

Oregon Crisis Care Guidance Critical Care Triage Card
**Use only in crisis: surge capacity strategies implemented;
critical care services still overwhelmed; no option for transfer**

Exclusion Criteria for Critical Care Allocation

- **Cardiac arrest** if recurrent, due to blunt trauma, initial asystole, or no return of spontaneous circulation after initial interventions
- **Advanced illness** (metastatic cancer, neurologic disease, end-stage heart or liver failure, other causes) with known average **life expectancy < 6-12 months** based on personal knowledge or medical records
- Persons on hospice or who decline to receive intensive care

Inclusion Criteria for Critical Care Allocation

(1) Requirement for invasive ventilatory support such as:

- SpO₂ <90% on non-rebreather mask or FIO₂ >0.85
- Severe respiratory acidosis
- Inability to protect or maintain airway
- Impending respiratory failure (in children, resp. rate, at rest, >20 breaths per min. above upper limit of normal for age in setting of resp. distress)

Age-specific respiratory rate inclusion criteria for pediatric patients:

Age	0 days-1 wk.	1wk-1 mo.	1 mo.-1 yr.	2-5 yrs.	6-12 yrs	13-18 yrs
Breaths per minute	>70	>60	>54	>42	>38	>34

(2) Clinical evidence of shock

- ↓ level of consciousness, or
- ↓urine output, or
- other evidence of hypoperfusion-induced organ failure,
- **Pediatric pts.** cool distal limbs, ↑ capillary refill time, or hypotension

and, in adults, SBP<90 mm Hg or relative hypotension **refractory to volume resuscitation, and requiring vasopressor or inotrope support; can't be managed in a ward setting,**

(3) High risk of death from other causes: Patient expected to benefit substantially from timely critical care services, might include:

- hemodynamically unstable, reversible arrhythmia,
- DKA,
- status epilepticus,
- life-threatening illness from toxin or sepsis
- hypoglycemia,
- illnesses of similar severity

In a public health crisis, this triage model can be used for initial assessment, or for re-evaluation to determine if individuals should continue to receive critical care services.

Basis for Resource Allocation Decisions

Primary Decision Points:

- 1) Likelihood of death, based on best information, if presenting patient doesn't receive critical care services,
- 2) Likelihood of survival and recovery from acute condition if critical care services provided.

Relevant, not over-riding:

- 3) Scope and magnitude of resources needed to care for this patient and the scarcity of those resources,
- 4) Underlying medical conditions and expected impact on long-term prognosis.

For Pregnant women - critical care allocation decisions based primarily on woman's clinical condition and chance of survival. If, based on assessment and resources available, there is high likelihood of unborn infant's survival, this could be considered in resource allocation.

Modified Sequential Organ Failure Assessment

Higher score suggests worse prognosis despite receipt of critical care resources. Could be used to guide allocation decisions, but *only* as tie-breaker when patients meeting critical care criteria outnumber critical care beds.