

Royal Preston Hospital Trauma Team Leader advice to Trauma Units

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|---------------------------|--|--------------|--|------|
| Date/time | | Time | | |
| Calling clinician | | Grade (ST3+) | | Site |
| Patient name | | NHS number | | DOB |
| Time of injury | | | | |
| Mechanism of injury | | | | |
| Interventions prehospital | | | | |
| Interventions TU | | | | |
| CFS by ST4+ if 65 or over | | | | |
| Injuries on reported CT | | | | |

Criteria for TTL-to-TTL transfer

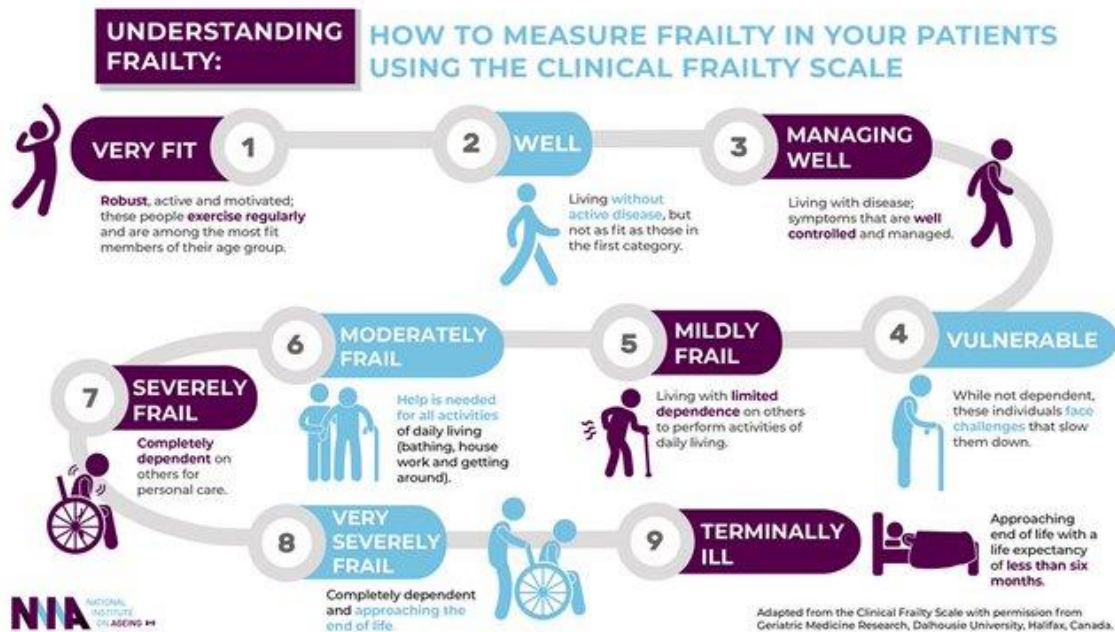
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|--|--|
| NWAS MT criteria, pit stop at TU for stabilisation of unmanageable ABC | Primary survey interventions only, do not CT or delay for central or arterial lines |
| Polytrauma* age <65 | Transfer unless against patient wishes |
| Polytrauma* age 65+ CFS 1-4 | |
| Polytrauma* age 65+ CFS 5-6 | Pre-transfer discussion with patient and family to ensure transfer in line with their wishes |
| Intubated isolated head trauma age <65 | Simultaneous referral to NS via PatientPass |
| Intubated isolated head trauma age 65+ CFS 1-4 | |
| Isolated pelvic injury with haemodynamic instability | Ensure pelvic stabilisation in situ |
| Isolated open pelvic injury | Transfer unless against patient wishes |

Criteria for polytrauma: 2 or more organ systems

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| Brain (not including simple skull fracture or extra-cranial haematoma) |
| Thorax |
| Rib fractures and/or flail with suboptimal clinical picture despite best available analgesia |
| Sternal/1 st rib fractures with clinical cause for concern |
| Significant lung contusions |
| Pneumomediastinum |
| Pneumothorax/haemothorax causing significant respiratory/circulatory compromise |
| Diaphragmatic injuries |
| Abdomen (not including uncomplicated abdominal wall injury) |
| Pelvis (not including single pubic ramus fracture) |
| Femoral shaft fracture |

Advice if TTL to TTL transfer criteria not met

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| Polytrauma age 65+, CFS 7-9 | Manage locally, consider early palliative care input |
| Intubated isolated head trauma age 65+ CFS 5-9 | PatientPass referral to neurosurgery; if time-critical injury call neurosurgical reg via RPH switchboard bleep 9000 |
| Non-intubated isolated head trauma | Discuss with cardiothoracic team at BVH bleep 1586 |
| Isolated thoracic trauma (blunt or penetrating) | Discuss with cardiothoracic team at BVH bleep 1586 |
| Isolated injury with active extravasation or pseudoaneurysm on reported CT | TU specialty ST3+ to LTH specialty ST3+ TU TTL simultaneous discussion with LTH interventional radiology |
| Isolated pelvic/acetabular injury in stable patient | Refer via NW pelvic service at WWL northwestpelvic@wwl.nhs.uk |
| Isolated spinal injury (with or without neurological deficit) | PatientPass referral to spinal team via neurosurgery |
| Isolated open lower limb fracture | Gustillo IIIa & above: review by TU ortho ST3+, refer to LTH orthopaedics Gustillo I & II: manage locally |



Useful Numbers

RPH switchboard 01772 716565
 RPH TTL baton phone: 07999 406038
 BVH switchboard 01253 953777
 PatientPass <https://lscreferrals.lthtr.nhs.uk/website/#/login>

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|---------------------|--|
| Advice given by TTL | |
| TTL name/sign | |