**A close-up of a logo

Description automatically generated**

**Tertiary Survey completion by Major Trauma nurse practitioner and Major Trauma Rehabilitation Coordinator**

EXPANDED SCOPE OF PRACTICE

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| **Detailed Title:** | Tertiary survey completion by XXXXXX (change areas in subsequent text highlighted like this to reflect the staff group selected and areas affected). |
| **Version:** | 1 |
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| **Type of Expanded Practice:** | Completion of tertiary surveys |
| **Professional Group:** |  |
| **Ward / Department:** |  |
| **Division:** |  |
| **Approval / Ratification Committee:** |  |
| **Owner / Author Name and Job Title:** |  |
| **Professional Lead Name and Job Title (if different to above):** |  |
| **Date issued:** |  |
|  |  |
| **Key words:** | MTNP, Nurse, rehabilitation coordinator, physiotherapist, tertiary survey |
| **Main areas affected:** |  |
| **Summary of most recent changes:** | To expand scope of practice for MTNP’s and MTRC to complete tertiary surveys on MT trauma patients on admission to major trauma unit and other clinical areas. |
| **Consultation:** |  |
| **Number of pages:** | 5 |

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| **Definition of procedure**  (Evidence based)  Delayed diagnosis and missed injuries can have a significant impact on major trauma patient’s morbidity and mortality. They may exacerbate the severity of the initial injury, result in permanent disability, increase length of hospital admission and increase the cost of trauma patient’s care (Stanislaw and Lindsey 2017). According to the current literature the incidence of missed injuries in trauma patients varies between 0.6%-39% (Tammelin et al 2016). There are any factors which contribute towards missed injuries. These include altered conscious level, (from CNS injury, intoxication or sedation), distracting injury, or need for emergent surgery which may impede adequate and detailed assessment of the patient, (Keijzers et al 2012 The tertiary survey has been proposed to reduce these missed injuries, (Keijzers et al, (2015). A tertiary survey is a head to toe reassessment of injuries usually completed the day after arrival to identify any injuries that may have been missed at the original admission and review those that were identified, (TARN 2020). The patient must be awake, responsive and able to communicate any complaints. There may there be a delay in completing it (greater than 24 hours) until the patient has been stepped down from critical care to a ward area. There is evidence published demonstrating that trauma nurses are effective at performing comprehensive tertiary surveys, (Handy et al 2015). MTNP’s are already completing this skill in UK MTC’s after successful completion of a training package.    This policy will enable MTNP’s and MTRC to complete tertiary surveys to identify potential ‘missed injuries’, review previously identified injuries and ensure appropriate treatment plans are in place.  The MTNP/MTRC will take a history from the patient, examine them and document the findings on the tertiary survey proforma. They will then discuss the findings with their T&O medical colleagues, arrange additional imaging if indicated and ensure appropriate treatment plans are in place.  **References/Reading List**  Handy, M, Wullschleger M, Cleland P and Wall, D (2015) The tertiary survey by Trauma Nurses is both reliable and accurate. Available from:  <http://www.anzonaconference.net/uploads/1/7/1/0/17109862/07-t2_michaelhandy_delayeddiagnosisimpactonpatientmanagementandqualityimprovement.pdf>  Keijzers GB, Giannakopoulos GF, Del Mar C, Bakker FC and Geeraedts LMG (2012) The effect of tertiary surveys on missed injuries in trauma: a systematic review. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 20 (77):  Keijzers GB, Del Mar C, Geeraedts LMG, Byrnes J and Beller EM (2015) What is the effect of a formalised trauma tertiary survey procedure on missed injury rates in multi-trauma patients? Study protocol for a randomised controlled trial. *Trials* 16 (215)  Stanislaw SP and Lindsey DE (2017) Missed traumatic injuries: A synopsis. *International Journal of Academic Medicine* 3 (3): 3-23  Tammelin E, Handolin L and Soderlund T (2016) Missed injuries in polytrauma patients after trauma tertiary survey in trauma intensive care unit*. Scandinavian Journal of Surgery* 105 (4); 241-247 |

**DIVISIONAL/ WARD / DEPARTMENT APPROVAL**

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| --- | --- | --- |
| **Managerial Lead**  CGM / DDO / Matron / or AHP Lead with overall responsibility for the Ward or Department. | Signature: | Name: |
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| Date: | Position: |
| DD/MM/YY |  |
| **Professional Lead**  Nurse / AHP with overall responsibility for the Extended Scope of Practice. | Signature: | Name: |
|  |  |
| Date: | Position: |
| DD/MM/YY |  |
| **Clinical Lead**  If Required: Clinical Lead with overall responsibility for the clinical practice this expanded practice supports. | Signature: | Name: |
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| Date: | Position: |
| DD/MM/YY |  |
| **HR Lead**  Divisional HRBP or Deputy HR Director | Signature: | Name: |
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| Date: | Position: |
| DD/MM/YY |  |

**DOCUMENTATION MANAGEMENT / UPLOAD TO STAFFNET**

http://staffnet/TrustDocuments/Departmentanddivision-specificdocuments/Departmentanddivision-specificdocuments.aspx

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| **DIVISIONAL GOVERNANCE LEAD** | Signature: | Name: |
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| Date: | Position: |
| DD/MM/YY |  |
| **DIVISIONAL GOVERNANCE LEAD (if this ESP affects another Division)** | Signature: | Name: |
|  |  |
| Date: | Position: |
| DD/MM/YY |  |



