Wessex Major Trauma Automatic Acceptance

Trauma Patient arrives in Trauma Unit

Significant Injury(s)

Age 15 or Less → Call SORT (PICU Consultant) on 02380 775502

Age 16 or more

Do the patient's injuries exceed your Trauma Units capabilities?

No → Admit and manage patient locally

Yes

1. Pre-intubation motor score 4 or less AND evidence on CT of intracranial bleeding (any variant)?
2. Life-threatening haemorrhage?
3. Successful resuscitative thoracotomy?

No → Does the patient have more than 1 system injured (brain/spine/chest/abdomen/pelvis/vascular/long bones) AND felt to be beyond the capability of the Trauma Unit

Yes

TU to liaise with doctor in charge at UHS ED. UHS acceptance would be anticipated – arrange urgent transfer to UHS ED or morning transfer as agreed

Single system injury

Yes

Patient fulfils automatic acceptance criteria for transfer to MTC

Actions

1. Call ambulance /air ambulance service stating, "Time Critical Trauma Transfer"
2. Inform MTC on 02381 206666, stating "Secondary Trauma Transfer"
3. Give ATMIST handover
4. Transfer patient to UHS Emergency Department where a trauma team will be waiting on patient's arrival.
5. Transfer team to give 10 minute pre-alert to UHS on 02381 206666

Contact Relevant Specialty (UHS 02380 777222)

Brain Injury;	Neurosurgical SpR bleep 2877
Spinal Cord Injury;	Spinal Surgical SpR (switchboard)
Pelvic or Limb Injury;	Orthopaedic SpR bleep 2702
Vascular Injury;	08-17 Vasc SpR 1322 or 17-08 Gen Surg SpR 9990
Burns;	Use SWUK Burns Protocol
Chest Injury;	Cardiothoracic SpR Bleep 9211
Intra-abdominal Injury;	General Surgical SpR Bleep 9990

*If single system injury but beyond TU capabilities **AND** requires immediate intervention (recognising may not be fully stable), transfer to MTC ED with handover to ED doctor in charge. Same process for severe burns patients accepted by Salisbury but no burns bed available (but to Salisbury ED)*

Notes

- All transfer decisions should be made at consultant level in the Trauma Unit
- Consider consultant to consultant discussion of referrals if complex case or if trauma unit not happy with specialty response – this applies to burns referrals to Salisbury too.
- All cases where a consultant in the Trauma Unit believes the injuries are not survivable, or the patient would not be a candidate for multi organ support on grounds of co-morbidity, should be discussed with the relevant specialist team prior to transfer.
- Where a UHS ICU bed is required but not available, the ICU consultant at the Trauma Unit should liaise with the relevant ICU consultant at UHS
- In the trauma victim, haemodynamic stability may never be achieved until definitive management. Consider transfer despite instability if the source of instability cannot be managed locally.
- Call to MTC to be made by a senior clinician (Ideally the team leader)
- If patient becomes unstable en route, inform MTC (02381 206666). Request full Trauma Team activation and divert into resus room on arrival.
- Ensure all imaging done at Trauma Unit is loaded onto EXOPACS including sagittal and coronal reformatting of spinal CT imaging where applicable
- Patients transferred due to brain injury should have full spinal immobilisation maintained in all cases.