

**UNITED STATES MARINE CORPS**  
**FIELD MEDICAL TRAINING BATTALION**  
Camp Lejeune, NC 28542-0042

FMST 504

**Conduct Triage**

**TERMINAL LEARNING OBJECTIVES**

1. Given multiple casualties in a tactical environment, **conduct triage** to ensure patients are treated according to category. (8404-HSS-2002)
  
2. Given multiple casualties in an operational environment, necessary medical equipment and supplies, **manage mass casualty incident** to reduce the risk of further injury and death. (8404-HSS-2003)

**ENABLING LEARNING OBJECTIVES**

1. Without the aid of reference, given a description or list, **identify the purpose of tactical triage**, within 80% accuracy, per Prehospital Trauma Life Support, current Military Edition. (8404-HSS-2002a)
  
2. Without the aid of reference and in writing, **identify the principles of triage**, within 80% accuracy, per Prehospital Trauma Life Support, current Military Edition. (8404-HSS-2002b)
  
3. Without the aid of reference, given a descriptive list of injuries, identify **the appropriate triage category for specific injuries**, in accordance with Prehospital Trauma Life Support, current Military Edition. (8404-HSS-2002c)
  
4. Without the aid of reference, given a description or list of injuries, **identify the procedures for coordinating care for a mass casualty incident**, per Prehospital Trauma Life Support, current Military Edition. (8404-HSS-2003a)

## 1. TRIAGE

Triage is a French word meaning “to sort.” Casualties are sorted into groups based on their immediate medical needs. Using a standardized approach to triage casualties helps combat medics correctly segregate, treat, and prioritize evacuation in the shortest time possible. The realities of combat dictate that battlefield triage must take place in an environment limited in resources for treatment and transport. Triage merely establishes order of treatment and movement. Although all casualties require treatment, triage aids in deciding which casualties have the greatest probability of survival and helps weigh the casualty’s need for lifesaving interventions (LSIs), thus determining priority and urgency for treatment and evacuation.

**Triage** ensures the greatest care for the greatest number and the maximal utilization of medical personnel, equipment, and facilities, especially in a mass-casualty incident (MCI).  
-PHTLS Manual, Current Edition

Triage establishes the patient’s category.

Although the type and extent of the wound may offer clues as to the triage category a patient may fall into, it is their physiological state (how well their body is working) that is the critical factor. For instance, a patient with a weak radial pulse indicates an estimated systolic blood pressure of 80 mm/Hg. Studies of combat related injuries indicate that 32% of these individuals will die. The absence of a radial pulse indicates a systolic blood pressure of less than 50 mm/Hg. The same study reported that 92% of these individuals will die. On the other hand, a separate trauma study indicated that no casualty died if they presented during the first stages of triage with a palpable radial pulse and the ability to follow simple commands.

## 2. PRINCIPLES OF TACTICAL TRIAGE

Accomplish the greatest good for the greatest number of casualties.

Employ the most efficient use of available resources.

Return personnel to duty as soon as possible.

Factors that influence triage include: the number of casualties, the resources that are available (personnel, equipment, time, etc.), the attention that can be given to easily treatable conditions, rapid and accurate assessments, and continuous reassessment (casualties may be moved into different categories as their condition improves or worsens).

## 3. THE FOUR CATEGORIES OF TACTICAL TRIAGE

Categories are color-coded and are recognized as follows:

### Immediate (Red Tag)

This category includes casualties who require immediate LSI and/or surgery. The key to successful triage is to locate these individuals as quickly as possible. Casualties do not remain in this category for an extended period of time. They are either found, triaged and treated, or they will die!

**Examples** include, but are not limited to - hemodynamically unstable casualties with airway obstruction, chest or abdominal injuries, massive external bleeding, or shock.

### **Delayed (Yellow Tag)**

The delayed category includes wounded casualties who may need surgery, but whose general condition permits a delay in surgical treatment without unduly endangering life or limb. Sustaining treatment will be required (e.g. oral or IV fluids, splinting, antibiotics or pain control).

**Examples** include, but are not limited to - those with no evidence of shock, who have large soft tissue wounds, fractures of major bones, intra-abdominal and/or thoracic wounds, or burns to less than 20% of total body surface area.

### **Minimal (Green Tag)**

Casualties in this category are often referred to as the “walking wounded.” These casualties have minor injuries and can usually care for themselves with self-aid or buddy aid. These casualties should still be employed for mission requirements (e.g. scene security) or to help treat the more seriously wounded.

**Examples** include, but are not limited to - small burns, lacerations, abrasions, and small fractures.

### **Expectant (Black Tag)**

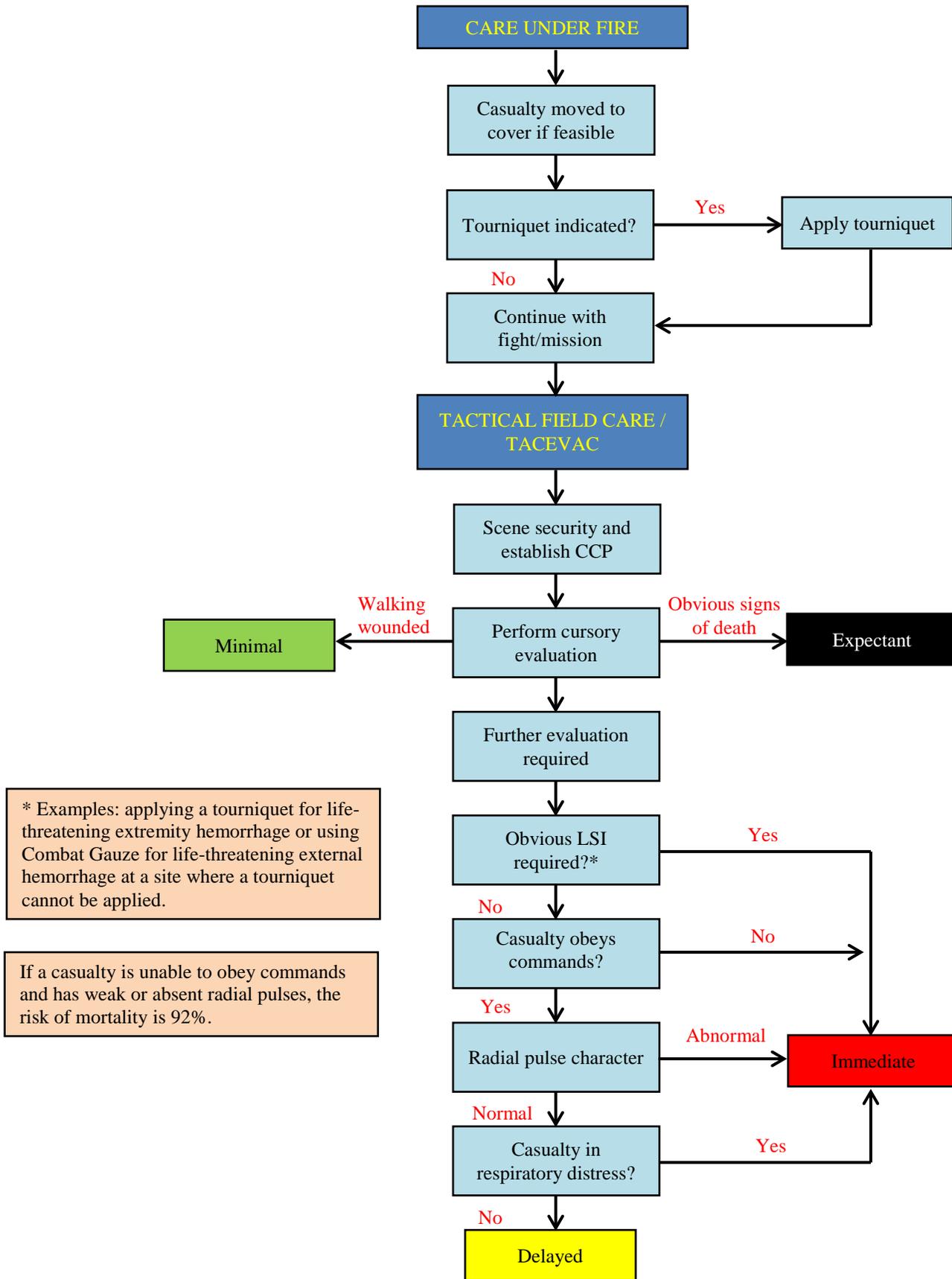
Casualties in this category have wounds that are so extensive that even if they were the sole casualty and had the benefit of optimal medical resources, their survival would be highly unlikely. Even so, expectant casualties should not be neglected. They should receive comfort measures, pain medications (if possible) and they deserve re-triage as appropriate.

**Examples** include, but are not limited to - unresponsive casualties with injuries such as penetrating head trauma with obvious massive damage to the brain.

### **Triage in Tactical Combat Casualty Care**

Because the tactical environment precludes an extensive array of monitoring equipment, optimal battlefield treatment and evacuation rely on simple triage tools. Based on research by the Committee on Tactical Combat Casualty Care, a triage decision algorithm has been developed (see figure 1). Use of this algorithm begins with a cursory evaluation.

- Patients who can ambulate and follow instructions usually will fall into the minimal category. Statements such as “If you can hear my voice get up and move behind the building” (or any other place tactically correct) can triage a large portion of the casualties in a short time.
- Patients with obvious signs of death can be initially placed in the expectant category.
- Casualties who do not fit either of the above categories will need further evaluation. All casualties requiring an LSI are placed initially in the immediate category.
- Patients are placed in the delayed category if they can obey simple commands, possess a normal radial pulse, and are not in respiratory distress.
- Once the LSI has been performed, the patient must be re-triaged. Triage is a continuous process and frequent reassessment is required.



**Figure 1. Triage Algorithm for Tactical Combat Casualty Care**

#### 4. MASS CASUALTY TRIAGE

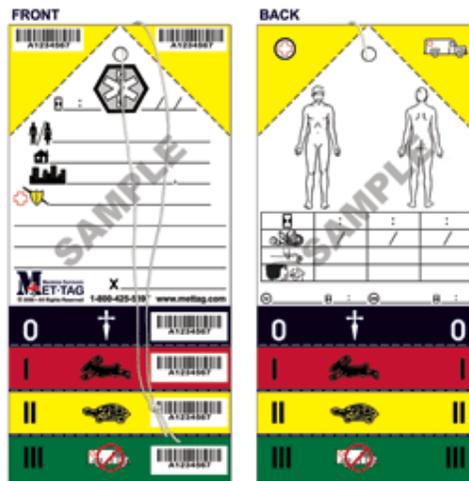
Medical personnel operating in a tactical environment must always be prepared to deal with a mass casualty incident. Units must establish and rehearse plans for dealing with such a situation. In a mass casualty situation those responsible for triage must remember that triage is not treatment and constant reassessment is needed to identify casualties who may have deteriorated or improved.

##### Essential Tasks for Mass Casualty Triage

- Secure the area and ensure scene safety
- Establish Command Post (CP), Casualty Collection Point (CCP) and routes of access
- Estimate initial number, severity and additional hazards (e.g. smoke, NBC, etc)
- Assign initial triage categories
- Perform life-saving interventions (LSIs)
- Re-triage with an extended secondary survey as time permits

**Triage Tags** - Designed to communicate the triage category, treatment rendered, and other medical information. By necessity, the information on the tag is brief. Triage tags are usually placed on the casualty by the triage officer, although other members of the team may place or add information to the tags.

Medical Emergency Triage Tag (METTAG) (see figure 2) - Each triage tag is coded with a unique sequential seven-character serial number used for identification and tracking of the casualty. The serial number is located on the top right and left diagonal tear-offs.



**Figure 2. METTAG (MT-137)**

##### **References:**

Prehospital Trauma Life Support (PHTLS), current Military Edition

