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

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Written: Taken from Patient Transport policy 12/06
Reviewed: 1/07; 5/11; 11/12; 3/14; 10/15
Revised: 11/12; 3/14; 10/15
MDC Approval: 12/4/07; 11/19/12; 3/10/14; 11/3/15
IDPH Approval: 10/24/06; 1/31/13; 5/13/14; 2/25/16
Implementation: 1/1/13; 6/1/14; 3/1/16
**REGION XI TRAUMA FIELD TRIAGE CRITERIA**

**STEP 1**
- Measure vital signs and level of consciousness

  - **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
  - High-risk auto crash
    Intrusion, including roof: > 12 inches occupant site; > 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 (> 20 mph) impact
  - Motorcycle crash > 20 mph

  **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 to the closest appropriate hospital OR Trauma Center
  - AFTER consultation with Medical Control

  **NO**

  - Transport to closest comprehensive Emergency Department and contact Medical Control

*Attachment 1

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1- Refer to Attachment #2
REGION XI TRAUMA TRIAGE
ADULT AND PEDIATRICS
(Peds = less than 16 years old)

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)

2. Pediatric Level I Trauma Centers:
   - John H. Stroger Hospital of Cook County
   - Lurie Children’s Hospital of Chicago (Ann & Robert H.)
   - The University of Chicago Medical Center (Comer Children’s Hospital)

Updated 8/17