TRAUMA PATIENT TRIAGE AND TRANSPORT

I. Region XI 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 XI 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 XI 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 XI Trauma Field Triage Criteria
2. Region XI Trauma Transport - Adult and Pediatrics

Copyright 2018 Region XI EMS Medical Directors Consortium
Written: Taken from Patient Transport policy 12/06
Reviewed: 1/07; 5/11; 11/12; 3/14; 10/15; 8/17
Revised: 11/12; 3/14; 10/15
MDC Approval: 12/4/07; 11/19/12; 3/10/14; 11/3/15
IDPH Approval: 10/24/08; 1/31/13; 5/13/14; 2/25/16
Implementation: 1/1/13; 6/1/14; 3/1/16

C.7
REGION XI 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 Center

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
• Pelvic fractures
• Open or depressed skull fracture
• Motor or sensory deficits compatible with cord damage

YES  Transport to the closest appropriate Trauma Center

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

YES  Transport to the closest appropriate Trauma Center

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
• EMS provider or base station judgment

YES  Transport OR Trauma Center 2 AFTER consultation with Medical Control

NO  Transport to closest comprehensive Emergency Department and contact Medical Control

1- Refer to Attachment #2
1. 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 (Presence)
University of Chicago Medical Center

2. Pediatric Level I Trauma Centers:

John H. Stroger Hospital of Cook County
Lurie Children’s Hospital of Chicago (Ann & Robert H.)
University of Chicago Medical Center (Comer Children’s Hospital)