

Triage

Process of determining the priority of patients' treatments based on the severity of their condition. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately. The term comes from the French verb trier, meaning to separate, sift or select.

Triage may result in determining the order and priority of emergency treatment, the order and priority of emergency transport, or the transport destination for the patient.

De Biase et al. described a multi-faceted preoperative [triage protocol](#) for safely performing non-elective neurosurgical cases during the [COVID-19 pandemic](#), which could help other neurosurgical departments and hospitals minimize [coronavirus](#) exposure for patients and healthcare workers. They believed this triage strategy could be implemented at other centers to gradually restart a process towards elective surgeries in a safe way ¹⁾.

Case series

A [retrospective study](#) included 44 (77.2%) patients who were referred to the neurosurgery department after being diagnosed with spinal and cranial injuries due to earthquake at the emergency department between October 23 and 27, 2011.

The patients comprised 32 male (72.7%) and 12 (27.3%) female patients with a mean age of 23.5 years. The injuries included [scalp injury](#) (n = 16), burst fracture (n=7), compression fracture (n=3), epidural hematoma (n=9), subdural hematoma (n=3), contusion (n=1), traumatic subarachnoid hemorrhage (n=2), depressed skull fracture (n=3), linear fracture (n=9), cervical fracture (n=2), and pneumocephalus (n=1). Most of the patients (90.9%) had isolated injuries and the others (9.1%) presented with combined cranial and spinal injuries. At discharge, the 3 patients with spinal fractures were paraplegic, and of the 2 patients who were operatively treated due to subdural hematoma, 1 was hemiparesic and the other was hemiplegic. No mortality occurred in our patients.

The results of this study demonstrated that, in the aftermath of a natural disaster, conducting correct [triage](#) procedures and performing a prompt intervention with appropriate and qualified equipment play key roles in reducing morbidity and mortality ²⁾.

¹⁾

De Biase G, Freeman W, Elder B, et al. Path to Reopening Surgery in the COVID-19 Pandemic: Neurosurgery Experience [published online ahead of print, 2020 Jun 30]. Mayo Clin Proc Innov Qual Outcomes. 2020;10.1016/j.mayocpiqo.2020.06.003. doi:10.1016/j.mayocpiqo.2020.06.003

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Aycan A, Yener U, Aycan N, Gönüllü E, Dursun R, Gönüllü H. Neurosurgical Injuries Caused by the 2011 Van Earthquake: The Experience at the Van Regional Training and Research Hospital. J Emerg Med. 2015 Jul 1. pii: S0736-4679(15)00268-1. doi: 10.1016/j.jemermed.2015.03.018. [Epub ahead of print] PubMed PMID: 26143476.

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Last update: **2025/04/29 20:30**

