

Pediatric disaster triage tools

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The tools we use every day to make medical triage decisions in the prehospital and hospital settings are primarily based on observations of physiology. the physiology of children is different from that of adults. thus physiology- based triage tools must take into consideration the differences between adult and pediatric physiology. Therefore in this study we point to Pediatric disaster triage tools that are used in pediatric triage.

Two tools designed specifically for pediatric (jump START & Smart Tape) and one tool with a pediatric modification (Sacco) are in use internationally.

Jump START pediatric MCI triage tool can be used for children from birth to adolescence. triage designations are based on an assessment of respirations, perfusion, and mentation (RPM) that should take up to 30 seconds to perform. AVPU is the gauge of mental status used by jump START. patients are triaged in to the conventional four color categories of red (emergent), yellow (delayed), green(minor) and black (deceased or expectant).

Smart tape (pediatric triage tape or PTT): this length-based tool defines the standard triage categories based on an MRP (mobility/motor, respiratory, perfusion/pulse)or RPM (respirations, perfusion, mentation) assessment, with age-adjusted parameters in four length/age groups. The four pediatric groups are: 50-80 cm/3-10 kg, 80-100cm/11-18kg, 100-140 cm/19-32kg, >140 cm/>32kg. each compartment length/age section has a triage algorithm with vital signs corrected for age. the triage approach is divided into three assessment: mental status & walking ;breathing; and circulation. Finally patient are triaged in four color categories of red (highest priority), yellow (middle level of priority), green(low priority) and black (deceased).

The Sacco Triage Method (STM) is based on trauma patient outcome data. Scores derived from an RPM assessment range from 0-12, with the lower scores indicating the most critically injured. age adjustment are made after the RPM assessment ; infants and children gain 1-2 additional points and older patients lose 1-2 points. traditional triage category color designations are not used.