

## MAJOR TRAUMA – PRE ARRIVAL

<b>ACTIVATE</b>	<ul style="list-style-type: none"><li>• Stabbing and SBP &lt;100 any time or P &gt;110</li><li>• Stand-by for RTA / entrapment / ejection</li><li>• Stand-by for fall from a height</li><li>• All GSW</li><li>• Trauma &amp; Cardiac Arrest</li><li>• Major Mechanism of Injury &amp; Multiple Injuries</li></ul>
<b>PEOPLE</b>	<ul style="list-style-type: none"><li>• Surgical Registrar (p13436. If difficulty, then surgical SHO to locate. Occasionally at theatre x25022)</li><li>• Surgical SHO (p13288)</li><li>• ITU SHO/Registrar (p13002)</li><li>• 2<sup>nd</sup> on Anaesthetist</li><li>• Ensure ED Consultant informed if Out of Hours</li><li>• Ortho / Plastics / O&amp;G as required</li></ul>
<b>LAYOUT</b>	<ul style="list-style-type: none"><li>• Bay dividers back 2 feet + trolley down 1-2 feet</li><li>• Allocate Roles (roles poster)</li><li>• Emphasise “Do not cross” line</li><li>• Team Leader footprints</li><li>• Limit unnecessary personnel (and explain)</li></ul>
<b>BLOOD &amp; PRODUCTS</b>	<ul style="list-style-type: none"><li>• Consider Major Haemorrhage Activation<ul style="list-style-type: none"><li>○ checklist and roles</li></ul></li><li>• Rapid infusers run through</li><li>• Ensure 4 units ONEG in resus (additional in theatres)</li></ul>
<b>EQUIPMENT</b>	<ul style="list-style-type: none"><li>• IV Access set up</li><li>• Central access equipment with Percutaneous Sheath (7.5F) available in trolley</li><li>• Check IO Kit available and charged</li><li>• Underbody Bair Hugger blanket ready</li><li>• Ultrasound available and charged/plugged in</li><li>• Trauma clock on standby</li></ul>

## MAJOR TRAUMA – UPON ARRIVAL

<b>HANDOVER</b>	<ul style="list-style-type: none"> <li>● <i>Hands-Off+Silence</i> unless immediate ABC issue</li> </ul>
<b>ACCESS</b>	<ul style="list-style-type: none"> <li>● 2x large bore IV</li> <li>● ± Central: Subclavian / Femoral                             <ul style="list-style-type: none"> <li>○ Percutaneous Sheath (7.5F)</li> <li>○ Quad Lumen</li> </ul> </li> <li>● ± Multiple IO : humeral &gt; tibial</li> </ul>
<b>TRANSFUSION</b>	<ul style="list-style-type: none"> <li>● Samples to blood porter</li> <li>● Request Pack A (6RBC/4FFP/1PLATELETS)</li> <li>● Tranexamic Acid (1g x 10mins, 1g x 8 hrs) (Systolic &lt;90 or signs significant bleeding)</li> <li>● Awareness of further anticipated requirements</li> <li>● Communicate with Blood Bank (e.g. Pack B)</li> </ul>
<b>CARDIAC ARREST</b>	<ul style="list-style-type: none"> <li>● Omit BLS/Adrenaline until cardiovascular space filled (minimum 2L)</li> <li>● Bilateral thoracostomies if blunt chest trauma.</li> <li>● Control external haemorrhage</li> <li>● Splint Pelvis/Fractures</li> </ul>
<b>OPERATIVE MANAGEMENT</b>	<ul style="list-style-type: none"> <li>● Consider theatre staff [Page 13661]</li> <li>● Occlude any penetrating cardiac wound                             <ul style="list-style-type: none"> <li>○ ?Transfuse via Foley Catheter (16F+) into wound</li> </ul> </li> <li>● Compress aorta (fingers)</li> <li>● Lung injury? – consider Lung Twist</li> <li>● Pregnant – Inform O&amp;G / Consider Resuscitaire</li> </ul>
<b>DECISIONS</b>	<ul style="list-style-type: none"> <li>● Liaise with team / specialties</li> </ul>
<b>DESTINATION</b>	<ul style="list-style-type: none"> <li>● Aim early decision re CT / Theatre / ITU / Ward</li> </ul>
<b>DEBRIEF</b>	<ul style="list-style-type: none"> <li>● <i>Initial</i> then <i>Formal</i> as per arrangements</li> </ul>