

While capillary refill time can be used for the circulatory assessment, it is affected by ambient temperature and will be significantly reduced in normal subjects in cold conditions. It is reasonable to assume that the normal capillary refill time for a casualty is the same as that for a rescuer when in the same conditions. The triage sieve is illustrated in Figure 15.2.

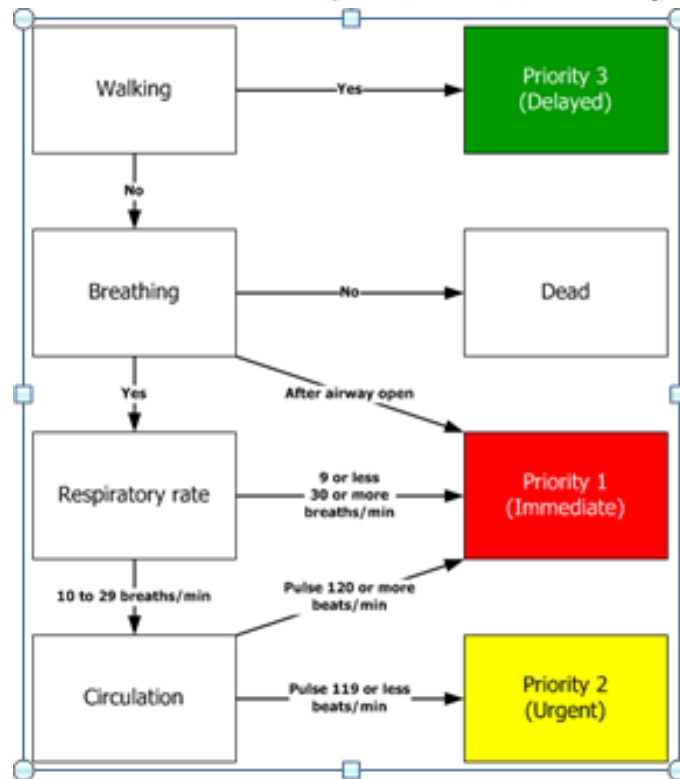


Figure 15.2: The triage sieve

The physiological parameters for the triage sieve are based on adult ranges. Should these be applied to small children there will be an artificially high triage priority assigned. Some think this is desirable as children should be removed from the incident site as quickly as possible. However, paediatric assessment and treatment resources are generally limited and if these are overstretched further at the hospital level because of over-triage there may be insufficient capacity to deal with the genuine high priority cases. For this reason a special method of triaging children might be beneficial.

The paediatric triage tape uses the concept that between the ages of 1 and 10 years length is directly proportional to age, weight, and vital signs: from this, a series of modified triage sieve algorithms have been produced using the best available guidelines for normal ranges of vital signs. These algorithms are arranged in boxes on a linear waterproof tape that is laid next to the child. The appropriate algorithm is the one next to the child's heel, as illustrated in Figure 15.3. The adult triage sieve is changed in a number of ways. First, very small children cannot walk and the mobility sieve is altered accordingly. Second, the value of capillary refill is also questionable and it is only used to screen out abnormalities: in other words, if it is normal the child is *T2, urgent* but an abnormal value still requires a pulse to be taken. Finally, the importance of bradycardia in critical hypovolaemia is recognised and lower limits of pulse rate are given. If the child is trapped a *T1, immediate* priority is assigned until the child is released when objective re-triage can be performed. The triage sieve does not support the allocation of *T4* (expectant) in either adults or children as it is too quick an assessment to do this accurately.