



Health and Social
Care Board

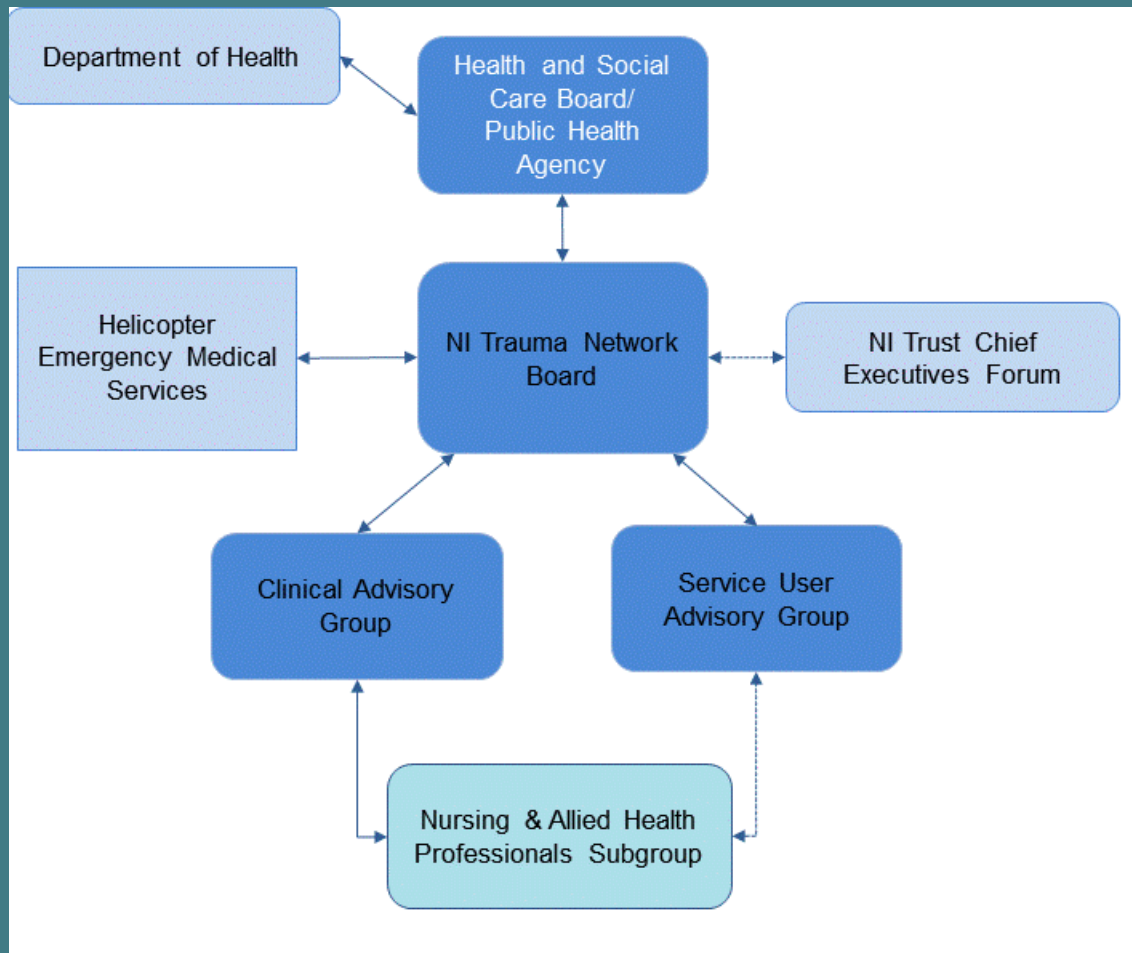


Northern Ireland
Major Trauma Network

Network Learning from the Clinical Advisory Group

Susan Yoong
Consultant General Surgeon
CAH

Network Structure





H&MS- Dr Darren Monaghan

N&S- Dr Nigel Ruddell

Network Strategic Aims

Establish
Network
personnel,
structures
and processes

Pre-Hospital
Care and safe
transfer

Hospital Care
including
Rehabilitation
and
Repatriation

Training

Governance

Pre Hospital Care

Major Trauma Triage Tool

The Adult (>=14 years)
Major Trauma Centre in
Northern Ireland is at
the Royal Victoria
Hospital.

You can contact the
RVH ED consultant in
charge at 02890634990

If you can reach the
MTC within 60 mins it is
expected that will be
your destination. If your
travel time is greater
than 60 mins to the MTC
then it is expected you
should travel to the
nearest Trauma
Receiving hospital.

In the event of airway
compromise or
catastrophic
haemorrhage consider
diverting patient to
nearest level 1 ED.

Step 1
Assess vital signs
and level of
consciousness

- Glasgow Coma Score ≤ 12
- Systolic blood pressure < 90
- Respiratory rate $< 10 > 29$
- OR abnormal paediatric value, see JRCALC pocket book

YES to any
Convey to major
trauma centre

Step 2
Assess anatomy
of injury

- Severe Chest injury with altered physiology (eg Flail chest, open pneumothorax)
- Complex limb injuries / amputation and/or vascular compromise.
- Penetrating trauma to neck, chest, abdomen, back or groin
- Suspected open and/or depressed skull fracture
- Suspected pelvic fracture
- Spinal trauma with abnormal neurology
- Trauma along with facial and/or circumferential burns / Burns $> 20\%$

YES to any
Convey to major
trauma centre

Step 3
Evaluate
mechanism of
injury

- Traumatic death in same passenger compartment
- Falls $> x2$ body height
- Person trapped under vehicle
- Bullseye window and/or damage to the 'A' post of vehicle

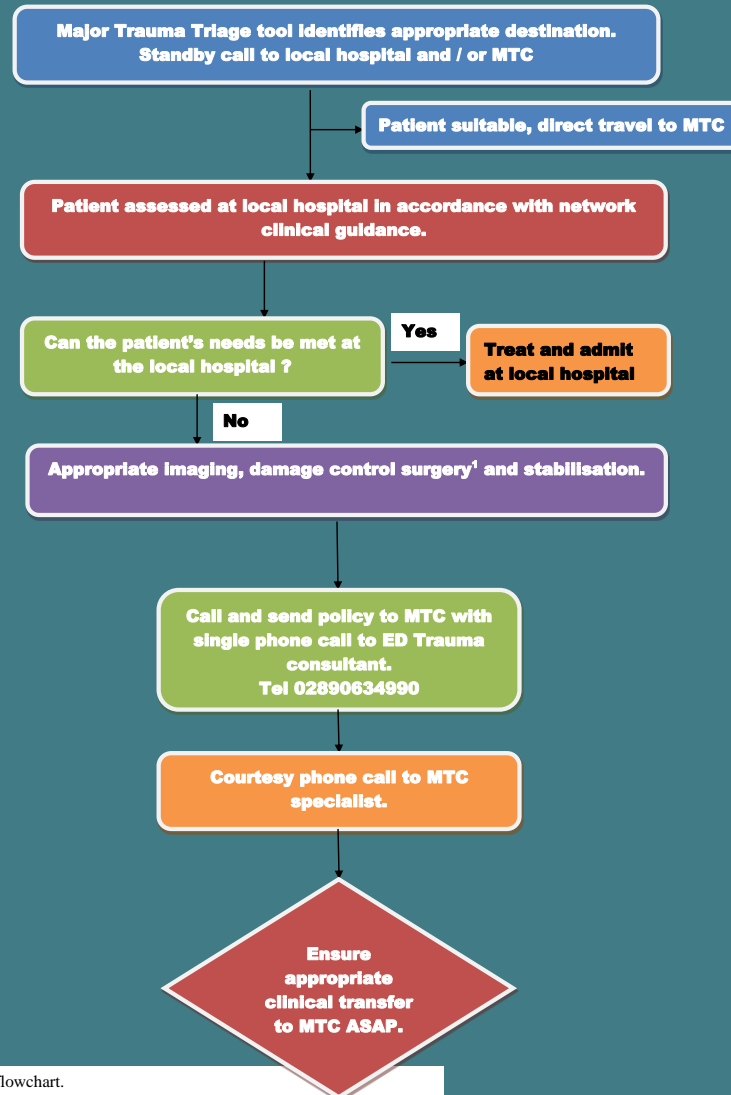
YES to any
Consider transfer to
major trauma centre

Step 4
Assess special
patient or system-
consideration

- Patients who have sustained trauma but do not fit any of the criteria above.
- Caution in the elderly, (a) on anticoagulants (b) SBP < 110 mmHg (c) Seemingly benign falls
- If there are concerns regarding special circumstances contact ED Consultant RVH 02890634990

YES to any
Consider transfer to
major trauma centre

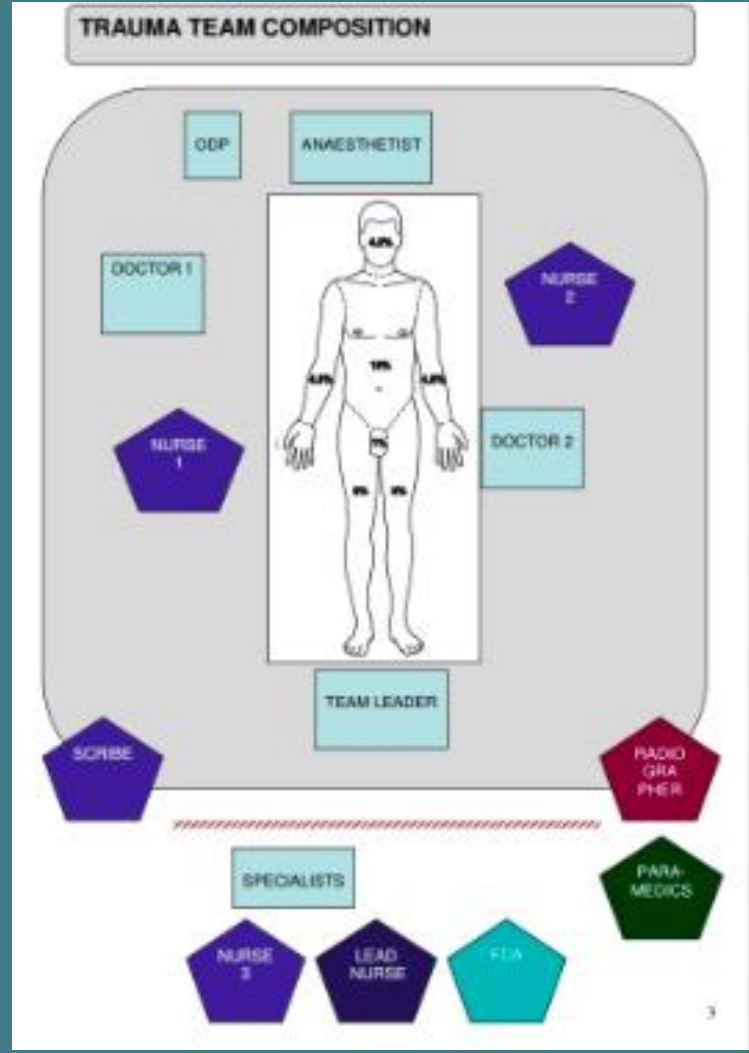
Contact the Trauma Receiving hospital as soon as practicable



NORTHERN IRELAND MAJOR TRAUMA NETWORK
URGENT TRAUMA TRANSFER FORM

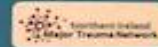
PATIENT DETAILS		WORKING DIAGNOSIS	
Name:		1.	
HRC No:		2.	
DOB:		3.	
NOK Details:		4.	
TRANSFER DETAILS		STATUS PRE-TRANSFER	
Receiving Hospital: <input type="checkbox"/> HDU/ICU		[A] <input type="checkbox"/> FM <input type="checkbox"/> Grade:	
<input type="checkbox"/> Xray <input type="checkbox"/> Theatre		<input type="checkbox"/> Trachea/Cric <input type="checkbox"/> I <input type="checkbox"/> III	
<input type="checkbox"/> Ward <input type="checkbox"/> ED		<input type="checkbox"/> ETT <input type="checkbox"/> II <input type="checkbox"/> IV	
STAFF ACCEPTING PATIENT		Tube size/length:	
Name:		[B] Chest Drain <input type="checkbox"/> Unclamped <input type="checkbox"/> Yes ABG Pre-transfer <input type="checkbox"/> No	
Position:		[C] <input type="checkbox"/> ECG <input type="checkbox"/> O ₂ sats	
Receiving Location Contact No:		<input type="checkbox"/> NIBP <input type="checkbox"/> ETCO ₂	
REASON FOR TRANSFER		<input type="checkbox"/> PIV Cx.2 CVC <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Ongoing assessment		Art <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Imaging		Inotropes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Surgery		[D] (Pre-intubation) (Pre-Transfer)	
<input type="checkbox"/> Critical Care		Pupils R L GCS M $\frac{\quad}{\quad}$ E $\frac{\quad}{\quad}$	
BACKGROUND		size $\frac{\quad}{\quad}$ V $\frac{\quad}{\quad}$	
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes		If Ventilated <input type="checkbox"/> TV <input type="checkbox"/> PIP	
Meds Given:		<input type="checkbox"/> PEEP <input type="checkbox"/> Type Ventilator	
<input type="checkbox"/> Tetanus		ESCORT	
Infection Status: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Paramedic	
RELEVANT PMH + MEDICATIONS		Name:	
Anticoagulation: <input type="checkbox"/> No <input type="checkbox"/> Yes		Reg No:	
INVESTIGATIONS		Position:	
<input type="checkbox"/> Imaging on PACS		Signature	
<input type="checkbox"/> WBCT <input type="checkbox"/> CXR		Time Departure Time Arrival	
		DETAILS TRANSFER:	
		<input type="checkbox"/> Clinical	
		<input type="checkbox"/> Equipment	
		<input type="checkbox"/> Organised	

Reception and Resuscitation





Major Trauma Patient Document



Use addressograph - otherwise write in capitals

Surname: _____
 First names: _____
 DOB: _____
 Health and Care No. _____

The scribe must complete pages 1-5 and Drug Page

The Team Leader is responsible for checking the entire document

OPEN FRACTURES - PLEASE COMPLETE ORTHOPLASTIC OPEN FRACTURES PRO FORMA

Date: _____ Arrival time: _____

ED Consultant: _____

Present: Yes No Name: _____

Team Leader: _____ Grade: _____

Scribe: _____

Speciality	Name	Grade	Arrival time	Nurse
ED				A nurse: _____
Anaesthetics				B nurse: _____
General surgery				C nurse: _____
Orthopaedics				Runner: _____
Cardiothoracic				

Please ensure each page is completed in full





Silver Trauma Safety Net



Aged 65 years or over?

Trigger a Silver Trauma Primary Survey by a senior Doctor with any of the following:

PHYSIOLOGY

SBP < 110 mmHg in the presence of significant injury*

Anticoagulant Medication in the presence of injury**

*Excludes minor abrasions, lacerations, haematoma or fractures distal to ankles / wrists
**Common drugs include Warfarin, Rivaroxaban, Apixiban, Fragmin, Aspirin PLUS doxycycline

ANATOMY

Injury to 2 or more body regions*

Suspected shaft of femur #

Open Fracture*

*Excludes injuries distal to ankles / wrists

MECHANISM

Fall down stairs*

Pedestrian vs bicycle or car

Road Traffic Collision**

*Greater than 3 steps
** > 30mph, entrapment > 30 minutes, ejection, death in same incident

Definitive Care

**“Supporting the concept of
Damage Control Surgery
within the NI Major Trauma Network”**

Friday 9th March, 12 - 6.00 pm

**Linen Suite, Mossley Mill, Carnmoney Road North,
Newtownabbey, BT36 5QA**

Please confirm attendance with Emma Giddings, Network Manager –

emma.giddings@hscni.net

By Friday 2nd March 2018

Ongoing Care and Reconstruction

Rib Fracture Management Pathway

The first 24 hours are crucial in establishing pain relief and avoiding decompensation

ED / parent or trauma teams

Radiological diagnosis of rib fractures

PHARMACOLOGICAL MANAGEMENT *WITHIN ONE HOUR OF DIAGNOSIS*
Paracetamol 20mg/kg PO or 15mg/kg IV 6 hourly
NSAID if not contraindicated
Regular oral opioid – 10mg twice daily longtec (consider 5mg in >75) 5mg 4 hourly PRN shorttec (consider 2.5mg in >75) Discontinue above if patient becomes less responsive and contact anaesthetics/pain team for advice. PRN antiemetics
Regular nebulised saline and PRN bronchodilators
Oral or intravenous anti-stress ulcer prophylaxis
ASSESSMENT FOR RISK FACTORS THAT SUGGEST DECOMPENSATION OR MORBIDITY LIKELY *IMMEDIATE*

Repatriation and Rehabilitation

Rehab Consultant

Rehabilitation prescription

Repatriation processes

Network Governance



Discuss SAIs

Plan to introduce Regional M+M meetings

