

Trauma Unit Resuscitative Thoracotomy Guidelines

To be read in conjunction with:

- [WYMTN Traumatic Cardiac Arrest Guidance \(Adults\)](#)
- [Yorkshire & Humber Paediatric Major Trauma Guidance](#)
- [WYMTN Stop, Sort & Go Guidance](#)

In the context of Traumatic Cardiac Arrest (TCA) Resuscitative Thoracotomy (RT) should be considered in the Trauma Unit setting if a suitably trained doctor is immediately available.

In the event of Return of Spontaneous Circulation (ROSC) following RT or where a trauma unit team requires expert support they may contact the relevant clinician at the MTC for guidance and / or where necessary transfer the patient to the MTC following existing emergency and urgent transfer pathways.

The options for the TU in continued clinical management of patients with ROSC will very much depend on the availability of local expertise and the experience of the on-call team and must be considered on a case by case basis.

The options to be considered are:

- TU general/vascular surgical team perform damage control surgery locally
- Transfer of a cardiac or thoracic surgeon from the MTC to the TUⁱ
- Appropriately resourced and trained immediate transfer of the ventilated patient with an open chest to the MTC by a TU team

All significantly injured patients requiring immediate transfer should be transferred to the Leeds General Infirmary Emergency Department with input from the Cardiac Surgery and / or Thoracic Surgical team provided at the LGI site as necessary.

Such clinical scenarios will be very rare events. It is accepted that this patient population are extremely unstable and that death may occur during transfer.

All cases will require full review by the network to ensure any necessary lessons are learned.

ⁱ The Yorkshire Ambulance Service CANNOT provide 'blue light' transfer of non YAS clinical staff. West Yorkshire Police may be able to provide this service but no formal agreement exists and this would need to be requested on a case by case basis.