

NGN NCLEX 2026 · EMERGENCY & DISASTER NURSING

# Disaster *Assessment* & Mass Casualty Triage

Systematic evaluation of victims, environment, and resources during overwhelming events — using START triage, color-coded sorting, and the utilitarian principle of "the greatest good for the greatest number."



Red = Immediate



Yellow = Delayed



Green = Minor



Black = Expectant

START · SALT · JumpSTART



**Content Source Disclosure:** Disaster Assessment is not covered in the personal reference notes uploaded to this project. This infographic is built from standard NGN NCLEX 2026 references — Saunders Comprehensive Review, ATI RN Fundamentals & Leadership, Lippincott NCLEX–RN, FEMA NIMS guidelines, and current CDC bioterrorism protocols.

— Diane's NGN NCLEX 2026 Visual Study Library —



DEFINITION · OVERVIEW

## What Is Disaster Assessment?

- ▶ **Disaster:** Any event that overwhelms local resources and requires outside assistance — can be natural (hurricane, tornado, earthquake) or man-made (terrorism, mass shooting, hazmat spill, pandemic).
- ▶ **Mass Casualty Incident (MCI):** A situation in which the number of victims exceeds available resources — triggers utilitarian ethics ("greatest good for the greatest number") rather than individualized care.
- ▶ **Disaster Assessment:** The rapid, systematic process of sorting victims by survivability, identifying hazards, declaring an MCI, and activating the Incident Command System (ICS) — performed in seconds-to-minutes per victim.
- ▶ **Why it matters for NCLEX 2026:** Disaster questions test a fundamental shift in nursing priorities — under normal conditions you save the sickest first; in an MCI you save the most salvageable first.

### DISASTER CATEGORIES



NATURAL



MAN-MADE



INTERNAL



EXTERNAL

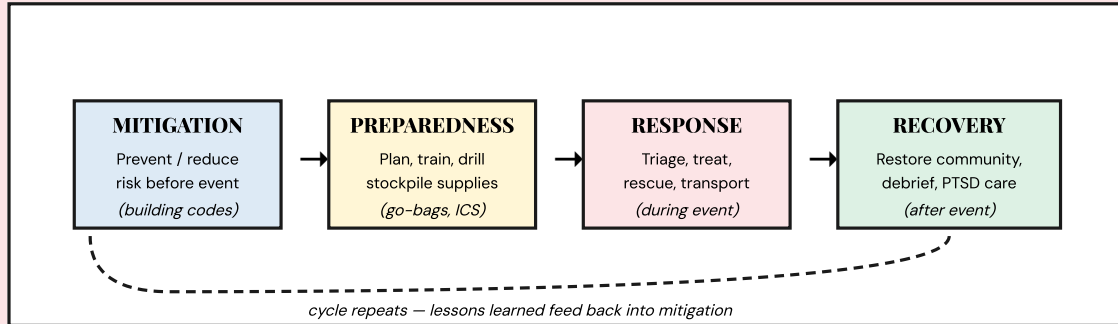


BIOTERROR

02

FRAMEWORK · DISASTER CYCLE

## The Four Phases of Disaster Management



### Initial Scene Assessment Sequence

- ▶ **1. Scene Safety FIRST** → assess for ongoing hazards (fire, structural collapse, hazmat, active shooter). Never become a victim yourself.
- ▶ **2. Declare MCI** → activate the Incident Command System (ICS) and notify emergency operations center.
- ▶ **3. Triage** → sort victims using START or SALT (30 seconds per victim).
- ▶ **4. Treat** → only life-saving interventions during triage: open airway, control hemorrhage with direct pressure or tourniquet.
- ▶ **5. Transport** → reds first to definitive care, yellows next, greens to alternative facilities, blacks remain on scene.

03

SIGNS & SORTING

# The Four Triage Color Codes

## RED

IMMEDIATE · PRIORITY 1

- ◆ Life-threatening but salvageable
- ◆ Airway obstruction
- ◆ Active hemorrhage
- ◆ Tension pneumothorax
- ◆ Shock / unstable vitals
- ◆ Open chest/abdominal wound
- ◆ **Treat & transport FIRST**

## YELLOW

DELAYED · PRIORITY 2

- ◆ Serious but stable
- ◆ Open fractures
- ◆ Large lacerations (controlled)
- ◆ Stable abdominal injury
- ◆ Burns without airway involvement
- ◆ Spinal injuries (stable)
- ◆ **Treatment within 2 hrs**

## GREEN

MINOR · WALKING  
WOUNDED

- ◆ Ambulatory, follows commands
- ◆ Minor cuts, abrasions
- ◆ Sprains, simple fractures
- ◆ Minor burns (small surface)
- ◆ Psychological distress only
- ◆ Often help triage others
- ◆ **Treatment can wait hours**

## BLACK

EXPECTANT ·  
DECEASED

- ◆ Dead OR non-survivable injury
- ◆ No breathing after airway opened
- ◆ Massive head/burn injury
- ◆ Requires too many resources
- ◆ Provide comfort/dignity only
- ◆ Move on to salvageable victims
- ◆ 🚑 **NCLEX trap below**

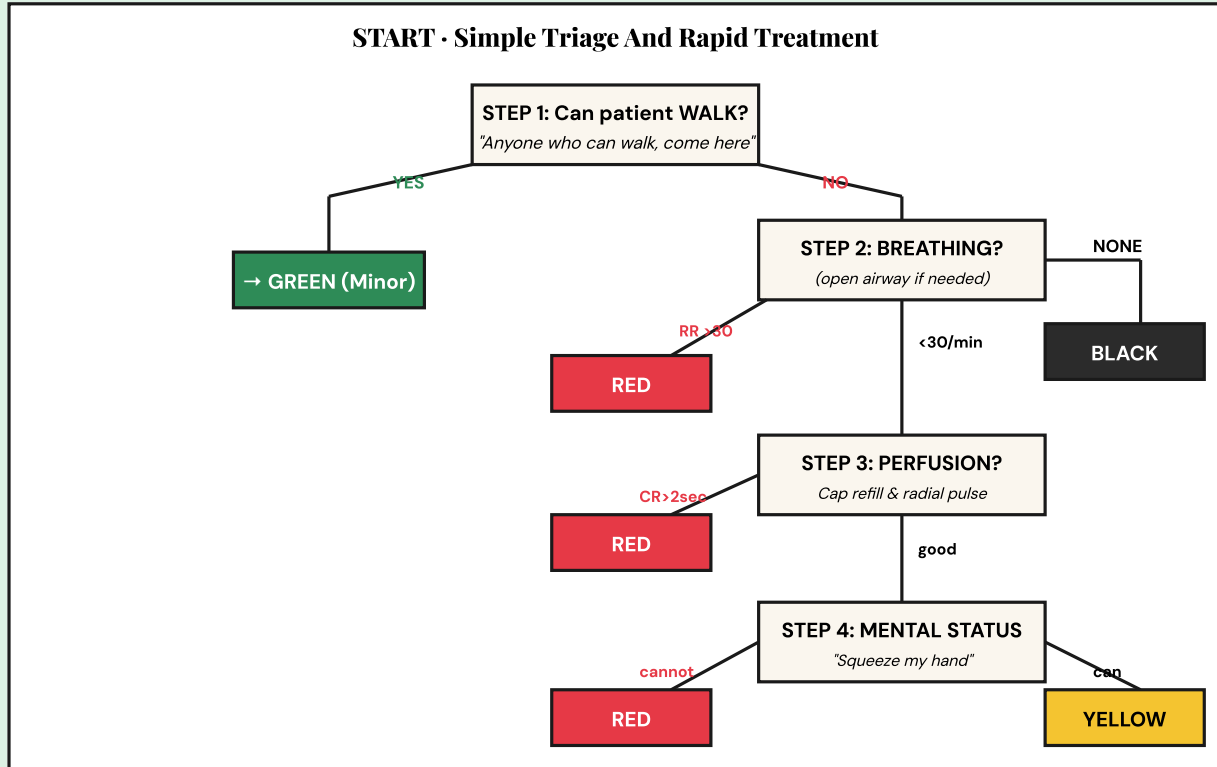
🚑 **RED FLAG:** A patient who would be top priority in the ED (e.g., severe head injury needing prolonged surgery) may be tagged **BLACK** in an MCI because they consume too many limited resources. This reversal is heavily tested.

🚑 **RED FLAG:** Walking wounded (GREEN) are NOT ignored — they are assessed last but assessed. Some "walking" patients have internal injuries that worsen.

04

PRIORITY NURSING INTERVENTIONS

# START Triage Algorithm (Adult)



## Nurse Action Verbs by Phase

| Phase                | Priority Actions                                                                                             |
|----------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Scene</b>         | SECURE scene safety · DON PPE appropriate to hazard · ASSESS environment                                     |
| <b>Triage</b>        | SORT by RPM (Respirations · Perfusion · Mental status) · TAG patient · MOVE ON within 30 seconds             |
| <b>Treatment</b>     | OPEN airway (jaw thrust if c-spine) · STOP bleeding (direct pressure → tourniquet) · DECONTAMINATE if hazmat |
| <b>Transport</b>     | TRANSPORT reds first · ROUTE greens to alt facility · COMMUNICATE with command                               |
| <b>Documentation</b> | RECORD on triage tag (not chart) · TRACK patient destination · MAINTAIN incident log                         |
| <b>Recovery</b>      | DEBRIEF staff · MONITOR for PTSD · RESTOCK supplies · EVALUATE response                                      |

05

PHARMACOLOGY · BIOTERRORISM

## CDC Category A Agents & Treatments

### ✦ Anthrax

*Bacillus anthracis*

- **Forms:** Inhalation (deadliest), cutaneous, GI
- **Tx:** Ciprofloxacin or Doxycycline x 60 days
- **Precautions:** Standard (not contagious person-to-person)
- **Cue:** Black eschar with cutaneous form

### ✦ Smallpox

*Variola virus*

- **Spread:** Airborne & direct contact
- **Tx:** Supportive · Tecovirimat · vaccinate within 4 days of exposure
- **Precautions:** AIRBORNE + Contact · negative-pressure room
- **Cue:** Rash all in same stage (vs. varicella)

### ✦ Botulism

*Clostridium botulinum toxin*

- **Hallmark:** Descending flaccid paralysis
- **Tx:** Botulinum antitoxin · mechanical ventilation
- **Precautions:** Standard (not contagious)
- **Cue:** 4 Ds — Diplopia, Dysarthria, Dysphagia, Dyspnea

### ✦ Plague

*Yersinia pestis*

- **Forms:** Bubonic, septicemic, pneumonic
- **Tx:** Streptomycin, Gentamicin, Doxycycline
- **Precautions:** DROPLET (pneumonic form)
- **Cue:** Painful buboes (swollen lymph nodes)

### ✦ Tularemia

*Francisella tularensis*

- **Spread:** Aerosol, ticks, rabbits
- **Tx:** Streptomycin or Gentamicin
- **Precautions:** Standard
- **Cue:** Pneumonia-like; rabbit fever

### ✦ Viral Hemorrhagic Fevers

*Ebola · Marburg · Lassa*

- **Hallmark:** Bleeding from orifices, shock
- **Tx:** Supportive · isolation
- **Precautions:** CONTACT + DROPLET + eye protection (full PPE)
- **Cue:** Hemorrhagic shock after travel exposure

## Mass Casualty Pharmacologic Agents

| Agent / Exposure                            | Antidote / Treatment                                         | Nursing Consideration                                 |
|---------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| Nerve agents (Sarin, VX) / Organophosphates | <b>Atropine + Pralidoxime (2-PAM)</b>                        | SLUDGE symptoms · give atropine until secretions dry  |
| Cyanide                                     | <b>Hydroxocobalamin</b> or amyl nitrite / sodium thiosulfate | Bitter almond breath · cherry-red skin                |
| Radiation (radioactive iodine)              | <b>Potassium iodide (KI)</b>                                 | Saturates thyroid to block uptake · give within 24 hr |
| Heavy metals (lead, arsenic)                | Chelation: <b>Dimercaprol, EDTA</b>                          | Monitor renal function during therapy                 |
| Mustard gas / blister agents                | Decontamination + supportive                                 | No specific antidote · remove clothing, copious water |

06

△ NCLEX 2026 TEST TRAPS

## Common Wrong-vs-Right Reasoning

### ✗ WRONG THINKING

"The patient with the most severe head injury and fixed dilated pupils should be triaged RED — they're the sickest."

### ✓ CORRECT THINKING

In MCI, that patient is **BLACK** (expectant). Devoting limited resources to a non-survivable injury costs other lives. This is the hardest reversal of normal nursing instinct.

### ✗ WRONG THINKING

"Walking wounded are tagged GREEN, so I don't need to assess them."

### ✓ CORRECT THINKING

Green patients ARE assessed — just last. Some have occult internal injuries that worsen. They can also be used to help triage and care for others.

### ✗ WRONG THINKING

"In a disaster, the nurse should treat patients by acuity, sickest first, like in the ED."

### ✓ CORRECT THINKING

Normal ED triage = sickest first. **MCI triage = most salvageable first**. Utilitarian ethics replace individualized care when resources are overwhelmed.

### ✗ WRONG THINKING

"My first action when arriving at a disaster scene is to assess the patient closest to me."

### ✓ CORRECT THINKING

**Scene safety FIRST**. Assess for ongoing hazards (fire, structural collapse, hazmat, active shooter). A nurse who becomes a victim helps no one.

### ✗ WRONG THINKING

"Anthrax exposure requires airborne isolation precautions to protect the staff."

### ✓ CORRECT THINKING

Anthrax is NOT contagious person-to-person — only standard precautions are needed. Smallpox needs airborne; plague (pneumonic) needs droplet; viral hemorrhagic fevers need full contact + droplet PPE.

### ✗ WRONG THINKING

"If a patient stops breathing during triage, start CPR immediately."

### ✓ CORRECT THINKING

In MCI, you open the airway once — if still apneic, tag **BLACK** and move on. **CPR is not initiated during MCI triage** because it removes the rescuer from saving others.

07

PATIENT · FAMILY · COMMUNITY EDUCATION

## Disaster Preparedness Teaching

### Family Preparedness

- ▶ Build a 72-hour emergency kit (water 1 gal/person/day, non-perishable food, flashlight, batteries, first aid).
- ▶ Maintain a 30-day supply of essential medications and copies of prescriptions.
- ▶ Identify two evacuation routes and a family meeting point.
- ▶ Designate an out-of-state contact (local lines often overwhelmed).
- ▶ Keep important documents (ID, insurance, medical) in a waterproof container.

### Shelter vs. Evacuate

- ▶ **Shelter-in-place** for chemical/biological release, severe weather: close windows, turn off HVAC, seal with plastic and duct tape.
- ▶ **Evacuate** when ordered by authorities, for fire/flood/explosion threats — never delay official orders.
- ▶ Tune to local emergency broadcast (NOAA radio, EAS alerts).
- ▶ Special needs registry — register family members with chronic illness, mobility limits, oxygen dependence with local emergency services.
- ▶ Don't return home until officials declare it safe — gas leaks, electrical hazards, contaminated water persist.

### Post-Disaster Psychological Care

- ▶ Expect acute stress reactions (insomnia, hypervigilance, intrusive thoughts) in survivors and responders alike — normal response to abnormal event.
- ▶ Provide Psychological First Aid (PFA): ensure safety, connect to support, give accurate information, avoid forcing victims to recount trauma.
- ▶ Refer for evaluation if symptoms persist beyond 4 weeks → may indicate PTSD requiring trauma-focused therapy.
- ▶ Healthcare workers need debriefing — Critical Incident Stress Management (CISM) reduces burnout and secondary trauma.
- ▶ Watch for delayed grief, survivor's guilt, and substance use as maladaptive coping.



MEMORY MNEMONICS · QUICK RECALL

## Pattern Recognition Tools

### R · P · M

START TRIAGE CRITERIA

- R** — Respirations (>30 = RED)
- P** — Perfusion (cap refill >2 sec or no radial = RED)
- M** — Mental status (can't follow commands = RED)

### 30 · 2 · CAN DO

YELLOW TAG CUTOFFS

- 30** — Respirations under 30/min
- 2** — Cap refill under 2 seconds
- CAN DO** — Can follow simple commands
- All three present + can't walk = YELLOW

### M · P · R · R

DISASTER PHASES

- M** — Mitigation (prevent)
- P** — Preparedness (plan)
- R** — Response (act)
- R** — Recovery (rebuild)

### SLUDGE

NERVE AGENT TOXICITY

- S** — Salivation
- L** — Lacrimation
- U** — Urination
- D** — Defecation
- G** — GI distress
- E** — Emesis · Treat with ATROPINE

### 4 Ds

BOTULISM HALLMARKS

- D** iplopia (double vision)
- D** ysarthria (slurred speech)
- D** ysphagia (swallowing trouble)
- D** yspnea (breathing trouble)
- Descending paralysis = key pattern

### ABCDE

BIOTERROR CATEGORY A RECALL

- A** nthrax
- B** otulism · plague (*Bubonic*)
- C** — Smallpox (*Variola*)
- D** — VHF's (*Ebola*, etc.)
- E** — Tularemia (think rabbit/*Earth* pathogens)

09

NEXT GEN CLINICAL JUDGMENT MEASUREMENT MODEL

## NCJMM 6-Step Disaster Scenario

**Scenario:** A tornado has struck a residential community. EMS arrives with 22 victims at a 12-bed emergency department. As the charge nurse, you must rapidly triage incoming patients. The first four arrivals are: (1) a 34-year-old male, ambulatory, with a forearm laceration; (2) a 6-year-old, unconscious, RR 38, capillary refill 4 seconds, fixed dilated pupils, no spontaneous movement after airway opened; (3) a 56-year-old female with an open femur fracture, alert, RR 22, radial pulse strong; (4) a 70-year-old male with chest pain, diaphoretic, RR 32, weak radial pulse, anxious but follows commands.

1

### Recognize Cues

MCI declared — 22 patients, 12 beds, resources overwhelmed. Each patient's RPM (respirations, perfusion, mental status) must be evaluated rapidly. Key cues: ambulation status, RR over/under 30, cap refill over/under 2 sec, ability to follow commands. Environmental cue: ongoing weather threat may continue.

2

### Analyze Cues

Patient 1 walks → GREEN. Patient 2 fails to breathe after airway opened, fixed dilated pupils, non-survivable head injury → BLACK (expectant). Patient 3 stable vitals, follows commands, open fracture serious but stable → YELLOW. Patient 4 RR >30 and weak radial pulse → RED (immediate). The 6-year-old is the emotional hardest call but resources cannot save them.

3

### Prioritize Hypotheses

Highest priority: Patient 4 (RED) — possible MI/shock, salvageable with rapid intervention. Next: Patient 3 (YELLOW) — at risk for hemorrhage or fat embolus from femur fracture. Patient 1 (GREEN) can wait or assist. Patient 2 (BLACK) requires comfort/dignity but no resource expenditure.

4

### Generate Solutions

Activate Incident Command System and request mutual aid. Open second triage area. Move RED patients to resuscitation rooms; YELLOW to hallway/observation area; GREEN to designated waiting area or alternate facility; provide BLACK with chaplain/comfort care. Assign nurse runners to communicate between zones. Cancel elective admissions; discharge stable inpatients.

5

### Take Action

Take RED Patient 4 to resuscitation: high-flow O<sub>2</sub>, IV access x 2, cardiac monitor, 12-lead ECG, troponin, stat cardiology. Stabilize YELLOW Patient 3: splint femur, control bleeding, IV access, pain management, prepare for OR within 2 hours. Enlist GREEN Patient 1: cleanse laceration, ask for help comforting other minors. Provide BLACK Patient 2 with privacy, dignity, family support; document time of expectant designation.

6

### Evaluate Outcomes

Reassess all tagged patients every 15–30 minutes — triage tags are dynamic. A YELLOW may deteriorate to RED; some BLACKs may be reclassified as resources arrive. Track every patient by triage tag number to destination. Post-

incident: debrief team, review triage accuracy, monitor staff for acute stress, restock supplies, document lessons learned for the next mitigation cycle.

## ***Diane's NGN NCLEX 2026 Visual Study Library***

Disaster Assessment & Mass Casualty Triage · Emergency / Disaster Nursing Module

Sources: Saunders · ATI · Lippincott · FEMA NIMS · CDC Bioterrorism Preparedness Guidelines