# Agreed management of adult trauma patients presenting with Thoracic injuries

**This document is only for patients presenting directly to LTHT in order to mitigate for the challenges posed by a split site trust and surgical subspecialisation.**

1. All patients with significant chest injuries (pneumothorax, haemothorax, flail, multiple (>2) rib fractures should be discussed with the Thoracic Surgical Registrar at the earliest opportunity and before TCI to Thoracics.

2. Patients with injuries to multiple body regions should, in most cases, be admitted to the LGI site under the Major Trauma Consultant. Exceptions would include patients with a chest injury requiring thoracic care whose other injuries can all be managed on an outpatient basis (i.e. dischargeable injuries) and for whom a clear management plan has been documented in the notes/ PPM+.

3. Any patient admitted to the LGI site (including to critical care) must be under the care of an LGI consultant and not Thoracics. In most cases this will be the MTC consultant but may in some circumstances be the Vascular Surgical team.

4. Patients will ideally be reviewed by the Thoracic surgical registrar prior to transfer to the SJUH site but in some cases this will not be possible or necessary and patients can be transferred without direct review.

5. All patients with chest injuries should be managed in line with the www.wymtn.com clinical guidelines. Good quality analgesia is particularly important.

6. All patients with radiological and clinical flail chest injuries should be referred for critical care review and should ideally be admitted to a critical care bed in the first instance. After clinical assessment the patient may be placed in a HOBS bed (L8), thoracic HDU bed (J84) or HDU (LGI/SJUH depending on injuries sustained and critical care capacity).

7. All patients older than 65 or with significant pre-existing lung disease and multiple (more than 2) rib fractures should be referred for critical care review and should ideally be admitted to a critical care bed in the first instance. Ideally for an isolated chest injury this should be at SJUH (J81/J84/J54). All poly trauma patients should be admitted to a LGI Level 2/ HOBS bed (L8).

8. All major trauma patients discussed with the Thoracic team will have the advice reinforced by the Thoracic team documenting this on PPM+.

9. Isolated thoracic trauma should be admitted to the Thoracic surgical team; this includes patients of any age admitted to critical care for management of their thoracic injury. The ONLY exception to this are patients with significant and active comorbidities (e.g Parkinson's disease, advanced dementia, underlying sepsis) who require medical input and DO NOT REQUIRE SURGERY OR A CHEST DRAIN and whose needs would be better

met by a more holistic approach and therefore admission under a medical team with Thoracic input deemed more appropriate e.g. elderly trauma patients.

10. Patients who have been transferred to the MTC for specialist Thoracic care for an isolated chest injury must be placed under the care of the Thoracic team irrespective of need for intervention. If a need for a medical review is identified the appropriate speciality should be contacted to review the patient either face-face or provide a management plan without direct review depending on the request, documented in the patient notes/ PPM+.

11. Patients with chest injuries not admitted under Thoracic surgical care can be referred to the thoracic surgical acute trauma clinic upon discharge and be expected to be seen within 7-10 days.

Email a generic referral form marked "For the attention of thoracic trauma / acute clinic" to leedsth-tr.thoracicsurgeryappointments@nhs.net**.**

Please contact Claire Geraldie or Samuel King with any quires. Contact numbers 0113 20 68808 or 0113 20 68364.

**Acute Referrals to Thoracic Surgery**

The Thoracic Surgical Registrars have moved to a 24/7 resident on call rota. They can be contacted via the following:

- bleep 4294
- registrar room extension number 67559
- ward J84 69184

If you are unable to contact the on call Thoracic Surgical Registrar or there is uncertainty where the patient should be admitted please contact the on call Thoracic Consultant via switchboard.

**Trauma presenting to SJUH ED**

Any patient arriving to SJUH who is recognised to need MTC care must be stabilised and transferred to LGI ED ASAP via blue light (999) ambulance. This should be as per the send and call approach adopted by the West Yorkshire Major Trauma Network for primary transfers. The exception to this would be isolated thoracic trauma that may remain at SJUH.

**MTC Transfers/ repatriations**

No secondary or tertiary transfers must be accepted directly to SJUH ED even if single system injury is confirmed. All enquiries must be directed to the LGI ED/ MTC Consultant on call as per the network agreement. All patients must be transferred to the appropriate bed base via the MTC.

Trauma unit transfers and UK (MTC) Repatriations will be transferred ED- LGI ED, Ward-Ward or ICU-ICU. The only exception to this would be patients who deteriorate en route, such patients should be directed to LGI ED Resus.

All international repatriations irrespective of injuries will be directed to LGI ED.

The MTSN will coordinate all repatriations

**Support from the MTC teams**

The Major Trauma Specialist Nurses (MTSN) provide a 24/7 service. Their role includes coordinating the pathway of care for all trauma patients irrespective of admission to SJUH/ LGI. The Lead MTSN is Jacqueline Moorhead (jacqueline.moorhead@nhs.net).
The MTSN can be contacted in the following way:

Group email: leedsth-tr.MTCaseManagers@nhs.net
Mobile: 07920257283
Bleep: 2661

The MTSN will help coordinate the following:

Acute reviews: The MTSN will communicate any inpatient referrals to the MTC 24/7. Theses referrals will be discussed during the MDT handover which occurs twice a day and a decision will be taken whether an inpatient review is required by the outreach team or follow up arranged upon discharge.

The SJUH MTC outreach service is covered by two senior clinical fellows (supervised by Mr Nik Kanakaris) on Tuesday and Thursday afternoon. The fellows are Mr Ganesh Mohrir and Emmanuele Santolini. Mr George Kotsarinis will provide cover for leave.

Email (leedsth-tr.tandosjuhoutreach@nhs) for all referrals. If you do not get a response from the email or there is a delay to patient assessment by the outreach service, contact the MTSN and they will help facilitate a review.

Urgent reviews: Contact the on call orthopaedic registrar (Bleep 1781) or the MTC Consultant via switchboard or the MTSN via mobile.

Discharge planning: The MTSN will help arrange follow up by specialist teams based at LGI e.g neurorehabilitation, orthopaedics, vascular surgery, spinal surgery or other specialist surgical teams based at LGI.

Repatriations and transfers: Please inform the MTSN about any patients that have been referred to the Thoracic team from the Trauma Units or UK MTC prior to accepting. This is so that they can help guide the logistics of transfer and ensure appropriate review and follow up by the LGI MTC and specialist teams.

**Support from Specialist teams**

General/ Elderly medicine: If an inpatient at SJUH requires an acute medical review please contact the on call medical (bleep 6357) or elderly (bleep 4709) registrar. If there is no response from the on call team please consider a Consultant - Consultant discussion.

Cardiology: During weekdays 8am-5pm there is a cardiology registrar based at SJUH. They can be contacted via long range pager 907623987138 and are available to perform direct patient reviews. Out of hours all enquiries must be directed to the on call registrar based at LGI (mobile 07795477736). In addition to this the cardiac physiology team can be contacted to arrange an echocardiogram or a pacemaker check. Out of hours the pacemaker technician can be contacted via switchboard.

Neurology: There is a neurology registrar (long range pager 907623979678) who covers SJUH 7 days a week. In addition to this a neurology consultant completes a ward round 4 days a week.

**Concerns and Incidents**

All concerns with regards to patient care must be fed back to MTC Clinical Governance Lead shahzadi.zeb@nhs.net.

All concerns with regards to inpatient transfers must be fed back to MTC Lead n.kanakaris@nhs.net.

All concerns with regards to any network related issues must be fed back to Major Trauma Network Lead jonathanjones1@nhs.net.

All incidents must be datix as per LTHT Incident Reporting Procedure.

All potential serious incidents must be escalated immediately in line with the Trust's potential SI notification procedure.

Agreed September 2019: D Berridge (Deputy CMO and MD-Operations), S Zeb (MTC CG lead), N Kanakaris (MTC Lead), R Milton (Thoracic Trauma Lead), J Jones (Major Trauma Network Lead), M Arundel (CL Gen Med), A FIInders (CL COE), C Pepper (CD Cardiology) and O Lily (CL Neurology).
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