

A NEED FOR PREHOSPITAL TRIAGE STANDARDIZING TOOL IN MASS CASUALTY INCIDENTS

POTRZEBA STANDARYZACJI SEGREGACJI MEDYCZNEJ W ZDARZENIACH MASOWYCH

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B. Data collection/entry
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C. Data analysis/statistics
dane – analiza i statystyki
D. Data interpretation
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Dear Editor,

There is no global consensus on the use of prehospital triage systems in mass casualty incidents [1,2]. However, most of the triage systems aim to cover four essential factors: speed, precision, fairness, and compatibility [3], of which the element of speed of decision-making is of importance, due to the large number of casualties that should be managed. Prehospital triage systems range from fast, crude algorithms and flowcharts to complex scoring systems requiring exact information on vital parameters, mechanisms of injury and available resources [1,2]. This heterogeneity constitutes a particular threat in the event of a Mass Casualty Incident (MCI) which often involves rescue personnel from different organizations or nationalities. There have been several attempts to achieve a global or national consensus in a number of cases without fruition due to a lack of actual research behind the origin or refinements of the various systems. When proposing a modern system for universal consideration there often has not been much more than anecdotal evidence to its efficacy, making it hard to choose one over the other [1-4].

It is logical to believe that these controversies will continue in the future prompting additional systems to emerge. Having acknowledged this fact, the only way to achieve a consensus seems to be a combined criteria system which offers a way to display the results without proposing yet another triage system. Such a system should consider a comparison of the following areas: *Ambulation, Breathing/open airway, Respiratory rate, Radial/peripheral pulse, Following commands*, and the need for *Lifesaving interventions* to accommodate a combined system that also includes Chemical, Biological, Radiation and Nuclear (CBRN) events [4,5]. The importance of these areas lies on the fact that they are all presented in every triage system. As such, they may also create difficulties in decision-making. For instance, counting respiratory rate and measuring/estimating systolic blood pressure not only can be difficult in an emergency but may also delay the immediate management of patients.

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Słowa kluczowe: opieka przedszpitalna, segregacja, zdarzenia masowe

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These quantity-based measurements can be substituted by qualitative measurements and an estimation based on the presence of a condition, i.e., confirming whether patient respiration is distressed or not? Or do the patients exhibit external hemorrhages or not? These qualitative measures can easily be answered in the chaotic situation of an MCI by YES/NO, and thus, can enhance the process of medical evaluation on the field and create a constant denominator of all triage systems.

The key to a successful management in MCI is the simplicity of its measures and approaches. As over-treatment of victims may expose them to more harm, using complicated systems, which depend on new technologies, is also risky. An uncomplicated tool that simplifies prehospital triage is needed. Such a tool may convert various prehospital triage systems into one by using translational triage measures, in a multistep research program by which all decision-making steps can be evaluated and confirmed based on present medical evidence. However, it is also important that medical professionals realize the need for change and both study and embrace new ideas.

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