



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Trauma Patient Triage and Transport
	Section: Transportation
	Approved: EMS Medical Directors Consortium
	Effective: December 1, 2020

TRAUMA PATIENT TRIAGE AND TRANSPORT

I. Region 11 EMS uses a four step trauma field triage decision scheme (reference attachment 1) to identify injured persons requiring transportation directly to a trauma center. The four steps are:

- Step 1: Physiologic Criteria
- Step 2: Anatomic Criteria
- Step 3: Mechanism of Injury Criteria
- Step 4: Special Consideration Criteria

A. Adult Trauma Transports

1. Region 11 EMS defines the adult trauma patient as an injured person aged 16 years and older. Adult patients meeting trauma criteria using the decision scheme should be transported to the closest Level I trauma center. Scene time should be kept to a minimum.

B. Pediatric Trauma Transports

1. Region 11 EMS defines the pediatric trauma patient as an injured person aged 15 years or less. Pediatric patients meeting trauma criteria using the decision scheme should be preferentially transported to the closest Pediatric Level I trauma center.
2. If the transport time to the closest Pediatric Level I trauma center is anticipated to be greater than 25 minutes, the patient should be transported to the closest Level I trauma center. Scene time should be kept to a minimum.

Attachments:

1. Region 11 Trauma Field Triage Criteria
2. Region 11 Trauma Transport - Adult and Pediatrics



REGION 11 TRAUMA FIELD TRIAGE CRITERIA

Measure vital signs and level of consciousness

STEP 1

Glasgow Coma Scale ≤ 13

Systolic Blood Pressure ≤ 100 mm Hg for Adults
 ≤ 80 for children ≥ 1 year old
 ≤ 70 for children < 1 year old

Respiratory Rate < 10 or > 29 breaths/minute in adults and children ≥ 1 year old
 < 20 breaths/minute in infant aged < 1 year
 Need for ventilatory support

YES

Transport to the closest appropriate Trauma Center¹

NO

Assess anatomy of injury

STEP 2

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Two or more proximal long-bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Amputation or partial amputation proximal to wrist or ankle
- Any traumatic injury requiring tourniquet application
- Pelvic fractures
- Open or depressed skull fracture
- Motor or sensory deficits compatible with cord damage

YES

Transport to the closest appropriate Trauma Center¹

NO

Assess mechanism of injury & evidence of high-energy impact

STEP 3

- Falls
 Adults: > 20 feet (one story is equal to 10 feet)
 Children: > 10 feet or two or three times the height of the child
- High-risk auto crash
 Intrusion, including roof: > 12 inches occupant side; > 18 inches any site
 Ejection (partial or complete) from automobile
 Death in same passenger compartment
 Vehicle telemetry data consistent with a high risk of injury
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant impact
- Motorcycle crash

YES

Transport to the closest appropriate Trauma Center¹

NO

Assess special patient considerations

STEP 4

- Older adults
 Risk of injury/death increases after age 55 years
 SBP < 110 might represent shock after age 65 years
 Low impact mechanism (e.g. ground level falls) might result in severe injury
- Children
 Should be preferentially triaged to a Level I Pediatric Trauma Center
 If transport time exceeds 25 minutes transport to the closest Trauma Center
- Anticoagulants and bleeding disorders
 Patients with head injury are at high risk for rapid deterioration
- Burns
 Without other traumatic mechanism: triage to closest comprehensive ED
 With traumatic mechanism: triage to trauma center
- Pregnancy > 20 weeks should be preferentially transported to a Level 1 Trauma Center with obstetric capabilities
- EMS provider or base station judgment

YES

Transport to the closest appropriate hospital **OR** Trauma Center¹ AFTER consultation with Medical Control

NO

Transport to closest comprehensive Emergency Department and contact Medical Control

1- Refer to Attachment #2



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Attachment 2

**REGION 11 TRAUMA TRIAGE
ADULT AND PEDIATRICS**
(Peds = less than 16 years old)

I. Level I Trauma Centers:

Christ Medical Center (Advocate)
Illinois Masonic Medical Center (Advocate)
John H. Stroger Hospital of Cook County
Loyola University Medical Center
Lutheran General Hospital (Advocate)
Mount Sinai Hospital
Northwestern Memorial Hospital
St. Francis Hospital - Evanston (AMITA Health)
University of Chicago Medicine

II. Pediatric Level I Trauma Centers:

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

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