

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

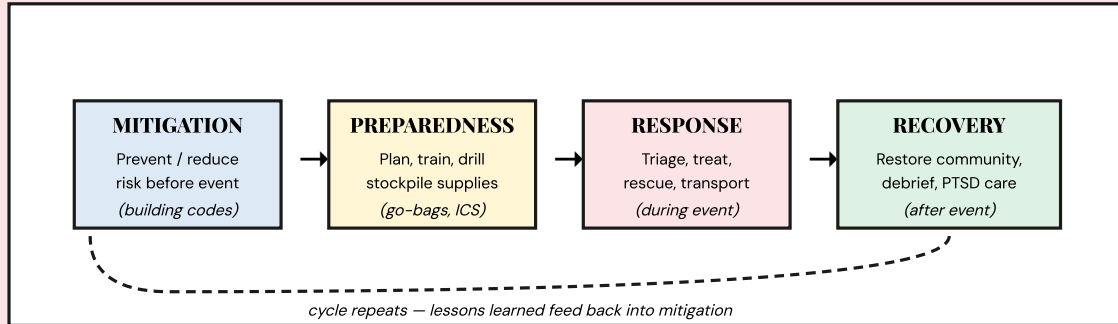


BIOTERROR

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**

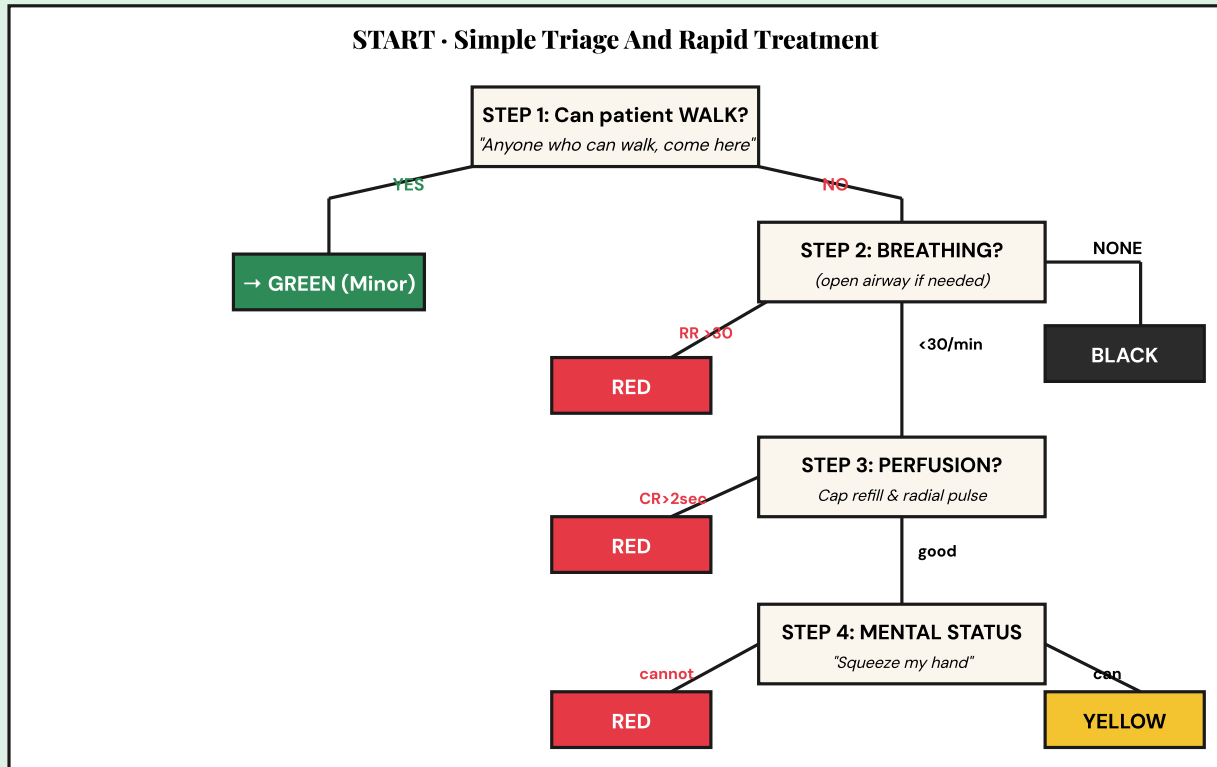
🚑 **RED FLAG:** A patient who would be top priority in the ED (e.g., severe head injury needing prolonged surgery) may be tagged **BLACK** in an MCI because they consume too many limited resources. This reversal is heavily tested.

🚑 **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
Scene	SECURE scene safety · DON PPE appropriate to hazard · ASSESS environment
Triage	SORT by RPM (Respirations · Perfusion · Mental status) · TAG patient · MOVE ON within 30 seconds
Treatment	OPEN airway (jaw thrust if c-spine) · STOP bleeding (direct pressure → tourniquet) · DECONTAMINATE if hazmat
Transport	TRANSPORT reds first · ROUTE greens to alt facility · COMMUNICATE with command
Documentation	RECORD on triage tag (not chart) · TRACK patient destination · MAINTAIN incident log
Recovery	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	Atropine + Pralidoxime (2-PAM)	SLUDGE symptoms · give atropine until secretions dry
Cyanide	Hydroxocobalamin or amyl nitrite / sodium thiosulfate	Bitter almond breath · cherry-red skin
Radiation (radioactive iodine)	Potassium iodide (KI)	Saturates thyroid to block uptake · give within 24 hr
Heavy metals (lead, arsenic)	Chelation: Dimercaprol, EDTA	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 O₂, 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