation, patient removal, or for your protection and the patient's protection. Need for such backup must be recognized and requested by contacting Lucas County EMS Dispatch immediately on arriving to the scene. Additional help needs to be en route ASAP.

Patient Assessment, cont.

vi. Classification – All runs are classified according to the type of illness or injury: Medical, Trauma, Behavioral, OB/GYN, Major Incident, and Pediatric.

d. History of emergency

Initial Assessment – Designed to find and treat airway and circulatory conditions:

a. Airway/c-spine - Evaluate LOC (AVPU). Check patency of airway - clear as needed. Evaluate potential of c-spine involvement by mechanism of injury (if applicable). Movement of the patient should be limited until it is determined that no spine injury is probable.

b. Breathing/Exposure - Assess character, rate of respirations and lung sounds. Observe if face, neck or chest muscles are used during ventilation. Treat compromised ventilation. Expose your patient as necessary.

c. Circulation – assess pulses – this can be done when opening the airway with c-spine control. Take carotid pulse, compare with radials. Quickly scan to observe any obvious tracheal deviation, neck trauma or step-offs.

Rapid Assessment – Designed to find and treat other threats to life:

a. Rapid Physical Assessment – to determine life-threats. A head-to-toe examination checking:

D-Deformity	**B**-Burns	**T**-Tenderness
C-Contusions	**L**-Lacerations	**I**-Instability
A-Abrasions	**S**-Swelling	**C**-Crepitus
P-Penetrations		
P-Paradoxical movement in chest assessment		

b. Transport Decision – Determine if the patient is a “load and go.”

c. Packaging and transport

Patient Assessment, cont.

Detailed Exam – Designed to find non-life threatening injuries (using the mnemonic DCAPP-BLS-TIC):

a. Head
    1. Evaluate the scalp
        i. Obvious bleeding, lacerations, abrasions, contusions. Look for Battle's sign behind the ears
        ii. Palpate for any crepitus, indentations

    2. Evaluate the face
        i. Check the nose for deformity, CSF or blood drainage
        ii. Palpate and inspect the face for injuries

    3. Evaluate the eyes
        i. Inspect for injuries and note papillary reaction

    4. Evaluate the ears
        i. Inspect for CSF and blood coming from the ears

    5. Evaluate the mouth
        i. Inspect for loose teeth, blood, vomitus or other injuries that might obstruct the airway

b. Neck
    1. Inspect the neck
        i. Check anteriorly for JVD, tracheal deviation
        ii. Check posteriorly for deformity or injury
        iii. NOTE: May be done initially as part of Primary Exam

c. Chest
    1. Evaluate the chest
        i. Check for deformity, uniform movement of the chest on inspiration and expiration
        ii. Palpate for any subcutaneous air, deformity or crepitus. Note symmetry of breathing during palpation
        iii. Auscultate lung sounds

Patient Assessment, cont.

d. Abdomen/Pelvis
    1. Evaluate the Abdomen/Pelvis
        i. Inspect for distension or discoloration to abdomen
        ii. Gently palpate for rigidity and pain sensation
        iii. Pelvis – inspect for deformity, pain or crepitus

e. Lower extremities
    1. Evaluate the lower extremities
        i. Inspect for deformity, crepitus, pain, motor function, sensory function, pulses and capillary refill
        ii. Palpate

f. Upper extremities
    1. Evaluate the upper extremities
        i. Inspect for deformity, crepitus, pain, motor function, sensory function, pulses and capillary refill
        ii. Palpate

g. Posterior thorax/lumbar spine area
    1. Evaluate the posterior thorax/lumbar spine area
        i. Palpate posterior thorax region feeling for crepitus, deformity or pain. Inspect your hands after removal to see if blood is present
        ii. Palpate posterior lumbar region feeling for crepitus, deformity or pain. Inspect your hands after removal to see if blood is present. **NOTE: Must be done without compromising c-spine.**

h. Vital Signs
    1. Level of consciousness
    2. Pulses
    3. Respirations
    4. Blood pressure
    5. Pulse Oximetry
    6. ECG (if applicable)

Patient Assessment, cont.

On-Going Exam – Designed to find changes in patient's condition

a. To continually reassess your patient's condition while in your care

b. To note, record and report any changes in patient condition

Medical Patient Assessment

A. Vital Signs:
   i. Quantitative vital signs usually precedes the rest of the examination

B. Head/Face:
   i. Note airway patency, oral swelling, hydration status
   ii. Eyes – note pupil symmetry, reaction to light, movement
   iii. Note symmetry of facial movement

C. Neck:
   i. Observe for neck vein distention in the semi-fowlers position
   ii. Use of accessory muscles for breathing

D. Chest:
   i. Observe chest wall for symmetry of movement and evidence of respiratory effort
   ii. Auscultate for breath/heart sounds

E. Abdomen:
   i. Observe for distention, bruising, discoloration
   ii. Palpate for tenderness, rigidity, guarding, masses

F. Extremities:
   i. Observe for presence of edema
   ii. Color of skin
   iii. Palpate for warmth, tenderness, presence of pulses

G. Neurologic exam:
   i. AVPU

C
Pediatric Patient Assessment

Children can be examined easily from head to toe, but lack of understanding by the patient, poor cooperation and fright, often limit the ability to assess completely in the field. Children often cannot verbalize what is bothering them, so it is important to do a systematic survey.

Pediatric Patient Assessment

A. General
    1. Level of alertness
        i. Eye contact
        ii. Attention to surrounding
    2. Muscle tone
        i. Normal
        ii. Increased/decreased
        iii. Flaccid
    3. Responsiveness to parents or caregivers
        i. Playful or irritable?

B. Head
    1. Signs of trauma
    2. Fontanelle (if open – abnormal depression or bulging)

C. Face
    1. Pupils (size, symmetry, reaction to light)
    2. Hydration
        i. Brightness of eyes
        ii. Making tears?
        iii. Mouth moist?

D. Neck
    1. Note any stiffness (possible infection)

E. Chest
    1. Note presence of stridor, retractions or increased respiratory effort
    2. Breath sounds (symmetry, adventitious sounds?)
    3. Heart (rate / obvious murmur)

F. Abdomen
    1. Note presence of distention, rigidity, bruising, tenderness

Pediatric Patient Assessment, cont.

G. Extremities
    1. Pulse (brachial / radial)
    2. Signs of trauma
    3. Muscle tone (symmetry of movement)
    4. Skin temperature (color / capillary refill)
    5. Areas of tenderness, guarding or limited movement

H. Neurological assessment: AVPU

D
Neurologic Assessment

Management of patients with head injury or neurologic illness requires careful assessment of neurologic function. Changes in the neurologic exam are particularly important during field evaluation and treatment. The first observations of neurologic status in the field provide the basis for monitoring sequential changes. It is important to accurately observe and record neurologic findings using measures which will be followed throughout the patient's hospital course of treatment. The GCS score may assist in determining if the patient meets "Trauma Protocol. The Glasgow Coma Scale shall be recorded in the PCR (Patient Care Report).

Neurologic Assessment

A. Vital signs:
   - Observe for adequacy of ventilations (depth, frequency and regularity of effort)

B. Level of consciousness (AVPU)

C. Eyes:
   - Direction of gaze
   - Size and reactivity of pupils

D. Movement:
   - Observe whether all four extremities move equally

E. Sensation:
   - Observe for absent, abnormal sensation at different levels if cord injury is suspected

F. Glasgow Coma Scale

Special Notes:

1. The Glasgow Coma Scale (GCS) is one method of scoring and monitoring a patient's neurologic status. It is readily learned, has little observer-to-observer variability, and accurately reflects cerebral function. Always record specific responses in addition to the specific numeric score (sum of observations). The Glasgow Coma Score shall be recorded in the PCR.

2. Patient sensory and motor examination should be documented prior to moving a patient with a suspected spinal injury.

Neurologic Assessment, cont.

3. Sensory deficit levels should be marked gently on the patient's skin with a pen or marker to help identify any changes.

4. Note what stimulus is being used when recoding responses. Applied noxious stimuli must be adequate to the task, but not excessive. Initial mild stimuli can include light pinch or dull pin-prick. If these are unsuccessful at eliciting a pain response, pressure with a dull object to the base of the nail bed, stronger pinch (particularly to the axilla region) may be necessary to demonstrate the patient's best motor response.

5. When responses are not symmetrical, use the ***best*** response from either side of the body for purposes of scoring. Note asymmetry as part of the neurologic evaluation.

6. Use of restraints or placement of an advanced airway will make some observations in your patient less accurate. Be sure to note in PCR the circumstances that do not permit full verbal or motor evaluation.

7. In small children, the GCS may be difficult or impossible to evaluate. Children who are alert should focus their eyes and follow your actions, respond to parents or caregivers and use language and behavior appropriate to their age level. In addition, they should have normal muscle tone and normal cry. Several observers should attempt to elicit a "better verbal response" to avoid improper estimations of level of consciousness.

D
Neurologic Assessment

Adult Glasgow Coma Scale

Best Eye Opening	Spontaneous	4
	To speech	3
	To pain	2
	None	1
Best Verbal Response	Oriented	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	None	1
Best Motor Response	Obeys	6
	Localizes	5
	Withdraws	4
	Abnormal flexion	3
	Extensor response	2
	None	1

TOTAL = Eye + Verbal + Motor 3-15

Pediatric Glasgow Coma Scale

	>2 years of age	<2 years of age	Score
Best Eye Opening	Spontaneous	Spontaneous	4
	To voice	To speech	3
	To pain	To pain	2
	None	None	1
Best Verbal Response	Oriented	Coos, babbles	5
	Confused	Cries, irritability	4
	Inappropriate words	Cries to pain	3
	Incomprehensible sounds	Moans to pain	2
	None	None	1
Best Motor Response	Obeys command	Normal movements	6
	Localizes pain	Withdraws – touch	5
	Withdraws – pain	Withdraws – pain	4
	Flexion – pain	Abnormal flexion	3
	Extension – pain	Abnormal extension	2
	None	None	1

TOTAL = Eye + Verbal + Motor 3-15

E
Multiple Patient Assessment
START Triage

Definition: Triage, from the French; to sort, sift or pick out; specifically the sorting of and allocation of treatment to patients.
Indications: Medical or traumatic emergency involving more than one patient, interaction between different agencies and the need to make choices regarding treatment.

Priorities

A. Park vehicle in safe location.

B. Perform initial assessment of scene; proceed only when safe to rescuer.

C. Rapidly estimate number of victims and severity of injuries (DO NOT PROVIDE TREATMENT).

D. Establish communications and request necessary assistance (i.e., disaster trailers, lighting trailer). Provide initial estimate of number and types of injuries.

E. Designate or ensure designation of:
   1. Medical Command: The person with the most medical training and experience to:
      a. Coordinate medical resources with patient needs. Maintain communications with involved agencies.
      b. Select stabilization area which is safe and has good access for drive-through of multiple emergency vehicles.
      c. Appoint or assemble a triage team (if not already organized).
      d. Select recorder to assist with written log of patients (i.e., age, sex, triage category).
      e. Coordinate with Incident Commander the flow of emergency vehicles to and from the scene.
      f. Oversee patient flow to transport vehicles such that:
         1) Critical patients are transported first when possible.
         2) Distribution of critical patients to hospitals is balanced to bed supply and hospital resources.
   2. Triage Officer:
      a. Categorize and tag patients after brief assessment.
      b. Update patient categories and provide transport to stabilization area.
      c. Initiate medical stabilization to patients awaiting transport after triage duties have been completed.

Triage-Multiple Patient Assessment, cont.

3. Treatment Officer:
    a. Determine treatment area
    b. Assign personnel in treatment area
    c. Re-triage (if necessary) patients
    d. Transfer patients to Transport Officer
4. Transport Officer:
    a. Facilitate transport of patients in order of priority from field to stabilization area
    b. Establish IVs or performs other stabilization procedures as needed in support of triage team.

Special Considerations

A. Identification of medical personnel is extremely important and often overlooked. Use of colored vests, flags and other labeled equipment is essential.

B. Location of stabilization area is very important. The following criteria should be fulfilled (as possible):
    1) Positioned away from objective dangers at scene.
    2) Easy access from scene.
    3) Close to communications and other command personnel for coordination of evacuation.

C. Physically attach triage tags to the patient, not clothing. Utilize triage tags to document vital signs, findings, medications given, etc. Tags should also reflect the patient category:

- **RED (I):** Critical; requiring care within 30-60 minutes
- **Yellow (II):** Urgent; requiring care within 60-120 minutes
- **Green (III):** Delayed; requiring care within 12 hours
- **Black (IV):** Dead (or near dead)

D. Triage assessment and management differs from single patient assessment. Certain problems re-occur in major disasters and should be avoided:
    1) Do not utilize transport vehicles for evacuating “green” patients before more serious patients have been transported.

Triage-Multiple Patient Assessment, cont.

2) Do not delay transport to treat patients at the scene.
3) Reassess patients when able and re-categorize patients as necessary.
4) Disaster scenes may have many talented rescue personnel. Only one can be "chief." Be sure that person is well identified.

E. Multiple trauma patients with no vital signs on arrival of rescue personnel have poor chance of survival. Rescue and treatment efforts should be aimed toward victims with "signs of life."

The following pages contain examples of Mass Cap Kit contents located in the Lucas County EMS Disaster Trailers.

E
Multiple Patient Assessment
START Triage

EMS Commander

__ Confirm Mass Casualty Incident exists.

__ Make rapid assessment of incident.

__ Activate department MCI Response Plan.

__ Request additional emergency units and equipment per “Extra Alarm Assignment” sheet

__ DO NOT begin treatment: First-in unit must assume Incident Control.

__ Obtain “EMS Commander” portfolio and supplies from “Mass Casualty Incident Management Kit.”

__ Establish and appropriately identify “Command Post.”

__ EMS Commander MUST remain at the Command Post.

__ Don command vest.

__ Utilize “EMS Tactical Command Worksheet” though out the incident; complete appropriate sections.

__ Advise Lucas County EMS Dispatch of pertinent information about incident.

__ Have Lucas County EMS Dispatch make initial notification only to area hospitals concerning existence of Mass Casualty Incident.

__ Assign Sector Officers and distribute “Officer Portfolios.” (Triage, Treatment, Transportation, Staging).

__ Consult with Incident Commander to determine if it is safe to begin EMS operations.

__ Coordinate ALL EMS operations during incident; consult with other sector officers as needed.

EMS Commander (cont.)

__ Consult with Incident Commander to appoint “Public Information Officer.”

__ Act as liaison with other medical support agencies.

__ Assign and reassign personnel as necessary.

__ Re-evaluate need for additional units and equipment.

E
Multiple Patient Assessment
START Triage

Triage Officer

_____ Obtain briefing from EMS Commander.

_____ Obtain “Triage Officer” and/or “Triage Supplies” portfolios.

_____ Determine equipment and personnel needs of triage sector; request same from EMS Commander.

_____ Coordinate personnel assigned to triage sector.

_____ Distribute triage supplies (ribbons and/or tags and aprons) to support personnel as appropriate.

_____ Begin triage operations.

_____ Notify EMS Commander as soon as possible of approximate number of patients involved.

_____ Coordinate transfer of patients by priority to appropriate treatment sector.

_____ CHECK ALL AREAS AROUND MCI SCENE for potential patients, walk a ways, ejected patients, etc.

_____ Advise EMS Commander when initial triaging and tagging operations are complete.

_____ Begin relieving or reducing staff as necessary.

_____ Report to EMS Command for reassignment upon completion of tasks.

E
Multiple Patient Assessment
START Triage

Treatment Officer

_____ Obtain briefing from EMS Commander.

_____ Obtain "Treatment Officer" portfolio.

_____ Don command vests and review items in portfolio.

_____ Determine equipment and personnel needs in treatment area. Request same from EMS Commander.

_____ Coordinate personnel assigned to treatment area.

_____ Consult with EMS Commander and establish primary treatment area.

- Treatment area must be capable of accommodating large numbers of patients and equipment.
- Consider weather, safety, hazardous materials.
- Area must be readily accessible.
- Designate entrance and exit area – marked with "Treatment Area Entrance" flag.
- Divide treatment area into four (4) distinct areas; use appropriate colored flags and/or tarps.

_____ Designate secondary treatment areas as alternative should the primary area become unusable.

_____ Inform EMS Commander of primary and secondary treatment area locations.

_____ Treatment Officer should NOT become involved in physical tasks.

_____ Assign personnel to treatment areas based medical capabilities.

_____ Begin treatment of patients.

_____ Re-triage patients upon arrival at treatment area; place patients in appropriate sections.

E
Multiple Patient Assessment
START Triage

Treatment Officer (cont.)

_____ Complete “Treatment Sector Log” as patients pass through treatment area.

_____ Advise transportation officer when patients have been prepared for transport; evacuate patients by priority.

_____ Continually inventory medical supplies using “Medical Equipment Checklist”; request medical supplies as needed; consider availability of MCI supply units and request as needed.

_____ Begin relieving or reducing staff as necessary.

_____ Remain until reassigned or all patients have been transported.

_____ Report to EMS Command for reassignment upon completion of tasks.

E
Multiple Patient Assessment
START Triage

Treatment Sector Log

DATE _____ LOCATION: _____

PAGE _____ OF _____

TRIAGE TAG NUMBER	TAG COLOR	SEX	TIME IN	NAME (OPTIONAL)

E
Multiple Patient Assessment
START Triage

Transportation Officer

_____ Obtain briefing from EMS Commander.

_____ Obtain "Transportation Officer" portfolio.

_____ Don command vest and review items in portfolio.

_____ Determine equipment personnel needs in transportation area; request same from EMS Commander.

_____ Coordinate personnel assigned to transportation area.

_____ Provide and coordinate patient transport.

_____ Communicate with "Lucas County EMS Dispatch to ascertain hospital capabilities.

_____ Relay information concerning incident to hospitals as needed.

_____ Ascertain each hospital's capabilities and number of patients hospital can handle.

_____ As patients are transported to respective hospitals, inform Lucas County EMS.

_____ Begin filling out "Hospital Capability and Patient Tally Sheet" or use "Hospital Capabilities and Utilization" section of EMS Tactical Command Worksheet.

_____ Consult with Treatment officer and establish transport vehicles loading zone; zone should have separate entrance and exit routes.

_____ Advise staging officer of location of loading zone and best routes for access.

Transportation Officer (cont.)

_____ Consult with EMS Commander and Incident Commander to establish landing site for air support units; notify command post of location.

_____ Request transporting vehicles from Staging Officer as needed; notify Staging Officer of level of care required (BLS, ALS).

_____ Coordinate routing of patients to proper transporting vehicles.

_____ Maintain “Hospital Transportation Log”; if triage tags are used, make sure tag is filler out appropriately; keep one corner of tag, or one page of multi part triage tag;

_____ Make sure emergency personnel know which hospital to transport to and directions to hospital; distribute “Hospital Directions Cards” and/or maps as needed;

_____ Sector officer should not become involved in physical tasks; appoint radio operator to assist if needed.

_____ Update “Hospital Capability and Patient Tally Sheet” or “Hospital Capabilities and Utilization” section of EMS Tactical Command Worksheet as patients are transported; complete totals at conclusion of incident.

_____ Begin relieving or reducing staff as necessary.

_____ Advise hospitals and EMS Commander when last patient is transported.

_____ Remain until reassigned or all patients have been transported.

_____ Report to EMS Commander for reassignment upon completion of tasks.

E
Multiple Patient Assessment
START Triage

Hospital Transportation Log

DATE _____ LOCATION: _____

PAGE _____ OF _____

TRIAGE TAG NUMBER	TAG COLOR	SEX	RECEIVING HOSPITAL	TRANSPORT UNIT	TIME OUT	NAME (OPTIONAL)

E
Multiple Patient Assessment
START Triage

Hospital Capability Sheet

DATE: ____ Incident / Location: _____

PAGE ____ OF _____

HOSPITAL	SPECIALITY	NUMBER OF PATIENTS HOSPITAL CAN TREAT
Flower		
UTMC		
St. Anne Mercy		
St. Charles Mercy		
St. Luke's		
St. Vincent Mercy		
Toledo		
Bay Park		

E
Multiple Patient Assessment
START Triage

Patient Tally Sheet

DATE: _____ INCIDENT/LOCATION: _____

NOTE: Keep a continuous accounting of the number of patients from each triage category being sent to individual hospitals by placing hash marks in the appropriate blanks. Refer to the Hospital Capability Sheet to avoid overloading any facilities. Do not tally totals until the end of the incident

Hospital	Patient Tally by Triage Category			Total
1. _____	Red _____	Yellow _____	Green _____	_____
2. _____	Red _____	Yellow _____	Green _____	_____
3. _____	Red _____	Yellow _____	Green _____	_____
4. _____	Red _____	Yellow _____	Green _____	_____
5. _____	Red _____	Yellow _____	Green _____	_____
6. _____	Red _____	Yellow _____	Green _____	_____
7. _____	Red _____	Yellow _____	Green _____	_____
8. _____	Red _____	Yellow _____	Green _____	_____
9. _____	Red _____	Yellow _____	Green _____	_____
TOTALS:	Red _____	Yellow_____	Green_____	_____

TOTAL BLACK TAGGED PATIENTS _____

TOTAL NUMBER OF CASUALTIES _____

E
Multiple Patient Assessment
START Triage

Hospital Capability and Patient Tally Sheet

Date: _____ Incident/Location: _____

Page _____ of_____

Keep a continuous accounting of the number of patients from each Triage Category sent to individual hospitals by placing hash marks in the appropriate columns.
Compare this with the "Number of Patients Hospital Can Treat" column to avoid overloading any hospital. Tally Patient Totals at the end of the incident.

Hospital Name	Hospital Specialties	# of Patients Can Treat	# Red	# Yellow	# Green	TOTAL
Bay Park		Red__ Yellow__ Green__				
Flower		Red__ Yellow__ Green__				
UTMC		Red__ Yellow__ Green__				
St. Anne		Red__ Yellow__ Green__				
St. Charles		Red__ Yellow__ Green__				
St. Luke's		Red__ Yellow__ Green__				
St. Vincent		Red__ Yellow__ Green__				
Toled0		Red__ Yellow__ Green__				
Total Patients Transported in each Triage Category						
Total Number of Fatalities						
Total Number of Casualties						

E
Multiple Patient Assessment
START Triage

Staging Officer

_____ Obtain briefing from EMS Commander

_____ Obtain "Staging Officer" portfolio;
DO NOT proceed to Staging Area at this time

_____ In cooperation with EMS Commander and Incident Commander,
Establish location of Staging Area:

- EMS Staging Area should be distinct from Fire Staging Area, but may be in the same general location
- Staging Area must be capable of accommodating large numbers of ambulances
- Consider safety and hazardous material
- Area must be readily accessible
- Designate entrance and exit to Staging Area
- Divide Staging Area into three (3) distinct and well marked areas for Basic, Intermediate and Paramedic units
- Consider need for secondary staging area as an alternative should the primary staging area become unusable

_____ Proceed to Staging Area

_____ Don command vest and review items in portfolio

_____ Determine equipment and personnel needs in Staging Area:
Request same from EMS Commander

_____ Coordinate personnel assigned to Staging Area

_____ Ascertain from Transportation Officer location of ambulance Loading Zone and best route to Zone.

_____ Coordinate requests for units with EMS Commander

_____ Maintain "EMS Unit Staging Log"

_____ Distribute "Incident Protocol Cards" to all arriving EMS units

_____ Send proper number and types of units to transporting vehicle Loading Zone on request of the Transportation Officer

_____ Sector Officer should not become involved in physical tasks

_____ Remain in Staging Area until ordered to report to Command Post

E
Multiple Patient Assessment
START Triage

EMS Unit Staging Log

DATE: _____ LOCATION: _____

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EMS Unit ID	Radio Freq	Time Requested	Time Arrived	Basic/ Intermed/ Advanced	Time Transport	Crew Officer

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Medical Equipment Checklist

Mark boxes “OK” if supplies are sufficient or “R” if supplies reordered. Continually re-evaluate the need for additional supplies.

				Time supplies checked or reordered
				Blankets
				Backboards, straps and cervical collars
				Other spinal and cervical immobilization devices
				Trauma dressings and gauze dressings (4x4s, etc.)
				Roller gauze
				Triangular bandages
				Occlusive dressings (Vaseline gauze, etc.)
				Adhesive tape
				Surgical gloves / exam gloves
				Splints and splinting supplies
				Cold packs / Heat packs
				Burn sheets and burn supplies
				Oxygen
				Oxygen administration supplies and equipment
				Airway maintenance equipment
				Bag-Valve-Mask devices
				MAST suits (adult and pediatric)
				Blood pressure cuffs and stethoscopes
				Suction units and supplies
				IV supplies
				ECG monitors / defibrillators
				Advanced Life Support equipment
				Medications
				Obstetrical kits
				Special medical equipment or supplies:

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Post-Incident Analysis Report

Starting Time of Incident: _____

Ending Time of Incident: _____

Total Time of Incident: _____Hours _____ Minutes

Total Patients - Red: _____

Total Patients - Yellow: _____

Total Patients - Green: _____

Total Patients - Black: _____

Grand Total Patients: _____

Average Time patients were held in Treatment Area:

Red Patients: _____ Minutes

Yellow Patients: _____ Minutes

Green Patients: _____ Minutes

Overall Average: _____ Minutes

Total Transports - Basic: _____

Total Transports - Intermediate: _____

Total Transports - Paramedic: _____

Total Air Ambulances - Helicopter: _____

Grand Total Transports: _____

Total Number of Hospital to
Which Patients Were Transported: _____

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Multiple Patient Assessment
START Triage

Post-Incident Patient Analysis Report

Date: _____ Incident/Location: _____ ____

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Triage Tag #	Color	Sex	Time In	Time Out	Total Time in Treatment Area	Receiving Hospital	Unit

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Triage Tags

Each life squad in the Lucas County EMS system has been issued triage ribbons and triage tags. This will enable the paramedic to adequately triage patients in a multiple patient scenario. In a large mass casualty incident, the ribbons **(red**, yellow, **green)** are to be tied on the patient's right arm for a quick initial triage. The triage tag is utilized when a more complete assessment can be done.

START Triage System

S – Simply
T – Triage
A – And
R – Rapid
T – Transport

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Multiple Patient Assessment
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