

# Critical Care Resource Triage Process Map for Adults

## All Patients at Presentation and Whenever Condition Changes

- Review most current AD or POLST with pt/Legally Recognized Healthcare Decision Maker
- Review current medical condition with pt/surrogate, including discussing severity and estimated overall prognosis
- Elicit overall goals/values (quantity/quality/fears/worries/life goals)
- RECOMMEND code status most appropriate for patient's medical condition and their goals/values.
- Document Decision.
- If critical care interventions are consistent with patient's goals of care and code status (Full Code or DNR/OK Intubation), then follow this process map, otherwise manage using appropriate non-critical care interventions.

## Example Major Comorbidities, Prognosis 1-10 years

- Moderate Alzheimer's disease or related dementia (partially depending on others for ADL/IADL)
- Malignancy with a < 10 year expected survival
- New York Heart Association (NYHA) Class III heart failure (short of breath with light physical activity, comfortable at rest)
- Moderately severe chronic lung disease (e.g., COPD, IPF, marked limitation of physical activity)
- End stage renal disease
- Severe, inoperable multi-vessel CAD

ED or Inpatient with any diagnosis with potential Need for Critical Care Resources

Calculate Sequential Organ Failure Assessment (SOFA) Score

Zero SOFA Score

No Score – No significant organ failure and no requirement for critical care resources

Green – Manage without scarce critical care resources and periodically reassess

Assign Initial Multi-Principle Method (MPM) Points Based on SOFA Score

SOFA Score  
1-5  
1 MPM Point

SOFA Score  
6-9  
2 MPM Points

SOFA Score  
10-12  
3 MPM Points

SOFA Score  
>12  
4 MPM Points

Assign Additional MPM Points based on comorbid conditions that impact survival

Major Comorbidities, Prognosis <10 years  
+2 MPM Points  
(if one or more relevant comorbidity is present)

Indicators of Mortality Within One Year  
+4 MPM Points  
(if one or more relevant comorbidity is present)

## Example Indicators of Mortality Within One Year

- End stage Alzheimer's disease or related dementia
- Metastatic cancer with less than 1-year prognosis
- New York Heart Association (NYHA) Class IV heart failure (short of breath even at rest)
- Severe chronic lung disease with FEV1 < 25% predicted, TLC < 60% predicted, or baseline PaO2 < 55mm Hg (short of breath even at rest)
- Cirrhosis with MELD score ≥20
- Cardiac arrest with significant anoxic brain injury

Total MPM Points

MPM 1-3

Red – Highest Priority  
Priority over all other groups in crisis conditions

MPM 4-5

Orange – Intermediate Priority  
Receive critical care resources if resources available after allocation to red group

MPM 6-8

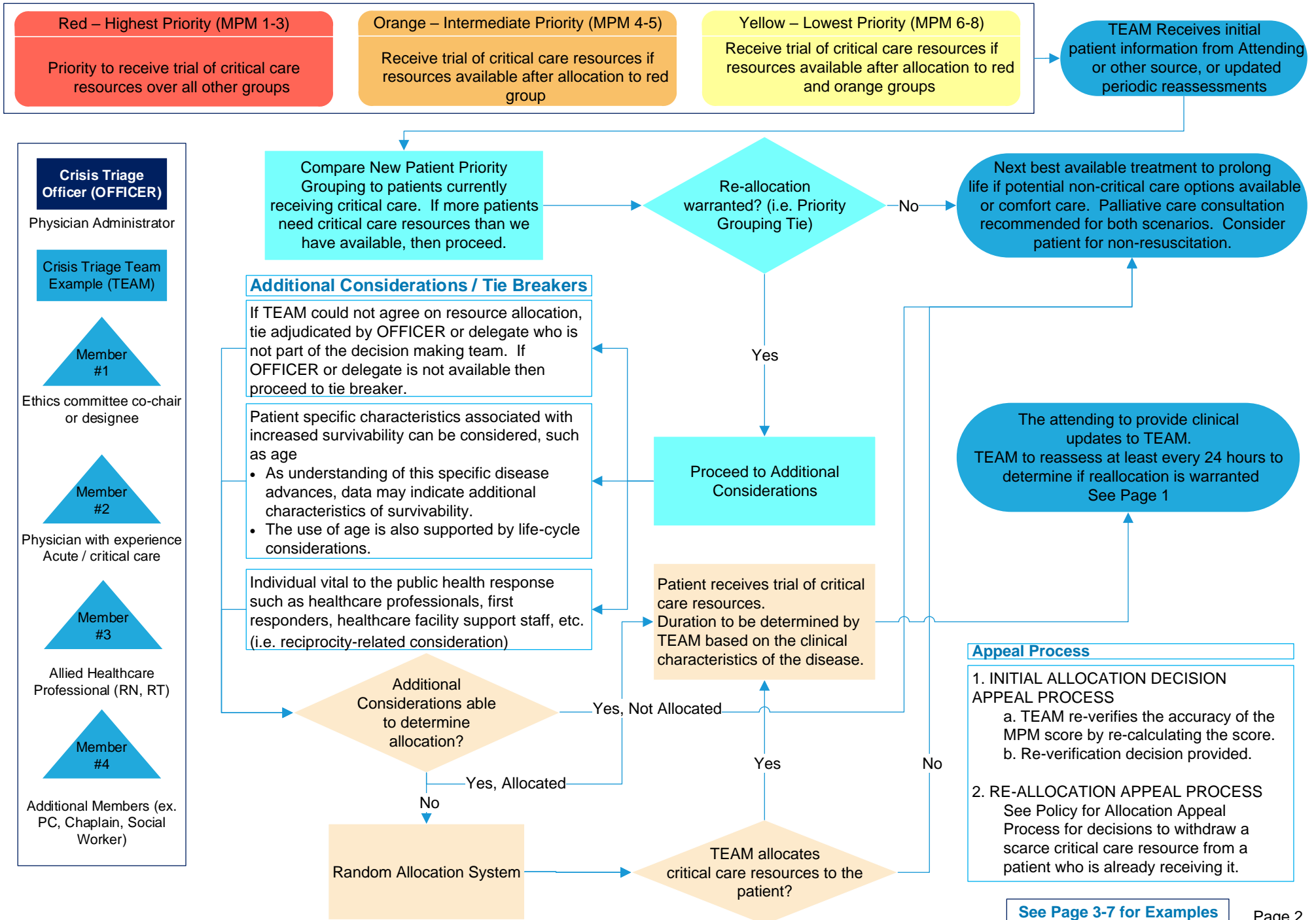
Yellow – Lowest Priority  
Receive critical care resources if resources available after allocation to red and orange groups

Crisis Triage Team (TEAM)  
(See Page 2)

After MPM points calculated, the decision making moves to the Crisis Triage Team (TEAM), please see Crisis Standards of Care Guidance document for details.

# Critical Care Resource Triage Process Map for Adults

## Priority groupings for critical care resources



## Example 1

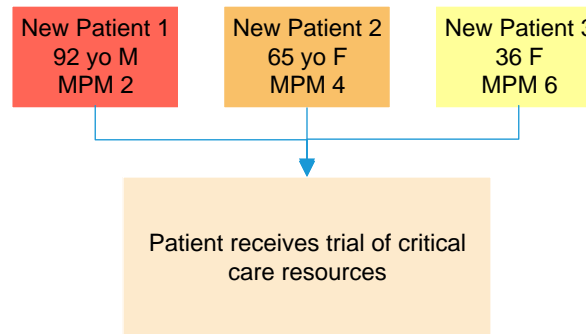
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### Example 1: 3 Patients / 5 Vents Available

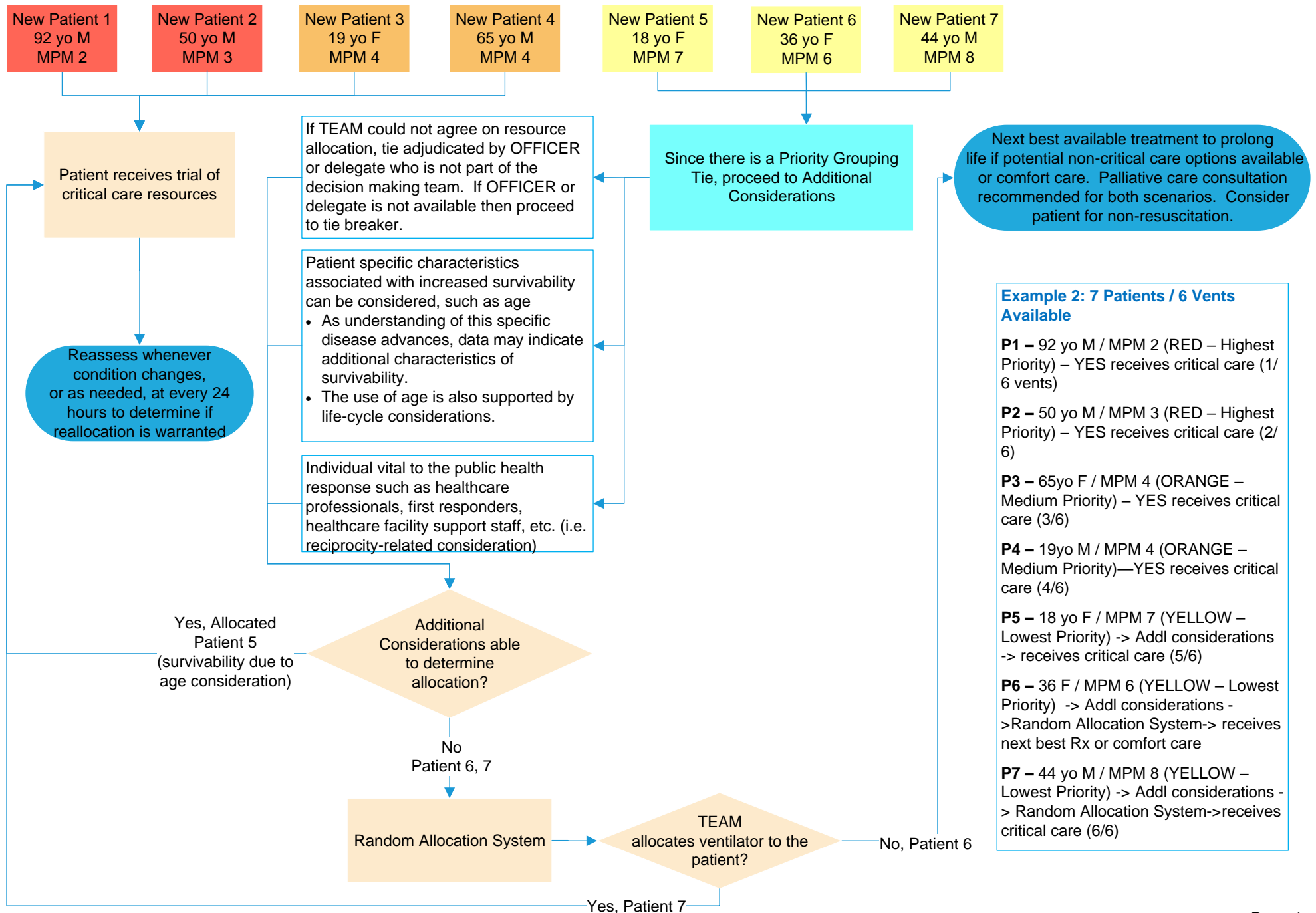
**P1** – 92 yo M / MPM 2 (RED – Highest Priority) – YES receives critical care

**P2** – 65 yo F / MPM 4 (ORANGE – Medium Priority) – YES – Receives critical care

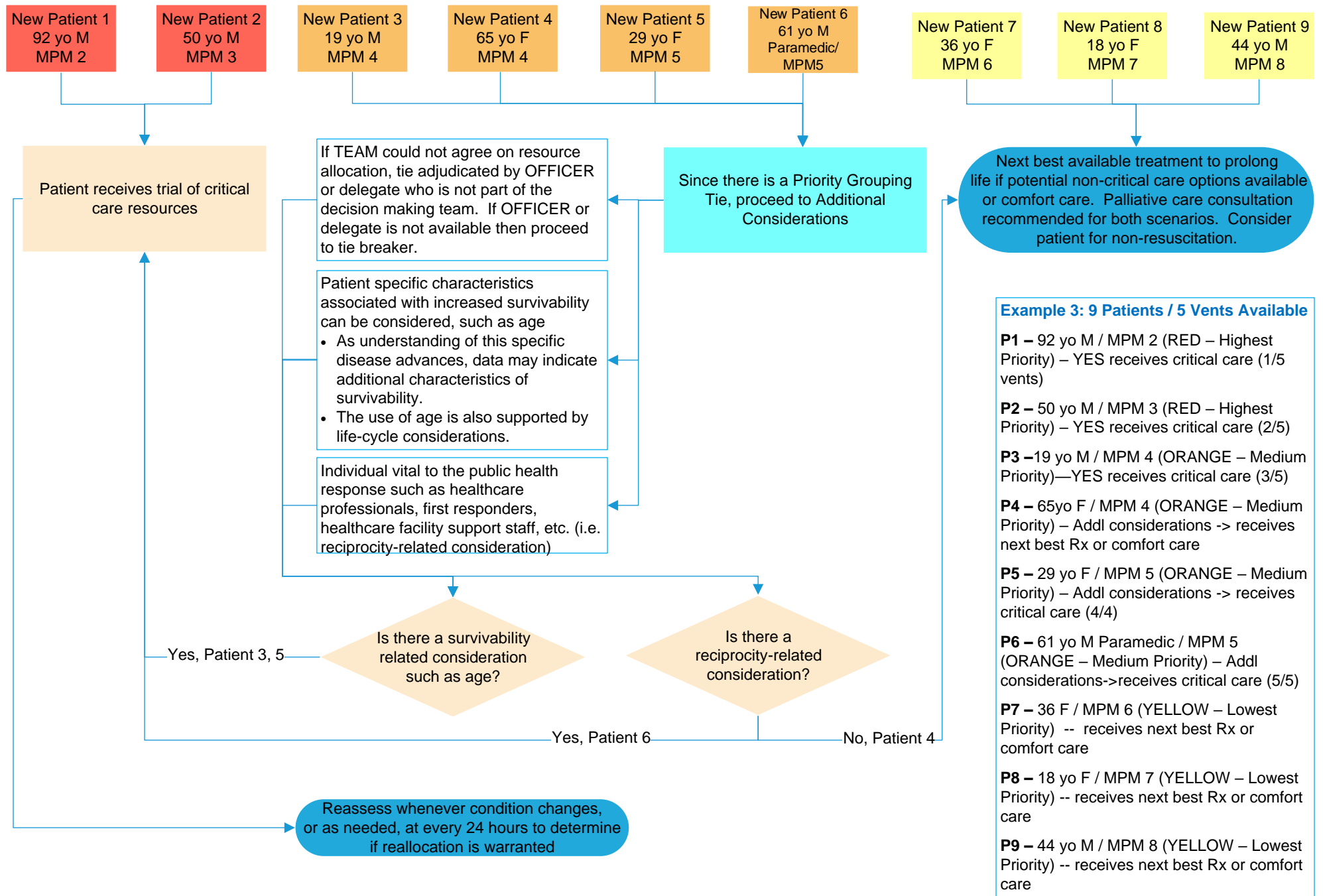
**P3** – 36 F / MPM 6 (YELLOW – Lowest Priority) – YES – Receives critical care



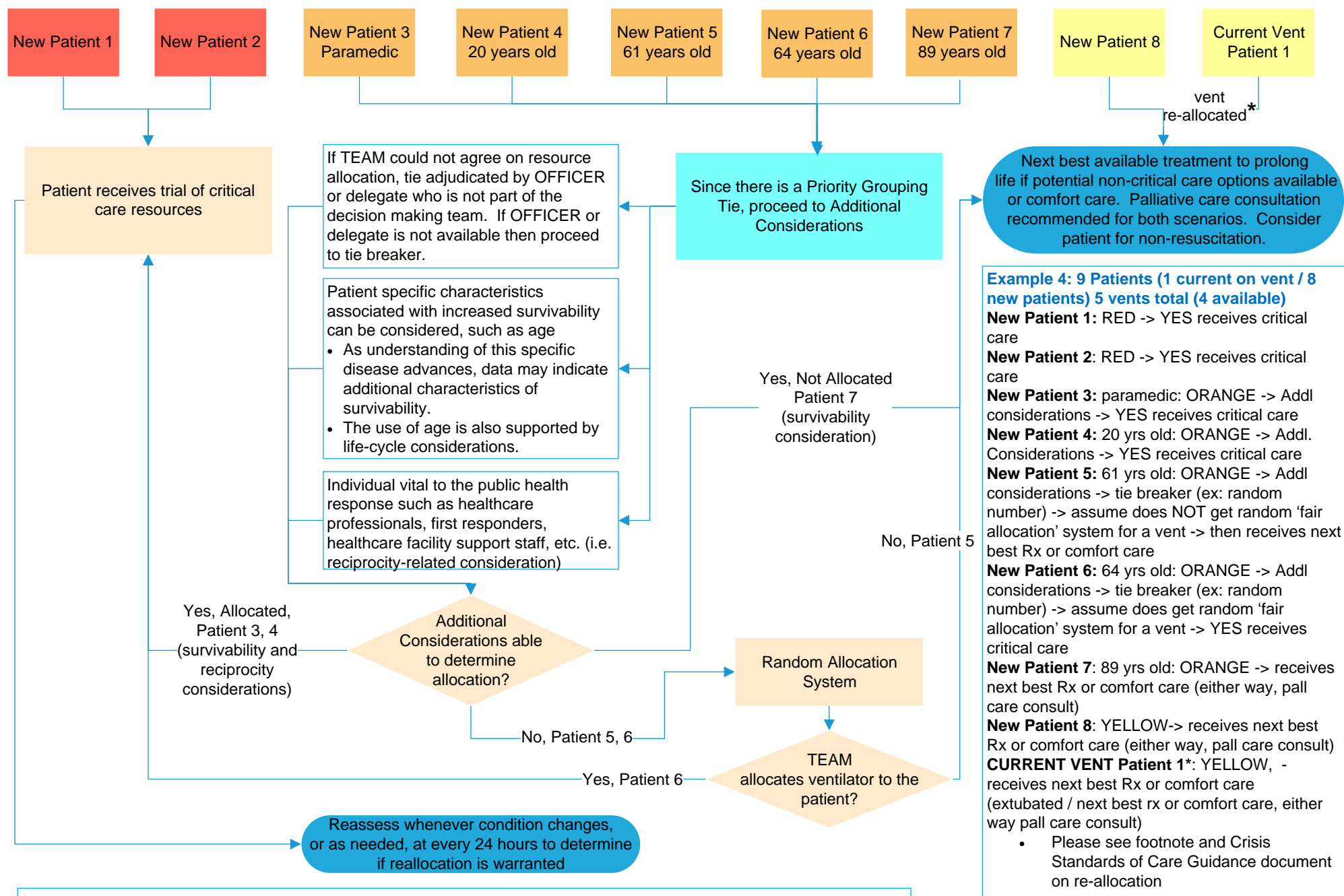
## Example 2



## Example 3



## Example 4



**Example 4: 9 Patients (1 current on vent / 8 new patients) 5 vents total (4 available)**

**New Patient 1:** RED -> YES receives critical care

**New Patient 2:** RED -> YES receives critical care

**New Patient 3:** paramedic: ORANGE -> Addl considerations -> YES receives critical care

**New Patient 4:** 20 yrs old: ORANGE -> Addl. Considerations -> YES receives critical care

**New Patient 5:** 61 yrs old: ORANGE -> Addl considerations -> tie breaker (ex: random number) -> assume does NOT get random 'fair allocation' system for a vent -> then receives next best Rx or comfort care

**New Patient 6:** 64 yrs old: ORANGE -> Addl considerations -> tie breaker (ex: random number) -> assume does get random 'fair allocation' system for a vent -> YES receives critical care

**New Patient 7:** 89 yrs old: ORANGE -> receives next best Rx or comfort care (either way, pall care consult)

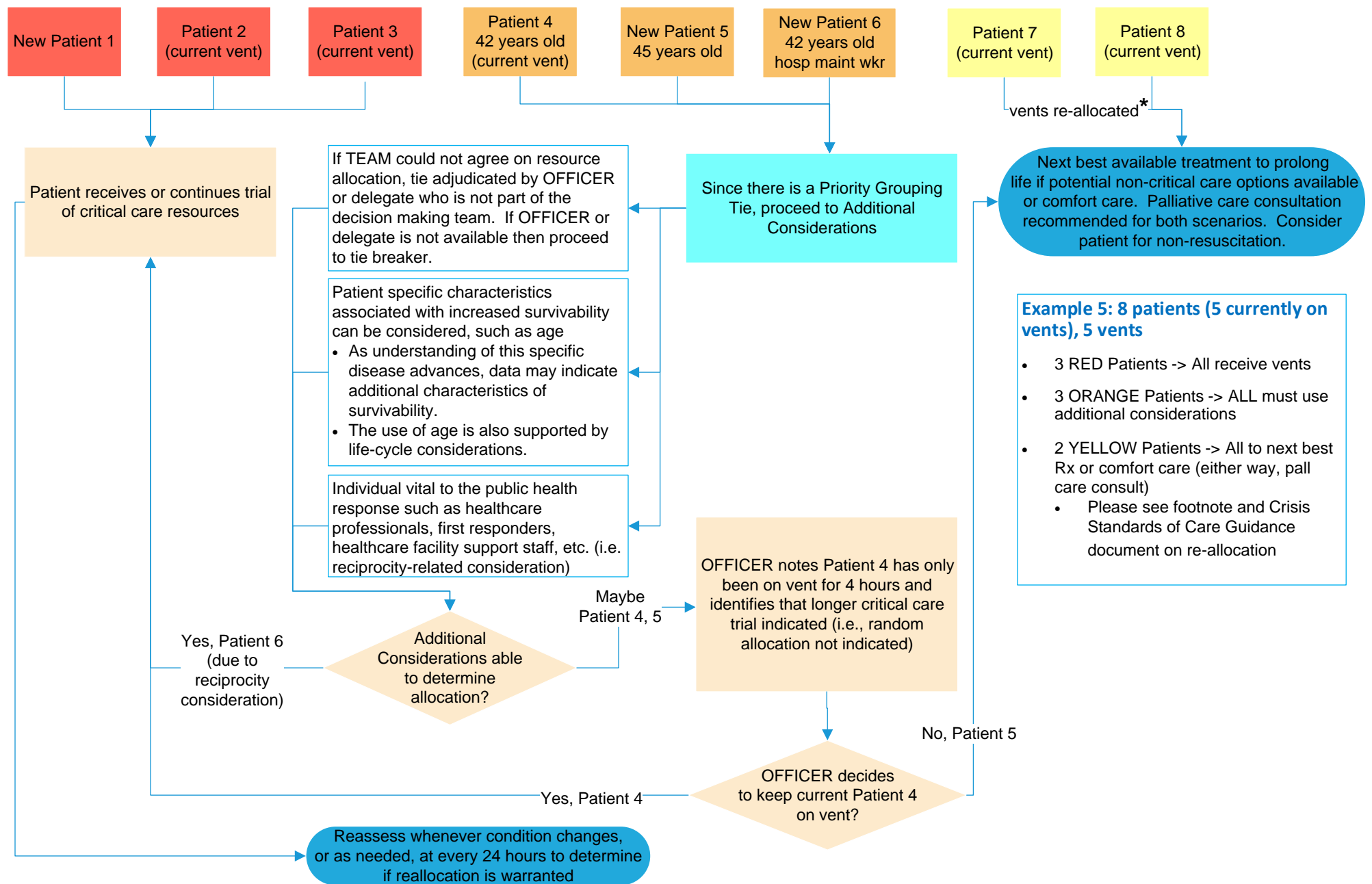
**New Patient 8:** YELLOW -> receives next best Rx or comfort care (either way, pall care consult)

**CURRENT VENT Patient 1\*:** YELLOW, - receives next best Rx or comfort care (extubated / next best rx or comfort care, either way pall care consult)

- Please see footnote and Crisis Standards of Care Guidance document on re-allocation

\* All patients who are allocated critical care services will be allowed a therapeutic trial of a duration determined by the clinical characteristics of the disease and response to on-going therapy. The decision about trial duration will ideally be made as early in the public health emergency as possible, when data becomes available about the natural history of the disease. The trial duration should be modified as appropriate as subsequent relevant data emerges.

## Example 5



\* All patients who are allocated critical care services will be allowed a therapeutic trial of a duration determined by the clinical characteristics of the disease and response to on-going therapy. The decision about trial duration will ideally be made as early in the public health emergency as possible, when data becomes available about the natural history of the disease. The trial duration should be modified as appropriate as subsequent relevant data emerges.