St George's University Hospitals NHS
NHS Foundation Trust

Major Trauma Centre

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

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

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Outline

Since March 2020, in response to the COVID-19 pandemic, the management of major trauma patients across the UK has altered.

Local ambulance triage tools have changed and Trauma Units (TU) should expect to see a small increase in the numbers of trauma patients being taken directly to their local TU's rather than directly to the Major Trauma Centre (MTC) at St Georges Hospital (SGH).

This document outlines the processes in place for local management of Major Trauma Patients within the South West London and Surrey Trauma Network (SWL&STN).The principle is to maintain existing levels of trauma survival and minimise disability. Standards need to be upheld to sustain quality of care wherever a patient is cared for.

Secondary Transfers

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

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 Performa' and emailed to the Major Trauma Team at STG. All these patients will be followed up within 24 hours by the Major trauma team to check on progress at the TU.

Prior to any transfer it is expected that a risk assessment of infection control inclusive of COVID-19 is made.

Patients remaining within the TU's

Single system injuries will have a named consultant at the MTC who has given advice. Follow up clinics where necessary will be with this named consultant

Poly-trauma patients who require discussion with several specialities with have a named Consultant at the MTC who has given advice for each injury.

The Major Trauma Nurse Practitioner (MTNP) at the MTC will co-ordinate on going management with the TU. They can be contacted on **Blp 8091**

Each TU is required to identify a named individual who will coordinate daily with the MTC when required

TUs will have access to a daily Major Trauma Consultant lead virtual meeting over Microsoft Teams to discuss concerns or receive further input into the management of patients

Conversations between the TU and MTC must be documented. The MTC will send through a completed proforma with outcomes and on-going plans to the TU.

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

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

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

<u>Pelvic ring fractures</u> 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.

Irreducible dislocations should be managed as per local guidelines in the TU.

Clinical suspicion of compartment syndrome as per BOAST 10 guidelines

Cardiothoracic

As per the SWL&STN existing policy.

Expectations:

The following to be discussed with Cardiothoracic (CTX) 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

Re-contact CTX if:

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

All chest injuries should have their pain assessed early and adequate analgesia given

Referral to local pain teams if pain not adequately controlled

Regional anaesthesia within 24 hours of admission if pain not controlled with Step 1 and 2 analgesia. Patient pain need to be adequately controlled to take deep breaths/ effectively cough to clear secretions

Physiotherapy referral process in place to identify and involve early, early mobilisation and breathing exercises

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 to have the following:

- Admitted for a period of observation

- 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 refer to SWL&STN website for information leaflet
- All provided with appropriate driving advice, please refer to SWL&STN website for useful links
- If cognitive difficulties identified referral to a Consultant neurologist within the TU for specialist advice, support and follow up if required
- Referral on to specialist neurorehab 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

No PICU capability in our SWL&STN local TU's so patients requiring observation in ICU or are intubated should be transferred to MTC. Discussion with ED TTL on **Blp 8021**

Rehabilitation

There will be a weekly therapy MDT between STG and the TU's. This will occur every other Wednesday at 1430-1630 with 15 minutes for each TU to discuss rehab patients.

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 nurse practitioner 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

Please see network policy for further details.

All network pathways and protocols referenced in this document can be found on the networks website www.swlandstn.com/