

Major Trauma System Standard Operating Procedure



Major Trauma Centre

Standard Operating Procedure: Management of Major Trauma patients in the South West London and Surrey Trauma Network

Aim: To provide guidance on management, transfer and discussion of Major Trauma Patients within the South West London and Surrey Trauma Network

Outline

This document outlines the processes in place for management of

Major Trauma Patients within the South-West London and Surrey Trauma Network (SWL&STN).

This should be used in conjunction with existing guidelines and pathways held on the SWL&S network website.

Initial discussion TU to MTC

Any trauma patient with significant injury burden should be discussed

ED to ED by the Trauma Team Leader (TTL) at the TU and the MTC

Consultant acting as TTL on **Blp 8021** via switch

The TTL at the MTC will be able to offer clinical advice 24/7 and can advise on resuscitation, imaging and other aspects of patient care that might support the TU teams and improve patient management.

Secondary Transfers

It will be agreed by the TTLs that some patients will be for immediate transfer.

Other patient's injuries may be discussed with the individual specialties within the MTC to formulate a plan. The TTL at the MTC will coordinate this. Agreement will be made after this for either a transfer to the MTC or to remain in the TU with advice from specialists at STG. This will be documented by the TTL at the MTC on the *MTC & SWL&STN trauma triage and shared care Proforma* and emailed to the Major Trauma Nursing Team at STG. All these patients will be followed up within 24 hours by the Major trauma nursing team to check on progress at the TU.

Patients remaining within the TU's

Single system injuries should be discussed directly with the MTC relevant single speciality.

Poly-trauma patients will be discussed in the first instance with the MTC TTL and relevant advice for each injury will be sought by the MTC TTL.

The Major Trauma Nurse Practitioners (MTNP) at the MTC are available to support and coordinate on going management with the TU. They can be contacted on

Blp 8091 (in hours)

Any patient with single or polytrauma injury that needs subsequent transfer to the MTC should be discussed with the MTC TTL in addition to the relevant speciality.

Any patient deterioration must be re-discussed with the MTC. If this is an acute deterioration with need for immediate transfer to the MTC they should be discussed with the TTL at the MTC via switch on Blp 8021.

Specific group / injury management

Orthopaedic

Open fractures for adults and children of long bone/ pelvis or joint should be transferred to the MTC as per the SWL&STN existing policy.

Hand and wrist; Forefoot; Facial fractures to follow existing pathways via plastics / maxfax.

Pelvic ring fractures should be for discussion with the MTC as per the SWL&STN existing policy. If haemodynamic instability, abnormal neurology, intra-peritoneal or external haemorrhage, urological or bowel injury then they should be discussed ED to ED by the TTL on **Blp 8021** and considered for immediate transfer to the MTC.

Stable patients with other pelvic and acetabular fractures should remain in the TU and advice sought from the St George's pelvic team via the dedicated referral process detailed in the Network guidelines

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Reviewed by A Hudson, CAG June 2025

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Irreducible dislocations should be managed as per local guidelines in the TU.
Clinical suspicion of compartment syndrome as per BOAST 10 guidelines.

Thoracic Surgery

As per the SWL&STN existing policy.

Expectations:

The following to be discussed with Thoracic Surgery team at STG on **Blp**

7129

- >4 rib #
- Flail segment
- Displaced rib #
- Lung contusions/ lacerations
- Haemothorax or pneumothorax requiring chest drain
- Diaphragmatic injury
- Poor ventilation with chest injury
- Sternal fractures with displacement, haematoma, moderate/severe pain and associated chest wall injuries

Discussion with the Thoracic Surgery team at St George's should not be a condition of admission to a TU for patients with injuries less severe than those listed above.

Re-contact Thoracic Surgery if:

- No progression
- Poor pain control
- Deterioration
- Poor ventilation

Further management of Thoracic injury should follow the network guideline.

Neurosurgery

As per the SWL&STN existing policy.

All Neurosurgical injuries to be referred using the refer-a-patient system.

Traumatic brain haemorrhage with a GCS <8 OR deteriorating, and abnormal CT for transfer to MTC via ED to ED contacting both the TTL on **Blp 8021** and Neurosurgical team on **Blp 7242**

Spinal cord injuries for transfer to MTC via ED to ED contacting both the TTL on **Blp 8021** and Neurosurgical team on **Blp 7242**

Spinal fractures with no neurology to either be treated locally by the Orthopaedic team or referred to the Neurosurgical team at STG via the refer-a-patient system.

Traumatic Brain Injuries

All confirmed TBI's not for transfer to the MTC should have the following:

- Admission for a period of observation as per Neurosurgical advice
- Advice should be sought locally from haematology or from neurosurgeons regarding management of patients on antiplatelet medications or anticoagulation
- Appropriate cognition screen done on admission by the therapy team, please refer to SWL&STN website for guidance
- Vestibular screening assessment, please refer to SWL&STN website for guidance
- All provided with written information, please use local head/brain injury advice leaflets
- All provided with appropriate driving advice, this should be included in the written advice as above
- Therapists looking after the patient will coordinate referrals to specialist neurorehabilitation if required either within the community or to the Wolfson/ Kent inpatient beds at the MTC. Each case will be considered on a case by case basis

Paediatric

St George's is a combined adult and paediatric MTC, injured children should follow the same protocols as above.

For paediatric patients with single isolated organ injury such as liver, spleen, in the first instance should be discussed with and transferred to the MTC. It is the role of the MTC to coordinate specialist input that may be required from other centres.

Rehabilitation

For spinal rehabilitation please refer onto Stanmore

For TBI rehabilitation please refer onto Kent or Wolfson inpatient beds. **Repatriation**

Patients at the MTC ready for repatriation back to their local hospital for on-going therapy and care will be referred by the agreed network repatriation pathway. Acceptance of patients should occur within 24 hours of the referral taking place.

Transfer back to the local TU should occur within 48hrs of the patient's acceptance.

Performance against these standards will be monitored regularly to ensure timely transfers of care.

Please see network policy for further details.

All network pathways and protocols referenced in this document can be found on the network website https://swlstrauma.net/
