



Surge Response System

DMS-05816 • rev 7-17-19

SURGE

Instructional Flip Chart for Receivers/Hospitals



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TriageTags.com

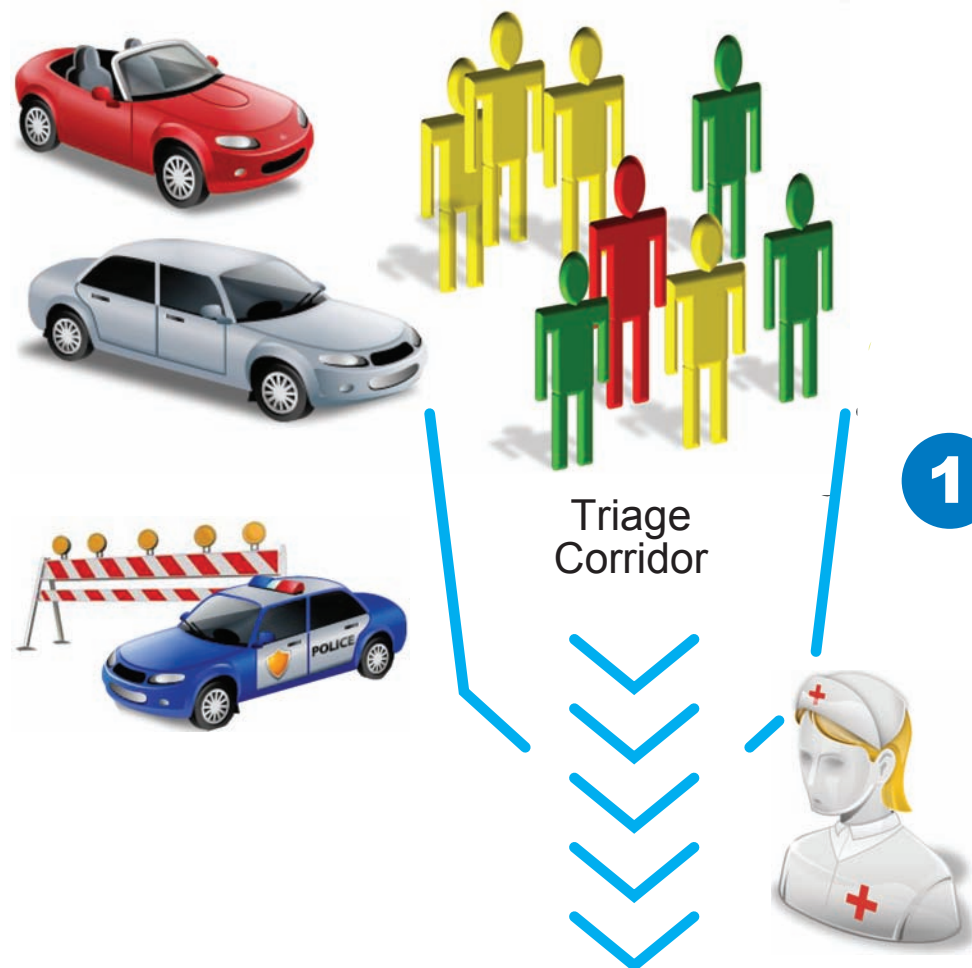
HOSPITAL SURGE WORKFLOW

First Receiver Surge Management

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Utilize in the Event of a Surge of Self-Presenting Patients

Self Transport Surge Overview

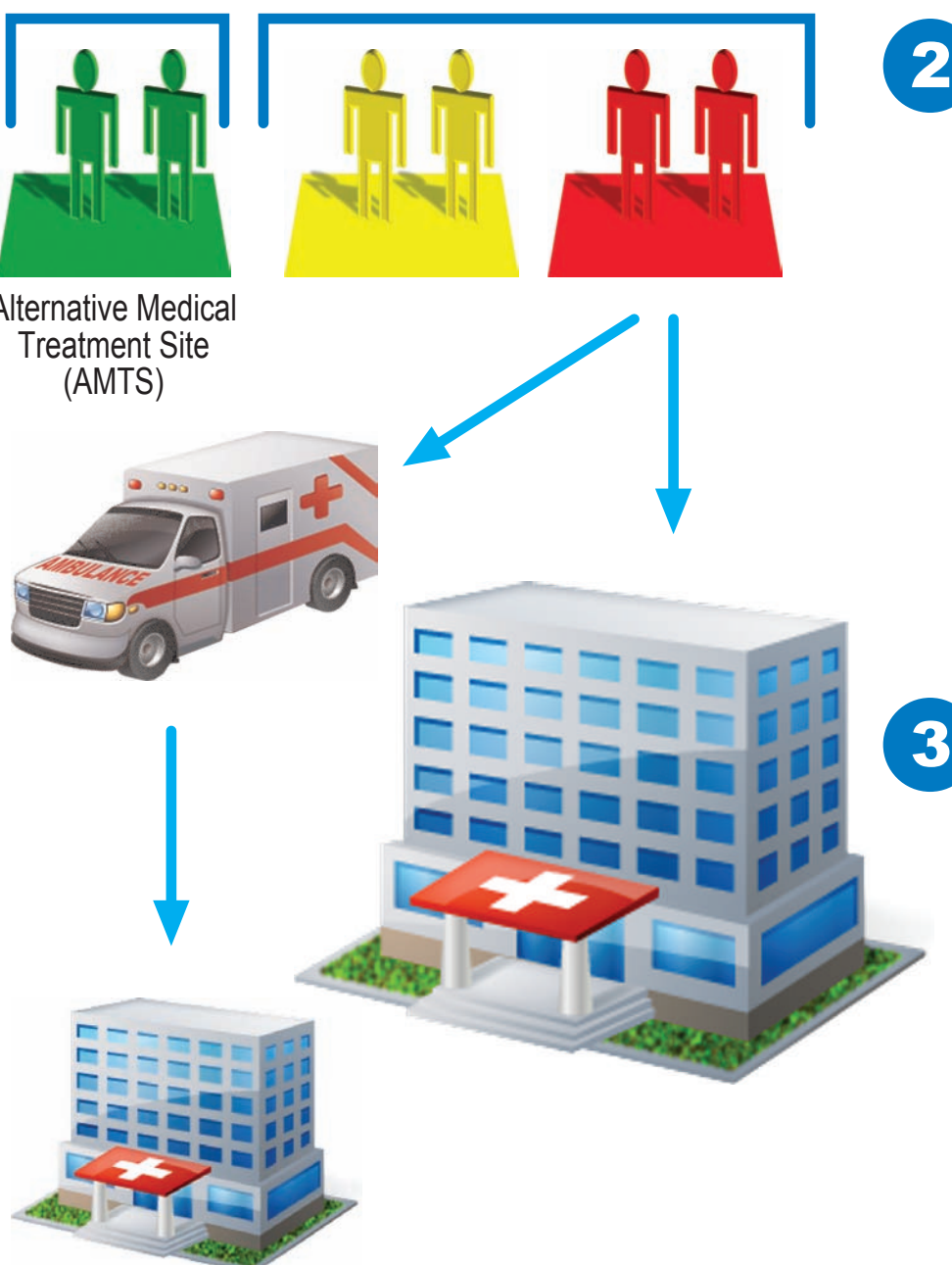


Establish the positions and utilize the tools described in this guide to ensure maximum patient care, minimal disruption to your ED, and proper patient accountability.

Triage Corridor

Set up a **Triage Corridor** to channel patients away from the ER and toward the treatment areas. A nurse at the apex of the corridor will quickly triage and mark patients based off their acuity color. **Green** = MINOR, **Yellow** = DELAYED, and **Red** = IMMEDIATE.

Assign a scribe to keep count of the patients.



Treatment Areas

Establish **IMMEDIATE** and **DELAYED** treatment areas for patients needing ALS or BLS care. Area managers will re-triage arriving patients to confirm their acuity and use triage tags to track patients and indicate care provided. An **Alternative Medical Treatment Site (AMTS)** should be established to care for the **MINOR** acuity patients.

Patient Transfer Point

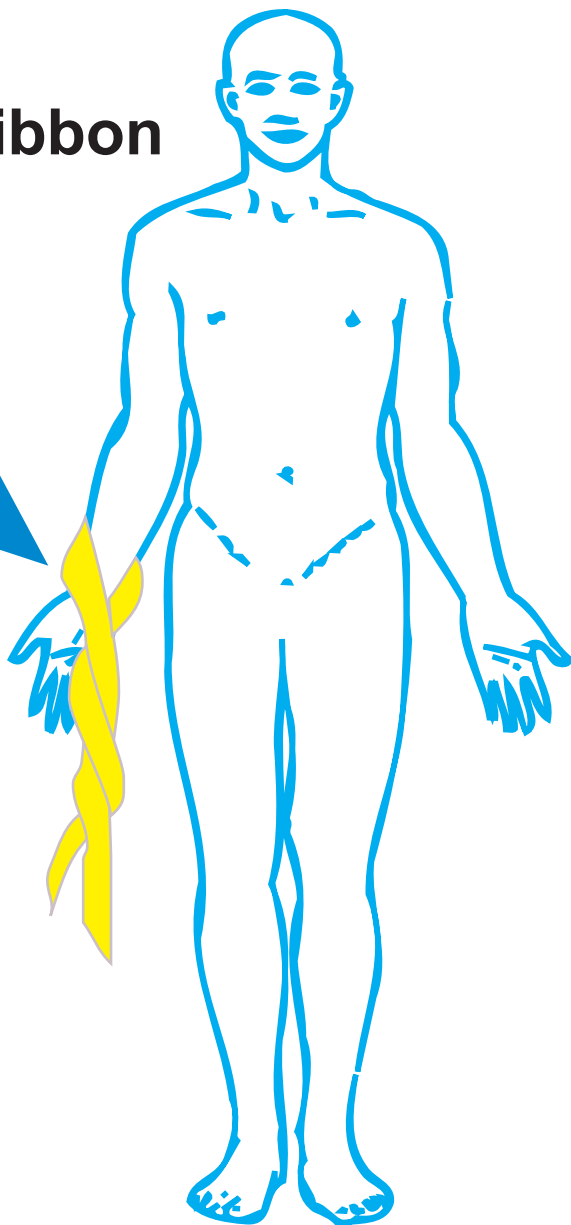
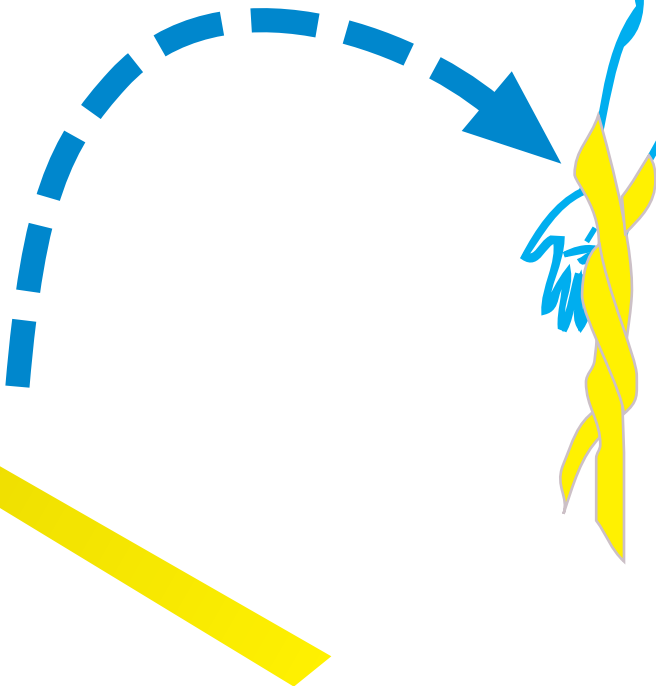
To track patient movement from the treatment areas to the ER or off-site facility, a central **patient transfer point** needs to be established. Utilize the triage tag's transportation receipt to document where the patient went.

INITIAL TRIAGE

Triage Corridor

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- 1 Triage Nurse Performs START/JumpSTART to Determine Initial Triage Category
- 2 Pull off Apx. 2 Feet of the Proper Colored Ribbon
- 3 Tie Ribbon to the Patient's Wrist or Ankle



- 4 Patient Count

Scribe Present
“Patient Count Worksheet”
for Patient Counts

Triage Count Worksheet									
Recorder Name: <u>Andersen</u> Agency: <u>VCFD</u> Date: <u>7/24/15</u> Time: <u>10:18</u>									
Triage Unit Members									
Last Name	Agency	Last Name	Agency	Last Name	Agency	Last Name	Agency	Last Name	Agency
Cooper	VCFD								
Peters	VCFD								
Mitchell	AMR								

Location 1: <u>School Bus</u>				Location 2: <u></u>			
Tally from Triage Teams	Total	Tally from Triage Teams	Total				
1 IMMEDIATE 4	4	1 IMMEDIATE 1	1				
2 DELAYED 2	2	2 DELAYED 2	2				
3 MINOR 7	7	3 MINOR 3	3				
0 MORGUE 0	0	0 MORGUE 0	0				
PT Total 16		PT Total					
Incident Commander Advised <input checked="" type="checkbox"/>		Incident Commander Advised <input type="checkbox"/>					

Notes:

No Scribe Present
Enter Patient Counts on Card
Provided on Top of Bag

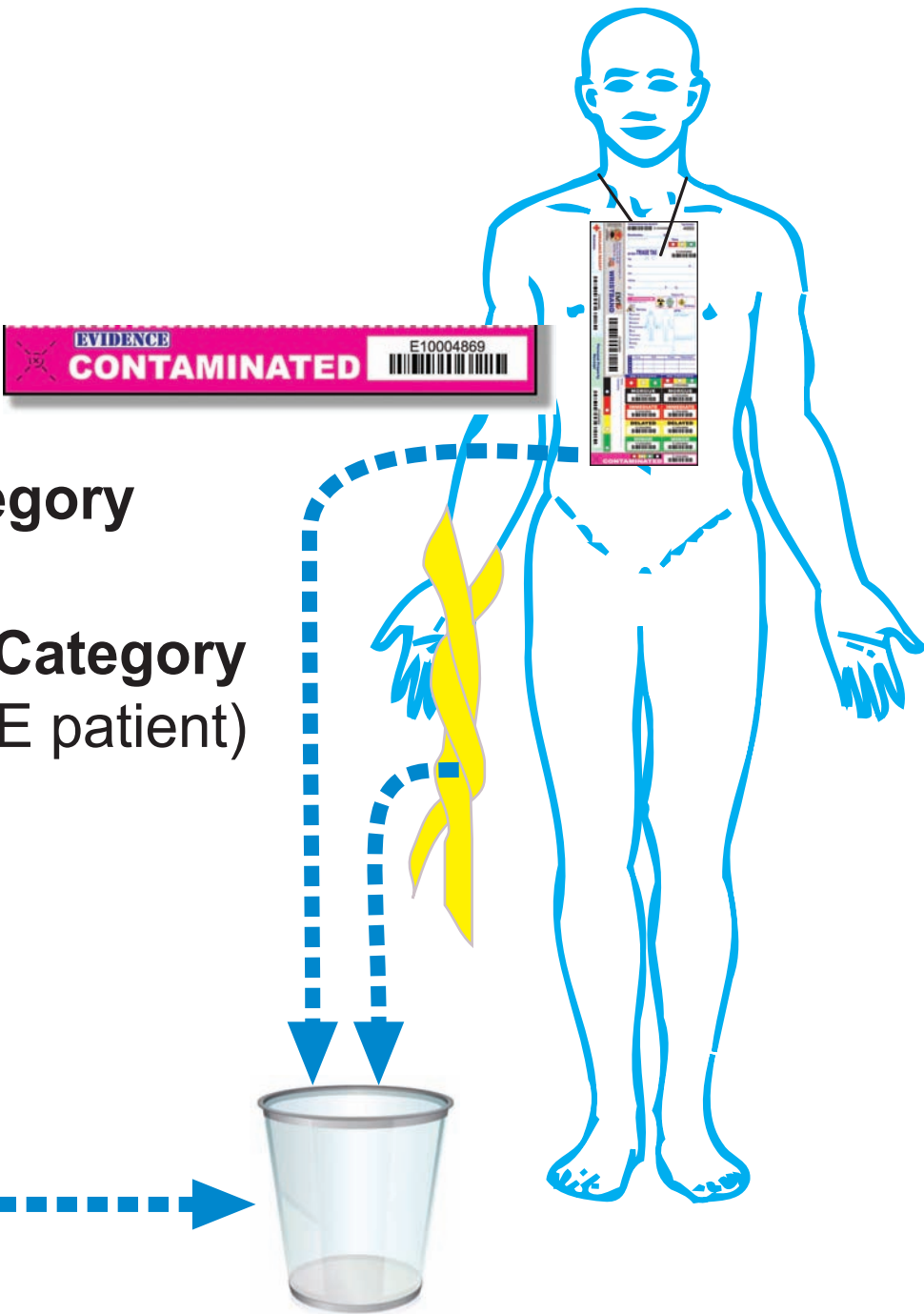
INITIAL TRIAGE COUNT CARD			
Location: <u>School Bus</u> <input checked="" type="checkbox"/> Triage Unit Leader Advised			
1 IMMEDIATE	///	Total	4
2 DELAYED	//	Total	2
3 MINOR	///	Total	3
0 MORGUE	///	Total	7
0 MORGUE	0	Total	0

SECONDARY TRIAGE

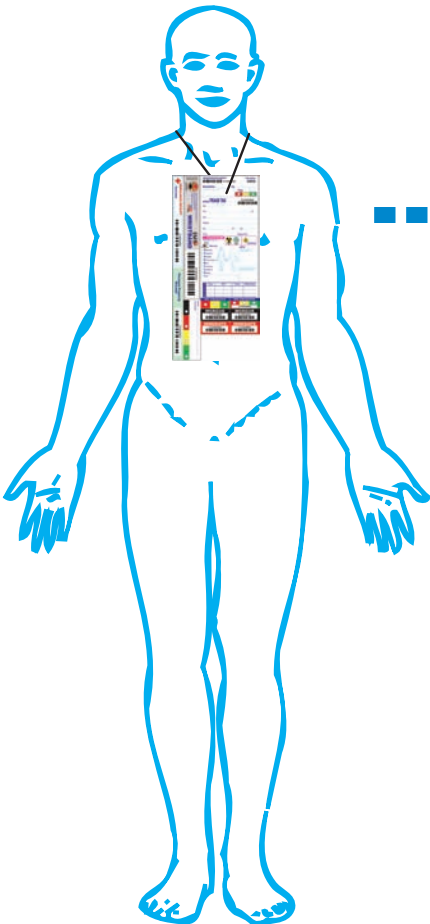
Entrance to the Treatment Area

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- 1 Discard Primary Triage Ribbon
- 2 Apply Triage Tag to Patient
- 3 Discard Contamination Strip
- 4 Determine Patient's Triage Category
- 5 Discard Receipts below Triage Category (example shown is an IMMEDIATE patient)



- 6 Move Patient to the Proper Treatment Area

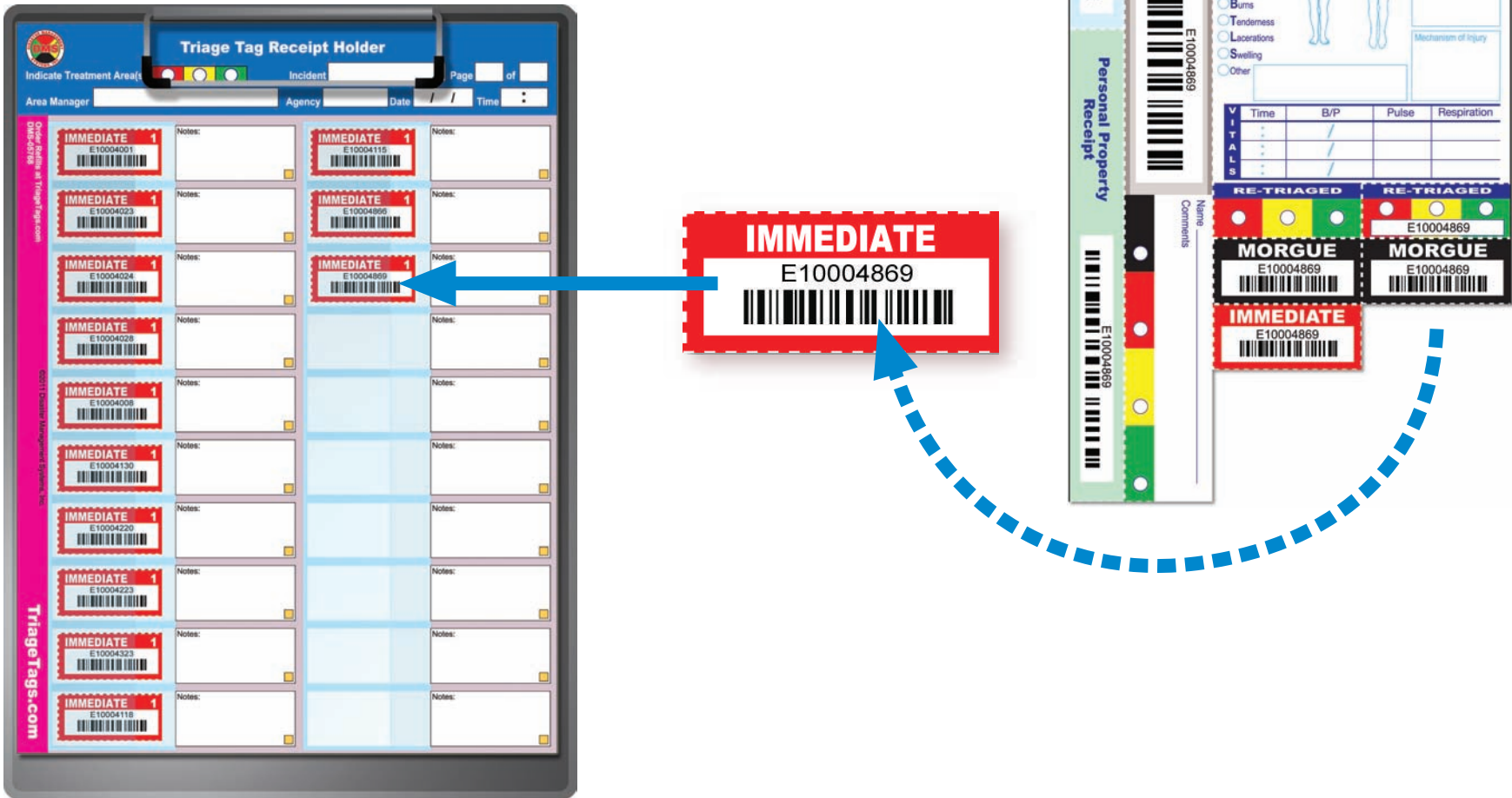


PATIENT TREATMENT

Treatment Areas

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- 1 Remove Outermost Category
- 2 Provide Receipt to Treatment Area Manager
- 3 Receipt is to be Placed in Treatment Area Log (Triage Tag Receipt Holder)



- 1 Enter Patient's Personal Information as Time Permits
- 2 Complete Patient Condition Section of Tag
- 3 Record Any Treatment Provided Whenever Possible

Patient Information (Tag Front)

All Risk® TRIAGE TAG E10004869

Age M ☐ F ☐

First M.

Last

Address

City St Zip

Phone Religious Pref

Patient Condition (Tag Front)

If Contaminated ▶ DMS-05420 • Rev 3-12

RADIOLOGICAL AGENT BIOLOGICAL AGENT CHEMICAL AGENT See Reverse

Blast Injury

AFN ☐

Chief Complaint

Mechanism of Injury

Deformities ☐

Contusions ☐

Abrasions ☐

Punctures/Penetrations ☐

Burns ☐

Tenderness ☐

Lacerations ☐

Swelling ☐

Other

V	T	B/P	P	R
	Time		Pulse	Respiration
	:	/		
	:	/		
	:	/		

Treatment Provided (Tag Back)

Tourniquet Applied ☐ Airway Management ☐ OPA ☐ NPA ☐

Time

GCS Tx In:	E:	M:	V:	Time:
GCS Tx Out:	E:	M:	V:	Time:

Known Allergies:

Treatment Administered/Comments

D	T	D	D
R	Time	Drug Solution	Dose
U	:		
G	:		
S	:		

TRANSPORTATION

Patient Transfer Point

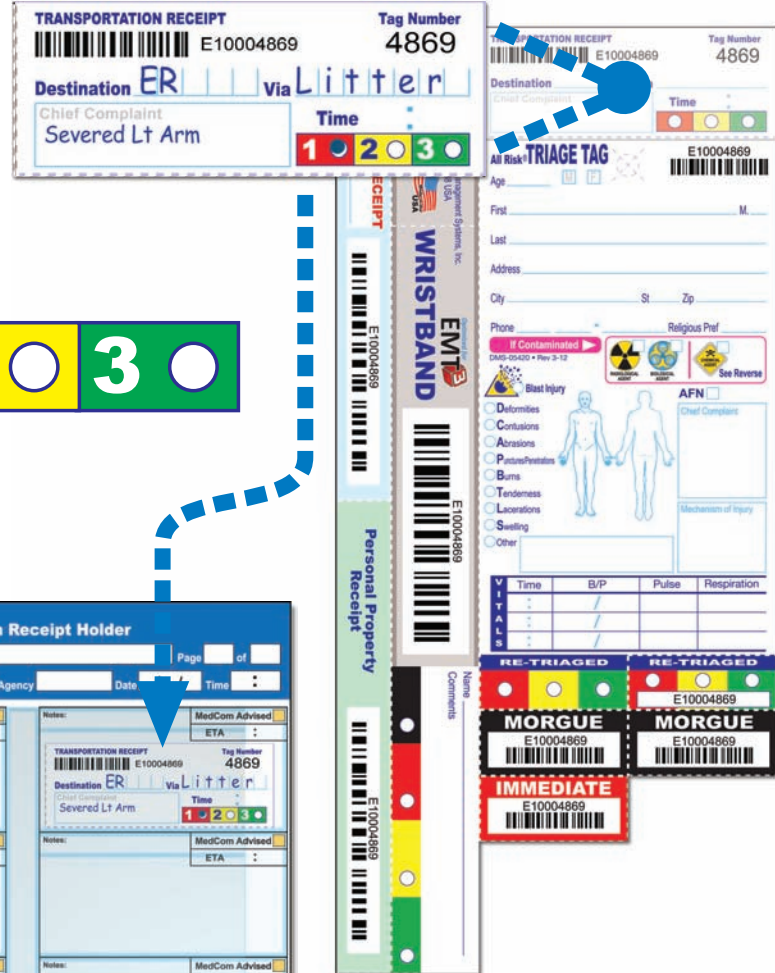
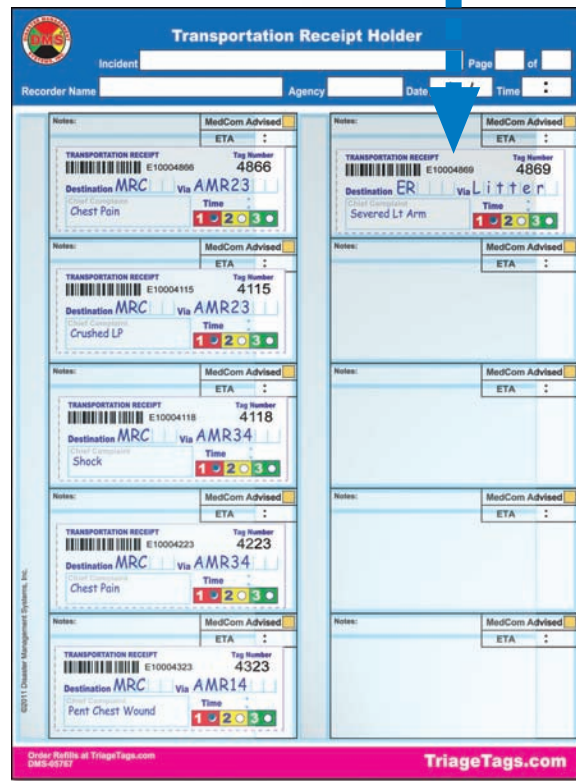
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1 Remove the Transportation Receipt

2 Complete Required Information

3 Fill in the Proper Category Circle

4 Place the Transportation Receipt into Log
(Transportation Receipt Holder)

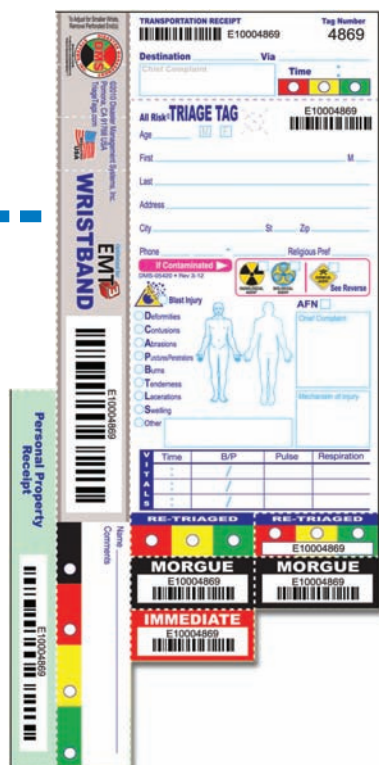


5 Admit On-Site or Transport to Alternate Receiver

Admit

1 Discard Ambulance Receipt

2 Admit to Hospital



Transport

1 Remove the Ambulance Receipt

2 Give Receipt to Transporting Agency



Disaster Management Systems
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Upon Admittance/ER



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 Corona, CA 91768 USA
dms1rags.com



USA

WRISTBAND

Continued from

EMT

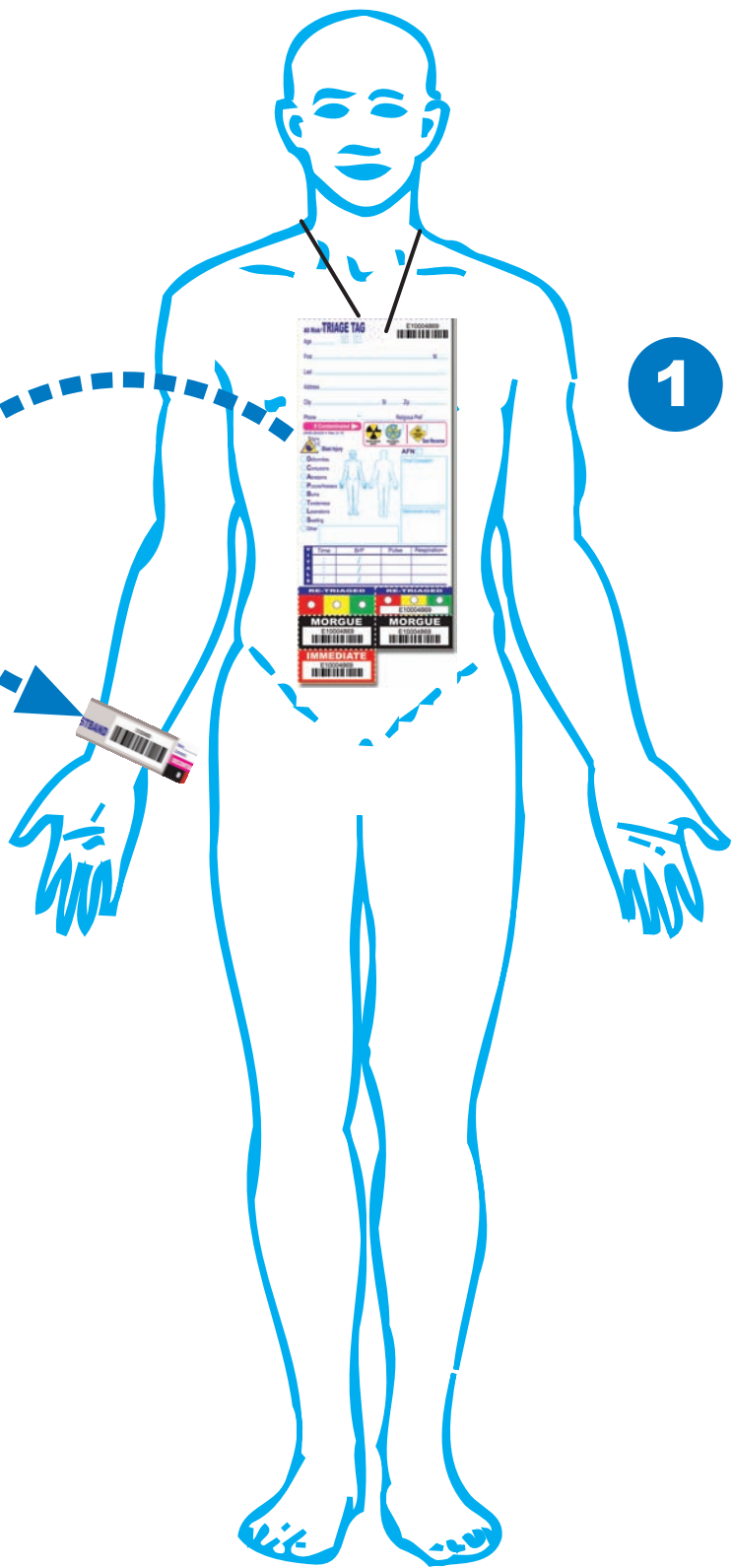


E10004869

Name _____

Comments _____





- ## 2 Remove Triage Tag from Patient and Place with Patient's Record



All Risk® TRIAGE TAG		E10004869 		
Age M F				
First _____ M. _____				
Last _____				
Address _____				
City _____ St. _____ Zip _____				
Phone _____		Religious Pref _____		
If Contaminated ▶				
DMS-05420 • Rev 3-12				
 Blast Injury	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <small>RADIOLOGICAL AGENT</small> </div> <div style="text-align: center;"> <small>BIOLOGICAL AGENT</small> </div> <div style="text-align: center;"> <small>CHEMICAL AGENT</small> </div> </div> <div style="text-align: right; margin-top: 5px;"> See Reverse </div>			
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div>		AFN 		
<div style="display: flex;"> <div style="flex: 1;"> <input type="radio"/> Deformities <input type="radio"/> Contusions <input type="radio"/> Abrasions <input type="radio"/> Punctures/Penetrations <input type="radio"/> Burns <input type="radio"/> Tenderness <input type="radio"/> Lacerations <input type="radio"/> Swelling <input type="radio"/> Other _____ </div> <div style="flex: 1; border: 1px solid black; height: 100px; margin-left: 10px;"></div> </div>		<div style="border: 1px solid black; padding: 5px; height: 100px;"> Chief Complaint </div>		
		<div style="border: 1px solid black; padding: 5px; height: 100px;"> Mechanism of Injury </div>		
V	Time	B/P	Pulse	Respiration
I	:	/		
T	:	/		
A	:	/		
L	:	/		
S	:	/		

RE-TRIAGED

MORGUE

E10004869

RE-TRIAGED

MORGUE

E10004869

IMMEDIATE

E10004869

RE-TRIAGE • DEGRADED

Delayed to Immediate Example

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- 1 Remove remaining current acuity receipt from triage tag
- 2 Place receipt in Treatment Log on top of original patient receipt
- 3 Note in Treatment Log patient was re-triaged

Triage Tag Receipt Holder

Indicate Treatment Area(s) Incident Page of

Area Manager Agency Date / / Time :

Delayed	Notes	Delayed	Notes
DELAYED E10004102		DELAYED E10004455	
DELAYED E10005788		DELAYED E10004992	
DELAYED E10003118		DE DELAYED E10004869	Re-triaged to Immediate
DELAYED E10004444			
DELAYED E10004756			



Two receipts in the same window indicates the patient was re-triaged and moved out of the treatment area.

- 4 Move patient to the new Treatment Area

TRANSPORTATION RECEIPT Tag Number 4869

Destination Via Time

Chief Complaint

All Risk **TRIAGE TAG** E10004869

Age First Last

Address City St Zip

Phone Religious Pref

If Contaminated ☐ See Reverse

Blast Injury ☐

Deformities ☐ Contusions ☐ Abrasions ☐ Punctures/Penetrations ☐ Burns ☐ Tenderness ☐ Lacerations ☐ Swelling ☐ Other

Chief Complaint

Mechanism of Injury

Vitals

Time	B/P	Pulse	Respiration

RE-TRIAGED

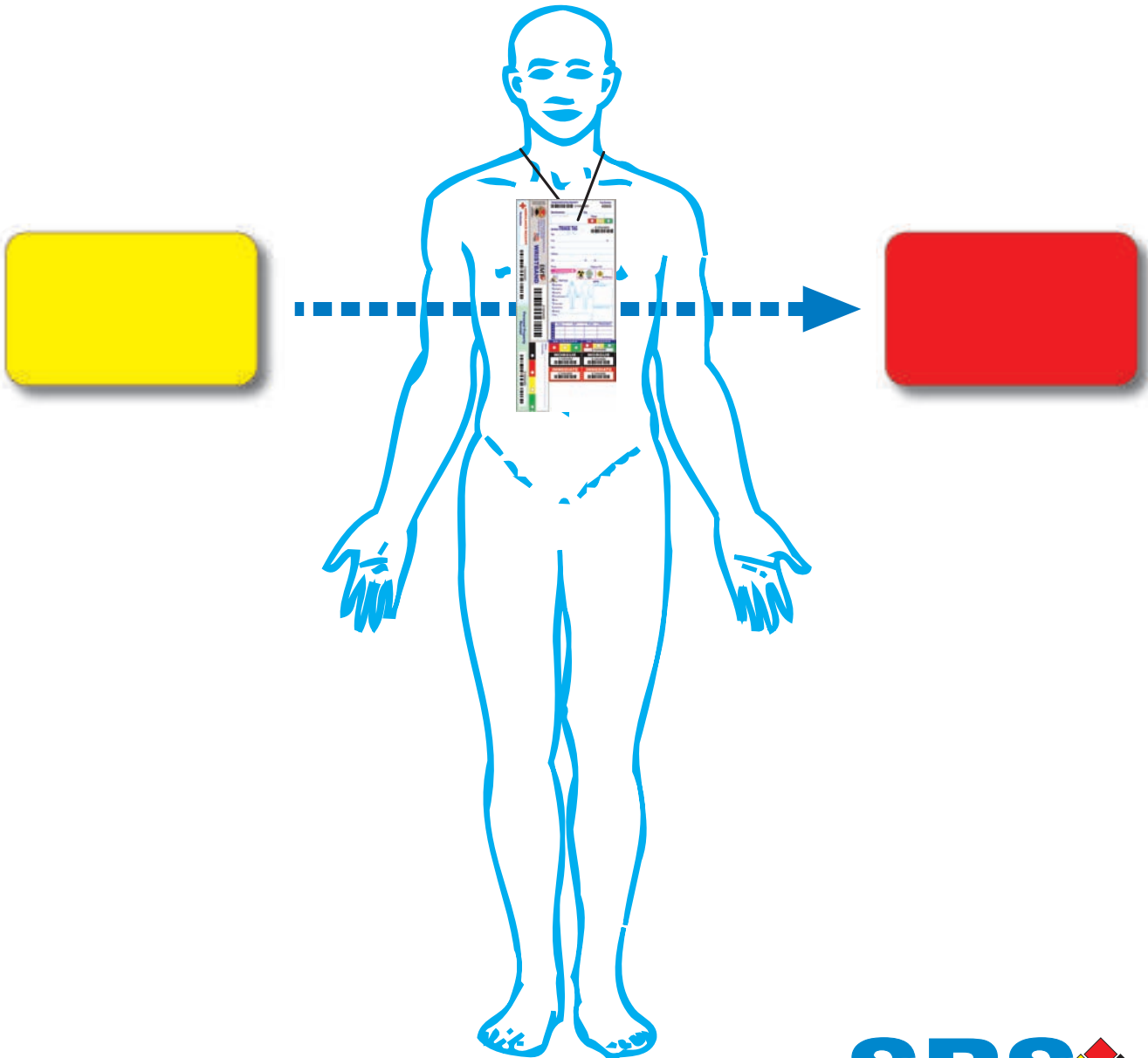
RE-TRIAGED

MORGUE

MORGUE

IMMEDIATE

IMMEDIATE



RE-TRIAGE • IMPROVED

Immediate to Delayed Example

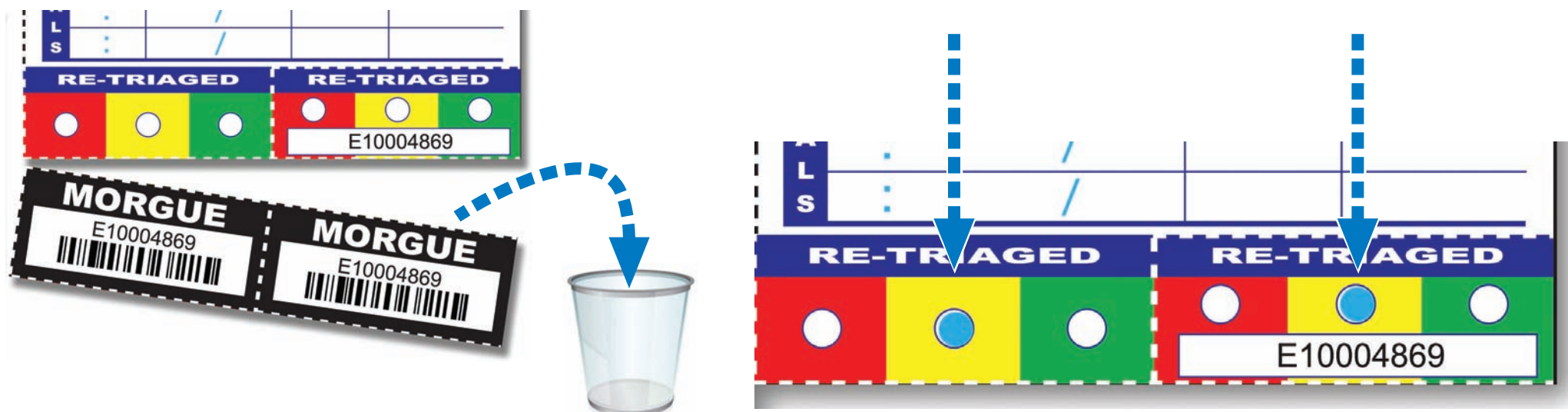
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- 1 Place receipt in Treatment Log on top of original patient receipt.



Two receipts in the same window indicates the patient was re-triaged and moved out of the treatment area.

- 2 Neutralize tag by discarding all receipts thru Morgue. Indicate new acuity on both re-triage receipts.



- 3 Move patient to indicated treatment area. A re-triage receipt is used by the new Area Manager for patient accountability.

