

Impact of a two-step emergency department triage model with START, then CTAS, on patient flow during a simulated mass-casualty incident

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Prehospital and disaster medicine

2015; 30(4):390-396

ARTICLE IDENTIFIERS

DOI: 10.1017/S1049023X15004835

PMID: 26105567

PMCID: not available

JOURNAL IDENTIFIERS

LCCN: not available

pISSN: 1049-023X

eISSN: 1945-1938

OCLC ID: 20761085

CONS ID: sn 89036602

US National Library of Medicine ID: 8918173

This article was identified from a query of the SafetyLit database.