

Terrorism & Triage

The Browns Stadium was packed full of over 65,000 excited fans when several simultaneous explosions erupted around the stadium. Witnesses at the scene initially report that explosive devices appear to have injured fans and dispersed a chemical substance across the venue, rapidly affecting attendees and causing widespread alarm. The alarm quickly turned into panic, resulting in a mass rush to evacuate the stadium. The ensuing stampede resulted in a significant number of serious injuries and fatalities in addition to the explosions and the chemical substance.

Emergency medical personnel on-site observed that those exposed to the chemical substance exhibited symptoms of varying severity, including breathing difficulties, uncontrolled muscle spasms, nausea, seizures, and constricted pupils. While not yet confirmed, medical professionals suspect the substance was likely a neurotoxin based on the observed symptoms.

You happen to be working in an emergency department at the medical facility nearest to the Browns Stadium. You and your team are working intensely as patients begin arriving at the emergency room. Your top priorities are to control patients' convulsions, administer atropine to combat the neurotoxin, and to intubate and ventilate patients as necessary. However, you become increasingly concerned as the crowd of patients grows larger and larger and as several people become critically ill over the course of several minutes.

It quickly becomes clear that those who were closest to the blast sites are in greater need of care, presenting with severe respiratory distress as well as significant burns and lacerations. Atropine and ventilators are required to stabilize patients who were within 10 yards of an explosion, after which their burns and other injuries can be attended to. However, each of these patients takes a significant amount of time to stabilize and will likely need to stay on the ventilator for several days. Those further from the blasts present with moderate injuries, such as broken bones rather than burns and lacerations, and also require Atropine and sometimes a ventilator to be stabilized. However, they can be stabilized with a lesser dose of Atropine and appear to only require respiratory support for a few hours in order to become stabilized. This means individuals closer to the blast sites are in greater need of care and require more resources with a lower likelihood of recovery, as compared to the patients who happened to be further away from the blasts.

You realize that the capacity of the emergency department will soon be overwhelmed and supplies will begin to run short. Atropine and ventilators are both in limited supply, the hospital beds are almost all full, and there aren't enough nurses and doctors to tend to everyone. While it's clear that patients need to be diverted elsewhere, all nearby hospitals are facing the same situation as patients continue to pour into facilities across the city. Faced with a dwindling number of resources and a growing number of patients, you must decide how to prioritize the resources you have remaining.