



Patient reception

ALL traumas must have an ED Consultant present. The team should be led by an ED consultant or senior trainee supervised by the ED Consultant who must document their time of arrival on the trauma chart. The age specific trauma chart must be used for all major trauma patients.

Transfer the patient onto the Trauma transfer mattress.

If no immediate interventions are indicated the trauma team must receive handover in silence to ensure all team members are aware of the pre-hospital information.

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.

In addition you may have to specifically ask about the following if not already communicated:

Allergies

Regular medications

PMH

Direct YAS team to book in patient immediately after handover.

Commence Initial assessment and management

Initial assessment (primary survey) will follow ATLS principles and requires the following key questions to be considered during the ABCDE assessment:

- Does the patient require a definitive airway?
- Are there any immediate interventions you need to make in the resuscitation room?
- Do you need to activate Code Red?
- Do you need to activate the massive haemorrhage protocol?
- Is Tranexamic Acid required?
- Is a Trauma CT indicated?
- Does the patient need to go straight to theatre?

Ensure intravenous access and trauma bloods are taken

(X-match/ G&S, FBC, Clotting, U&E, LFT, Amylase, VBG)

Identify and treat any life threatening problems

Trauma team leader and team to decide on choice of imaging modality (WBTCT in the majority of adult cases, region specific scanning in children)

Administer pain relief as required

Prepare for safe transfer to CT/ theatre

Before patient or member of team leaves Resuscitation Room

- Patient name / allergy wristband applied to patient
- Porter notified
- Continued resuscitation to CT as required
- All attending specialities, clearly document involvement including time in time out
- All blood fated

Patients returning to resus from CT

- Trauma team leader to share management plan with team.
- Team member to communicate to blood bank if O negative has been used and if there is a continued need for blood products if so specify what is required and where.
- Continued management of trauma related injuries
- Secondary survey to be performed if appropriate
- Have any equipment problems been identified that need to be addressed?

Concerns/ issues to be highlighted as follows:

Email any MTC related issues to shahzadi.zeb@nhs.net or send trust datix if indicated

Email any Network related issues to jonathanjones1@nhs.net by completing network datix (form on CEMBooks).