Activity 3.2.4
Crisis Communication

DATE	PORTAL DAY	LESSON	TURN IN
Monday 2026-12-04	**Response analysis CER**	**Lesson 3.2 Emergency Response**	**CER**

Where this sits. Single day. The storm has hit and the emergency room is filling up.

01 Why today matters

Fifteen people are waiting for care in an emergency room that can only see them one at a time, and somebody has to put them in an order.

You will build the criteria first and then apply them, which is the only way to defend an order that puts a frightened person behind a quiet one.

02 What you already know

- You assessed one patient across two days and learned to read observations as a pattern.
- You can take and interpret vitals and place a blood pressure in a category.
- You know the ABCs and why they run in that order.

WHAT THIS SHEET WILL NOT TELL YOU

- This sheet does not give you the triage order. You build criteria, then apply them, then defend the result.
- There is no single correct ranking, and that is not the sheet being unhelpful. It is the actual state of the problem.

03 Vocabulary

TERM	WHAT IT MEANS, PLAINLY
triage	Sorting patients by how urgently they need care, so the limited people and equipment go where they do the most good.
emergent	Highest priority. The patient may not survive without treatment right now.
urgent	Needs care quickly, but can wait a short time without getting worse in a dangerous way.
semi-urgent	Needs care, and can wait while higher-priority patients are seen.
non-urgent	Lowest priority. Minor and not time-sensitive.
resuscitation	Immediate life-saving treatment such as CPR or a defibrillator, to keep blood moving and the heart beating.
CPR	Cardiopulmonary resuscitation. Chest compressions, sometimes with rescue breaths, to keep blood circulating when the heart has stopped.

AED	Automated external defibrillator. A device that reads the heart's rhythm and delivers a shock if the rhythm is one a shock can fix.
24-hour clock	Times written 0000 to 2359, so 1430 is 2:30 p.m. Hospitals use it because 'seven o'clock' is ambiguous and a twelve-hour mistake in a chart is dangerous.
elapsed time	How long a patient has already been waiting. It changes the ranking, because a condition that was stable an hour ago may not be now.
discharge	Sending a patient home after treatment rather than admitting them.
admission	Keeping a patient in the hospital for ongoing care.

Every term on this list is flagged for the illustrated glossary, scoped to this activity only. Terms are not shared forward or backward between activities, because a definition from a later activity can hand you an answer you were supposed to derive.

04 How to do the work

1. You are still on the flight team. Write a two or three sentence message to the hospital summarising your patient's condition and what you did for her in the field. Two or three sentences. Somebody is going to read it while running.
2. Answer in your notebook: compared to radioing it in, what does sending that message through an app get you, and what does it cost you? Name at least one real drawback.
3. Now switch roles. You are the triage nurse at Garcia-Newgard and the storm has filled the emergency room.
4. Before you look at a single patient, build your criteria. As a team, research the four categories and write a chart: for each one, the signs and symptoms that put a patient in it. Use vital signs, breathing, circulation, and the type and severity of injury. Assign a colour to each category with coloured pencils.
5. Compare your chart with another team's. Argue the differences. Change yours where they convince you, and write down what changed and why.
6. Open the ER Triage files in Hospital Hub, under the Info menu. There are fifteen patients including the hiker you brought in.
7. Times in the files are on the 24-hour clock. For anything after 1200, subtract 12 and add p.m.; for 1200 or earlier, add a.m. Convert as you go and note how long each patient has already waited.
8. Using the Patient Triage Data Chart, summarise each patient's condition in a line or two and assign a category. Work with a partner and disagree out loud.
9. Rank all fifteen into an order of care. Write the ranking down.
10. Pair with another team and compare rankings. They will not match. Find the specific patients you disagree about, work out what evidence each team weighted differently, and record how you resolved it.
11. Share with the class and agree a final order together.
12. Take the ethics case. Two patients arrive at once: a 28-year-old with a deep cut to a finger, bleeding heavily, and a 63-year-old with chest pain, shortness of breath, and numbness down the left arm. Decide who goes first and write the reasoning. Then write the harder part: what you actually say to the patient who is waiting.
13. Go back to your triage chart and revise it based on everything the fifteen patients taught you. Note what you added or changed.

05 Safety

READ EVERY LINE BEFORE YOU START

- Paper and screen day. Nothing hands-on.
- Nothing here is medical advice or training and none of it qualifies you to triage anyone. In a real emergency the correct action is to call 911 and say clearly what you see.
- A quiet one, and it matters. These fifteen are invented patients, but people in this room have sat in a real emergency room waiting for someone they love. If today is hard for you, step out and say so afterwards, or not at all. Nobody has to explain.

06 Where students get stuck

- Triaging by how upsetting it looks. Heavy visible bleeding from a finger pulls every eye in the room. Chest pain with numbness down the left arm is quiet and it is the one that can kill in the next few minutes. Triage measures how fast harm arrives, not how dramatic the presentation is.
- Triaging by who is loudest. The patient who can shout has an airway and enough blood pressure to shout with. The one who has gone quiet may have neither.
- Ignoring elapsed time. A patient categorised two hours ago is not the same patient now. Recheck rather than trusting the first sort.
- Sorting first and building criteria afterwards. Then the criteria are just a description of what you already did, and you cannot defend the order to anyone who disagrees.
- Reading 24-hour times by chopping the first digit. 1430 is 2:30 p.m., not 4:30. A twelve-hour error can move a patient's whole ranking.
- Treating a disagreement with the other team as a problem to be smoothed over. The disagreement is where the learning is. Find out what they weighted that you did not.

07 What you turn in

CER

CER, one per team. Claim: your final ranked order for the fifteen patients. Evidence: the specific signs, symptoms, vitals, and elapsed times that put each patient where you put them. Reasoning: the criteria chart you built, and why those criteria produce that order. Then a short paragraph on the two patients you and the other team disagreed about most, what each team weighted, and how you settled it. Attach your two-patient ethics answer, including what you would say to the person waiting. Your field message and revised triage chart go in your notebook.

08 Check yourself

- [ ] Define emergent and semi-urgent and give one example of each. (Vocabulary)
- [ ] It is 1815 on a triage file. What time is that on a twelve-hour clock? (Vocabulary and step 7)
- [ ] Why is 'the injury that looks worst' a bad triage rule? Answer with the two-patient case. (Where students get stuck)