

7100 Fort Dent Way, Suite 210 Tukwila, WA 98188 Phone: (425) 988-2898 Fax: (206) 707-9920

www.nwhrn.org info@nwhrn.org

Instructions for Rapid Fire Triage Challenge

This exercise is designed to accomplish two objectives:

- Give participants experience in rapid triage of mock pediatric victims of a mass casualty incident
- Provide discussion of the rationale for specific triage designations

Materials:

- Rapid Fire PPT
- Optional Turning Point software with wireless cards (1 per participant)
- Rapid Fire Triage Challenge scoring sheet
- Clipboards and pens or pencils, as needed

Staffing:

Person to operate PowerPoint

Person to introduce the exercise, run practice session and conduct "Hot Wash"

Exercise Procedure

- 1. Exercise lead gives background on MCI triage principles and orientation to the exercise, including use of Audience Response System, if used.
- 2. Participants should enter their triage designation for each patient profile in the appropriate box on the score sheet :
 - green (minor) ambulatory, alert
 - yellow (delayed) nonambulatory, responsive to voice or pain
 - red (immediate) respiratory distress, unresponsive or declining mental status
 - black (unsalvageable or "expectant") not breathing or RR: 0
- 3. Normal respiratory status, for this exercise, is defined as: (included on score sheet)
 - RR = 15 45, for ages > 1 year-old
 - RR = 30 60, for ages < 1 year old
- 4. Using the ARS, when all "votes" are cast, participants will see a graph of the participant replies, followed by a check by the "correct" answer.
- 5. Participants should keep track of their own correct answers on the score sheet.
- 6. At the close of the exercise, participants should tally their correct answers and enter that number on their Score Card.

Note:

This exercise can be conducted using the PPT without ARS, providing the exercise leader is familiar with the correct triage for each patient profile or is provided an answer sheet. The advantage to using the ARS is showing the consensus of the participating group via the graph, allowing discussion and clarification of inconsistencies in triage decisions.