



## REGION 11 CHICAGO EMS SYSTEM POLICY

Title: Trauma Patient Destination
Section: Transportation
Approved: EMS Medical Directors Consortium
Effective: July 10, 2024

# TRAUMA PATIENT DESTINATION

## I. PURPOSE

- A. Identify patients with significant injury based on the Region 11 Trauma Field Triage Criteria:
  1. Injury Patterns
  2. Mental Status & Vital signs
  3. Mechanism of Injury
  4. High-Risk Populations
- B. Patients meeting any criteria in the four categories will be transported to the appropriate Level 1 Trauma Center or Level 1 Pediatric Trauma Center.

## II. TRAUMA CENTERS

- A. Level I Trauma Center – A hospital participating in an approved Emergency Medical Services System and designated by the Illinois Department of Public Health to provide optimal care to all trauma patients. Level 1 Trauma Centers provide all essential services in-house, 24 hours a day.
- B. Level 1 Pediatric Trauma Center - A hospital participating in an approved Emergency Medical Services System and designated by the Illinois Department of Public Health to provide optimal care to pediatric trauma patients. Level 1 Pediatric Trauma centers provide all essential **pediatric specialty services** in-house, 24 hours a day.

## III. TRAUMA DESTINATION

- A. Adult patients: Region 11 EMS defines the adult trauma patient as an injured person aged 16 years and older. Adult patients meeting any trauma criteria using the trauma field triage decision algorithm should be transported to the closest Level I Trauma Center.
- B. Pediatric patients: Region 11 EMS defines the pediatric trauma patient as an injured person aged 15 years or less. Pediatric patients meeting trauma criteria using the trauma field triage decision algorithm should be **preferentially** transported to the closest Level I Pediatric Trauma Center.

## IV. MULTIPLE PATIENT INCIDENT (MPI) EVENTS

- A. During a MPI (Multiple Patient Incident) injured patients should have the Trauma Field Triage Criteria applied to identify critical patients requiring transport to a Level 1 Trauma Center or Level 1 Pediatric Trauma Center.



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1. Patients that meet **Injury Pattern** or **Mental Status & Vital Signs** criteria should be triaged “Red” and be transported to the appropriate Level 1 Trauma Center.
2. Patients that meet **Mechanism of Injury** or **High Risk Populations** criteria should be triaged “Yellow” and be transported to the appropriate Level 1 Trauma Center.

Attachments:

1. Region 11 Trauma Field Triage Criteria
2. Trauma Centers



# REGION 11 TRAUMA FIELD TRIAGE CRITERIA

**Patients meeting any criteria will be transported to the closest appropriate Level I Trauma Center**

## Injury Patterns

- Penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

## Mental Status & Vital Signs

### All Patients

- Unable to follow commands (motor GCS < 6)
- RR < 10 or > 29 breaths/min
- Respiratory distress or need for respiratory support
- Room-air pulse oximetry < 90%

### Age 0-9 Years

- SBP < 70mm Hg + (2 x age in years)

### Age 10-64 Years

- SBP < 100 mmHg or
- HR > SBP

### Age ≥ 65 Years

- SBP < 110 mmHg or
- HR > SBP

**Patients meeting these criteria are categorized as “Red”**

## Mechanism of Injury

- High-Risk Auto Crash
  - Partial or complete ejection
  - Significant intrusion (including roof)
    - > 12 inches occupant site OR
    - > 18 inches any site OR
    - Need for extrication of entrapped patient
  - Death in passenger compartment
  - Child (age 0-9 years) unrestrained or in unsecured child safety seat
  - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, electric powered device, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, or with significant impact
- Hanging/Strangulation
- Fall from height > 10 feet (all ages)

## High Risk Populations

### Children

- All children ≤ 15 years meeting criteria for transport to a Trauma Center should go to a Level I Pediatric Trauma Center
- Low level falls (age ≤ 5 years) with significant head impact or obvious injury
- Suspicion of traumatic injury secondary to child abuse

### Older Adults (Age ≥ 65 Years)

- Low level falls with significant head impact or obvious injury

### Other

- Anticoagulant use or bleeding disorder with significant head impact or obvious injury
- Burns in conjunction with trauma
- Pregnancy > 20 weeks should be preferentially transported to a Level I Trauma Center with Level III Perinatal Center capabilities
- EMS or base station judgement

**Patients meeting these criteria are categorized as “Yellow”**



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Attachment 2

## **TRAUMA CENTERS**

**(Pediatric patients are defined as less than 16 years old)**

### **I. Level I Trauma Centers:**

Advocate Christ Medical Center  
Advocate Illinois Masonic Medical Center  
Advocate Lutheran General Hospital  
Ascension Saint Francis Hospital  
John H. Stroger Hospital of Cook County  
Loyola University Medical Center  
Mount Sinai Hospital  
Northwestern Memorial Hospital  
UChicago Medicine

### **II. Level I Pediatric Trauma Centers:**

Ann & Robert H. Lurie Children's Hospital of Chicago  
John H. Stroger Hospital of Cook County  
UChicago Medicine - Comer Children's Hospital

Updated: 4/6/22