



## Triage Assessment Exercise

Assume that all walking wounded have moved away from the area and that the findings are AFTER you have repositioned the airway of any non-breathing patients

Victim	Type of Injury	Pertinent Information	Category	Rapid Treatment Needed and Reason
#1	Compound fracture, left femur	Respirations over 30/minute Radial pulse absent Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#2	Sudden onset of chest pain with shortness of breath	Respirations under 30/minute Capillary Refill under 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#3	90% Second Degree Burns	Respirations None Radial Pulse Present Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#4	Facial Injury	Respirations over 30/minute Capillary refill under 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#5	Unable to move legs	Respirations < 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#6	No apparent injuries	Respirations normal Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	

<b>Victim</b>	<b>Type of Injury</b>	<b>Pertinent Information</b>	<b>Category</b>	<b>Rapid Treatment Needed and Reason</b>
#7	Sucking chest wound	Respirations > 30/min. Radial pulse present Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#8	Dislocated right shoulder	Respirations < 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#9	No visible wounds	Respirations none Radial pulse absent Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#10	Scalp wound, estimated blood loss 500 cc	Respirations > 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#11	Massive head injury	Respirations < 30/min. Radial pulse absent Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#12	Bruising over abdomen, complaining of abdominal pain	Respirations > 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#13	Impaled, 1 foot piece of shrapnel in right eye	Respirations < 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#14	Female six months pregnant; broken left, lower leg	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	

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#15	Severe difficulty breathing, chest sinks in on inspiration	Respirations > 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#16	Unable to move, no verbal response	Respirations < 30/min. Radial pulse present Awake and staring	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#17	Amputated left arm, bleeding controlled	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#18	Large head wound, brain matter showing	Respirations absent Radial absent Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#19	Minor abrasions	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#20	Bruise on forehead, blood in ears and nose	Respirations < 30/min. Radial pulse present Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#21	Third degree burns over front of both legs	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#22	Compound fracture, left arm	Respirations < 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	

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#23	Impaled stick in right chest	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#24	Second degree burns, legs	Respirations > 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#25	Blood in right eye	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#26	Three-month old infant, no visible injury	Respirations absent Radial pulse absent Unconscious	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#27	Impaled object, RUQ abdomen; difficulty breathing	Respirations > 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#28	Patient saying same words over and over, "what happened?"	Respirations < 30/min. Capillary refill < 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#29	Spurting blood from neck injury	Respirations > 30/min. Radial pulse present Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	
#30	Patient states she is a diabetic; skin, moist and clammy; feels shaky	Respirations < 30/min. Capillary refill > 2 seconds Awake	<input type="checkbox"/> Deceased <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor	