West Yorkshire Major Trauma Network
Learning from incidents June 2023

The WYMTN clinical forum meets every 2 months. During this meeting recent clinical incidents are reviewed. Below are some key learning points from over the last year.

TU Pitstop - the right decision

YAS attended a patient who had lost a lot of blood from wounds to the arms. They were haemodynamically very unstable but the bleeding had been controlled with simple pressure and there was no distal vascular insufficiency. As it was a 50 minute transfer to the MTC a decision was made to take the patient to the nearest TU for volume resuscitation and transfer on to the MTC. All went smoothly with this plan. The only criticism was that initial resuscitation was carried out with 2l of crystalloid rather than blood products.

Summary: Sometimes bypass is not the best option but no matter where it takes place, in trauma fluid resuscitation should be with blood products.

SJUH is not an MTC

A patient in a TU ED was found to have multiple rib fractures and a liver laceration. Knowing that thoracic surgery and general surgery are based at SJUH the TU team referred directly to SJUH and transferred the patient there. Whilst there is logic in this it must be recognised that the LGI is the MTC and, to maximise patient safety, the pathway is that any trauma related transfer from a TU Emergency Department must go to the LGI ED.

Summary: Any TU ED to Leeds trauma transfer must go to the LGI ED.

TUs need Pre-alerts too

A patient in their 60s was involved in an RTC. They required extrication from the car and had a very tender chest wall. The YAS crew discussed with the trauma desk who correctly identified that they didn't trigger the major trauma triage tool so could go to the TU. On arrival the TU team correctly identified the need for a full trauma team response and polytrauma scanning nonetheless. Unfortunately they hadn't been pre-alerted by the YAS crew so things progressed more slowly than we'd like. The patient did not come to any harm as a result.

Summary: Even if going to a TU a pre-alert may be necessary. More information can be found here: https://vimeo.com/693892133/f436528797

High risk spines

A patient with ankylosing spondylitis fell on their stairs. They had a period of loss of lower limb power but this seemed to resolve. They were left with altered sensation. Immobilisation was difficult because of the pre-existing spinal deformity. The paramedics on scene discussed the the trauma desk who in turn discussed with an MTC consultant. Based on the information they were given they advised the crew to go to their local TU. The patient required secondary transfer for urgent surgical management.

Summary: Whilst not explicitly meeting the triage tool trigger, this was a high risk patient with neurological symptoms. Acceptance to the MTC in the first instance would have been best.

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