Triase dan Pananganan Gawat Darurat

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Triase ( Triage ) ... to sort

• “Doing the greatest good for the greatest number of people using the available resources “

• Chaotic situation ------ a system that is simple and clear is most likely to succeed

• Triage should be a tool by which a seemingly unmanageable, overwhelming situation can be organized.

• Triage should be a dynamic process carried out at several levels throughout the system.

• One of the goals of triage should be to diagnose critical injuries requiring life saving treatment in the shortest possible time.
• To this end patients are categorized into groups to determine their priority for treatment and transport to definitive care facilities.

• "priority one," "emergency," or the color red indicates the need for immediate care;

• "priority two," "urgent," or the color yellow indicates that care may be delayed for a limited period of time without significant mortality;

• "priority three," "nonurgent," or the color green indicates that care may be delayed until the patients in the other categories have been dealt with.

• A fourth group, described with the term "expectant" or the color black, has been advocated by some to denote patients who are dead or expected to die.
Trunkey’s curve

Trauma deaths

Immediate deaths

Early deaths

Late deaths

hours

weeks
Single Triage (SIT)

- Untuk pasien yang datang satu persatu
- Sesuai situasi di UGD sehari-hari

50 KORBAN

Triage Officer

20 Luka Lecet → Tdk ada Tindakan segera

15 CKR → Paliatif

15 -# femur tertutup - # terbuka - Ruptur hepar - Tension Pn thorax - Multiple trauma dg syok → Tindakan Life saving

5

5 Mening -gal → Km Mayat
From 50 KORBAN, Triage Officer sorts injuries as follows:

- 20 Luka Lecet → Tindakan segera
- 15 CKR → Paliatif
- 1 Multiple trauma dg syok → Tindakan Intensif
- 4 # femur tertutup, # terbuka, Ruptur hepar, Tension Pnthorax → Tindakan Life saving
- 10 Mening-gal → Km Mayat
KORBAN

1000 Orang !!

Triage Officer

Luka Lecet → Rawat Jalan

CKR → Obser vasi

- # femur tertutup
- # terbuka
- Ruptur hepar
- Tension Pn thorax

- CKB GCS = 3 → Tindakan

Mening -gal → R.Khusus

Km Mayat
KORBAN

1000 Orang

CHAOS !!

Luka Lecet

CKR

- # femur tertutup
- # terbuka
- Ruptur hepar
- Tension Pnthorax

Mening -gal

Tertiunda

Penampungan seadanya

Antri

Terlantar

Penuh, Iden tifikasi ?
KORBAN

1000 Orang

Triage Officer

Luka Lecet

- # femur tertutup
- # terbuka
- Ruptur hepar
- Tension Pnthorax

CKR

- CKB GCS = 3

Mening -gal

Dipulangkan / Pindahkan

Ruang rwt Yang layak

Tindakan

Operasi-2

Operasi-3

Operasi-1

Ruang khusus

Km Mayat
Single Triage :

• Untuk pasien tunggal
• Kategori pasien
  – Immediate
    • ( AMI, Perdarahan dalam )
  – Urgent
    • ( Stroke, Apendisitis )
  – Non Urgent
    • ( Luka, Dislokasi, Fraktur )
Simple Triase And Rapid Transport (START)

- Proposes five categories.
- Using a color-coded system, it includes a blue category for patients who are unlikely to survive or whose survival would depend on receiving extensive or complicated treatment rapidly. Patients in this category would receive treatment after priority one but before priority two cases, provided their numbers were not so large as to detract from the treatment of the urgent patients.
Re Triage!!
Secondary Assessment for Victims Endpoint (SAVE)

- Dilakukan bila jumlah korban luar biasa dan jauh melampaui kapasitas penolong.
- Kategori korban:
  - Yang akan selamat apapun tindakan yang dilakukan
  - Yang akan tidak selamat apapun tindakan yang dilakukan
  - Yang tidak termasuk kedua golongan diatas, keselamatannya sangat tergantung intervensi yg dilakukan tim penolong
Regional Response of Health Sector

- Hospital
- Red Cross
- Health Post
- Field Hospital
- Puskesmas
- Public
- Damaged Area

Logistics
Communication-Transportation
Surveillance
Command-Control
Terima Kasih