What is START Triage?

START (Simple Triage and Rapid Treatment) is a standardized system designed for rapid patient assessment during mass casualty incidents (MCIs), allowing emergency responders to quickly categorize victims based on their immediate needs. Developed in the 1980s and refined over time, it prioritizes treatment for those most likely to survive with prompt intervention while deferring less critical cases. The system uses a simple mnemonic—**RPM** (Respiration, Perfusion, Mental Status)—to evaluate non-ambulatory patients in under 60 seconds per victim.

The Four Triage Categories

START assigns color-coded tags to victims, indicating priority for treatment and transport:

Category	Color	Description	Typical Victims
Immediate	Red	Life-threatening injuries requiring urgent intervention (e.g., airway issues, severe bleeding, shock). Treat first.	Uncontrolled hemorrhage, respiratory distress, unconscious but breathing.
Delayed	Yellow	Serious injuries that are not immediately fatal; can wait for treatment after reds.	Fractures, moderate burns, stable abdominal pain.
Minimal	Green	Minor injuries; "walking wounded" who can self-aid or assist others.	Sprains, small lacerations, anxiety without physical harm.
Expectant/Deceased	Black	Unsavable or already deceased; resources not allocated here.	Obvious death, agonal breathing, massive trauma.

The START Triage Process

The triage officer moves systematically through the scene, assessing victims from a distance first (e.g., posture, movement) before hands-on evaluation. Here's the step-by-step criteria:

1. **Assess Mobility (Walking Ability)**: Announce for all victims who can walk to move to a designated "green" area. Anyone who walks independently is tagged **Green** (minimal). This quickly identifies ~50% of victims in many incidents. Non-walkers proceed to RPM assessment.

2. **Respiration (Breathing)**: Approach the victim and open the airway (head-tilt/chin-lift) if needed.
    - **Not breathing or only gasping (agonal respirations)**: Tag **Black** (expectant). No further assessment.
    - **Breathing normally (<30 breaths per minute)**: Proceed to perfusion.
    - **Breathing rapidly (>30 breaths per minute)**: Tag **Red** (immediate). This indicates potential respiratory compromise or shock.
3. **Perfusion (Circulation Adequacy)**: For victims breathing <30/min, check for signs of adequate blood flow.
    - **No radial pulse** (at wrist) **or capillary refill >2 seconds** (press nail bed; color doesn't return quickly): Tag **Red**. Indicates poor perfusion/shock.
    - **Radial pulse present and capillary refill ≤2 seconds**: Proceed to mental status.
4. **Mental Status (Ability to Follow Commands)**: Give a simple command, like "Squeeze my hands" or "Open your eyes."
    - **Can follow commands** (obeys and is alert/oriented): Tag **Yellow** (delayed).
    - **Cannot follow commands** (unresponsive, confused, or combative): Tag **Red**. Indicates possible head injury or altered consciousness.

Key Notes for Application

- **Reassessment**: Triage is dynamic—victims can be upgraded/downgraded as conditions change (e.g., a yellow may become red if bleeding worsens).
- **Adult Focus**: START is primarily for adults; pediatric adaptations like JumpSTART adjust for children (e.g., using AVPU scale instead of commands).
- **Efficiency**: Aim for 30-60 seconds per patient. Use voice commands from afar to save time.
- **Ethical Considerations**: Black tags are for resource conservation in overwhelming scenarios, not abandonment—provide comfort if possible.

This method ensures ~90% accuracy in sorting victims for optimal resource use in disasters. For hands-on practice, role-play scenarios emphasizing RPM can build confidence.