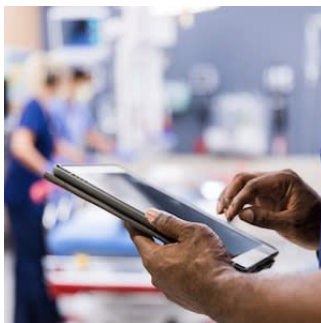

Triage Procedures for Critical Care Resources



During the COVID-19 pandemic, several states in the U.S. used pandemic preparedness plans to guide the allocation of critical resources in times of crisis. These state-specific plans varied in the factors used to triage patients. Some encountered significant scrutiny from advocacy groups due to concerns about potential discrimination.

A study assessed the role of comorbidities and long-term prognosis in state triage protocols. Data were collected through internet searches for pandemic preparedness plans endorsed by states, the District of Columbia, and Puerto Rico. Plans that were accessible and available as of June 2023 and included detailed guidelines for the triage of critically ill patients were categorised for the use of comorbidities and prognostic factors.

The primary outcomes of the study included the prevalence of comorbidities lists and their stated function in triage and instructions provided for predicting the duration of post-discharge survival.

Among the state-endorsed pandemic preparedness plans examined in this study, 32 contained sufficiently detailed triage procedures for practical clinical implementation. Twenty of these plans included lists of comorbidities, with 11 either excluding or deprioritising patients during triage. One state's list was designed to resolve ties between patients with equal triage scores. A majority of states with triage procedures (21 out of 32) took into account predicted survival beyond hospital discharge. These states used different prognostic time horizons - 15 were numeric, ranging from 6 months to 5 years after hospital discharge, while the remaining six employed descriptive terms like "long-term."

Overall, this analysis shows that most of these plans restricted access to scarce critical care resources for patients with listed comorbidities or patients with less-than-average expected post-discharge survival. This analysis highlights concerns regarding healthcare access during a public health emergency, particularly for populations burdened with chronic illnesses, including individuals with disabilities and marginalised racial and ethnic communities.

Source: [JAMA](#)

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