

The Greatest Good for the Greatest Number

SUBJECT

American Studies

Unit: Civil War

Lesson: Triage

TEACHER

NMCWM

GRADE

08

DATE

Drafted: 4/3/2020

TIME REQUIRED

45 Minutes

OVERVIEW

The term triage refers to the sorting of patients according to their injury and need for care. Those with more serious wounds are given first priority. The term “triage” is derived from the French word “trier” meaning “to sort.” Although the term triage was not used during the Civil War - its first known medical use was in WWI by the French - it played an integral role in medical evacuation on the battlefield.

At the outset of the Civil War, no system of medical evacuation existed. Despite efforts at reform throughout 1861 and early 1862, wounded soldiers were consistently left behind on the battlefield. Following the Battle of First Bull Run in July 1861, many wounded were left to suffer for days in the hot sun.

This changed in July 1862 when Major Jonathan Letterman was appointed Medical Director for the Army of the Potomac. Letterman, with approval from the Surgeon General William Hammond, re-organized medical care and created a system for medical evacuation. This became known as the Letterman Plan. He reorganized the ambulance corps which had often being used to haul supplies instead of those needing emergency medical care.

Once the wounded were brought in, Letterman sketched out a tiered system of care to evaluate and treat each patient. Medical care would start with an assistant surgeon and attendant at the edge of the battle who provided the first level of care. This included applying tourniquets to stop severe bleeding, administer morphine for pain and alcohol for shock.

The wounded were then sorted according to the severity of their wounds and either returned to their units, transported to field hospitals where further care was administered, or if they were beyond help, left to die. From the field hospitals, patients were transported to general hospitals which were located in large urban areas (Philadelphia and Baltimore in the North, Richmond in the South) to receive long term care. From the general hospital, patients either returned to service or were discharged.

When the Battle of Antietam occurred on September 17, 1862, Letterman and his surgeons were prepared. In the bloodiest single day of the Civil War, the Medical Corps faced 17,000 wounded scattered across four miles of battlefield and removed nearly all the wounded from the field within 24 hours. In March 1864, the United States Congress implemented Letterman’s changes across the entire United States Army. They remain today, a basis for modern EMS and military combat medicine.

PHASES

8TH GRADE

<p>CURRICULAR STANDARDS</p>	<p>SS.DL.10.01 Evaluate a variety of sources by identifying and defining the type, origin and authority of a source, examining the historical context and assessing the corroborative value of a source.</p> <p>SS.DL.20.01 Communicate and critique conclusions by constructing well organized arguments containing multipart theses supported by a variety of sources, utilizing historical reasoning skills and addressing opposing points of view/counterclaims and evidentiary weaknesses.</p> <p>SS.AS1.80.01 Identify and explain the impact of key events & figures of the Civil War.</p> <p>SS.AS1.80.05 Explain how the Civil War caused technological change and medical advancements in America.</p>
<p>OBJECTIVE(S)</p>	<p>Students will be able to identify, define and explain triage and its impact on the Civil War and today.</p>
<p>INFORMATION REQUIRED</p>	<p>Triage First Battle of Bull Run Jonathan Letterman Letterman Plan Battle of Antietam</p>
<p>ACTIVITY</p>	<p>Engagement: Distribute worksheet in Appendix A. Students will define triage and its importance during the Civil War.</p> <p>Exploration: Distribute worksheet in Appendix B. Students will Compare and contrast Civil War and modern triage categories.</p>

PHASES

8TH GRADE

	<p>Explanation: Distribute worksheet in Appendix C. Students will explain how modern triage would impact Civil War-era soldiers.</p> <p>Elaboration: Distribute worksheet in Appendix D. See Teacher’s Guide in Appendix E. Students use Civil War-era and modern triage categories to sort wounded soldiers.</p>
EVALUATION/ CLOSING	Explain the Letterman Plan and why it is important today. What are some of the challenges medical personnel might have faced performing triage during the Civil War? How might the Letterman Plan affect soldiers even before they went into battle?

REQUIREMENTS

- This can be adapted to students needs as necessary.

MATERIALS

- Worksheets attached
- Teacher’s Guide Appendix E

NOTES

This lesson can be done digitally in Microsoft Word or Google Docs. Students can use this same lesson to answer manually. This can be modified so that students can use creative writing techniques or answer and meet certain requirements.

Appendix A -Engage

Triage refers to the sorting of patients according to their injury and need for care. Those with more serious wounds are given first priority. At the outset of the Civil War, no system of medical evacuation existed. Following the First Battle of Bull Run in July 1861, many wounded were left to suffer for days in the hot sun. In 1862, Dr. Jonathan Letterman re-organized medical care and created a system for medical evacuation. When the Battle of Antietam occurred on September 17, 1862, Letterman and his surgeons were prepared. Within 24 hours, nearly all of the 17,000 wounded were removed from the battlefield.

Now give your own definition of triage. How did it impact wounded soldiers during the Civil War? How could it impact soldiers before they went into battle?

Appendix B - Explore

Medicine at the time of the Civil War was not as advanced as it is today. Injuries to the trunk of the body or head, or both, were considered deadly. The closer the injury was to the trunk of the body, the more likely the patient was to die. Doctors did not have the experience or technology to treat these wounds. Patients with these injuries were made as comfortable as possible. Most doctors had never seen gunshot wounds prior to the war. North and South treated the wounded from opposing sides. However, priority was always given to their own soldiers before the enemy.

Injuries were sorted by the following criteria:

Severely Wounded	First Priority	Severe bleeding, compound (bone pierces the skin) fractures, missing limbs or major trauma to the arms and legs. These were taken by ambulance to the nearest field hospital for immediate care.
Mildly Wounded	Second Priority	Needed care but were in stable condition without severe bleeding. They were left on the field until all the severely wounded were removed.
Slightly Wounded	Third Priority	Minor injuries and wounds that could be bandaged and patients sent back to their units.
Mortally Wounded	Deadly	Wounds that pierced the trunk of the body or head. The patient was made as comfortable as possible and left to die.

Triage is still practiced in modern EMS and combat medicine. It is an ongoing process that is done continuously through the initial triage, treatment, transportation and hospital phases. The goal of modern triage is to do the greatest good for the greatest number with the resources available at the time. Modern medicine is more advanced and medical personnel have a much more thorough understanding of physiology (how the body functions) and the nature of wounds.

Modern Triage Categories:

Red	Immediate / First Priority	Trouble with airway, pulse and mental capacity – cannot follow simple commands
Yellow	Delayed / Second Priority	No airway trouble, major or multiple bone or joint injuries, back and spine injuries
Green	Minor / Third Priority	Walking Wounded - Minor cuts and bruises, minor painful and swollen deformities, minor soft tissue injuries, able to follow simple commands.
Black	Deceased / Lowest Priority	Obvious death, injuries incompatible with life (decapitation)

How do modern triage categories compare to those used during the Civil War? How are they different? Are they more advanced? Why or why not?

Appendix C - Explain

Compared to the Civil War, how would soldiers fare today? Would their chances of survival increase, decrease or stay the same? In what ways did the Civil War impact modern triage? Outside of warfare, what kinds of incidents call upon triage today?

Appendix D - Elaborate

You are a Civil War Surgeon during the Battle of Antietam sorting patients according to the severity of their wounds. Keep in mind soldiers listed with a name and rank actually fought at the Battle of Antietam and suffered the wounds described below.

Place these soldiers in the appropriate category:

Mortally, Severely, Mildly, or Slightly Wounded. Explain your choices.

Severely Wounded	First Priority	Severe bleeding, compound (bone pierces the skin) fractures, missing limbs or major trauma to the arms and legs. These were taken by ambulance to the nearest field hospital for immediate care.
Mildly Wounded	Second Priority	Needed care but were in stable condition without severe bleeding. They were left on the field until all the severely wounded were removed.
Slightly Wounded	Third Priority	Minor injuries and wounds that could be bandaged and patients sent back to their units.
Mortally Wounded	Deadly	Wounds that pierced the trunk of the body or head. The patient was made as comfortable as possible and left to die.

Private Patrick Hughes, Co. K., 4th New York Infantry - shot through the head with a musket ball that pierced his brain.

Private William Darling of the 6th Wisconsin, 41 years old – shot through the left foot.

Private James M. Runyan, 59th New York, 16 years old - projectile struck his right thigh with severe bleeding.

Private Charles H. Bowen, 27th Indiana, 19 years old - musket ball fractured his left femur.

Private J.W. Shettles, 2nd Mississippi, 20 years old – shot through knee.

Major General Israel Richardson - a piece of shell pierced his abdomen.

Unnamed soldier – bullet grazed left wrist. There is some bleeding, but no bones have been damaged.

Unnamed soldier – sprained ankle.

Private Daniel Miller, Co. E, 66th NY – piece of missile pierced abdomen with damage to major organs.

Private John H. Carroll, Co. E, 61st New York, 28 years old– shot in right forearm.

Private Cornelius Callaghan, Co. G, 2nd DE – wounded in left hip by fragment of shell.

Private Isaac Ostheimer, Co. F, 66th NY, 31 years old – gunshot wound to right leg, tibia (shin) bone shattered.

Unnamed soldier – Shaken up with no visible wounds.

Unnamed soldier – bullet grazed ear.

Now triage these wounded soldiers using today's triage standards – Red - Immediate, Yellow - Delayed, Green - Minor and Black- Deceased. Explain your choices

Red	Immediate / First Priority	Trouble with airway, pulse and mental capacity – cannot follow simple commands
Yellow	Delayed / Second Priority	No airway trouble, major or multiple bone or joint injuries, back and spine injuries
Green	Minor / Third Priority	Walking Wounded - Minor cuts and bruises, minor painful and swollen deformities, minor soft tissue injuries, able to follow simple commands.
Black	Deceased / Lowest Priority	Obvious death, injuries incompatible with life (decapitation)

Private Patrick Hughes, Co. K, 4th New York Infantry - shot through the head with a musket ball that pierced his brain. He is conscious but cannot follow simple instructions.

Private William Darling of the 6th Wisconsin, 41 years old – shot through the left foot.

Private James M. Runyan, 59th New York, 16 years old - projectile struck his right thigh with severe bleeding.

Private Charles H. Bowen, 27th Indiana, 19 years old - A musket ball fractured his left femur (thigh bone).

Private J.W. Shettles, 2nd Mississippi, 20 years old – shot through knee.

Major General Israel Richardson a piece of shell pierced his abdomen. He is alert and has no trouble breathing and can follow simple instructions.

Unnamed soldier – bullet grazed left wrist. There is some bleeding, but no bones have been damaged.

Unnamed soldier – sprained ankle.

Unnamed soldier – shot in chest. Has difficulty breathing.

Unnamed Soldier – Unconscious, breathing with a pulse.

Private Cornelius Callaghan, Co. G, 2nd DE – wounded in left hip by fragment of shell with severe bleeding.

Private Isaac Ostheimer, Co. F, 66th NY, 31 years old – gunshot wound to right leg, tibia (shin) bone shattered.

Unnamed soldier – Shaken up with no visible wounds.

Unnamed soldier – Unconscious with major trauma to chest and abdomen.

Appendix E - Teacher Guide

The answers provided below are not strictly right or wrong and can vary based on sound reasoning. Outcome for real soldiers who fought and were injured are also provided.

Civil War Triage

Private Patrick Hughes, Co. K., 4th New York Infantry - shot through the head with a musket ball that pierced his brain.

Mortally - Hughes survived his wound. He suffered little ill effect except occasional uncontrollable giddiness and an impairment of vision in the right eye.

Private William Darling of the 6th Wisconsin, 41 years old – shot through the left foot.

Severely or Mildly - Darling survived and discharged from service on January 13, 1863.

Private James M. Runyan, 59th New York, 16 years old - projectile struck his right thigh with severe bleeding.

Severely - Runyan survived and was discharged from service May 4, 1863.

Private Charles H. Bowen, 27th Indiana, 19 years old - musket ball fractured his left femur (thigh bone).

Severely - Survived with severe deformity of his leg and foot. Discharged from service September 7, 1863.

Private J.W. Shettles, 2nd Mississippi, 20 years old – shot through knee.

Severely or Mildly - Shettles died from his wound because he did not receive treatment in time. Because he was a confederate soldier, the union surgeons would have treated him last.

Major General Israel Richardson - a piece of shell pierced his abdomen.

Mortally - Richardson died from infection at the Pry House on November 3, 1862.

Unnamed soldier – bullet grazed left wrist. There is some bleeding, but no bones have been damaged.

Slightly

Unnamed soldier – sprained ankle.

Slightly

Private Daniel Miller, Co. E, 66th NY – piece of missile pierced abdomen with damage to major organs.

Mortally - Miller survived his wounds and discharged January 20, 1863.

Private John H. Carroll, Co. E, 61st New York, 28 years old – shot in right forearm.

Severely - Carroll survived and was discharged February 24, 1863.

Private Cornelius Callaghan, Co. G, 2nd DE – wounded in left hip by fragment of shell.

Severely or Mortally -Callaghan died from infection October 4, 1862.

Private Isaac Ostheimer, Co. F, 66th NY, 31 years old – gunshot wound to right leg, tibia (shin) bone shattered.

Severely -Survived and returned to duty August 10, 1863. Reported Missing in Action at Battle of Todd's Tavern, May 8, 1864.

Unnamed soldier – Shaken up with no visible wounds.

Slightly

Unnamed soldier – bullet grazed ear.

Slightly

Modern Triage

Private Patrick Hughes, Co. K., 4th New York Infantry - shot through the head with a musket ball that pierced his brain. He is conscious but cannot follow simple instructions. **Red**

Private William Darling of the 6th Wisconsin, 41 years old – shot through the left foot. **Yellow or Green**

Private James M. Runyan, 59th New York, 16 years old - projectile struck his right thigh with severe bleeding. **Red**

Private Charles H. Bowen, 27th Indiana, 19 years old - A musket ball fractured his left femur (thigh bone). **Yellow**

Private J.W. Shettles, 2nd Mississippi, 20 years old – shot through knee. **Yellow or Green**

Major General Israel Richardson a piece of shell pierced his abdomen. He is alert and has no trouble breathing and can follow simple instructions. **Yellow**

Unnamed soldier – bullet grazed left wrist. There is some bleeding, but no bones have been damaged. **Green**

Unnamed soldier – sprained ankle. **Green**

Unnamed soldier – shot in chest. Has difficulty breathing. **Red**

Unnamed Soldier – Unconscious, breathing with a pulse. **Red**

Private Cornelius Callaghan, Co. G, 2nd DE – wounded in left hip by fragment of shell with severe bleeding. **Red**

Private Isaac Ostheimer, Co. F, 66th NY, 31 years old – gunshot wound to right leg, tibia (shin) bone shattered. **Yellow**

Unnamed soldier – Shaken up with no visible wounds. **Green**

Unnamed soldier – Unconscious with major trauma to chest and abdomen. **Black**

Additional Resources from the National Museum of Civil War Medicine:

- [The Development of Triage](#) - Article from the museum's scholarly journal, the *Surgeon's Call*
- [The Legacy of Jonathan Letterman](#) - Lecture covering the legacy of Jonathan Letterman and his innovations, including triage
- [Emergency Medicine Primary Sources](#) - A compiled list of primary sources related to Letterman, triage, and medical evacuation

Visit www.CivilWarMed.org or www.Facebook.com/CivilWarMed for more information