**If standby call received:**

|  |  |  |
| --- | --- | --- |
| Date/Time of standby call:  \_\_\_ / \_\_\_/ \_\_\_ \_\_\_ : \_\_\_h | Call made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_❒SAS control ❒ SAS ambulance ❒BASICS ❒ Other: | Call taken by: |
| **Key Information** | Location |  |
| Number of casualties | 1 | 2 | 3 | Use additional sheet if more than 3 |
| Age (or child/adult?) |  |  |  |
| Known injuries/name |  |  |  | ETA |  |
| Specific requests from scene (e.g. drugs/equipment to be available on arrival) |

🡪 Alert Nurse in Charge and Duty Doctor immediately. Consider calling in radiographer.

🡪 Prepare resus room and additional space if required, using checklist overleaf

If number of casualties likely to warrant a major incident, follow local major incident plan.

|  |
| --- |
|  This major trauma pathway has been developed with permission from the Trauma Pathway for Ysbyty Gwynedd (Bangor) Emergency Department, North Wales. Many thanks to Dr Linda Dykes for providing this resource to us, and allowing us to modify the pathway for our own use. Further work has been led by Dr David Hogg (GP), and colleagues at Arran War Memorial Hospital, and Dr Drew Inglis of the Emergency Medical Retrieval Service (Scotland). We make this pathway available for any other community/rural hospitals in Scotland. Please drop David an email so we can provide any further updates as the document develops. We welcome any comments that you have too.  |

**Checklist: Preparation of Resuscitation room**

✓ each task when completed

|  |
| --- |
| * Activate air conditioning, turn temperature up to maximum
* Move examination chair out of room
* Move trolley under work surface to where chair normally sits
* Make at least 4 large green aprons available in addition to those already being worn
 |
| A | Check suction ready to use |  |
| B | Attach trauma mask to oxygen piping (don’t turn oxygen on) |  |
| Check ambubag assembled and on top of resus trolley |  |
| Check stethoscope and diagnostic set in room |  |
| C | Make the following equipment available; |  |
| *Cannulation* | Tourniquet, skin swab, bionector x2Grey, green, pink venflons (one of each)Venflon plaster x2, 3 way tap10mL syringe, 5mL syringe, saline pods x2 |
| *Bloods* | Blood tube connector (to insert into venflon) x2Blood tubes: big red, small red, yellow, orange, white, green |  |
| *Fluids* | Blood giving set (to allow faster fluid administration)500mL Hartman solution x2500mL Saline x2 (warmed if known history of hypothermia)IV fluid pressure bags |  |
| Collect infusion pump (2 if possible) from store |  |
| Open drug cupboards – make available tranexamic acid (2x 500mg vials), 100mL saline |  |
| E | Bring Bair hugger and blanket out of A&E store cupboard |  |
| Make paperwork ready for each expected casualty: | Number of expected casualties = | A&E card & trauma pathway |  |
| MEWS chart (PAWS chart if a child) |  |
| Fluid prescription chart |  |
| High risk infusion chart |  |
| Cannulation chart |  |
| Xray request cards x2 |  |

**Weight**

**\_\_\_\_\_\_\_ kg**

❒Estimated ❒Measured

❒Prev Notes ❒Patient

 Drugs or Fluids given pre-hospital

**PMHx**

❒ Nil significant

❒ Unable to ask

❒ Yes (state):

**Medications**

❒ None

❒ Unable to ask

❒ Yes (state):

❒ECS accessed?

**Prehospital teams** involved:

***tick all that apply***

❒ Technician

❒ Paramedic

❒ BASICS Responder

❒ MRT

❒ RNLI

❒ Coastguard

❒ Other:

SpO2

on....... L O2

RR

AVPU

HANDOVER FROM PARAMEDICS

GCS

 **E + M + V =**

 **\_\_ \_\_ \_\_ = \_\_\_**

BP

Pulse

Date:

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

**Allergies**

❒ No

❒ Unable to ask

❒ Yes (state):

**HISTORY** Age of Patient: ❒ Male ❒ Female

**Mechanism**

**of injury:**

**Injuries**

**identified or**

**suspected**

**pre-hospital**:

**Treatment/Management pre-hospital:**

*Major Haemorrhage*  ❒ No ❒ Yes ❒ Pressure ❒ Tourniquet ❒ Celox/haemostatics

*Air & B*r ❒ Normal ❒ Problem ❒ OPA ❒ NPA ❒ LMA/iGel ❒ BVM ❒ ETT

*C-spine* ❒ Cleared ❒ Immoblised with: ❒ Collar ❒ Blocks ❒ Vacmat - or ❒ not tolerated

*IV access* ❒ No ❒ Cannula ❒ IO

*Drugs* ❒ No ❒ Yes

*Fluids* ❒ No ❒ Yes

*Pelvic splint* ❒ No ❒ Yes

*Needle decomp* ❒ No ❒ Yes - R ❒ Yes - L

**Most recent**

**obs**

**in transit:**

INFO FROM ANYONE

**On anticoagulant?**

❒ Yes:

**Last Ate /Drank**

\_\_\_\_ : \_\_\_\_HR

❒ Unable to ask

**Source of patient:**

❒ Scottish Ambulance Service

❒ Self-presentation

❒Other:

This section completed by:

Time of incident:

Time arrived on scene:

Time AWMH pre-alerted:

Time arrived in AWMH:

litres

 %

Primary survey completed: Date/time/sign below

**Pre-Hospital Cardiac Arrest?** ❒ No ❒ Yes - Asystole ❒ Yes - PEA ❒ Yes - VF/VT

**Catastrophic Bleeding?** ❒ No ❒ Yes 🡪 Control with ❒ Pressure ❒ Combat Tourniquet

**PELVIS**

❒**Pelvic binder in place**

**TRANEXAMIC ACID** – give if trauma with suspected or evident major bleed (SBP<90 HR>110) AND injury less than 3h ago

ADULT DOSES (seek advice for children):

1. 1g TXA in 100mL saline over 10 mins IV
2. 1g TXA in 100-500mL saline over 8 hours IV

Time Pathway GP:

Started: Senior Nurse:

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

**CIRCULATION** ❒ Major Haemorrhage Protocol activated

Pulse BP

Colour: ❒ Normal ❒ Pale ❒ Clammy

Capillary Refill: ❒ Normal ❒ Delayed

Tranexamic Acid : ❒ Not indicated ❒ Given

 ❒ ithheld as >3 hours since injury

**PUPILS**

 Right Left

Size (mm)

Reactive?

**GCS**

EM V

Total

**AIRWAY** High flow oxygen ❒ Yes ❒ No

 Airway OK? ❒ Yes ❒ No

*If no:*  ❒ Signs of mouth/face trauma

 ❒ Hoarse voice or stridor ❒ Airway burn

 ❒ Too obtunded to maintain own airway

*Interventions:* ❒ NPA ❒ OPA ❒ LMA ❒ ETT (no drugs)

 (❒ RSI pre-hospital ❒ RSI in ED )

**C-SPINE** ❒ Immobilised pre-hospital

 ❒ Immobilised in ED

*Can C-spine be cleared clinically?*

 ❒ No - keep immobilised

 ❒ Yes - Canadian C-spine rules

 ❒ Yes - NEXUS (alert, not intoxicated, no distracting injury, no mid- line tenderness, no focal neurological deficit)

 ❒ Not tolerating/refused immobilisation

 ❒ Fully alert & protecting own neck GP decision only

**BREATHING**

RR SpO2: on O2

Requiring assisted ventilation? ❒ Yes

Trachea: ❒ Normal ❒ Abnormal

Palpation: ❒ Normal ❒ Abnormal

Ausculation: ❒ Normal ❒ Abnormal

Flail chest: ❒ No ❒ Yes ❒ Bilateral

Surgical emphysema: ❒ No ❒ Yes

**CHEST EXAMINATION**

**ABDO EXAMINATION**

❒ Guarding ❒ Penetrating injury ❒ Blood at meatus

Gentle palpation:

do NOT “spring”

the pelvis

**Temp BM Pain Score**

 /5



**TETANUS STATUS**

❒ Not applicable: skin intact

❒ Fully immunised (had 5 doses in lifetime)

❒ Needs booster – prescribe ❒ Needs immunoglobulin

❒ Not sure: seeking further info/advice

**LOG ROLL** ❒ Done ❒ Not done

* Avoid log roll if suspected abdo/pelvic trauma
* Early log roll in *penetrating* trauma
* Remember early use of pelvic binder/splint

Secondary survey completed: Date/time/sign below

Large, complex or important wounds should be drawn/documented separately on continuation sheet. Tick if you have done this ❒

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

**HEAD INJURY** ❒ No head injury suspected

Any LOC? Yes ….. min ❒ Not clear ❒ No

Any amnesia? Yes …...min ❒ Not clear ❒ No

On warfarin? ❒ Yes ❒ No

On aspirin? ❒ Yes ❒ No

***Pupils:*** *ensure box at bottom of Page 4 is filled in*

**ANALGESIA OPTIONS**

* Paracetamol 1g IV (adults) for suspected fracture(s)
* Morphine/diamorphine IV for all traumatic pain
* Consider intranasal route if difficult IV access, and in children

Imaging reference number

❒CHI ………………………......................

❒TA ……………………….......................

**OTHER RADIOGRAPHY**

**Other plain films obtained (or needed)?** ❒ No ❒ Yes – detail below

| **iStat bloods** | **Arterial Blood Gas: time \_\_\_\_\_\_\_\_** | **Arterial Blood Gas: time \_\_\_\_\_\_\_\_\_** |
| --- | --- | --- |
| Hb |  | On FiO2: |  % | On FiO2: |  % |
| Na |  | pH |  | pH |  |
| K |  | pO2 |  | pO2 |  |
| Creat |  | pCO2 |  | pCO2 |  |
| Gluc |  | Bicarb |  | Bicarb |  |
| Trop |  | BE |  | BE |  |
|  |  | Lactate  |  | Lactate  |  |

**BLOODS**

**Transfusion**

**Sample:**

❒ Not done

❒ G&S

❒ XM

**URINE**   **Catheter sited by:**

 **Size: Time:**

*Pregnancy test mandatory all females 12-55 unless hysterectomy or known pregnant. Main risk is with pelvic/abdominal views*

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

**TRAUMA SERIES - Plain films**

**C-spine** ❒ Cleared without xray ❒ Done - normal ❒ Done – abnormal:

**CXR** ❒ Cleared without xray ❒ Done - normal ❒ Done – abnormal:

**Pelvis** ❒ Cleared without xray ❒ done – normal ❒ Done – abnormal:

**Seen by Crosshouse?** ❒ No ❒ Yes – who:

RADIOLOGY

**ECG**

❒ Normal

❒ Abnormal:

**OTHER TESTS DONE:**

**RESPONSIBILITY FOR TEST RESULTS**

Have all tests been seen and results recorded? ❒ Yes ❒ No

If no, what is still awaited? ………………………………………………………………………………………………….

Who will look at them? …………………………………………… Signed by Responsible GP ……………………….

**Space for Additional Notes**

Date/time/sign:

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

| **CHECKLIST** |
| --- |
| Has ABG been done & results recorded?  | ❒ Yes ❒No |
| Has tetanus status been considered?  | ❒ Yes ❒No ❒ N/A |
| If open have antibiotics been given & is wound covered?  | ❒ Yes ❒No ❒ N/A |
| If major haemorrhage is receiving centre aware of ‘Code Red’ status? | ❒ Yes ❒No ❒ N/A |
| Has Tranexamic acid been considered?If contraindicated/not advised, why?:  | ❒ Yes ❒ N/A❒ Too late (>3 hr) |
| Are measures being taken to keep patient warm? (e.g. Bair Hugger)  | ❒ Yes ❒No |
| **Transfer Packaging**: lines (IV/O2/cath) secured – C-spine controlled – tighten straps – suction vacmat – retension straps - O2 & monitor secure – reassess - patient comfortable | ❒ Yes ❒No |

Date/time/sign:

CHALLENGE CHECKLIST

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

| 1 |  |
| --- | --- |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

 **SUMMARY OF INJURIES IDENTIFIED IN EMERGENCY DEPT: tick all that apply**

❒ Believed to be complete ❒ Still awaiting extremity imaging ❒ Will require reassessment

❒ Other (state) ........................................................................................................................................................

| **Log times of contact with other teams here:** |
| --- |
|  |
| Destination: Time of departure: | Date/time/sign: |

**Name of EMRS Consultant:**

**Direct phone no (if given):**

**Instructions from EMRS:**

❒ Tick if discussions with EMRS are documented elsewhere in notes

Contact SAS Airdesk, or arrange ferry transfer if this is more appropriate.

Usual receiving centre is Crosshouse, unless head injury or child.

Discuss with Crosshouse A&E or EMRS.

Contact EMRS Duty Retrieval Consultant

Patient to remain in AWMH (or can potentially be discharged with careful safety-netting advice if no injuries identified that require admission).

**!! The majority of major trauma patients require urgent transfer to a major trauma centre**

 Attach patient label

or enter details

Name:

Date of Birth/CHI:

**Referral Contact Numbers**

**Contact numbers removed from generic version.**

**Should include: local receiving, major trauma receiving, EMRS and air ambulance desk.**

Are you satisfied the patient’s injuries are suitable to be managed in AWMH?

YES

Does the patient require EMRS input?

YES

NO

Paramedic transfer

NO

Time of initial referral:

ETA of EMRS/Helimed:

**Disposition**

❒ Admit AWMH

❒ Transfer - EMRS

❒ Transfer - Helimed

❒ Transfer – Sea King

❒ Transfer – Ferry

❒ Discharge

Other: