

Determining Patient Priority: The Medic Classification

M	=	Minimal
E	=	Expectant
D	=	Delayed
I	=	Immediate
C	=	Contaminated

Presented in **PRIORITY ORDER**:

IMMEDIATE patients (1st priority)

1. Life-threatening shock and/or hypoxia is present or imminent
 2. Patient can be stabilized without need of constant of labor intensive care
 3. High probability of survival if given immediate care and rapid transport
 4. Examples:
 - a. Airway and breathing difficulties
 - b. Uncontrolled or suspected severe bleeding
 - c. Open chest or abdominal injuries
 - d. Severe head injuries
 - e. Severe medical problems
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DELAYED patients (2nd priority)

1. Injuries have systemic implications and effects, but not YET in life-threatening shock or hypoxia. Must be treated to prevent occurrence.
2. Appear able to withstand a 45-60 minute wait without immediate life risk
3. Examples:
 - a. Burns
 - b. Major or multiple fractures
 - c. Back injuries - with/without spinal damage

MINIMAL patients (3rd priority)

1. Localized injuries that do not commonly have an immediate systemic implication
 2. Minimum care will generally prevent deterioration of patient
 3. Can wait several hours to receive care without danger to life or limb
 4. Examples:
 - a. Minor fractures
 - b. Lacerations, bruises
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EXPECTANT patients (4th priority)

1. Catastrophically injured
 2. Unresponsive with no spontaneous circulation
 3. Examples:
 - a. Obviously mortal wounds where death appears reasonably certain
 - b. Obviously DOS
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CONTAMINATED patients

1. Varied priority according to the nature of the contaminant. A concomitant condition of a more serious nature would receive priority.