TRAUMA PATIENT TRANSPORT

I. Region XI EMS uses a pre-hospital scoring system (see Attachment 1, Trauma Field Triage Criteria) to assist with the identification of injured adult and pediatric patients and their triage and transport to appropriate specialty centers in and immediately surrounding Region 11.

II. Trauma Patient Scoring

A. Patients are assigned a score of between 00 and 113 based on their vital signs, physical exam, as well as location of and mechanism of injury.

B. All adult and pediatric trauma patients with assigned scores of 00-76 must be transported to a Trauma Center.

C. This scoring system also reflects the division of Region XI into "Trauma Catchment Areas" (see Attachment 3, Region XI Trauma Map), which allows for a safe redistribution of physiologically stable adult trauma patients to the Trauma Center that supports that catchment area (i.e. the "Regional' Trauma Center").

D. Region XI also routinely utilizes four Trauma Centers that are located closely outside the borders of Region XI to receive both adult and pediatric trauma patients.

III. Adult Trauma Transports

A. Adults with assigned scores of 00-30 should be transported to the 'Closest' Trauma Center.

B. Adults with assigned scores of 40-76 should be transported to 'Regional' Trauma Center.

C. Adults with assigned scores of 81-113 should be transported to the closest comprehensive ER, though they may be transported to the Regional Trauma Center at Paramedic or Base Station discretion.

IV. Pediatric Trauma Transports

A. Pediatric patients are those aged LESS THAN 16 yrs. old.

B. Pediatric patients with assigned scores of 00-76 should be transported to those Trauma Centers preferred for pediatrics (see Attachment 2, Region XI Trauma Triage). This list also includes 4 centers specifically designated as level 1 pediatric trauma centers.

C. If the anticipated transport time is to be 25 minutes or greater, pediatric trauma patients should be transported to the closest of any of the Trauma Centers on the expanded list (see Attachment 2, Region XI Trauma Triage).
Attachments:

1. Trauma Field Triage Criteria - Adult and Pediatrics
2. Region XI Trauma Triage Plan - Adult and Pediatrics
3. Map of Response Areas for Adult Trauma Centers

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Revised: 11/12; 3/14
MDC Approval: 12/4/07; 11/19/12; 3/10/14
IDPH Approval: 10/24/08; 1/31/13
Implementation: 1/1/13; 2/1/13
REGION XI TRAUMA FIELD TRIAGE CRITERIA
ADULT AND PEDIATRICS
(Peds = less 16 years old)

ABSOLUTE CRITERIA - REQUIRING CLOSEST TRAUMA CENTER

**Loss of Vital Organ Function**

00 Traumatic Arrests

**Evidence of Shock**

11 Systolic B/P less than or equal to 100 (Peds - Systolic B/P less than or equal to 80 + 2x Age) – *Mandatory field activation of trauma surgeon*

12 Pulse greater than or equal to 130 (Peds greater than or equal to 140)

13 Cool/Clammy/Pale/Agitated (Capillary Refill greater than 2 seconds)

14 Weak, Thready Pulse

**Evidence of Respiratory Compromise**

21 Respiratory Rate greater than or equal to 29 (Adults Only)

22 Respiratory Rate less than or equal to 10

23 Labored Respiration

24 Facial/Neck Injury with Airway Compromise

**Evidence of Significant Head Trauma**

30 Glasgow Coma Scale less than or equal to 10

ABSOLUTE CRITERIA - REQUIRING REGIONAL TRAUMA CENTER

**Major Injury**

40 Penetrating Injury to the Head, Neck, Torso, Groin (which includes cavity penetration) – *Mandatory field activation of trauma surgeon*

41 Burns ≤ 20% TBSA associate with a traumatic injury

42 Flail Chest

42 Injury to 2 or more body regions with potential life or limb threat

43 Two or more long bone fractures (Peds – two or more long bone fractures and/or evidence of a pelvic fracture)
Pregnancy of \( \varepsilon \) 24 weeks with relative criteria

**Evidence of Spinal Cord Injury**

50 Motor or Sensory Deficits Compatible with Cord Damage

**Limb Threat at or Above Wrist or Ankle**

61 Complete Amputation
62 Partial Amputation
63 Loss of Pulse or Poor Perfusion
64 Loss or Neurologic Function

**High Energy Mechanism of Injury**

71 Fall greater than 20 feet (Peds - Fall greater than or equal to 3x Body Length of Child)
72 Major Deformity to the Vehicle or Intrusion into Passenger Compartment
73 Bent Steering Wheel
74 Ejection From Vehicle
75 Death of an Occupant
76 Prolonged Extrication

**RELATIVE CRITERIA - REQUIRING COMPREHENSIVE EMERGENCY DEPARTMENT OR REGIONAL TRAUMA CENTER AT PARAMEDIC REQUEST AND/OR IN THE JUDGEMENT OF THE BASE STATION**

**Evidence of Significant Blunt Head Trauma**

81 Agitation (Adults Only)
82 Depressed Mental Status
83 CNS Leak of Nose or Ear
84 LOC (In Children Only)

**Co-morbid Factors**

91 Age greater than 55 years
92 Age less than 5 years
93 Severe Cardiac/Pulmonary Disease
94 Bleeding Disorder
95 Pregnancy \( \varepsilon \) 24 weeks
**Miscellaneous**

100  Other Reason For Adult Bypass: _________________________________
111  Other Reason For Pediatric Bypass: _______________________________
112  Occupant in a Motor Vehicle Crash at > 35 mph
113  Pedestrian or Bicycle Rider struck by motor vehicle
REGION XI TRAUMA TRIAGE
ADULT AND PEDIATRICS
(Peds = less than 16 years old)

I. **Adult** trauma patients are to be transported to one of the following 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)

II. **Pediatric** patients are to be preferentially transported to the closest of the following Trauma Centers:

A. **Pediatric** trauma patients are to be preferentially transported to the closest of the following Trauma Centers:

- Christ Medical Center (Advocate)
- John H. Stroger Hospital of Cook County
- Loyola University Medical Center
- Lurie Children’s Hospital of Chicago (Ann & Robert H.)
- Lutheran General Hospital (Advocate)
- Mount Sinai Hospital
- St. Francis Hospital - Evanston (Presence)
- The University of Chicago Medical Center (Comer Children’s Hospital)

B. If transport time to one of the preferred centers above might exceed **25 minutes**, transport the pediatric trauma patient to the closest of the following Trauma Centers:

- Christ Medical Center (Advocate)
- Illinois Masonic Medical Center (Advocate)
- John H. Stroger Hospital of Cook County
- Loyola University Medical Center
- Lurie Children’s Hospital of Chicago (Ann & Robert H.)
- Lutheran General Hospital (Advocate)
- Mount Sinai Hospital
- Northwestern Memorial Hospital
- St. Francis Hospital - Evanston (Presence)
- The University of Chicago Medical Center (Comer Children’s Hospital)
### Trauma Center Catchment Areas

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Adult/Ped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran General</td>
<td>1775 Dempster St, Park Ridge</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>St Francis Evanston</td>
<td>355 Ridge Ave, Evanston</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>Illinois Masonic</td>
<td>836 W Wellington Ave</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>Northwestern</td>
<td>251 E Huron St</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>John H. Stroger</td>
<td>1901 W Harrison St</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>Mount Sinai</td>
<td>1500 S California Ave</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>Christ Community</td>
<td>4440 W 95th St, Oak Lawn</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>Lurie Children's Hospital</td>
<td>225 E Chicago Ave</td>
<td>P</td>
</tr>
<tr>
<td>Loyola</td>
<td>2160 S 1st Ave, Maywood</td>
<td>A &amp; P</td>
</tr>
<tr>
<td>Comer (U of C)</td>
<td>5721 S Maryland Ave</td>
<td>P</td>
</tr>
</tbody>
</table>

TRAUMA MAP REGION XI