NICU	BLUE	GREEN	YELLOW	ORANGE	RED	
Transport	Non-Medical (Car or Bus)	BLS	ALS	ССТ	Specialized	Helicopter
Staffing	None	2 EMTs	1 EMT; 1 paramedic	EMTs/paramedics & RN (or PA/NP/ MD); RT as needed	Staffed depending on need (RN/MD/RT)	CCT staff / flight medic
Life Support	Stable	Stable	Minimal	Moderate	Maximal	
Mobility	Car / Car seat	Stretcher	Stretcher	Stretcher	Immobile or Incubator or Highly infectious	Multiuse
Nutrition	All PO feeds	Intermittent enteral	Continuous enteral (NG/GT/PO) or partial parenteral (TPN/IL)	TPN dependent	TPN dependent	dependent on situation
Pharmacy	All PO meds	IV lock	IV fluids with intermittent IV meds	IV drip x 1	IV drip ≥2	

PATIENTS ARE CATEGORIZED BY MAXIMUM NEEDS OF EACH RESOURCE TYPE

	Stable	Room air. May have uncomplicated drains (e.g., bili or JP drains)		
	Minimal	Hood or low flow cannula O2, chest tube, etc.		
Life Support	Moderate	CPAP/BiPAP/Hi-flow, conventional ventilator, peritoneal dialysis (running), externally paced,		
Life Support		continuous nebulizer treatments, etc.		
	Maximal	Highly specialized equipment, e.g., neonatal ventilator, HFOV, ECMO, iNO, CVVH, Berlin Heart,		
		weight ≤ 1.5 kg, etc.		
	Car/Car seat	Able to ride in automobile with age-appropriate restraints; no specialized equipment		
	Stretcher	Includes pediatric transport gurney with size-appropriate securement harness		
Mobility	Incubator	Transport incubator with equipment for connecting to ambulance		
widdhity	Immobile	Unable or unsafe to move without special equipment, e.g., neurosurgical/bariatric		
	Highly	Special transport rig or procedures for highly infectious diseases such as Ebola		
	infectious			
	All PO feeds	Oral feeds only; no tube feeds. G-tube button OK if no feeds running		
Nutrition	Intermittent	Oral feeds in combination with tube feeds (e.g., G-tube, nasogastric, nasoduodenal, nasojejunal,		
	enteral	orogastric)		
	IV lock	No IV meds to be dosed during transport		
Pharmacy	IV drip	Pharmacologic agent (e.g., insulin, pressor, narcotic) infusion that cannot be discontinued for		
		transport (TPN is not included in this category)		

Modified from California Association of Neonatologists "Neonatal Disaster Preparedness Toolkit", 2/2015; Lucille Packard Children's Hospital "Preplanning Disaster Triage for Pediatric Hospitals – TRAIN Toolkit"; Ronald Cohen, MD "Triage by Resource Allocation for Inpatients – 'TRAIN'" teleconference 3-12-15. San Diego EMS presentation "TRAIN: Triage By Resource Allocation for Inpatients"; Stanford Medicine Obstetrics & Gynecology Disaster Planning <u>http://obgyn.stanford.edu/community/disaster-planning.html</u>, accessed 10/2/2017

PEDS/ADULT	F BLUE	GREEN	YELLOW	ORANGE	RED			
Transport	Non-Medical (Car / Bus / Van)	BLS	ALS	ССТ	Specialized	Helicopter		
Staffing	None	2 EMTs	1 EMT; 1 paramedic	EMTs/paramedics & RN (or PA/NP/ MD); RT as needed	Staffed depending on need (RN/MD/RT)	CCT staff / flight medic		
Life Support	Stable	Minimal	Minimal/Moderate	Moderate	Maximal			
Mobility Car/ car seat/ wheelchair		Wheelchair / stretcher	Wheelchair / stretcher	Stretcher	Immobile or Highly Infectious			
Nutrition	All PO feeds	Intermittent enteral	Continuous enteral (NG/PO) and/or partial parenteral (TPN/IL)	TPN dependent	TPN dependent	Multiuse, dependent on situation		
Pharmacy	All PO meds	IV lock	IV drip X 1 without titration	IV drip x 1, with titration	IV drip \geq 2, with titration			
	Stable	No need for monitoring; room air. May have uncomplicated drains (e.g., bili or JP drains)						
	Minimal	Routine vitals and O ₂ sat. Hood or low flow cannula O ₂ , peripheral IV; trach (non-vent and does not require deep suction during transport)						
ife Support	Moderate	Frequent vitals + cardiac monitoring. CPAP/BiPAP/Hi-flow, chest tubes, continuous nebulizer treatments, stable home/long-term vent (requires transport with RN or RT for vent support), peritoneal dialysis, CVVH etc.						
	Maximal	Ventilator, ECMO, external pacemaker, highly specialized equipment						
	Car/Car seat	Able to get in and out of and sit in non-ambulance car, van, bus; able to ride in vehicle with age-appropriate restraints; no specialized equipment						
	Wheelchair	Some impairment related to mobility; unable to ambulate for long distances						
lobility	Stretcher	Unable to ambulate or contraindicated in current medical status/condition; includes pediatric transport gurney with size-appropriate securement harness						
	Immobile	Unable or unsafe to move without special equipment, e.g., neurosurgical/bariatric (>350 lbs); unstable cervical fracture						
	Highly infectious	Special transport rig or procedures for highly infectious diseases such as Ebola						
	IV lock	No IV meds to be d	osed during transport.					
harmacy	IV drip	Pharmacologic agent (e.g., insulin, pressor, narcotic) infusion that cannot be discontinued for transport and requires active monitoring (TPN is not included in this category)						

PATIENTS ARE CATEGORIZED BY MAXIMUM NEEDS OF EACH RESOURCE TYPE

Modified from California Association of Neonatologists "Neonatal Disaster Preparedness Toolkit", 2/2015; Lucille Packard Children's Hospital "Preplanning Disaster Triage for Pediatric Hospitals – TRAIN Toolkit"; Ronald Cohen, MD "Triage by Resource Allocation for Inpatients – 'TRAIN'" teleconference 3-12-15. San Diego EMS presentation "TRAIN: Triage By Resource Allocation for Inpatients"; Stanford Medicine Obstetrics & Gynecology Disaster Planning <u>http://obgyn.stanford.edu/community/disaster-planning.html</u>, accessed 10/2/2017

OB	BLUE	GREEN	YELLOW	RED	
Transport	Non-Medical (Car / Bus / Van) (<i>Discharge</i>)	BLS	ALS	Specialized	Helicopter
Staffing	None	2 EMT	1 EMT; 1 paramedic	Must include MD or transport RN	CCT staff / flight medic
Life Support	Stable	Stable	Minimal/Moderate	Maximal	
Mobility	Car	Wheelchair / Stretcher	Stretcher / Immobile	Stretcher / Immobile / Highly infectious	
Labor Status	None	Early	Active	At risk for en route delivery	
Epidural Status	None	Placement > 1 hour (capped off)	Placement < 1 hour (capped off)	N/A	Multiuse,
Delivery	VD>6 hours or CD>48 hours	VD<6hours or CD<48 hours	Complicated VD or CD	Medically complicated	dependent on situation
Post Op Maternal or	>2 hours from non- CD surgery (adult supervision 24 hrs) Low	>2 hours from CD or < 2 hours from non-CD surgery Low / Moderate	< 2 hours from CD Moderate / High	Medically complicated High	
Fetal Risk					

PATIENTS ARE CATEGORIZED BY MAXIMUM NEEDS OF EACH RESOURCE TYPE

	Early	Onset of labor until cervix is dilated to 3 cm; mild to moderate contractions; > 5 minutes apart					
Labor	Active	Continuous contractions (lasting >40 sec) < 5 min apart; includes transition phase (< 3 min apart); normal delivery expected					
Status	High Risk	Multi-fetal pregnancy; low birth weight; abnormal fetal presentation; fetal distress; known congenital defects; complications;					
		premature labor; trauma; imminent threat					
	Stable	No need for monitoring; room air. May have uncomplicated drains (e.g., bili or JP drains)					
T ifo	Minimal	coutine vitals and O ₂ sat. Hood or low flow cannula O ₂ , peripheral IV					
Lile	Moderate	Frequent vitals + cardiac monitoring. CPAP/BiPAP/Hi-flow, chest tubes, continuous nebulizer, CVVH; IV drip x 1 without					
Support		titration					
	Maximal	Ventilator, ECMO, external pacemaker, highly specialized equipment; any IV drip with titration, IV drip ≥ 1 without titration					
	Car	Able to get in and out of and sit in non-ambulance car, van, bus					
	Wheelchair	Some impairment related to mobility; unable to ambulate for long distances					
Mobility	Stretcher	Unable to ambulate or contraindicated in current medical status/condition; includes pediatric transport gurney with size-					
		appropriate securement harness					
	Immobile	Unable or unsafe to move without special equipment, e.g., neurosurgical/bariatric (>350 lbs); unstable cervical fracture					
	Highly infectious	Special transport rig or procedures for highly infectious diseases such as Ebola					

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Date:

Time:

Unit:

TRAIN ASSESSMENT FORM (For Internal Facility Use)

Bed #	Patient Name	BLUE (Non-Medical)	GREEN (BLS)	YELLOW (BLS)	ORANGE (CCT)	RED (Specialized)	If red, what type (e.g., bariatric, incubator)
	TOTALS						

Modified from Lucille Packard Children's Hospital "Preplanning Disaster Triage for Pediatric Hospitals – TRAIN Toolkit"; San Diego EMS presentation "TRAIN: Triage By Resource Allocation for Inpatients"

Date:

Time:

Hospital:

Evacuation Report ("TRAIN" Categories)

Indicate the number of patients being evacuated in each category:

"TRAIN" Categories		Total Count	
Non-Medical (Blue)			
BLS (Green)			
ALS (Yellow)			
CCT (Orange)			
Specialized (Red)	indicate type (e.g, incubator, bariatric)		