MAJOR TRAUMA – PRE ARRIVAL	
ACTIVATE	• Stabbing and SBP <100 any time or P >110 • Stand-by for RTA / entrapment / ejection • Stand-by for fall from a height • All GSW • Trauma & Cardiac Arrest • Major Mechanism of Injury & Multiple Injuries
PEOPLE	• Surgical Registrar (p13436. If difficulty, then surgical SHO to locate. Occasionally at theatre x25022) • Surgical SHO (p13288) • ITU SHO/Registrar (p13002) • 2nd on Anaesthetist • Ensure ED Consultant informed if Out of Hours • Ortho / Plastics / O&G as required
LAYOUT	• Bay dividers back 2 feet + trolley down 1-2 feet • Allocate Roles (roles poster) • Emphasise “Do not cross” line • Team Leader footprints • Limit unnecessary personnel (and explain)
BLOOD & PRODUCTS	• Consider Major Haemorrhage Activation ○ checklist and roles • Rapid infusers run through • Ensure 4 units ONEG in resus (additional in theatres)
EQUIPMENT	• IV Access set up • Central access equipment with Percutaneous Sheath (7.5F) available in trolley • Check IO Kit available and charged • Underbody Bair Hugger blanket ready • Ultrasound available and charged/plugged in • Trauma clock on standby

MAJOR TRAUMA – UPON ARRIVAL	
HANDOVER	• *Hands-Off+Silence* unless immediate ABC issue

ACCESS	• 2x large bore IV
	• ± Central: Subclavian / Femoral
	  ○ Percutaneous Sheath (7.5F)
	  ○ Quad Lumen
	• ± Multiple IO : humeral > tibial

TRANSFUSION	• Samples to blood porter • Request Pack A (6RBC/4FFP/1PLATELETS) • Tranexamic Acid (1g x 10mins, 1g x 8 hrs) (Systolic <90 or signs significant bleeding) • Awareness of further anticipated requirements • Communicate with Blood Bank (e.g. Pack B)
CARDIAC ARREST	• Omit BLS/Adrenaline until cardiovascular space filled (minimum 2L) • Bilateral thoracostomies if blunt chest trauma. • Control external haemorrhage • Splint Pelvis/Fractures
OPERATIVE MANAGEMENT	• Consider theatre staff [Page 13661] • Occlude any penetrating cardiac wound ○ ?Transfuse via Foley Catheter (16F+) into wound • Compress aorta (fingers) • Lung injury? – consider Lung Twist • Pregnant – Inform O&G / Consider Resuscitaire
DECISIONS	• Liaise with team / specialties
DESTINATION	• Aim early decision re CT / Theatre / ITU / Ward
DEBRIEF	• *Initial* then *Formal* as per arrangements