

Simple
Triage
And
Rapid
Treatment



START

START



- Developed in California in the early 1980's by Hoag Hospital and Newport Beach Fire and Marine (California)
- Rapid approach to triaging large numbers of casualties
- Easy to remember

START



- Initial patient assessment and treatment should take less than 30 seconds for each patient

START



- First - clear the walking wounded using verbal instructions.
 - Direct them to the treatment areas for detailed assessment and treatment
 - Tag These as **MINOR**
- Now check your **RPMs**

START

RPM

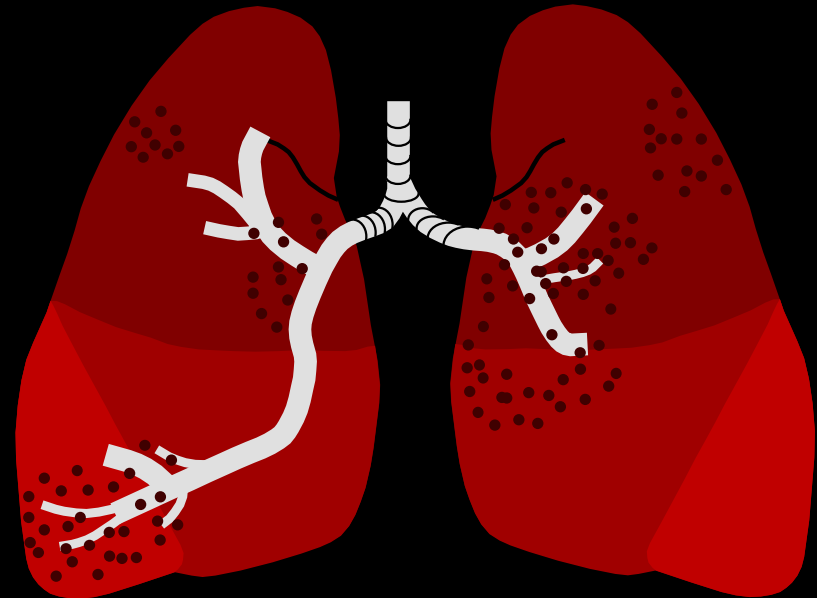
- Respiration's

- None - Open the Airway

- Still None? - **DECEASED**
- Restored?- **IMMEDIATE**

- Present?

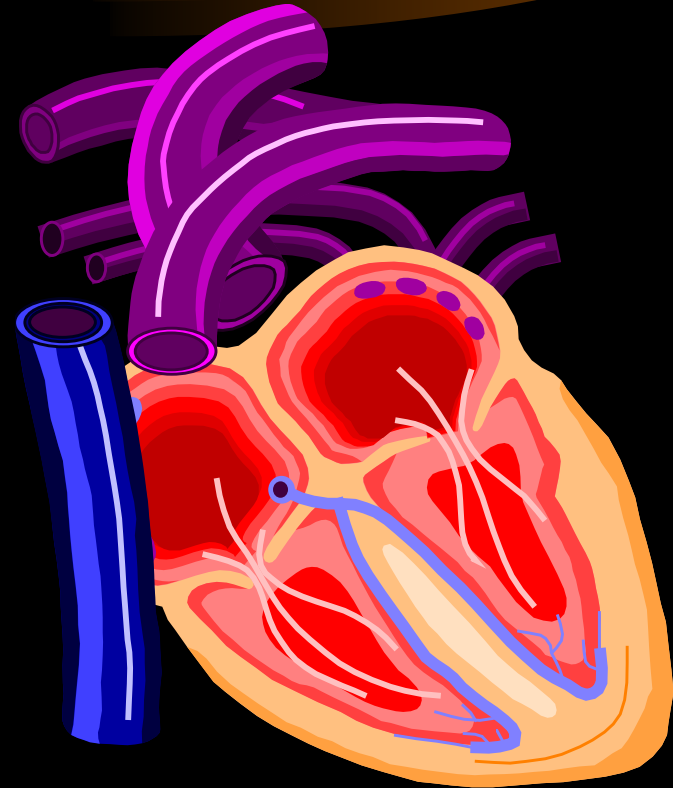
- Above **30** - **IMMEDIATE**
- Below **30** - **CHECK PERFUSION**



START

RPM

- **P**erfusion
 - Radial Pulse Absent
or
Capillary Refill > **2** secs
IMMEDIATE
 - Radial Pulse Present
or
Capillary Refill \leq **2** secs
CHECK MENTAL STATUS



START

RPM

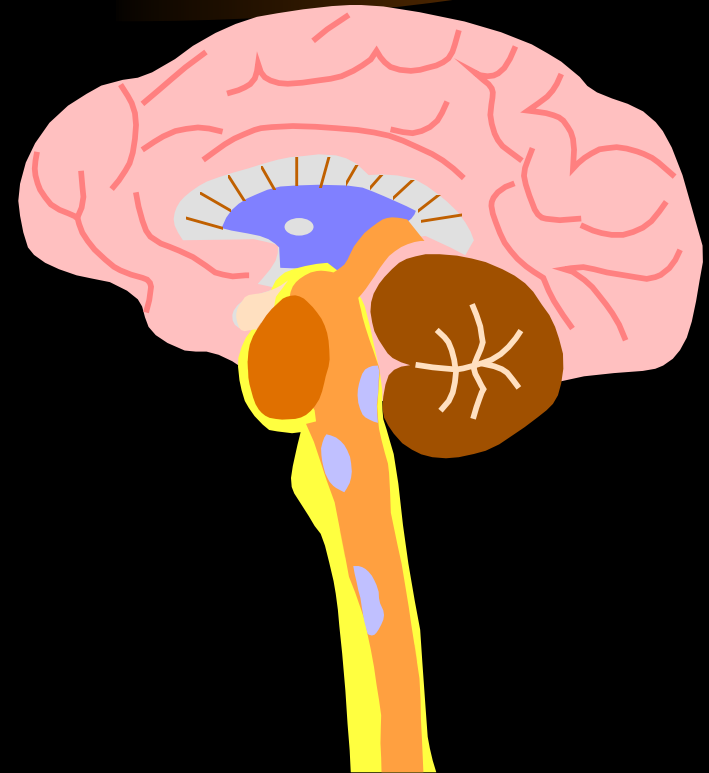
- **Mental Status**

- **Can Not** Follow Simple Commands
(Unconscious or Altered LOC)

IMMEDIATE

- **Can** Follow Simple Commands

DELAYED



START



If patient is immediate - priority 1 upon initial assessment, attempt to correct airway blockage or uncontrolled bleeding only before moving on to next patient.

START

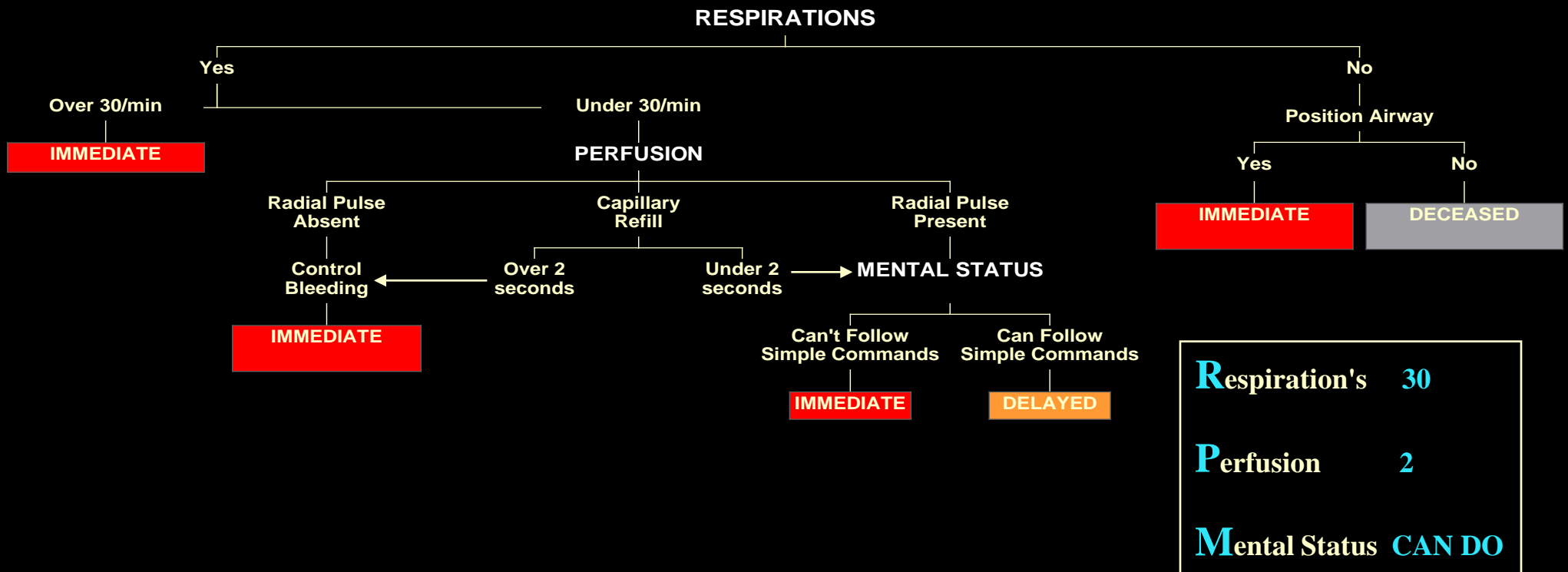


- When things get hectic with multiple patients rev up your RPM's.
 - **R** - Respiration - **30**
 - **P** - Perfusion - **2**
 - **M** - Mental status - **CAN do**

START Triage

All Walking
Wounded

MINOR



START



The **START** process permits a very few rescuers to rapidly triage a large number of patients without specialized training.

After patients are moved to treatment areas where more detailed assessment and treatment are conducted.

START

Concept and Flow Chart



Property of
Newport Beach Fire and Marine

from their

**START Simple Triage & Rapid Treatment -
A Race With Time**

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The Maryland Institute for Emergency Medical Services Systems