Disaster Medicine and Public Health Preparedness

www.cambridge.org/dmp

Abstract

Cite this article: Stucchi R, Weinstein ES, Ripoll-Gallardo A, Franc JM, Azzaretto M, Sesana G, Corte FD and Neri L (2024). Impact of Point-of-Care Ultrasound on Secondary Triage: A Pilot Study. *Disaster Medicine and Public Health Preparedness*, **18**, e181, 1 https://doi.org/10.1017/dmp.2024.241

Impact of Point-of-Care Ultrasound on Secondary Triage: A Pilot Study

Riccardo Stucchi MD MScDM¹, Eric S Weinstein MD MScDM^{2,3}, Alba Ripoll-Gallardo MD PhD^{1,2}, Jeffery M Franc MD MSc^{2,4}, Massimo Azzaretto MD MSc⁵, Giovanni Sesana MD⁶, Francesco Della Corte MD² and

Luca Neri MD⁷

¹SSD AAT Milano, Agenzia Regionale Emergenza Urgenza (AREU), Dipartimento di Emergenza e Accettazione, ASST Grande Ospedale Metropolitano Niguarda, Milan, Lombardy, Italy; ²CRIMEDIM - Center for Research and Training in Disaster Medicine, Humanitarian Aid and Global Health, Università del Piemonte Orientale, Novara, Italy; ³Department of Emergency Medicine, University of South Florida Morsani College of Medicine, Tampa, Fl, USA; ⁴Department of Emergency Medicine, University of Alberta, Edmonton, Alberta, Canada; ⁵Fondazione Poliambulanza Istituto Ospedaliero Polispecialistico, Brescia, Lombardy, Italy; ⁶SSD Banca dei tessuti e terapia tissutale, Dipartimento di Emergenza e Accettazione, ASST Grande Ospedale Metropolitano Niguarda, Milan, Lombardy, Italy and ⁷ATS, Milan, Lombardy, Italy

Abstract

Objectives: In mass casualty scenarios, patients with apparent hemodynamic and respiratory stability might have occult life-threatening injuries. These patients could benefit from more accurate triage methods. This study assessed the impact of point-of-care ultrasound (POCUS) on the accuracy of secondary triage conducted at an advanced medical post (AMP) to enhance the detection of patients who, despite their apparent clinically stable condition, could benefit from immediate life-saving interventions or priority earlier transport to definitive care.

Methods: A mass casualty simulated event consisting of a bomb blast in a remote area was conducted with 10 simulated casualties classified as YELLOW at the primary triage scene; patients were evaluated by 4 physicians at an AMP. Three patients had, respectively, hemoperitoneum, pneumothorax, and hemothorax. Two of the four physicians were provided the use of POCUS.

Results: All 4 physicians were able to suspect hemoperitoneum, but only physicians utilizing POCUS detected pneumothorax and hemothorax.

Conclusion: This study suggests that POCUS-enhanced secondary MCI triage at an AMP may represent an effective methodology to accurately detect nonapparent injuries that require time-dependent priority transport or life-saving interventions. Further studies with larger samples conducted in varied MCI scenarios are warranted.

Supplementary material. The supplementary material for this article can be found at http://doi.org/10.1017/ dmp.2024.241.

© The Author(s), 2024. Published by Cambridge University Press on behalf of Society for Disaster Medicine and Public Health, Inc.

