**Continuing Education
September 2013**

Sm/MPI & Med-Lg/MCI

Diana Neubecker RN BSN PM
EMSS In-Field Coordinator

DIANA:mci-9-13

Needs for this Class

- SMART triage tag sets (40) – 2 packs

- Department specific job action work sheets

DIANA:mci-9-13

SMART Work-Board
Use Sharpie – erase w/ alcohol

PDI Sterile R
REF/Reorder No. B603
Alcohol Prep Pad
■ Sterile Tampon de préparation à l'alcool
■ Sterile Mit Alkohol getränkter Lappen
■ Sterile Cuscinetto preparatorio all'alcol
■ Steriel Voorbereidingsdoekje met alcohol
■ Estéril Compresa con alcohol
For Professional and Hospital Use

Sharpie
Ultra Fine Point

Sharpie
Fine Point

Sharpie
Retractable

Sharpie
Twin Tip

Sharpie
Permanent Marker
Chisel Tip

DIANA:mci-9-13

"Out of intense complexities
intense simplicities emerge."

Winston Churchill

Major CE Objectives

Demonstrate ability to correctly:

1. Perform role and tasks of EMS/medical, triage, treatment, and transport

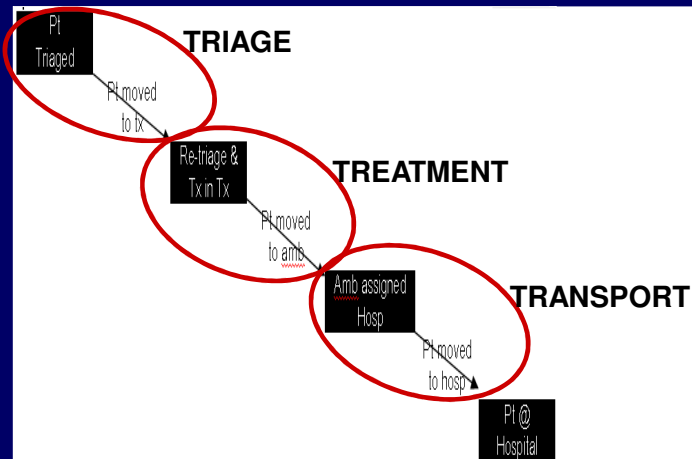2. Triage using START

3. Re-triage & document using SMART tag

DIANA:mci-9-13

EMS Incident Objective

- Perform accurate triage – ASAP
  - *Time to triage complete*

- Treatment provided was appropriate
  - *Focus on oxygenation & hemorrhage control*

- Most serious (reds) transported 1st – ASAP
  - *Time to first & last red pts transported*

DIANA:mci-9-13

TRIAGE

Pt Triaged

Pt moved to tx

Re-triage & Tx in Tx

TREATMENT

Pt moved to amb

Amb assigned Hosp

TRANSPORT

Pt moved to hosp

Pt @ Hospital
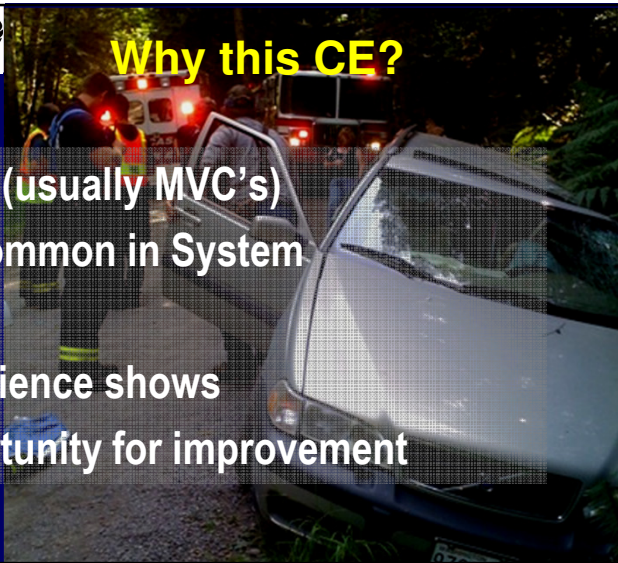
DIANA:mci-9-13

Why this CE?

MPI's (usually MVC's) are common in System

Experience shows opportunity for improvement

DIANA:mci-9-13

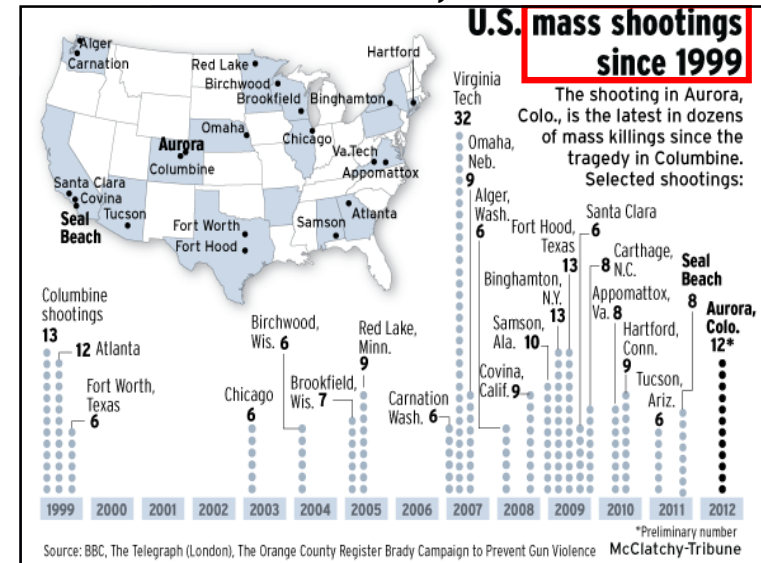## Why this CE?

- MCI/disasters not "if," but "when" situations

- Recent national MCI/disasters – often demonstrate opportunity for improvement

U.S. mass shootings since 1999

The shooting in Aurora, Colo., is the latest in dozens of mass killings since the tragedy in Columbine. Selected shootings:

Source: BBC, The Telegraph (London), The Orange County Register Brady Campaign to Prevent Gun Violence
McClatchy-Tribune

Why this CE?

New system/regional plan - with some changes

"Here's a copy of our new triage plan...the order is now walking wounded first, the dying and dead second, lawyers last..."

DIANA:mci-9-13

Disclaimers

- **CE intended to focus only on the tasks of EMS/Medical - triage, treatment, and transport**

- NOT intended to review how to manage an incident (*which is responsibility of incident command*), nor (*due to time limitations*) a comprehensive review of all aspects of incidents

DIANA:mci-9-13

Disclaimers

Recognize local use of terms not always consistent with NIMS (e.g., EMS, medical, unit, section, branch, group, division, unit, team, director, leader, mgr, supv).

NOT to be NIMS course, but to focus on responsibilities of EMT's and PM's in a situation with multiple victims

State of Illinois
National Incident Management System (NIMS)

Major Changes

- MPI, MCI, disaster plans combined and called "Multiple Patient Management Plan"

- MPI's are called "Small" incidents

- MCI's are called "Medium/Large" incidents

DIANA:mci-9-13

Major Changes

- Who determines the incident level (e.g., Med-Lg/MCI or Sm/MPI) depends on individual department policy
  - In many places it will be person who assumes command
    - Discuss with your department who is responsible for declaring an incident is Med-Lg/MCI (vs Sm/MPI)

- Educational program developed for officer/command personnel (*special thanks to Chiefs Doug Hoyt/PFD, Drew Smith/PHFD, Pete Dyer/DPFD*), and train the trainer classes have been completed

DIANA:mci-9-13

Core Concepts

Lessons Learned

Roles & Responsibilities

DIANA:mci-9-13

Incident

List examples of "nature of incident"
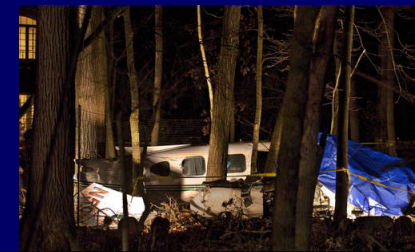
– Natural

– Man-made

– Trauma

– Medical

DIANA:mci-9-13

Incident

When responding to above incidents, what types of hazards should be assessed for?

– Why is this important?

DIANA:mci-9-13

SMART tags CBRNE

Incident

Privacy

- How can pts be screened from onlookers/media?

- How should requests for information be handled?
  - During incident
  - After incident

DIANA:mci-9-13

Incident

- Sm/MPI = more than 1 patient
  - Need more resources than single pt w/ sprained ankle
- Call for help sooner (rather than later)
  - If think might need help, call for it
  - Easier to return - than to immediately get help on scene
- Most common type of Sm/MPI are MVC's
  - May need resources for safety, suppression, & extrication

DIANA:mci-9-13

Incident

- Closed
  - Injuries have already taken place
  - All victims can quickly be located
- Open
  - Potential for more to become ill/injured
  - Unknown if more victims may be found

DIANA:mci-9-13

Request
MORE help
than you think
you will need!
Can always return.

DIANA:mci-9-13

Incident

Communicate
- Face to Face
  - whenever possible
- Multiple channels
  - = Multiple radios
- Info to hospital
  - Give hospital your call-back #
  - If able, leave line open
- Incident nature to incoming units

DIANA:mci-9-13

We live in a technological age, communication should be easier

But I thought YOU were doing it!!!

Face to Face

DIANA:mci-9-13
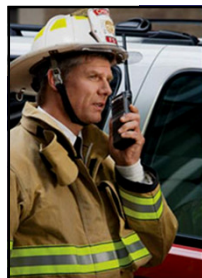
EMS MEDICAL

TRIAGE   TREATMENT   TRANSPORT

DIANA:mci-9-13

Roles

In general, EMS/Medical roles
(medical: triage, tx, transport)

job of 1st amb on scene

until responsibility transferred

DIANA:mci-9-13

First (1ˢᵗ) Amb on Scene

EMS/Medical roles

(medical: triage, tx, transport)

until responsibility transferred

DIANA:mci-9-13

Roles

Depending on level of incident

- One PM may assume/participate in all roles
  - Sm/MPI: same PM may triage, tx & transport
  OR
- Multiple EMS personnel assigned single role
  - Lg/MCI: may require many to triage all victims

DIANA:mci-9-13

FOR SUCCES - KNOW YOUR JOB

DIANA:mci-9-13
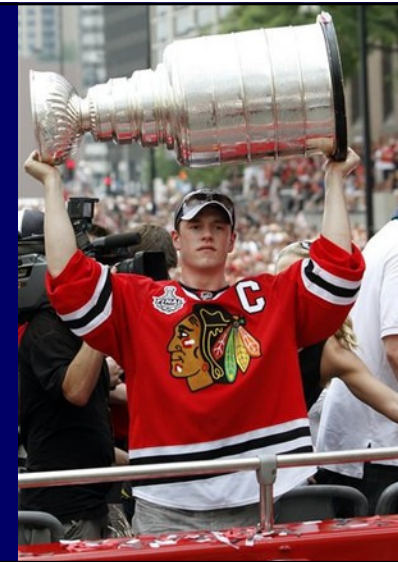
Roles

If appropriate fire vehicle (eng/tr/sq) personnel available,
may be assigned tx/transport roles,
freeing up amb personnel (& vehicle)
to transport

DIANA:mci-9-13

Often Most Needed Precious Resource - Ambs to Transport

DIANA:mci-9-13

Roles

Vests

• Sooner rather than later
• Help facilitate effective communication

EMS COMMAND   TRANSPORTATION OFFICER
TRIAGE OFFICER   STAGING OFFICER

DIANA:mci-9-13

WEAR VEST

TRIAGE

STAGING

DIANA:mci-9-13

Slide 1

EMS MEDICAL

- TRIAGE
- TREATMENT
- TRANSPORT

DIANA:mci-9-13

Slide 2
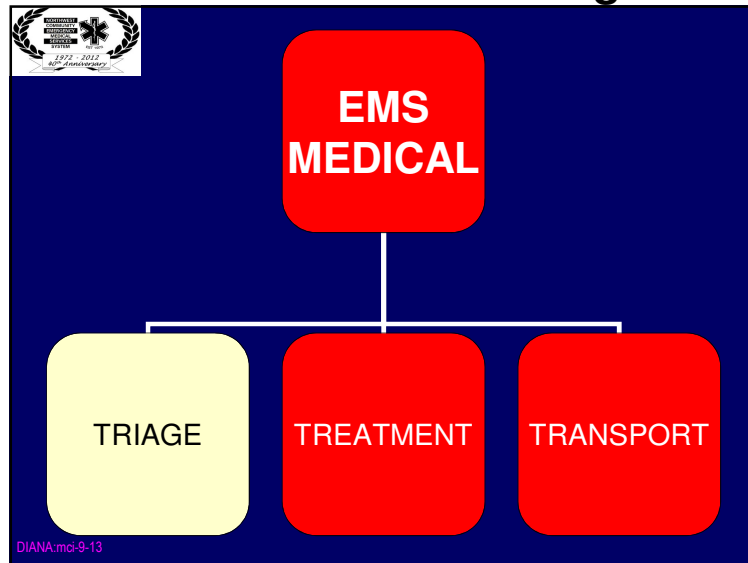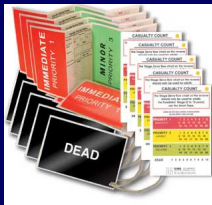
Triage

- Assigned by & reports to EMS/Medical
- Overall goals
  1. Locate all victims
  2. Triage (& tag if Med-Lg/MCI)
  3. Notify EMS/med of #'s
  4. Move pts (reds 1st) to treatment

DIANA:mci-9-13

Slide 3

Triage

- Responsible for finding all victims & assessing for injuries/complaints
  - If not be able to do this in a timely manner……
    - Get help, if needed
- Sm/MPI
  - Ideally, same PM triage/sees all pts
  - To prioritize treatment & transport order

DIANA:mci-9-13

Slide 4

Triage

2 occupants

DIANA:m

Triage

- In Med-Lg/MCI – make announcement(s) to ask all who can walk to move to designated area

  – "If you can walk, please walk to field house by the basketball court."

  – If lg spread out incident, ask Medical/IC for help - for someone to walk around making the announcement

  – Use PA system on vehicles, if needed

  – Assign someone to that (green) area

DIANA:mci-9-13

Triage

Triage

Move the Green
Designated Area
Tell them to Stay
Assign someone to area

DIANA:mci-9-13

Triage
to determine PRIORITY for Treatment & Transport

4th Priority - MORGUE
3rd Priority - MINOR
2nd Priority - DELAYED
1st Priority - IMMEDIATE

Triage

Using START method should take < 30 sec per pt
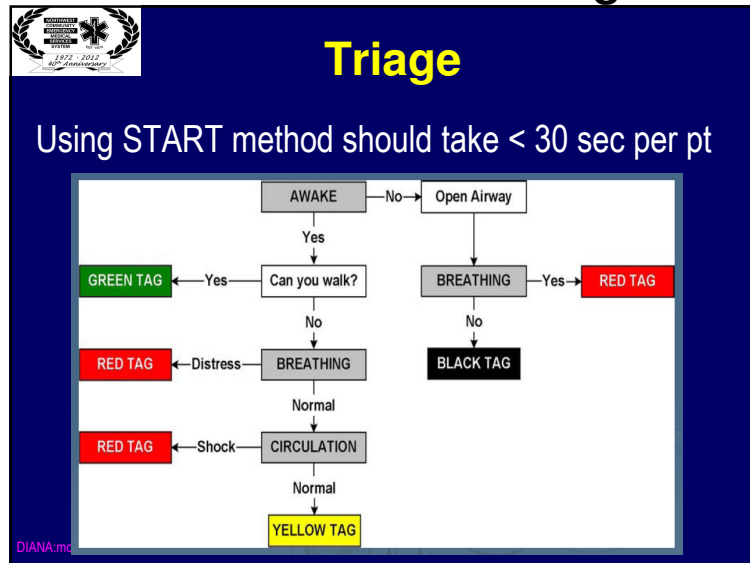
Triage

- Start where you stand, begin w/ closest victim
- 1st question NOT, "*Do you want to go to the hospital?*"
- Better question?.......

Start where you Stand

SMART tags

Initial START Triage

R - P - M

<30 sec per pt

Move the Walking Wounded ▶ MINOR
No Respirations After Head Tilt ▶ MORGUE
☐ Respirations - Over 30 ▶ IMMEDIATE
☐ Perfusion - Capillary Refill Over 2 Seconds ▶ IMMEDIATE
☐ Mental Status - Unable to Follow Simple Commands ▶ IMMEDIATE
Otherwise ▶ DELAYED

JumpSTART Pediatric MCI Triage®

3 differences
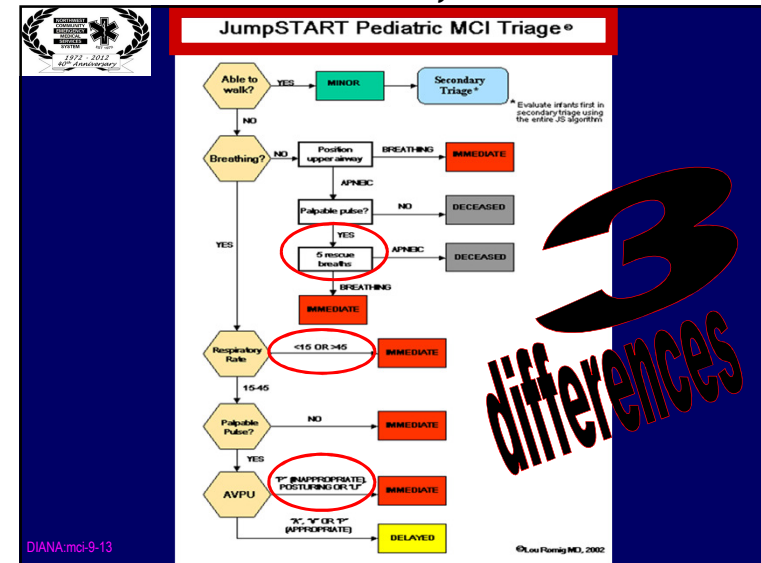
Triage

In Sm/MPI have another vehicle to do releases (PRN), rather than stay on scene w/ pt that needs transport

Triage

Need help moving pts to tx areas? Ask for it!

Triage

After pt triaged, move to "Treatment"

"Treatment" can be physical location or functional assignment

Move Reds 1st

DIANA:mci-9-13

Triage

Don't tie up EMS personnel w/ psych

Utilize police PRN

DIANA:mci-9-13

Triage

"Black/DOA" applies only to Med-Lg/MCI's

DIANA:mci-9-13

Triage

Deceased/DOA

- Cover

- Unless access issue, don't move

- Coordinate pt movement w/ coroner/ME/PD

Incident – Deceased/DOA

- Who responsible for setting up an on-scene morgue?

- Where is a good location for morgue set-up?

DIANA:mci-9-13

Triage

Communicate # & severity

to Med/EMS (or IC, if "Med/EMS" also triage)
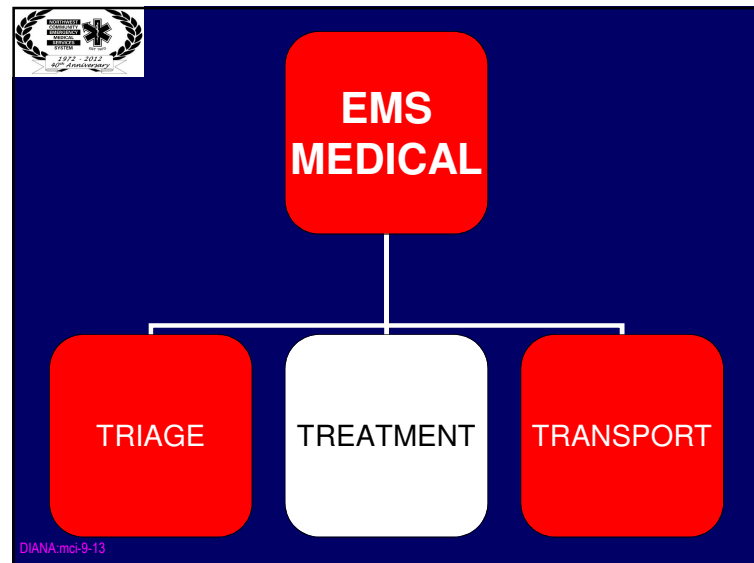
TRIAGE

"Unable to decipher the doctor's handwriting, the ER nurse had to tell the family member that the patient was either 'released' or 'deceased.'"

VAL JONES MD

DIANA:mci-9-13

EMS MEDICAL

TRIAGE

TREATMENT

TRANSPORT

DIANA:mci-9-13

Treatment

Assigned by & reports to EMS/Medical

Overall goals

1. Establish & manage tx areas, incl. supplies

2. Re-triage all pts using SMART

3. Determine priority for transport

4. Provide tx

DIANA:mci-9-13

Treatment

When is it desirable to move pts to a designated treatment areas?

– Facilitate most effective use of personnel/equip

• Esp when more pts than PM's (consider ratios)

– Extrication done - prior to transport amb avail

DIANA:mci-9-13

What is wrong with this picture?

DIANA:mci-9-13
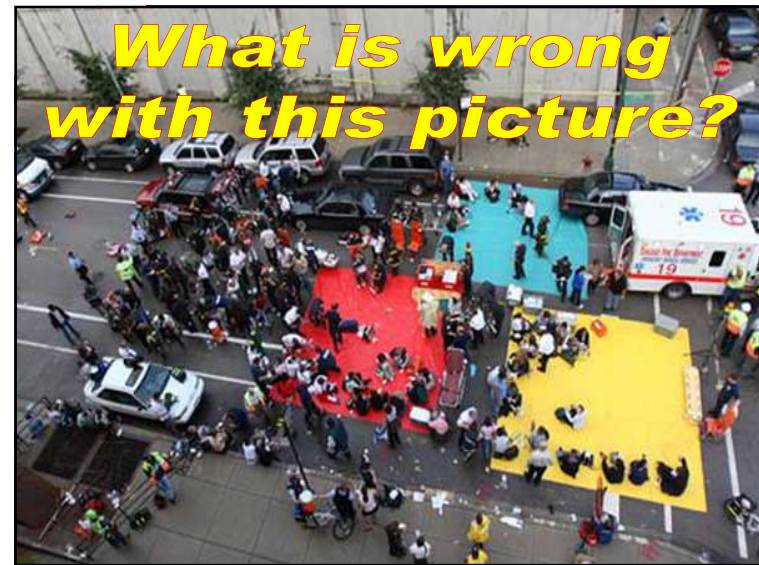
What is wrong with this picture?

Treatment

- Retriage done in "tx" using SMART method

  – More accurate than START (takes longer)

- Re-triage determines priority for transport

DIANA:mci-9-13

Treatment

- START
  – Fast but over-triages
- RE-Triage w/ SMART
  – More accurate

|	
Move the Walking Wounded ▶	MINOR
No Respirations After Head Tilt ▶	MORGUE
☐ Respirations - Over 30 ▶	IMMEDIATE
☐ Perfusion - Capillary Refill ▶ Over 2 Seconds	IMMEDIATE
☐ Mental Status - Unable to Follow Simple Commands ▶	IMMEDIATE
Otherwise ▶	DELAYED

Treatment

- RE-triage w/ SMART (use's Trauma Score)
    Need GCS, RR, & SBP
- Determines Transport Priority

Treatment

Re-Triage
Can move Up

Treatment

Re-Triage
Can move Down

Treatment

If resources (personnel/equip) not available to provide tx at scene - <u>and transport resources (amb) are available</u> - better to transport pt than wait for additional tx resources at scene

DIANA:mci-9-13

Responding companies bring (carry) equipment with them to scene

DIANA:mci-9-13

Treatment

DIANA:mci-9-13

Treatment

- If pts <u>can not be tx as per usual</u> care,
  - <u>NOT</u> an Sm/MPI *(it is an Med-Lg/MCI)*
- If due to <u>limited resources - care is withheld</u>,
  - <u>NOT</u> an Sm/MPI *(it is an Med-Lg/MCI)*
- In Sm/MPI "traumatic arrest" pt should be tx according to SOP

DIANA:mci-9-13

EMS MEDICAL

- TRIAGE
- TREATMENT
- TRANSPORT
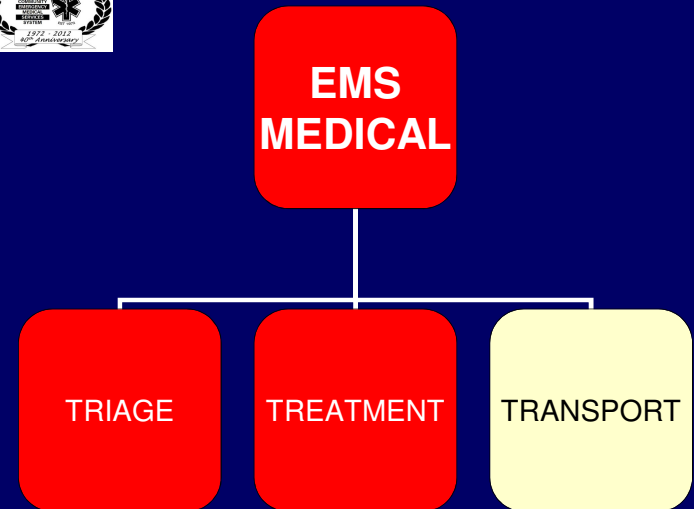
DIANA:mci-9-13

Transport

Assigned by & reports to EMS/Medical

Overall goals

1. Communicates w/ hospital to update information & determine capabilities
2. Establish pt loading area(s) w/ safe, coordinated access & egress
3. Requests ambs from staging
4. Assigns pts & hosp destinations to ambs (transport pts ASAP, most severe first)

DIANA:mci-9-13

Transport

Traffic Flow

Consider Site Plan

Perimeter

Apparatus Placement

Treatment Areas

Loading zone

DIANA:mci-9-13
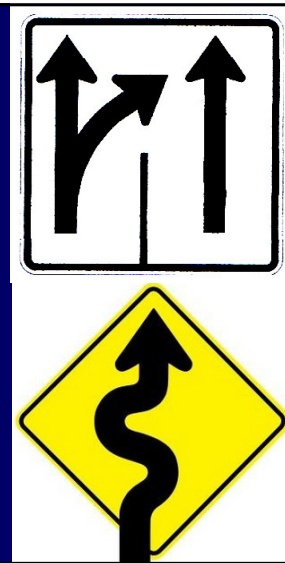
Transport

Access & Egress

Transport

- Goal: most serious pts – transported first

  - Do not transport greens 1st, "just to get off scene"

  - If only 1 amb available - 3 greens & 1 red needing extrication; amb should should be assigned red pt

  - Next in ambulance can be assigned greens

DIANA:mci-9-13

Reds to Hosp

Transport

Injured Responder

RED

Transport ASAP

Transport

- "Two (2) per Hospital"

  – Transporting two (2) pts to each hosp, w/ transport time 30 min or less, OK - before OLMC

  – If wish to transport more than 2 pts to any single hospital - contact OLMC for approval first

- Acceptable ground transport time 30 minutes

  – What hosp are within 30-min transport time from your district?

DIANA:mci-9-13

What hospitals are within 30 minutes of your response area?
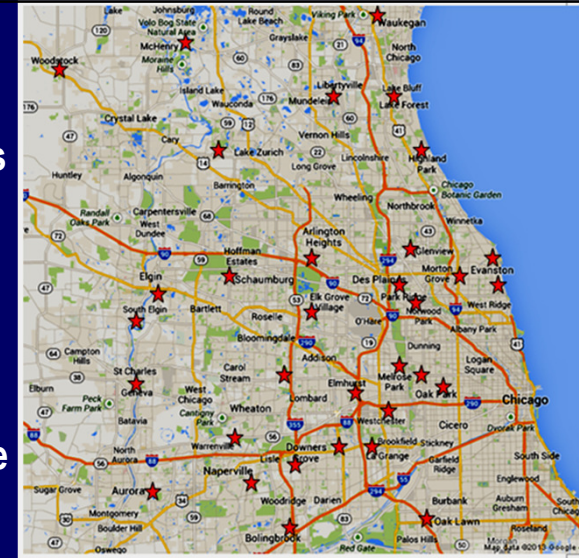
DIANA:mci-9-13

Transport

Trauma Center (TC) Criteria

- Med-Lg/MCI
  – Level 1 & 2 TC criteria do NOT apply
- Sm/MPI
  – Level 1 & 2 TC triage criteria do apply
    - L1 TC pts should go to L1 TC
- Sm/MPI w/ 2 or more Level-2 trauma pts
  – taking 2 most serious to same TC is NOT ideal

DIANA:mci-9-13

Transport

- Begin transport ASAP

  Transport REDS 1st

- 2 of any category to hosps
  within 30 min transport time

- No prior approval needed
  e.g., 7 hosps w/ ETA ≤ 30 min = 14 pts transported

DIANA:mci-9-13

Transport

- Under what circumstances can >1 pt be transported in the same ambulance?
  - Review system memo 325 (ho p11)
  - Does this violate HIPPA? Critique article (ho p12)
- Discuss >1 pt per amb
  - When indicated?
  - When not?
  - Consider pt needs & available resources

DIANA:mci-9-13

TRANSPORT
SMART tag Documentation

Male ☐   Female ☐   Priority :   **1   2   3   DEAD**   Main Complaint :

Vehicle ID : _____   Transport Time : ☐ ☐ : ☐ ☐

Destination : _____

MC221760

Name : _____   Address : _____

DOB / Age : _____   _____

No

DIANA:mci-9-13

Communication

Both sm/MPI & med-lg/MCI
   Initial hospital notice by
   command contacts dispatch,
   dispatch then contacts hospital

Med-lg/MCI
   After initial notice,
   transport needs to update hosp w/ more details

DIANA:mci-9-13

Communication

When contacting hospital - include name of

incident (e.g., "Palatine Rd") to help hospital

recognize communication from same incident

and distinguish between multiple incidents

DIANA:mci-9-13

Communication

- Med-Lg/MCI
  – Transport to update resource hospital (NCH) w/ additional info, to determine additional destinations (e.g. # of pts each hospital can accept)
- Sm/MPI
  – Transporting ambs contact receiving hosps; ePCR needed
  – Transport contacts nearest system hospital (NCH, ABMC, GOMC, GSH, Res, SAMC) IF need to send >2 pts to hosp, need to go to hosps beyond 30 min, or need consultation
- LGH - contact only if transporting to them

DIANA:mci-9-13

Hospital

When contact NCH (vs nearest system hospital)?

Documentation

- Med-Lg/MCI - triage tag is the PCR
- Sm/MPI's - every pt w/ injury or complaint gets a separate PCR
- "Multiple release" - only in Sm/MPI and when victim has no complaint and no injury
- Unless Med-Lg/MCI medical-legally important to get info/release from "*am NOT injured, don't want to go to hospital*" to document assessment (e.g., LOC/GCS, respiratory effort), assistance and advice offered

DIANA:mci-9-13

Chicago Tribune
NEWS

Front Page | News | Sports | Business | Lifestyles | Opinion | A&E

Home > Featured Articles > Metra

Passenger sues Metra over injuries from train-truck accident

May 16, 2012 | By Naomi Nix, Chicago Tribune reporter

A passenger on a Metra Union Pacific Northwest Line train involved in a crash with a truck in Mount Prospect last May that injured three dozen people filed a lawsuit Tuesday against the railroad agency for his injuries.

The lawsuit filed in Cook County Circuit Court says the transportation system was negligent because it allegedly used a train with no lights, no horn, inadequate brakes and an excessive number of rail cars.

A conductor uses a fire extinguisher on the undercarriage...

The train was traveling east on the tracks near Northwest Highway and Mount Prospect Road when it hit a concrete-carrying truck heading northwest on the Northwest Highway that tried to turn left onto Mount Prospect Road.

The lawsuit says the plaintiff, Rafael Ortiz, suffered permanent and temporary injuries to his head, body, mind, limbs and nervous system for which he has had to pay medical bills.

The truck driver, Kazimierz Karasek, was killed in the wreck.

Metra spokesman Michael Gillis said the agency does not comment on pending litigation.

nnix@tribune.com

✓ Understanding - Roles

Med-Lg/MCI, who (triage, treatment, transport) is responsible for

- Moving pts to a treatment area (if indicated)?
- RE-triaging pts?
- Notifying EMS/Medical (or IC) of # of pts?
- Determining priority of transport?
- Applying triage tags?
- Assigning pt to amb & destination hospital?
- Locating all victims?

DIANA:mci-9-13

Sm/MPI vs. Med-Lg/MCI

- What is the same in both?
  - Triage, treatment, and transport take place
- What is different with a Med-Lg/MCI?
  - Triage tags must be used (no ePCR's)
  - OLMC is with NCH
  - Transport contacts NCH
  - Usual level of care may not be possible
  - Transporting ambs do NOT contact OLMC
  - More than 1 ALS pt may be transported in an ambulance - depending on needs & available resources
  - How should hospital destinations be determined?
    - Most serious to closest hospitals, less serious distant hospitals

DIANA:mci-9-13

Quick Reference Card

DIANA:mci-9-13

Application

Before doing scenarios are going to practice the pieces START & SMART

DIANA:mci-9-13

START Triage Exercise

- You are assigned to triage the following pts (from car vs Pace bus MVC)

- Given 20 sec per pt
  - Since you don't need to walk between pts

- Keep track of your #'s
  - Use back of gold class eval form

DIANA:mci-9-13

START Triage Exercise

1. 60/F driver of car c/o chest pain & difficulty breathing; R 24, radial pulse fast & strong, follows commands
2. 40/M driver of bus c/o severe (L) sided abdominal pain; R 24, can't feel radial pulse, follows commands
3. 65/F bus passenger c/o hip pain from injury when fell out of seat; R 34, radial pulse (+), follows commands
4. 30/F bus passenger w/ obvious open tib/fib fx; R 24, radial pulse (+), follows commands
5. 20/M bus passenger w/ 3-4" arm lac active bleeding; R 20, radial pulse (+), follows commands

DIANA:mci-9-13

START Triage Exercise

6. 82/F, very upset, stating, "not sure what happened"; R 24, radial pulse (+), not following commands
7. 18/F c/o wrist & forearm injury when she fell; R 18, radial pulse (+), obeys commands
8. 22/M denies any injury, speech slurred, ETOH odor noted, R 16, radial pulse (+), not following commands
9. 67/M c/o chest pain & SOB, R 20, radial pulse (+), obeys commands
10. 75/M c/o left-sided abdominal pain & nausea, R 22, radial pulse (+), obeys commands

DIANA:mci-9-13

START Triage Exercise

1. 60/F driver of car c/o chest pain & difficulty breathing; R 24, radial pulse fast & strong, follows commands
2. 40/M driver of bus c/o severe (L) sided abdominal pain; R 24, **can't feel radial pulse**, follows commands
3. 65/F bus passenger c/o hip pain from injury when fell out of seat; **R 34**, radial pulse (+), follows commands
4. 30/F bus passenger w/ obvious **open tib/fib fx**; R 24, radial pulse (+), follows commands
5. 20/M bus passenger w/ 3-4" arm lac active bleeding; R 20, radial pulse (+), follows commands
6. 82/F, very upset, stating, "not sure what happened"; R 24, radial pulse (+), **not following commands**
7. 18/F c/o wrist & forearm injury when she fell; R 18, radial pulse (+), obeys commands
8. 22/M denies any injury, speech slurred, ETOH odor noted, R 16, radial pulse (+), **not following commands**
9. 67/M c/o chest pain & SOB, R 20, radial pulse (+), obeys commands
10. 75/M c/o left-sided abdominal pain & nausea, R 22, radial pulse (+), obeys commands

DIANA:mci-9-13

SMART tag Practice

Pass out 1 SMART tag to all

DIANA:mci-9-13

SMART Tag exercise

Everyone Stand Up

DIANA:mci-9-13

Fold to GREEN
& insert into plastic sleeve
then sit down

DIANA:mci-9-13

Everyone Stand Up

DIANA:mci-9-13

Fold to RED
& insert into plastic sleeve
then sit down

DIANA:mci-9-13

Everyone Stand Up

DIANA:mci-9-13

Fold to GREEN
& insert into plastic sleeve
then sit down

DIANA:mci-9-13

Everyone Stand Up

DIANA:mci-9-13

Fold to YELLOW

& insert into plastic sleeve

then sit down

DIANA:mci-9-13

Rationale

- At recent drill<u>s</u>, victims reported responders had problems folding tags & inserting into envelopes…

- This is what lay persons noticed!

DIANA:mci-9-13

RE-Triage

using SMART tags

DIANA:mci-9-13

SMART Tag exercise

Use copies of tags in HANDOUT to write on

DIANA:mci-9-13

Slide 1: Calculate Trauma Scores (TS)

Eye opening :
- Spontaneous — 4
- To voice — 3
- To pain — 2
- None — 1

Verbal response :
- Orientated — 5
- Confused — 4
- Inappropriate words — 3
- Incomprehensible words — 2
- No response — 1

Motor response :
- Obeys commands — 6
- Localizes — 5
- Pain withdraws — 4
- Pain flexion — 3
- Pain extension — 2
- No response — 1

Glasgow Coma Scale Total :

Total Glasgow Coma Scale
- 13 - 15 — 4
- 9 - 12 — 3
- 6 - 8 — 2
- 4 - 5 — 1
- 3 — 0

Respiratory Rate
- 10 - 29 — 4
- more than 29 — 3
- 6 - 9 — 2
- 1 - 5 — 1
- 0 — 0

Systolic BP
- 90 or more — 4
- 76 - 89 — 3
- 50 - 75 — 2
- 1 - 49 — 1
- 0 — 0

- 12 = PRIORITY 3
- 11 = PRIORITY 2
- 10 or less PRIORITY 1

Total :

Time :

Slide 2

Eyes = to Voice
Verbal = Confused
Motor = Obeys

GCS = _____ = _____
RR = 34 = _____
SBP = 120 = _____

TS = _____ = Red / Yellow / Green

DIANA:mci-9-13

Slide 3

Eyes = to Voice = __3__
Verbal = Confused = __4__
Motor = Obeys = __6__

GCS = __13__ = __4__
RR = 34 = __3__
SBP = 120 = __4__

TS = _11_ = Red /(Yellow) Green

DIANA:mci-9-13

Slide 4

Eyes = to Voice
Verbal = Incomprehensible
Motor = Localizes

GCS = _____ = _____
RR = 24 = _____
SBP = 88 = _____

TS = __ = Red / Yellow / Green

DIANA:mci-9-13

Eyes = to Voice = __3__
Verbal = Incomprehensible = _2_
Motor = Localizes = __5__

GCS = __10__ = __3__
RR = 24 = __4__
SBP = 88 = __3__

TS = _10_ = Red / Yellow / Green

DIANA:mci-9-13

Eyes = Spontaneous
Verbal = Confused
Motor = Localizes

GCS = ____ = ____
RR = 29 = ____
SBP = 90 = ____

TS = __ = Red / Yellow / Green

DIANA:mci-9-13

Eyes = Spontaneous = __4__
Verbal = Confused = __4__
Motor = Localizes = __5__

GCS = __13__ = __4__
RR = 29 = __4__
SBP = 90 = __4__

TS = _12_ = Red / Yellow / Green

DIANA:mci-9-13

SMART tag Assessment & Tx Documentation

PATIENT DETAILS

Male ☐   Female ☐   DOB / Age : _ _ _ _ _ _ _ _

Main Complaint :

Mechanism of Injury : _ _ _ _ _ _ _ _ _ _ _ _ _ _

Name : _

Address : _

City / Zip : _

Insurance : _

No. ☐☐☐ ☐☐☐ ☐☐☐

PAST MEDICAL HISTORY

☐ No Past History
☐ COPD or lung disorder
☐ CVA/Stroke
☐ Hypertension
☐ Unknown
☐ Heart Condition
☐ Cancer
☐ Diabetes
☐ Seizures
☐ Other

Medications / Allergies

SMART TAG
TRIAGE TREATMENT & TRACKING
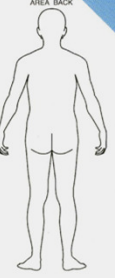SMART INCIDENT COMMAND SYSTEM
www.smartmci.com

SMART tag Assessment & Tx Documentation

Patient Assessment

AREA FRONT   AREA BACK

INJURIES:
C Closed Fracture   O Open Fracture   B Burn (shade area)
L Laceration   A Abrasion   M Morphine

Treatment & Notes :
_ _
_ _

SMARTTAG® and associated logos are the sole ownership of TSG Associates Ltd
and is protected by registered copyright and intellectual property insurance.
Copyright TSG Associates 2007

SMART tag Assessment & Tx Documentation

Time	Treatment / Intervention	Performed by	BP	Pulse	Resp	Skin	Loc / GCS	SaO₂

SMART tag Documentation Pt # 1

- MVC, unrestrained, frontal impact, driver
- DL in wallet lists
  - Claude Debussy (M)
  - DOB: 8-22-1949
- Medical ID card
  - PMH: MI, kidney dz, arthritis
  - Meds: furosemide, ASA
  - Allergies: iodine

- Eyes closed, moans & withdraws to pain
- P 62 reg, R 12, BP 204/70
- Skin warm & dry
- Swelling (L) frontal area
- Pupils equal, dilated
- Lungs clear, O2 sat = 94%
- Glucose = 108
- Deformity (L) upper arm - splinted

DIANA:mci-9-13

SMART tag Documentation Pt # 2

- MVC, unrestrained, frontal impact, driver
- c/o chest & abd pain
- Dorothy Parker (F)
- DOB: 3-21-1939 (74)
- PMH: HTN, DM, COPD
- Meds: can't recall name
- Allergies: ASA

- Eyes open, oriented, follows commands
- P 120 reg, R 24, BP 88/70
- Skin pale, cool, moist
- Pupils equal, dilated
- Red & tender - sternum & (L) upper abd
- Lungs clear, O2 sat = 94%
- Glucose = 96

DIANA:mci-9-13

Scenario

EMS (amb, eng, sq, & BC) respond to a vehicle that struck bldg

Scenario

What is responsibility of 2 PM's on ambulance?

- Assure scene safety
- Determine MOI
- Determine # of pts, begin triage
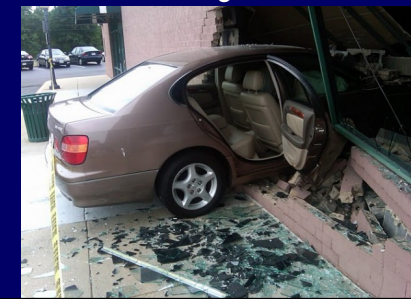- Request help as needed

DIANA:mci-9-13

Scenario

What should be considered re: scene safety?

MOI
- vehicle struck pedestrian & building
- severe damage

DIANA:mci-9-13

Scenario

3 victims - begin triage

- Pedestrian: open femur fx (R 24, + pulse, obeys)
- Vehicle = 2 pts
  - Driver, confused, c/o chest & upper abd pain
    - R 22, + pulse, obeys commands
  - Passenger, upset, crying, c/o (R) wrist pain
    - R 20, + pulse, obeys commands

Will assume command has declared this a sm/MPI

DIANA:mci-9-13

Scenario

- Should 1st on-scene amb immediately transport most serious pt? Why?

- Which is the most serious pt?

- Which pt should be transported first? Who is responsible for making this determination?

- Need more info….esp GCS & SBP to determine if any meet L1 TC criteria

DIANA:mci-9-13

Scenario

- **Pedestrian: open femur fx**
  - START (Y): R 24, + pulse, obeys
  - *BP 120/84, P 92, R 22, GCS 15*
- **Driver, confused, c/o chest & upper abd pain**
  - START (G): R 22, + pulse, obeys commands
  - *BP 86/50, P 120, R 26, GCS 14*
- **Passenger, upset, crying, c/o (R) wrist pain**
  - START (G): R 20, + pulse, obeys commands
  - *BP 140/90, P 108, R 18, GCS 15*
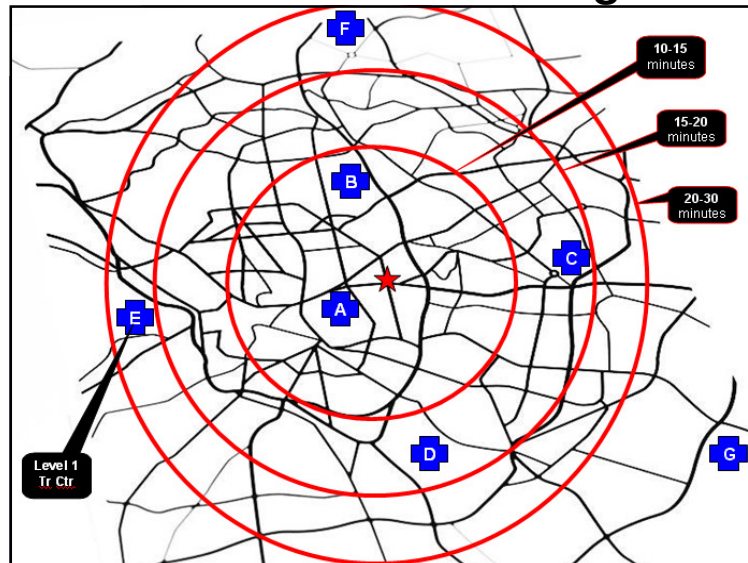
DIANA:mci-9-13

Scenario

- Should all 3 be transported to same hosp?
  - Why?

- Should 2 most serious be transported to the same nearest TC?
  - Why?
  - What should be considered?

DIANA:mci-9-13

Scenario

- In what order - should the pts be transported?

- Where - should the pts be transported?

  1. Driver – nearest L1 TC (Hosp E on map)

  2. Pedestrian – TC (L1 or L2) (Hosp A)

  3. Passenger – nearest hosp (Hosp A)

DIANA:mci-9-13

NOTE

Please save your CE handout & reference card – will be used next month for part II of this CE module.

DIANA:mci-9-13

What did you learn that will change your practice?
OR
What question do you have?

DIANA:mci-9-13

References

- Aehlert, B. (2010). *Paramedic practice today: Above and beyond*. St. Louis, MO: Mosby, Elsevier.

- Bledsoe, B. E., Porter, R. S., & Cherry, R. A. (2013). *Paramedic care: Principles & practice* (4th ed.). Upper Saddle River, NJ: Pearson.

- Sanders, M. J. (2011). *Mosby's paramedic textbook* (4th ed.). St. Louis, MO: Elsevier Mosby.

DIANA:mci-9-13

Additional Reading

- http://www.emsworld.com/article/10922033/boston-marathon-lessons-and-ems-all-hazards-plans?print=true
- http://www.jems.com/article/major-incidents/10-tips-help-gear-mcis
- http://www.emsworld.com/article/10320478/surge-capacity
- http://www.jems.com/article/major-incidents/new-jersey-ems-task-force-response-super
- http://www.emsworld.com/article/10875975/a-supersized-storm
- http://www.emsworld.com/article/10604181/how-to-develop-tactical-ems-protocols?print=true
- http://www.jems.com/article/major-incidents/arlington-county-va-task-force
- http://www.jems.com/article/major-incidents/many-factors-contribute-successful-manag
- http://emsworld.epubxp.com/i/96220/21

DIANA:mci-9-13

PRIORITIZE
At Least You Can Fix The Bike.

DIANA:mci-9-13