Wessex Trauma Network

NHS
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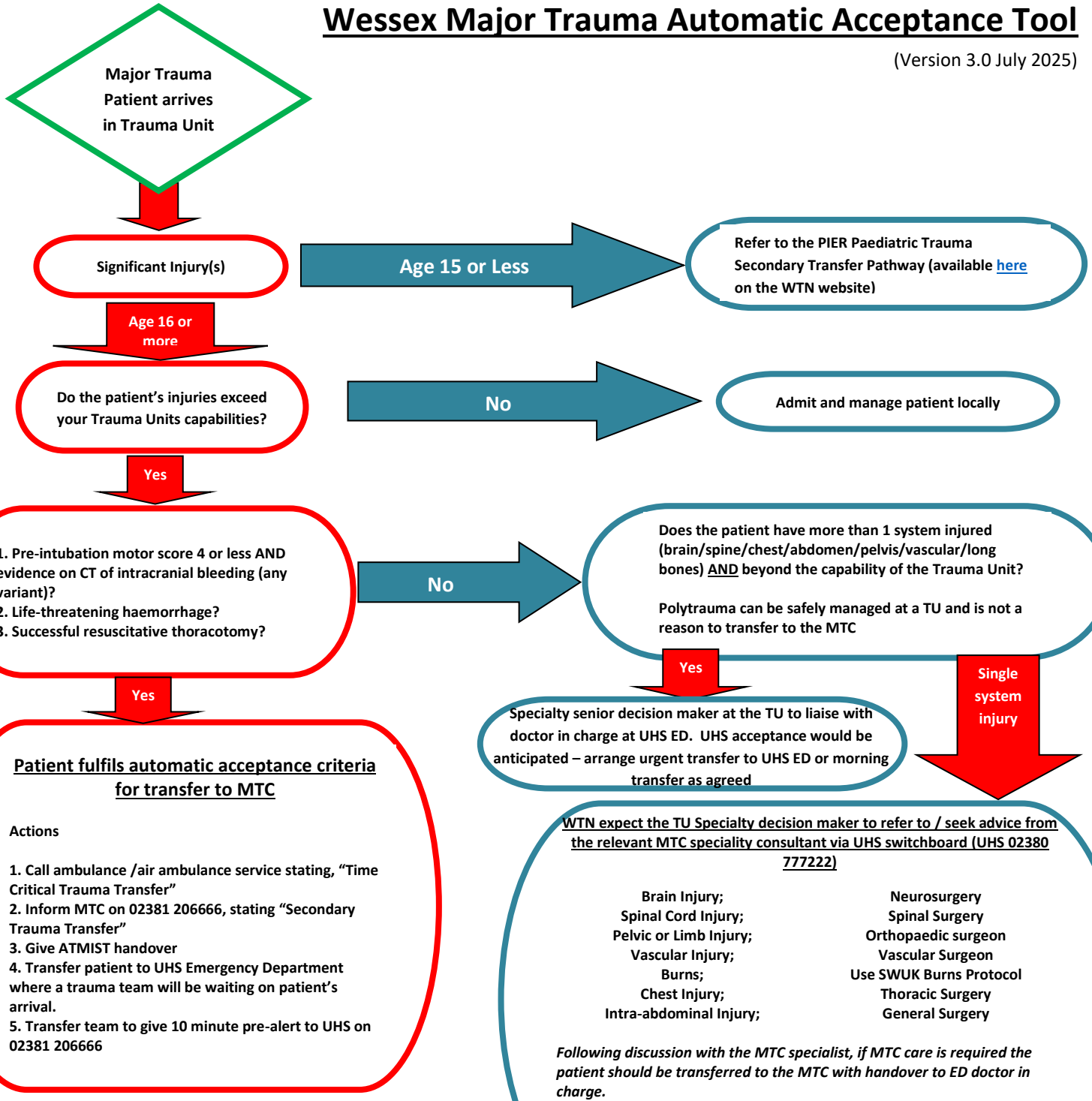
Wessex Major Trauma Automatic Acceptance Tool

(Version 3.0 July 2025)



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
- 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.