**PRIDE House Fire Disaster Triage Evaluation Form**

Learner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scenario #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domains** | Total Points Available | Correct Answer/Yes | Incorrect Answer- Inefficient/No | Incorrect Answer- Harmful/No\* |
|  |  |  |  |  |
| **Total Points** | **100** | N/A | N/A | N/A |
| Scene Assessment | 4 | 1 | 0 | N/A |
| Triage Accuracy | 30 | 3 | 0 | -1 |
| Triage Skills (all physical maneuvers and breathing assessments) | 43 | 2\* there are 3 Exceptions, worth 1 point, noted below | 0 | -1 |
| Triage Knowledge (e.g. all determinations of ambulation) | 13 | 1 | 0 | -1 |
| Triage Speed | 10 | 1 | 0 | N/A |
|  |  |  |  |  |

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| --- | --- | --- |
| Scene Assessment | Points Available | Earned points |
| Verbalizes that resources are overwhelmed when prompted.  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |
|  |  |  |
| Identifies type of scenario (saying multiple patient incident, mass casualty event, OR disaster gets credit)  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any verbalized consideration for scene control (e.g. crowd control, traffic direction, safety of rescuers)  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  |  |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |
| Verbalizes consideration of surge capacity needs when prompted (examples: alert local children’s hospital and/or burn center, and other EDs) | 1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |
| Triage | | |
| Patient #1 (A child with smoke inhalation and difficulty breathing)  1) Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2) Checks whether patient is breathing (S)  3) Determines the patient is breathing fast (K)  4) Triages patient as a level RED (-1 for any other response)  5) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  1  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #2 (A mother who is unable to walk and concerned about her children)  1) Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2) Determines the patient is breathing (S)  3) Determines the patient has a normal respiratory rate, verbalizes this (K)  4) Feels for a pulse or checks capillary refill (pulse and refill are normal) (S)  5) Triages patient as a level YELLOW (-1 if BLACK)  6) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  1  2  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #3 (An infant who is not moving)  1) Determines the infant is not ambulating OR not moving all four extremities, verbalizes this (K)  *2)* Assesses that patient is not breathing (S)  3) Repositions airway (S)  4) Reassesses that the patient is still not breathing (S worth 1 point)  5) Triages patient as a level BLACK  6) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  2  1  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #4 (13 year-old girl with a head injury, unresponsive)  1)Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2)Determines the patient is breathing (S)  3)Determines the patient HAS signs of circulation (pulse or capillary refill) (S)  4)Triages patient as a level RED (-1 for any other response)  5) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  2  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #5 (A five year-old boy who is not breathing)  1) Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2) Determines patient is not breathing (S)  3) Repositions the airway (-1 if fails to do this) (S)  4) Determines patient is breathing after airway repositioning (S worth 1 point)  5) Determines the patient HAS signs of circulation (pulse or capillary refill) (S)  6) Triages patient as a level RED (-1 for any other response)  7) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  2  1  2  3  1  2 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #6 (A girl with spina bifida confined to a wheelchair)  1) Assesses level of function as uninjured, non-ambulatory child with special healthcare needs, verbalizes this (K)  2) Determines patient is breathing (S)  3) Determines patient has a normal respiratory rate (S)  4) Determines the patient HAS signs of circulation (pulse or capillary refill) (S)  5) Triages patient as a level GREEN  6) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  2  2  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #7 (A stoic adolescent brother who is trying to keep it together)  1) Determines patient is able to ambulate, verbalizes this (K)  2) Triages patient as a level GREEN  3) Completed triage in <15 seconds  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |
| Patient #8 (A badly burned baby girl)  1) Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2) Assesses that patient is **not** breathing (S)  3) Repositions airway (S)  4) Reassesses that the patient is still not breathing (the JumpSTART algorithm would now require 5 breaths, no points for this) (S worth 1 point)  5) Triages patient as a level Black  6) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  2  1  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #9 (A father who is breathing, with weak pulses**)**  1) Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2) Determines patient is not breathing (S)  3) Repositions the airway (-1 if fails to do this) (S)  4) Determines patient is breathing after airway repositioning (S)  5) Determines the patient HAS signs of circulation (pulse or capillary refill) (S)  6) Triages patient as a level RED (-1 for any other response)  7) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  2  2  2  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Patient #10 (An unresponsive baby)  1) Determines patient is not ambulating OR not moving all four extremities, verbalizes this (K)  2) Determines that patient is breathing (S)  3) Determines the patient has signs of impaired circulation (pulse is fast or delayed capillary refill) (K)  4) Triages patient as a level RED  5) Completed triage in <1 minute  Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  1  3  1 | |  |  |  | | --- | --- | --- | | Yes | No | UTC | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

**Global Assessment of Function in Pediatric Disaster Triage**

**Circle your ratings below, 1 = Novice 2= Advanced Beginner 3= Proficient 4=Expert**

1) Evaluation of learner’s triage skills (Time management, airway, patient assessment )

1 (Consistently [performs well 0-25% of the time] fails to reposition airway when appropriate, spends > 1 minute at >2 patient stations, does not consistently adhere to algorithm)

2 (Sometimes [performs well 26-50% of the time] fails to reposition airway when appropriate, spends > 1 minute at >2 patient stations, sometimes does not adhere to algorithm)

3 (Usually [performs well 51-75% of the time] repositions airway when appropriate, spends <1 minute all patient stations, usually adheres to algorithm)

4 (Consistently [performs well 76-100% of the time] repositions airway when appropriate, spends <1 minute all patient stations, consistently adheres to algorithm)

2) Evaluation of knowledge (Verbalizes the local triage strategy accurately throughout simulation)

1 (Seldom or never [performs well 0-25% of the time] verbalizes knowledge of triage strategy (JumpSTART, Smart, or clinical judgment), cannot explain rationale for triage category s/he assigned)

2 (Sometimes [performs well 26-50% of the time] verbalizes knowledge of triage strategy (JumpSTART, Smart, or clinical judgment), sometimes explains rationale for triage category s/he assigned)

3 (Usually [performs well 51-75% of the time] verbalizes knowledge of triage strategy (JumpSTART, Smart, or clinical judgment), usually explains rationale for triage category s/he assigned)

4 (Consistently [performs well 76-100% of the time] able to verbalize why s/he triaged all patients to the triage category (JumpSTART, Smart, or clinical judgment, consistently explains rationale for triage category s/he assigned)

3) Evaluation of professionalism and demeanor

1(Is arrogant, fails to display compassion, lacks confidence, or is dismissive of patients)

2

3

4 (Displays compassion, projects confidence)

4) Overall performance, using the scale:

1 (Incompetent to perform disaster triage, shows little knowledge or skill, would mistriage > 30% of patients in this role)

2 (Able to perform triage with extensive supervision, shows some knowledge and skill, would mistriage > 20% of patients in this role)

3 (Able to perform triage with minimal supervision, shows developed knowledge and skill, would mistriage > 10% of patients in this role)

4 (Completely able to perform disaster triage, shows masterful knowledge and skill, would be an asset to patients and/or disaster response efforts in this role)