

South East Scotland Network protocol for time critical trauma transfers (<24hrs old) in Adults (16yrs or older) from TU/LEH to RIE MTC

DOES YOUR PATIENT MEET ANY OF THE FOLLOWING AUTOMATIC ACCEPTANCE CRITERIA?

- Isolated traumatic brain injury (click [here](#) for separate regional guideline)
- Major vessel injuries e.g. aorta
- Flail chest (excludes CPR related injury)
- High energy crushed, de-gloved, mangled or pulse-less extremity
- Amputation proximal to wrist or ankle
- Pelvic fracture with haemo-dynamic instability
- Spinal cord injury or paralysis (see separate SCI pathway) [here](#)
- A suspected ISS > 15
- Grade III or above solid organ injuries that may require interventional radiology
- Post damage control surgery
- High energy open long bone fractures (as decided by senior orthopaedic surgeon)

YES

THE FOLLOWING FACTORS MAY FAVOUR CARE LOCALLY AT THE TU/LEH:

- The views of the patient, NOK and/or any power of attorney.
- Treatment escalation plans, and advanced directives
- Pre-existing frailty (e.g.*Clinical Frailty Score of 5 or more) ?
- Significant co-existing conditions where the patient may die within 12 months - use SPICT tool
- Underlying terminal or life limiting illness e.g. metastatic malignancy, end stage organ failure.
- A Devastating Brain Injury. (a traumatic brain injury assessed as an immediate threat to life or incompatible with good functional recovery AND where early limitation or withdrawal of therapy is being considered.
- A disabling injury where health and quality of life outcomes are anticipated to be poor e.g. high spinal cord injury.

All other patients may be suitable for MTC transfer under automatic acceptance (agreed by the Senior ED physician). The treating team may still decide that the patient should remain local and are encouraged to discuss any case with the TTL at RIE MTC on 0131-242-3687 where there are questions regarding suitability to transfer, including delayed presentations

Decision to transfer to MTC

Admit locally

- Complete the primary survey and adjuncts
- Consider leaving patient on ambulance scoop stretcher if MTC transfer looks imminent
- If the patient is peri arrest:
 - perform thoracotomy if penetrating injury
 - Damage control laparotomy if positive FAST
 - if either of the above are not possible or have a significant delay (>30mins) then consider MTC transfer.

- Call SAS stating major trauma transfer and request either
- Now *or*
 - 1-2 hour *or*
 - within 4 hours

- TU/LEH TTL to inform MTC TTL of transfer (0131-242-3687)
- Transfer with appropriately trained staff
 - Complete transfer checklist and transfer documents
 - Ensure SAS place an ATMIST pre-alert 15 minutes before arrival at the MTC

*Clinical Frailty Scoring

- Not to be used in the following patients
 - <65 years
 - learning disabilities
 - Stable long term disabilities
- Score verified by 2 doctors (including 1 consultant)
- To score - Ask patients, carers, NOK, paramedics and care home staff regarding capability **2 weeks ago, not today**
- Patients acutely close to death or terminally ill score 9
- Patients with mild, moderate and severe dementia map to scores of 5, 6 and 7 respectively.