


# REGIONAL MAJOR TRAUMA REFERRAL

Document advice given or discussions overleaf, including shared decisions with TU TTL not to transfer. Declining a referral is rare and must be discussed with the on-call ED Consultant where an ST4+ has taken the call (0200-0730 only).

<b>1. PATIENT</b>				
Name		Age		CHI
Clinical Frailty Score <b>(MANDATORY ≥65)</b>		<i>Is it appropriate to transfer? Consider factors where care closer to home may be appropriate including underlying life-limiting illness and SPICT indicators (see Time Critical Transfer protocol).</i>		

<b>2. REFERRING TEAM</b>			
Hospital		Referring Clinician	
Contact No		Referring Consultant aware?	Reviewed / Discussed / No

<b>3. REFERRAL PATHWAY</b>			
	<b>Time Critical Transfer (&lt;24hrs post-injury)</b>  Protocol on Right Decisions under Major Trauma or scan QR code	<b>OR</b>	<b>Accepted by Speciality</b>  All other patients must be discussed with, and accepted by an on-site Surgical Speciality (e.g. General Surgery on behalf of Urology for kidney trauma)
Patient meets automatic acceptance criteria <input type="checkbox"/> ⇒ ED Senior accepts as <b>single point of contact</b> (DOES NOT require speciality discussion)		Accepting Speciality:	
		Expected Destination:	

<b>4. CLINICAL DETAILS</b>			
Mechanism of Injury		CT Imaging	WBCT Trauma <input type="checkbox"/> Focused <input type="checkbox"/> Not yet done <input type="checkbox"/>
Injuries Suspected/ Confirmed (CT)		Obs	RR:                      SpO2: HR:                      BP: BM:                      Temp: GCS: E                  V                  M Total
Treatment Given		Urgent Needs	

<b>5. TRANSPORT</b>			
Mode of Transport	Road      /      Air	Estimated dept. time	
Advise to book "NOW" ambulance under SAS Major Trauma Protocol & SAS should give standard trauma pre-alert when 15 minutes from hospital.			

**6. Place appropriate Trauma Call following pre-alert. Ensure relevant specialities aware/attend call where TTL deems there is a high-risk of requiring emergency surgery. Document any advice given overleaf and file this form with patient ED notes for scanning.**

Consultant Taking Referral (ST4+ 0200-0730)		Time	
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## CLINICAL ADVICE / DISCUSSION

Please document below any clinical discussions or advice given.

Date/Time	Advice / Discussion	Signature (Print name / Grade)

## SHARED DECISION NOT TO TRANSFER / DECLINED REFERRALS

Where a shared decision is made with the referring team that transfer is unnecessary or inappropriate, or a referral is declined:

1. Declined referrals (rare) and uncertainty around other transfer decisions must be discussed with the on-call ED Consultant where an ST4+ has taken the call between 0200 – 0730.
2. Document the discussion and rationale above.
3. Ask the ED Reception team to scan this form to the RIE Stag Coordinators – lothian.stagrie@nhs.scot