# Patient reception

## 1. ED checklist prior to arrival

Following receipt of a pre-alert call the ED team should use the checklist to ensure the resus room is ready.

## 2. Trauma transfer mattress.

All patients with possible significant injuries (likely to need transfer to CT or theatre) should be managed on the trauma transfer mattress. Patients on a scoop stretcher should have the scoop removed after they have been placed on the mattress. Patients on a 'spinal board' should be log-rolled off the spinal board.

## 3. Handover & ATMIST

Assuming no immediate intervention is required the trauma team should remain silent while the YAS team provide handover to the group as a whole. The YAS crew should preface their handover with the statement 'no immediate intervention needed'. Handover should then follow the ATMIST format

**A** – Age of patient
**T** – Time of initial injury, other relevant times (eg extrication time)
**M** – Mechanism of injury
**I** – Injuries apparent
**S** – Symptoms and signs, including progression
**T** – Treatment administered.

## 4. Initial assessment

Initial assessment will follow ATLS principles and requires 4 key questions to be considered during the ABCDE assessment:

A/ Is a Trauma CT indicated?
B/ Is tranexamic acid required?
C/ Should the massive transfusion protocol be activated?
D/ Does the patient need to go straight to theatre?

The team should be led by a consultant who must document their time of arrival on the trauma chart. The trauma chart must be used for all major trauma patients and is shown in the appendices.

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## 5. Pelvic Fracture

If a significant pelvic fracture is suspected a pelvic splint (if not already in place) should be applied and the feet internally rotated and secured together. The splint should not be removed until appropriate imaging has been completed.

## 6. Tranexamic acid

All patients at risk of significant haemorrhage should be given 1g of tranexamic acid as a bolus followed by 1g over 8 hours as an infusion. TXA is also indicated for children in a weight adjusted dose. See LHP for further details

## 7. Massive transfusion

If the patient displays signs of significant blood loss requiring blood transfusion as part of balanced resuscitation the massive transfusion protocol should be activated. Full details: http://nww.lhp.leedsth.nhs.uk/common/guidelines/detail.aspx?ID=2276.
Key points include:

- a correctly labeled sample must be hand-delivered to blood bank
- a single member of staff should liaise with blood bank on **x23398**
- a clear message should be relayed "activating the massive transfusion protocol. Please provide transfusion pack 1 to A&E Resus"
- If blood is required immediately this must be requested and a runner sent to collect it.
- Tranexamic acid must be given (assuming no contra-indications)
- CONTACT the on-call interventional radiologist via switchboard to inform them. They may ask that we go on to contact the interventional on-call team if out-of-hours. In hours IR can be contacted on **x23311** or **x23216**.

## 8. Plain film radiography

If a trauma CT is to be performed plain film radiography should be limited to a chest x-ray if there are clinical concerns and it will not delay transfer to CT.

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