



Document Control	
Title	Suspected Penetrating Cardiac Injury MTC & TU
Version	Version 1.0
Supersedes	Supersedes: N/A Description of amendment(s): N/A
Minor Amendment	Date: Notified To: Date: Summary of amendments:
Authors	Originated By: Dr Jonathan Jones Designation: Network Clinical Lead & Consultant in Emergency Medicine Co-Authors: Designation:
Ratification	Ratified by: WYMTN Network
Application	All trauma patients
Circulation	Issue Date: September 2017 Circulated by: Tina Wall, Trauma Network Manager
Review	Review Date: September 2018
Date placed on the Internet: 26th September 2017	

SUSPECTED PENETRATING CARDIAC INJURY MTC & TU

MAJOR TRAUMA CENTRE PROCESS:

Initial management as for any trauma patient. Use Code Red protocol as necessary.

STABLE

Contact cardiac surgical SpR via switchboard

Obtain CT ASAP

Be prepared for rapid deterioration. Ensure:

- Blood products available
- Cross match sent
- Thoracotomy equipment immediately available
- Rapid infuser primed

UNSTABLE

Contact cardiac surgical and vascular consultants via switchboard

Aim for immediate transfer to theatre:

- Activate massive transfusion / code red protocol
- Alert trauma theatres (bunker room ext. 25347 / 25347)
- Be prepared for ED thoracotomy if patient arrests prior to transfer to theatre

In the event of cardiac arrest in ED follow WYMTN [Traumatic Cardiac Arrest Guidance](#).

TRAUMA UNIT PROCESS:

Initial management as for any trauma patient. Use Code Red Protocol as necessary

STABLE

UNSTABLE

If high index of suspicion;

Contact most senior surgeon available (general / vascular)

CXR for pneumothorax - drain as appropriate

Aim for immediate transfer to theatre if appropriately skilled surgeon available

Arrange blue light transfer to MTC

Activate massive transfusion / code red protocol

Inform ED consultant at Leeds General Infirmary

Be prepared for ED thoracotomy if patient arrests prior to transfer to theatre

If time allows contact Cardiac Surgical SpR via LTHT switchboard to inform of transfer - 0113 2432799

If no adequately skilled surgeon¹ is available then the patient must be transferred to the MTC with ongoing massive transfusion. Ensure any significant pneumothorax is drained prior to transfer

Inform ED consultant at Leeds General Infirmary

If time allows contact Cardiac Surgical Consultant via LTHT switchboard to inform of transfer - 0113 2432799

In the event of cardiac arrest in the ED follow WYMTN [Traumatic Cardiac Arrest Guidance](#).

¹ The decision as to 'adequately skilled' is a decision based on the individual surgeon's training and experience weighed against the clinical condition of the patient. Advice can be sought from the Cardiac Surgical Consultant on call at the LGI at any time.