PRIDE: Smart Pediatric Disaster Triage Knowledge Questions

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**1. Please assign yourself an identification code. This code has three components.   The first part is the name of your first pet. For example, Fluffy, or Spot. If you have never had a pet, please write the name of your favorite cartoon animal.   The second part of the code is the name of the first street you lived on. For example, Elm, or County Road 37.   The final part is your state abbreviation. For example, RI, MA, or CT.   This identifier will be used in course evaluations and in the post-course survey. It is VERY IMPORTANT that you use the same identifier throughout the Pediatric Disaster Course.**

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**2. Which of these statements best expresses the philosophy of disaster  triage?**

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| Which of these statements best expresses the philosophy of disaster triage?  A. Healthcare workers should do the most good for the greatest number of patients.B. Modern hospitals have sufficient surge capacity for disasters, and every effort should be made to resuscitate pulseless, apneic patients.C. Healthcare facilities function autonomously in disasters, without reliance on other agencies during the triage phase.D. Triage of waiting patients stops when a disaster victim in need of resuscitation is identified.E. Ambulatory patients receive a high triage priority because they can be treated quickly. |

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**3. Which of the following statements is true when paramedics respond to multiple patient incidents involving children?**

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| Which of the following statements is true when paramedics respond to multiple patient incidents involving children?  1. Personal protective equipment should include self-contained breathing

apparatuses and impermeable garments for all such incidents.B. Improper scene stabilization can result in medics becoming ill or injured.C. Children should be removed from the scene of the event and taken to the nearest pediatric emergency department in all situations.D. To ensure proper rapport, mental health needs of children are assessed before their circulatory status.E. Patient tracking and family reunification is rarely problematic in large scale events. |

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**4. A family with two parents, a 13-year-old girl, and a 7-year-old boy has sustained a variety of injuries in a bus crash. Primary triage is complete. The parents are ambulatory (green) category and the children are delayed (yellow) category. Which of the following is likely to be accurate regarding triage for this family in a disaster:**

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| A family with two parents, a 13-year-old girl, and a 7-year-old boy has sustained a variety of injuries in a bus crash. Primary triage is complete. The parents are ambulatory (green) category and the children are delayed (yellow) category. Which of the following is likely to be accurate regarding triage for this family in a disaster:  A. Reunification issues are rarely a problem during multiple casualty incidents.B. If medically possible, it is acceptable and desirable to keep the family together during their treatment.C. The triage level of the family is dictated by the triage level of the least ill member of the family.D. Family centered care is suspended in disaster situations.E. The mental health consequences of disasters are not influenced by child separation from parents. |

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**5. Which of the following disaster triage principles is correct?**

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| Which of the following disaster triage principles is correct?  A. In Smart triage, pediatric capillary refill is assessed at the fingernail beds.B. Triage accounts for those patients most likely to benefit from expenditure of resources.C. Healthcare workers should take no more than two minutes to triage each disaster victim.D. Children with apnea most likely to have a primary cardiac or neurological issue.E. All events with four or more victims are disasters. |

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**6. Please identify the appropriate sequence of disaster management events:**

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| Please identify the appropriate sequence of disaster management events:  A. Resuscitation of victims → Scene stabilization → Initial stabilization of victims → TriageB. Triage → Resuscitation → Initial stabilization of victims → Scene stabilizationC. Triage → Resuscitation of victims → Scene stabilization → Initial stabilization of victimsD. Initial stabilization of victims → Scene stabilization → Triage → ResuscitationE. Scene stabilization → Triage → Initial stabilization of victims → Resuscitation |

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**7. Triage of child disaster victims is complicated by special needs of certain children. Which of the following statements is TRUE?**

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| Triage of child disaster victims is complicated by special needs of certain children. Which of the following statements is TRUE?  1. Children in wheelchairs and with visual or hearing impairment

should be triage category RED (Immediate) in any disaster.B. Head injuries can be particularly dangerous for children.C. Family reunification in disaster situations is rarely a problem.D. Mental health of victims is a component of primary triage.E. Family separation is necessary due to the utilitarian nature of disaster triage. |

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**8. The Smart triage tool is part of an integrated disaster response system. Which of these statements about Smart is TRUE?**

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| The Smart triage tool is part of an integrated disaster response system. Which of these statements about Smart is TRUE?  A. Assessing a patient’s ability to move all four limbs occurs late in the algorithm.B. If a patient does not resume spontaneous respirations after airway repositioning, they are triage category YELLOW (Delayed).C. Tachypneic patients are triage category RED (Immediate).D. Wide pulse pressure and low systolic blood pressure are assessed with a patients’ hemodynamic status.E. Preschool-aged children are asked to obey commands late in the triage algorithm. |

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**9. A school bus full of elementary-school students has collided with a tractor-trailer truck on an interstate highway, in a remote portion of New Hampshire near a state park. You are the triage officer deciding in what order the children should be further evaluated and treated. Please place the following victims in order using Smart triage principles.   You are deciding who should be treated first.**

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|   | Patient 1, A pulseless 5 year-old, unresponsive to airway repositioning. |  | Patient 3, 6 year old chronically in a wheelchair, otherwise well. | Patient 4, multiple open fractures, unable to walk. | Patient 5, 7 year-old partial toe amputation, hemodynamically stable, unable to walk. |
| 1 (first) | Patient 2, An ambulatory 7 year old. | old. | 1 (first) Patient 3, 6 year old chronically in a wheelchair, otherwise well. | 1 (first) Patient 4, multiple open fractures, unable to walk. | 1 (first) Patient 5, 7 year-old partial toe amputation, hemodynamically stable, unable to walk. |
| 2 | 2 Patient 1, A pulseless 5 year-old, unresponsive to airway repositioning. | old. | 2 Patient 3, 6 year old chronically in a wheelchair, otherwise well. | 2 Patient 4, multiple open fractures, unable to walk. | 2 Patient 5, 7 year-old partial toe amputation, hemodynamically stable, unable to walk. |
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| 5 (last priority) | Patient 5, 7 year-old partial toe amputation, hemodynamically stable, unable to walk. | . | 5 (last priority) Patient 3, 6 year old chronically in a wheelchair, otherwise well. | 5 (last priority) Patient 4, multiple open fractures, unable to walk. | 5 (last priority) Patient 5, 7 year-old partial toe amputation, hemodynamically stable, unable to walk. |