

# TRIASE

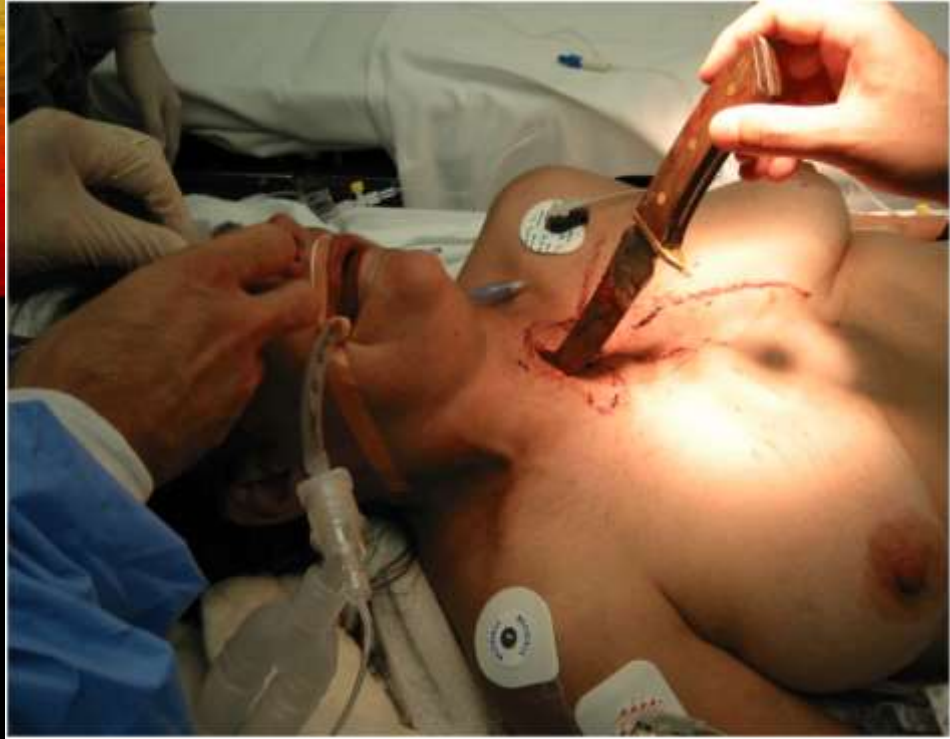
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## DEFINISI

- Adalah pemilahan penderita menurut **beratnya keadaan gawat darurat**. Triase bukan mengobati, **hanya memilah** berdasarkan skala prioritas
- Proses menempatkan pasien GD pada tempat dan waktu yang tepat untuk mendapatkan perawatan yang tepat

# PRINSIP DASAR

***Right** Patient to the  
**Right** place at the  
**Right** time with the  
**Right** care provider*

# KATEGORI

- **Non disaster:**  
untuk memberikan perawatan terbaik untuk masing-masing pasien
- **Disaster :**  
untuk memberikan perawatan terbaik untuk pasien dalam jumlah besar



# ASPEK PENILAIAN

- **Primary Survey**

**A : Airway**, menjaga airway dengan kontrol servikal

**B: Breathing**, menjaga pernafasan dgn ventilasi

**C : Circulation** dengan kontrol perdarahan

**D : Disability**, evaluasi status neurologis

**E : Exposure**, kontrol lingkungan

# AIRWAY with C-SPINE CONTROL

- ◆ Periksa jalan nafas → Obstruksi ? Total/parsial?
- ◆ Etiologi obstruksi : Fr.Maksilofacial, Fr.Laring/trachea
- ◆ **Ingat!** Lindungi vertebra servikal
- ◆ Korban dgn GCS <9  
Motorik kacau } Airway definitif

# C-SPINE

- C-spine injury happened in 10% pt with compromised airway
- Evaluation :
  - Physical examination
  - Radiographs : AP, lateral C-Cpine is 85% sensitive, CT-scan
- Diagnose of C-Spine injury + :
  - anatomic level , clinical severity & sacral sparing





Saat penanganan Airway dgn korban multiple trauma → lakukan dengan “*inline immobilisation*”

*Ingat!* Anggaplah ada Fr.Servikal pada setiap korban multiple trauma → imobilisasi leher sampai adanya Fr.Servikal dapat disingkirkan

Lakukan re-evaluasi terus menerus

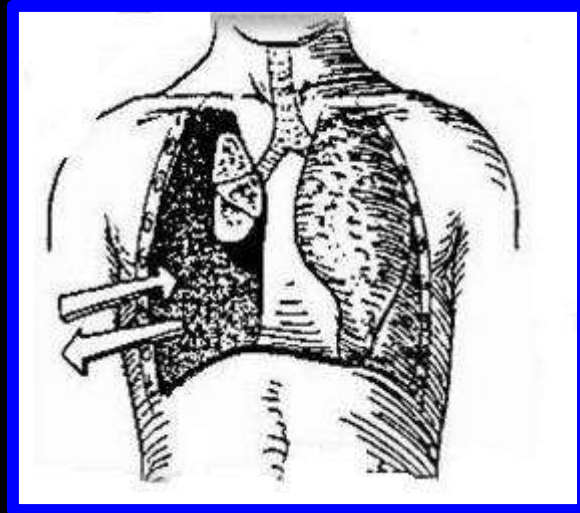
# BREATHING dan VENTILASI

- ◆ Ventilasi akan baik bila → fungsi paru, dinding dada, dan diafragma dalam keadaan baik
- ◆ Lakukan : Inspeksi → simetris ? retraksi ?
  - Palpasi
  - Perkusi → sonor? simetris?
  - Auskultasi → Suara vesikuler? Simetris?

- ◆ Etiologi gangguan ventilasi berat :  
Tension pneumothorax, flail chest  
+ contusio pulmonum, dan open  
pneumothorax
- ◆ Etiologi gangguan ventilasi ringan :  
Hematothorax, simple pneumothorax,  
Fr.Costa dll
- ◆ Lakukan re-assess terus menerus







# CIRCULATION with HEMORRHAGE CONTROL



# CIRCULATION with HEMORRHAGE CONTROL

- ◆ **Anggaplah!!** Hipotensi yang terjadi pada korban trauma adalah akibat *hipovolemia* → sampai terbukti sebaliknya
  
- ◆ 3 Gejala klinis yang menunjukkan keadaan hemodinamik (temukan dengan cepat) :
  1. Tingkat kesadaran
  2. Warna kulit (ingat! HKM)
  3. Nadi (kekuatan, kecepatan, dan irama)

Pulsasi arteri besar (-) → segera **Resusitasi!**

- ◆ Bila Eksternal / Internal bleeding (+)  
→ *Stop bleeding!*
- ◆ Lakukan re-assess terus menerus

# DISABILITY

◆ Dilakukan evaluasi neurologis setelah **'ABC'** aman.

◆ Yang dinilai :

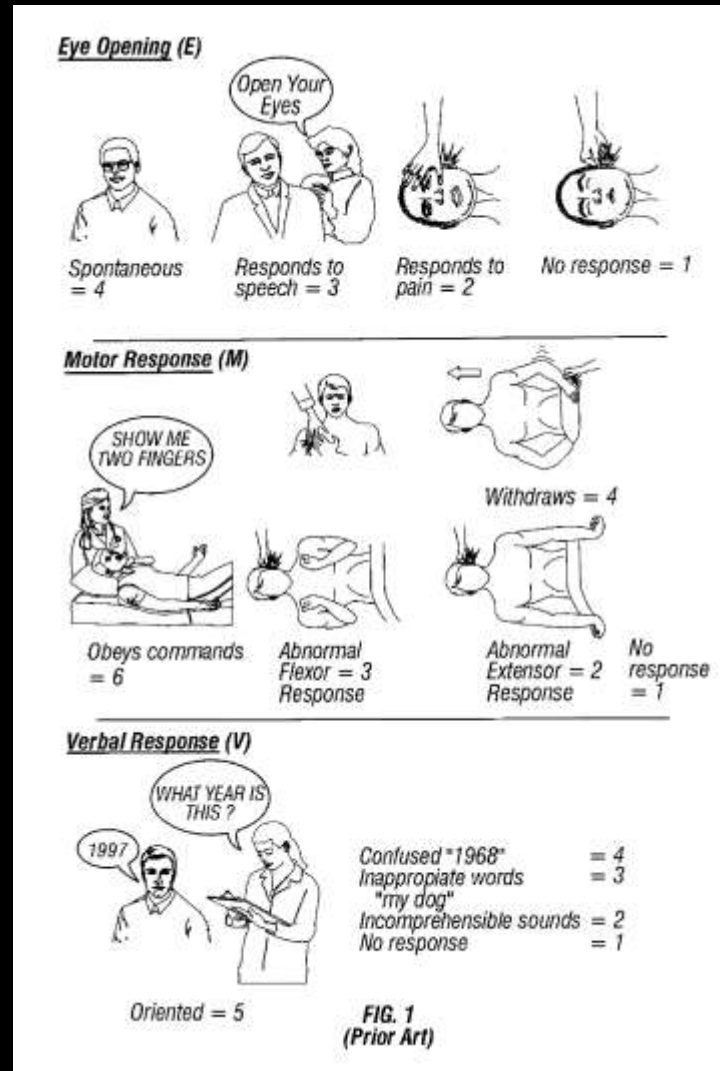
1. Tingkat kesadaran
2. Ukuran dan reaksi pupil

Tingkat kesadaran bisa dinilai dengan :

1. **AVPU** (*Alert, Vokal, Pain, Unresponsive*)
2. **GCS** (*Eye opening, Speech Rx, Motorik Rx*)

# GLASGOW COMA SCALE

Glasgow Coma Scale (GCS)		
<b>Eye Opening</b>	Opens spontaneously	4
	Responds to verbal command	3
	Responds to pain	2
	No eye opening	1
<b>Verbal</b>	Oriented	5
	Disoriented	4
	Inappropriate words	3
	Incomprehensible speech	2
	No verbal response	1
<b>Motor</b>	Obeys commands	6
	Localizes to pain	5
	Withdraws to pain	4
	Flexion to pain (Decorticate posturing)	3
	Extension to pain (Decerebrate posturing)	2
	No motor response	1



# EXPOSURE



# EXPOSURE

◆ Untuk kepentingan pemeriksaan dan evaluasi korban

→ buka seluruh pakaian korban

◆ Jaga jangan sampai terjadi *hipotermia*, caranya :

1. gunakan selimut hangat

2. ruangan yang hangat

3. cairan iv sudah dihangatkan (39°C-40°C)

**Ingat!!** Pentingkan untuk mengatasi suhu korban.

Bukan rasa nyaman dokter/paramedis



# RESUSITASI

◆ Lakukan resusitasi cepat dan tepat pada

→ 'ABCDE'

# TAMBAHAN PRIMARY SURVEY

◆ Meliputi :

1. Monitor EKG
2. Kateter urine dan lambung
3. Monitoring hasil resusitasi  
(T, N, RR, Temperatur, ABG, dan produksi urine)
4. Pemeriksaan Rontgen

KRITERIA

**“Klasik”**

**VS**

**ESI (*EMERGENCY SEVERITY INDEX*)**

# KRITERIA

- “Klasik” :

**P0** : Meninggal

**P1** : Gawat Darurat

**P2** : Tidak Gawat tapi Darurat

**P3** : Tidak Gawat dan Tidak Darurat

# KRITERIA

- ***Emergency Severity Index (ESI)***

Sistem triase berbasis bukti yang mengacu penuh pada kondisi pasien dan sumber daya yang diperlukan dalam menangani pasien tersebut.

- Penerapan ESI lebih mudah dilakukan oleh perawat triase
- Memberikan perencanaan yang baik terhadap pasien
- Penerapan mudah pada pasien pediatrik

# KRITERIA

- ESI dibagi menjadi 5 level:

**ESI 1:** Merupakan pasien-pasien dengan kondisi yang mengancam jiwa (impending life/limb threatening problem) sehingga membutuhkan tindakan penyelamatan jiwa yang segera.

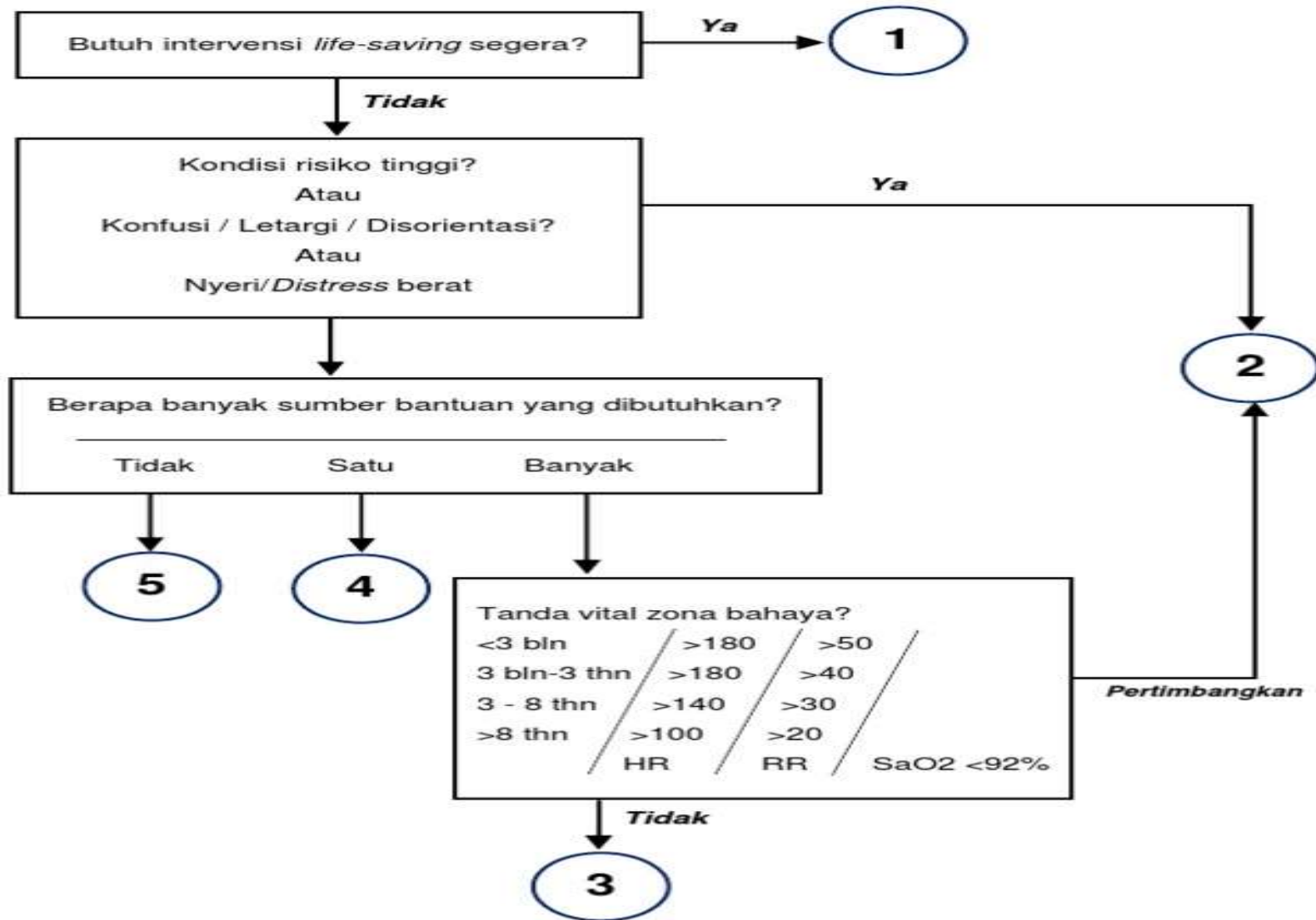
**ESI 2:** Merupakan pasien-pasien dengan kondisi yang berpotensi mengancam jiwa atau organ sehingga membutuhkan pertolongan yang sifatnya segera dan tidak dapat ditunda

**ESI 3:** Merupakan pasien-pasien yang membutuhkan evaluasi yang mendalam dan pemeriksaan klinis yang menyeluruh

**ESI 4:** Merupakan pasien-pasien yang memerlukan satu macam sumber daya perawatan IGD

**ESI 5:** merupakan pasien-pasien yang tidak memerlukan sumber daya.

### Algoritma Triase Berdasarkan *Emergency Severity Index* (ESI) versi 4



**Table 4-1. Resources for the ESI Triage System**

<b>Resources</b>	<b>Not resources</b>
Labs (blood, urine)	History & physical (including pelvic)
ECG, X rays CT-MRI-ultrasound angiography	Point-of-care testing
IV fluids (hydration)	Saline or heplock
IV, IM or nebulized medications	PO medications Tetanus immunization Prescription refills
Specialty consultation	Phone call to PCP
Simple procedure = 1 (lac repair, Foley cath)	Simple wound care (dressings, recheck)
Complex procedure = 2 (conscious sedation)	Crutches, splints, slings



**Table 4-2. Examples of Resources for ESI Levels 3-5**

**Scenario**

Right lower quadrant pain:  
22-year-old male, right lower quadrant abdominal pain since early this morning, also nausea, and no appetite.

Left lower leg pain:  
45-year-old obese female with left lower leg pain & swelling which started 2 days ago, after driving in a car for 12 hours.

Ankle injury:  
Healthy, 19-year-old female who twisted her ankle playing soccer. Edema at lateral malleolus, hurts to bear weight.

Urinary tract infection symptoms:  
Healthy, 29-year-old female with UTI symptoms, appears well, afebrile, denies vaginal discharge.

Poison ivy:  
Healthy 10-year-old child with 'poison ivy' on extremities.

Prescription refill:

**Table 4-2. Examples of Resources for ESI Levels 3-5**

<b>Scenario</b>	<b>Predicted Resources (ESI Resources in <i>italic</i>)</b>	<b>ESI Triage Category</b>
Right lower quadrant pain: 22-year-old male, right lower quadrant abdominal pain since early this morning, also nausea, and no appetite.	<i>ESI Resources = 2 or more</i> Exam <i>Laboratory studies</i> <i>IV fluid</i> <i>Abdominal CT</i> <i>(possible) Surgery Consult</i>	3
Left lower leg pain: 45-year-old obese female with left lower leg pain & swelling which started 2 days ago, after driving in a car for 12 hours.	<i>ESI Resources = 2 or more</i> Exam <i>Laboratory studies</i> <i>Lower extremity non-invasive vascular studies</i> <i>(possible) Anticoagulant therapy</i>	3
Ankle injury: Healthy, 19-year-old female who twisted her ankle playing soccer. Edema at lateral malleolus, hurts to bear weight.	<i>ESI Resources = 1</i> Exam <i>Ankle x-ray</i> Ace wrap Crutch-walking instruction	4
Urinary tract infection symptoms: Healthy, 29-year-old female with UTI symptoms, appears well, afebrile, denies vaginal discharge.	<i>ESI Resources = 1</i> Exam <i>Urine &amp; urine culture</i> <i>(possible) Urine hCG</i> Prescriptions	4
Poison ivy: Healthy 10-year-old child with 'poison ivy' on extremities.	<i>ESI Resources = none</i> Exam Prescription	5

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**TERIMA KASIH**