**Section 515.2060 Trauma Patient Evaluation and Transfer**

a) Patients who are determined in the pre-hospital setting to have sustained hypotension or are victims of cavity penetration of the neck or torso or any other trauma patient as deemed by medical direction shall be classified as trauma patients in the field. The trauma surgeon response time begins at the time of field classification. The patient shall be immediately evaluated upon arrival at the emergency department (ED).

b) Patients who are not classified in the field must be evaluated within 10 minutes after arrival at the trauma center. This evaluation shall be conducted by the attending ED physician or designee. "Designee", for the purposes of this Section, may refer to ED staff including, but not limited to, a surgeon acting as the ED attending, resident physician, physician assistant, or registered nurse. By the time the 10 minute evaluation period has elapsed, the patient must be determined to be a Category I trauma patient (Section 515.Appendices C and F) or Category II (Section 515.Appendix C) or not to have met either Category I or II criteria. A patient cannot be downgraded once a category has been assigned. Upgrade to a Category I or II may occur at any time the patient's condition warrants. The trauma or specialty surgical response time begins at the time of upgrade.

c) EMS Regions or trauma centers may develop triage criteria that expand Category I and II criteria but may not delete any of the minimal criteria in Section 515.Appendix C.

d) The response period for trauma or specialty surgery for Category I or II patients is as specified in Section 515.2030(c), Section 515.2040(c) and Section 515.Appendix F.

e) Trauma patients being transferred to a Level I or Level II facility or to more specialized care are recommended to be enroute within two hours after arrival when stabilized within the capabilities of the referring institution.

f) The Revised Trauma Score, as specified by the American College of Surgeons, shall be used in all trauma centers. The Revised Trauma Score is determined by using the following criteria:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Value | Points |
| 1) | Respiratory Rate | 10-29/Min | 4 |
|  |  | >29/Min | 3 |
|  |  | 6-9/Min | 2 |
|  |  | 1-5/Min | 1 |
|  |  | 0 | 0 |
|  |  |  |  |
| 2) | Systolic Blood Pressure | greater than 89mmHg | 4 |
|  |  | 76-89mmHg | 3 |
|  |  | 50-75mmHg | 2 |
|  |  | 1-49mmHg | 1 |
|  |  | no pulse | 0 |
|  |  |  |  |
| 3) | Glasgow Coma Scale |  |  |
|  |  |  |  |
|  | A) | Eye Opening Response |  | Points |
|  |  | Spontaneous |  | 4 |
|  |  | To Voice |  | 3 |
|  |  | To Pain |  | 2 |
|  |  | None |  | 1 |
|  |  |  |  |  |
|  | B) | Best Verbal Response |  |  |
|  |  | Oriented |  | 5 |
|  |  | Confused |  | 4 |
|  |  | Inappropriate Words |  | 3 |
|  |  | Incomprehensible Sounds |  | 2 |
|  |  | None |  | 1 |
|  |  |  |  |  |
|  | C) | Best Motor Response |  |  |
|  |  | Obeys Commands |  | 6 |
|  |  | Localizes (Pain) |  | 5 |
|  |  | Withdraw (Pain) |  | 4 |
|  |  | Flexion (Pain) |  | 3 |
|  |  | Extension (Pain) |  | 1 |
|  |  | None |  | 1 |
|  |  |  |  |  |
|  |  | Total GCS |  | Revised Trauma |
|  |  |  |  | Points |
|  |  | 13-15 |  | = | 4 |
|  |  | 9-12 |  | = | 3 |
|  |  | 6-8 |  | = | 2 |
|  |  | 4-5 |  | = | 1 |
|  |  | <4 |  | = | 0 |
|  |  |  |  |  |  |
| 4) | Revised Trauma Score = Total Points 1 + 2 + 3 |

g) Each EMS Region may include other criteria in addition to the Revised Trauma Score in defining a trauma patient and specifying where trauma patients should be transported according to the severity of the injury.

h) The components of Section 515.Appendix D shall be included in the trauma center policy.

(Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)