

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 24 September 2019

Response Date: 27 September 2019

Type of TA Request: Complex

Request:

The requestor asked whether there is a national triage standard for using the color blue to represent the patient's need for resources beyond what is currently available, but for whom palliative care is appropriate, as is used in some field triage systems. The requestor's hospital surgical team is interested in using blue to indicate that a patient may be discharged home immediately without complication or clinical impact. A suggested alternative is to use blue to indicate a patient in the middle of surgery who cannot be moved or closed without extreme impact to their clinical outcome.

Response:

ASPR TRACIE reviewed numerous materials online for information on the use of colors for triage. In particular, resources were sought on surgical prioritization. We also reached out to several members of the ASPR TRACIE SME Cadre for their input.

Section I in this document provides comments from ASPR TRACIE SMEs. Section II includes resources related to patient triage.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

- There is no current national standard for hospital surgery triage.
- The use of blue as a triage color is regionally-specific and not part of the national standard for field triage. Many jurisdictions use gray or black, rather than blue, for expectant patients.
- Triage systems used in hospitals are not identical to those used in the field. In a hospital, blue is often used to indicate patients that do not need to be seen urgently.
- Using blue to mean a patient can be discharged immediately may not be helpful. Primary triage should establish those patients as green and then once the patient is more completely assessed in an appropriate area for green patients, they can be discharged without assigning another color if they are found not to require additional care.
- Some hospitals avoid the use of color for patient prioritization and use numerical or other systems to avoid confusion with how patients may have been initially triaged by color. If the emergency department is using red/yellow/green for their primary triage, the secondary triage to the operating room should not be the same. Our institution uses a 1,2,3 order priority for the operating room to avoid this confusion.

- The requestor’s hospital may wish to consider whether adding a blue category is necessary for surgical triage or if green, yellow, red, and black or a non-color-based triage system is sufficient for designating all of its surgical patients.

II. Resources Specific to Patient Triage

ASPR TRACIE. (2019). [Mass Casualty Trauma Triage: Paradigms and Pitfalls](#).

This ASPR TRACIE white paper can alert Emergency Medical Services (EMS) medical directors, EMS systems planners, and hospital emergency planners to key differences between “conventional” mass casualty incidents and mass violence events when: the scene is dynamic; the number of patients far exceeds usual resources; and usual triage and treatment paradigms may fail. The Hospital section beginning on page 28 summarizes some of the common primary, secondary, and tertiary triage practices in hospitals. Additionally, Appendix E beginning on page 54 provides descriptions of and links to various well-known triage systems.

ASPR TRACIE. (2018). [No-Notice Incident Tip Sheets](#).

ASPR TRACIE developed a series of tip sheets for hospitals and other healthcare facilities planning to manage extraordinarily large numbers of casualties. The tip sheets are based on discussions with healthcare personnel involved in the October 2017 mass shooting response in Las Vegas and supplemented with information from other recent, no-notice incidents. Among the tip sheets are those focused on hospital triage and trauma surgery lessons.

Hick, J., Hanfling, D., and Cantrill, S. (2012). [Allocating Scarce Resources in Disasters: Emergency Department Principles](#). *Annals of Emergency Medicine*. 59(3):177-187.

The authors conducted a review on disaster literature to provide emergency physicians with a framework of principles on which medical interventions provided may be adjusted according to demand and the resources available. They emphasize that different incidents call for different responses (conventional, contingency, and crisis), making preparations and a solid understanding of the framework essential to making informed decisions during an incident.

Kluger, Y., Ben-Ishay, O., Sartelli, M., et al. (2013). [World Society of Emergency Surgery Study Group Initiative on Timing of Acute Surgery Classification \(TACS\)](#). *World Journal of Emergency Surgery*. 8(17).

This article describes a color-coded classification system based on the ideal time to surgery to assist in triaging patients when multiple patients require emergency surgery or limited resources are available.

Mohamed, M., Bissonette, K., Scholten, D., et al. (n.d.). [Non-Elective Surgery Triage \(NEST\) Classification: Validation on an Acute Care Surgery Service](#).

This document describes how a medical center adapted the TACS classification (described under Kluger, Y.) to develop a six-level classification system, Non-elective Surgery Triage (NEST), allowing prioritization based on physiologic state and disease process.