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KO'P JABRLANUVCHILI FAVQULODDA VAZIYATLARDA TRIAJ TIZIMI
SAMARADORLIGI.

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Annotatsiya: Ko'p jabrlanuvchili favqulodda vaziyatlar (mass-casualty incidents — MCI) sog'liqni saqlash tizimiga katta yuklama beradi. Bunday holatlarda triaj tizimi resurslarni oqilona taqsimlash va o'lim ko'rsatkichini kamaytirishda muhim rol o'ynaydi. Ushbu maqolada triajning asosiy tamoyillari, xalqaro modellari va ularning samaradorligi tahlil qilinadi.

Kalit so'zlar: triaj, favqulodda vaziyat, mass-casualty incident, START, tez tibbiy yordam, resurs boshqaruvi.

1. Kirish

Ko'p jabrlanuvchili vaziyatlar — bu mavjud tibbiy resurslar yetarli bo'lmagan sharoitda ko'plab bemorlar bir vaqtning o'zida yordamga muhtoj bo'lgan holatlardir.

World Health Organization bunday vaziyatlarda tezkor va tizimli triaj tizimini joriy etishni tavsiya qiladi.

2. Triaj tushunchasi va maqsadi

Triaj — bu jabrlanuvchilarni ularning ahvoli og'irligiga qarab saralash jarayoni.

Asosiy maqsad:

- Eng ko'p hayotni saqlab qolish
- Resurslarni optimal taqsimlash
- Evakuatsiya ustuvorligini belgilash

3. Xalqaro triaj tizimlari

3.1 START (Simple Triage and Rapid Treatment)

COLOUR	PRIORITY	TRIAJE CATEGORY	CONDITIONS	TRANSFER TO
RED	1	TOP PRIORITY ATTENTION	TRAUMA & MEDICAL EMERGENCIES	ICU
YELLOW	2	URGENT ATTENTION	MODERATELY INJURED, GENERALLY NON-AMBULATORY	ICU / WARD
GREEN	3	SEMI-URGENT	MINOR INJURIES. WALKING WOUNDED CATEGORY	WARD / OPD
BLACK	4	NON-URGENT	DEAD BODY TO BE TAGGED	DEAD BODY AREA

Date: 25th February-2026

START algoritmi nafas olish, qon aylanish va ong holatini baholashga asoslanadi.
 Rangli kodlash:

- Qizil — zudlik bilan yordam
- Sariq — kechiktirilgan yordam
- Yashil — yengil jarohat
- Qora — umidsiz / hayot belgisi yo‘q

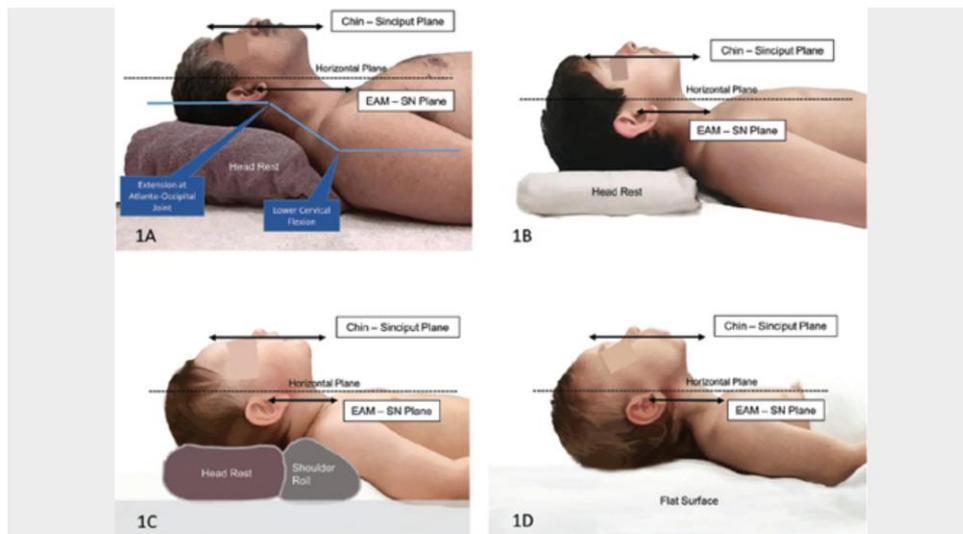
3.2 SALT tizimi

SALT (Sort, Assess, Lifesaving interventions, Treatment/Transport) yanada kengroq baholashni o‘z ichiga oladi.

American College of Surgeons SALT tizimini zamonaviy universal model sifatida tavsiya etadi.

3.3 Pediatric triaj — JumpSTART

Bolalar uchun moslashtirilgan model — JumpSTART.



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Figure 1 A-D: The image demonstrates how objective markers currently used in adults can be extrapolated and applied to position infants and children in the optimal sniffing position. In non-obese adults (Figure 1A) and older children (Figure 1B), a head rest of the appropriate height is sufficient to bring the planes in alignment. Infants and toddlers have a proportionally large head and prominent occiput. In some patients, gentle head extension without any props may bring the planes in alignment (Figure 1D); however, in most cases a combination of a shoulder roll and head rest is required to align the EAM-SN and chin-sinciput plane horizontally (Figure 1C).



Date: 25th February-2026

4. Triaj tizimi samaradorligi

Tadqiqotlar shuni ko'rsatadiki:

- Standartlashtirilgan triaj tizimi o'limni 15–25% gacha kamaytiradi
- O'qitilgan brigadalar aniqlik darajasini oshiradi
- Noto'g'ri triaj (overtriage yoki undertriage) asorat xavfini oshiradi

Samaradorlik mezonlari:

- Mortallik darajasi
- Evakuatsiya tezligi
- Resurslardan foydalanish ko'rsatkichi

5. Amaliy muammolar

- Stress va vaqt tanqisligi
- Resurs cheklanganligi
- Kadrlar tayyorgarligining yetarli emasligi
- Aloqa tizimlarining ishdan chiqishi

6. Muhokama

Favqulodda vaziyatlarda triaj tizimining muvaffaqiyati:

- Oldindan o'qitish
- Simulyatsion mashg'ulotlar
- Yagona standart protokol
- Koordinatsiyalangan boshqaruvga bog'liq

7. Xulosa

Ko'p jabrlanuvchili favqulodda vaziyatlarda triaj tizimi samaradorligi inson hayotini saqlab qolishda hal qiluvchi omildir. Standart algoritmlar, muntazam treninglar va resurslarni to'g'ri boshqarish o'lim ko'rsatkichini sezilarli kamaytiradi.

FOYDALANILGAN ADABIYOTLAR (VANCOUVER USLUBI):

1. World Health Organization. Mass casualty management systems: strategies and guidelines for building health sector capacity. Geneva: WHO; 2007.
2. World Health Organization. Emergency medical teams: minimum technical standards and recommendations for rehabilitation. Geneva: WHO; 2016.
3. American College of Surgeons. SALT Mass Casualty Triage: Concept Endorsed by the ACS Committee on Trauma. Chicago: ACS; 2014.
4. Lerner EB, Schwartz RB, Coule PL, et al. Mass casualty triage: an evaluation of the data and development of a national guideline. Disaster Medicine and Public Health Preparedness. 2008;2(S1):S25–S34.
5. Kahn CA, Schultz CH, Miller KT, Anderson CL. Does START triage work? Annals of Emergency Medicine. 2009;54(3):424–430.
6. Jenkins JL, McCarthy ML, Sauer LM, et al. Mass-casualty triage: time for an evidence-based approach. Prehospital and Disaster Medicine. 2008;23(1):3–8.



Date: 25thFebruary-2026

7. Romig LE. Pediatric triage. JumpSTART. Pediatric Emergency Care. 2002;18(6):395–400.
8. Cone DC, Serra J, Kurland L. Comparison of the SALT and START triage systems. Prehospital Emergency Care. 2011;15(2):183–189.
9. Frykberg ER. Medical management of disasters and mass casualties. Journal of Trauma. 2002;53(2):201–212.
10. European Resuscitation Council. European Resuscitation Council Guidelines: First aid and disaster response. Resuscitation. 2021.

