

Paediatric Secondary Trauma Transfer Pathway

Indications

< 16 years
Major Trauma Criteria met
Identified need for ongoing care at MTC

Refer using Secondary Trauma Pathway

UHS PEM Trauma Team Leader **02381205999**
Use ATMIST format to handover patient

Considerations Pre-Transfer

- A** – Airway protection if facial injuries /inhalation injury
- B** – Chest injuries requiring drain age
- C** – Haemorrhage control (access, dressings, tourniquets, binder, blood products, inotropes, access
- D** – Immobilisation, Neuroprotection, Mannitol/2.7% Saline
- E** – Limb immobilisation, Temperature control , Analgesia

Primary survey completed

- Any other cause for concern?
- Any additional imaging required?

Instructions for Transfer

USE STOPP FORM

Appropriate Personnel to transfer patient?
Appropriate transfer drugs and fluids?
Emergency plan for deterioration en route?

Paperwork and Trauma Booklet to accompany patient
Images transferred electronically
Parents aware of need for transfer and invited to accompany?

On Departure

**Transferring Crew to phone UHS Children's Emergency Department
Red Phone 02381205999 to ensure**

- Accurate ETA
- Discussions around appropriate destination (eg Resus or CED)
- Discussions around anticipated ongoing care

Contraindications

Time Critical Transfers direct to theatre
Unstable and requiring early Critical Care

Discuss with SORT

Seek advice from SORT regarding stabilising
Discuss need for retrieval
SORT: 02380775502

ATMIST

A – Age
T – Time of Injury
M – Mechanism
I – Injuries
S – Signs
T – Treatment

DETERIORATION

Anticipated deterioration?
Emergency plan?
Appropriate equipment?
Appropriate drugs ?

ANALGESIA

Consider:

- Oral
- Intranasal
- Intravenous
- Immobilisation