

most comprehensiveness characteristics to prioritizing intoxicated patients.

**Discussion:** Resources necessary for evidence-based performance to support nursing decisions in triaging intoxicated patients needs fundamentally to be developed. It's necessary to develop National Triage Scale to approach intoxicated patients effectively.

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### (A261) Evolution of Triage Services in the Emergency Department Aga Khan University Hospital- Karachi

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The history of triage started from the French battle field. In-hospital ED triage started in early 1960's from Baltimore. It is now an essential component of modern ED. Triage is not only to sort out patients as per their criticality, but it also serves the purpose of streamlining the patients so that the patient receives right treatment at the right time in the appropriate area. It helps to manage the ED overcrowding by better flow of patients. AKUH-ER experience of triage dates back to the year 2000, when triage was conducted by physicians and there used to be a manual documentation of patient's particulars such as complaints, vitals and BP. With the expansion of AKU-ED in 2008 responsibility of triage shifted to nursing services. Triage policy was drafted and implemented and for guidance and uniformity of care, triage protocols were developed. Another important development is replacement of register with triage data entry software. This help us to monitor some indicators like number of patients triaged, the time between triaging and actual bed assignment, triage categorization, length of stay, dispositions and return visits. The available information now helps us to make decisions based on evidence and also paves the way for future direction.

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### (A262) Use of Portable Ultrasound in Triage in Field Settings

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Speed and accuracy are major considerations in triage in emergency field settings. Traditional physical examination techniques often are limited in detecting the true nature and full extent of internal visceral injuries, for which delayed recognition and treatment may lead to catastrophic results. Ultrasound has a well-established role in the rapid initial assessment of intra-abdominal pathologies, including trauma, and contemporary portable ultrasound machines are available for use in the field. This presentation will introduce the basic principles of diagnostic ultrasound and its use in emergency settings. Common clinical applications and pathologies and potential limitations and pitfalls also will be discussed with image illustrations.

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### (A263) Electronic Triage System

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Most emergency medical response systems rely on paper triage tags and clipboards to share information during mass-causality incidents (MCIs). However, this procedure has proven labor-intensive, time-consuming, and susceptible to human error. Previous research about electronic triage depend on a small movable device, which can be costly. Therefore, an electronic triage system was developed to facilitate effective patient care during an emergency. In this paper, the design, development, and deployment of an electronic triage system for use by rescuers responding to MCIs and disasters will be discussed. The electronic triage software runs on a small, embedded system with limited memory and computational power that efficiently saves patient records. The software system is easy, user-friendly, can be used with any computer, laptop, or iPhone, and it is applicable in all hospitals. This system includes three interfaces: (1) electronic triage tags depending on the Simple Triage And Rapid Treatment (START) triage protocol; (2) the Sort Triage interface; and (3) the Evacuation interface, which includes hospital information such as the Hospital Treatment Capacity (HTC) and the Hospital Surgical Capacity (HSC). It also includes doctors information and hospitals and doctors can be alerted via e-mail. The system also has a database records file for patients that can be saved then immediately sent to hospitals and rescue centers. The electronic triage system will lay the foundation for reliable and continuously updated network coverage during a MCI. It also will help technologists develop future emergency response systems.

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### (A264) Does the Implementation of Start Triage Criteria in the Emergency Department Reduce Over- and under-Triage of Patients?

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**Background:** Appropriate triage shortens the delay in definitive care. this study examined whether the implementation of START triage criteria in emergency departments (ED) reduces over- and under-triage of patients. The purpose of this study was to examine the impact of START triage criteria on over and under-triage subjects.

**Methods:** The study was performed between 01 January to 15 September 2008. All patients presenting to the ED were recruited. A triage nurse tagged the patients with a red, yellow, and or green wristband, as per START triage protocol. Over-triage was defined as patients who were re-triaged from red (R) to yellow (Y) or Y to green (G) within 30 minutes of arrival. Under-triage was defined as patients re-triaged from Y to R or G to Y within 30 minutes of arrival.

**Results:** Of 25,928 patients, triage was performed for 25,468 (98.2%) subjects. A total of 8,303 were triaged during the morning shift, 6,994 during the evening shift, and 9,978 during the