

Network Transfer Protocol for Time Critical Transfers from TU/LEH to MTC, RIE

Does your patient meet any of the following automatic acceptance criteria?

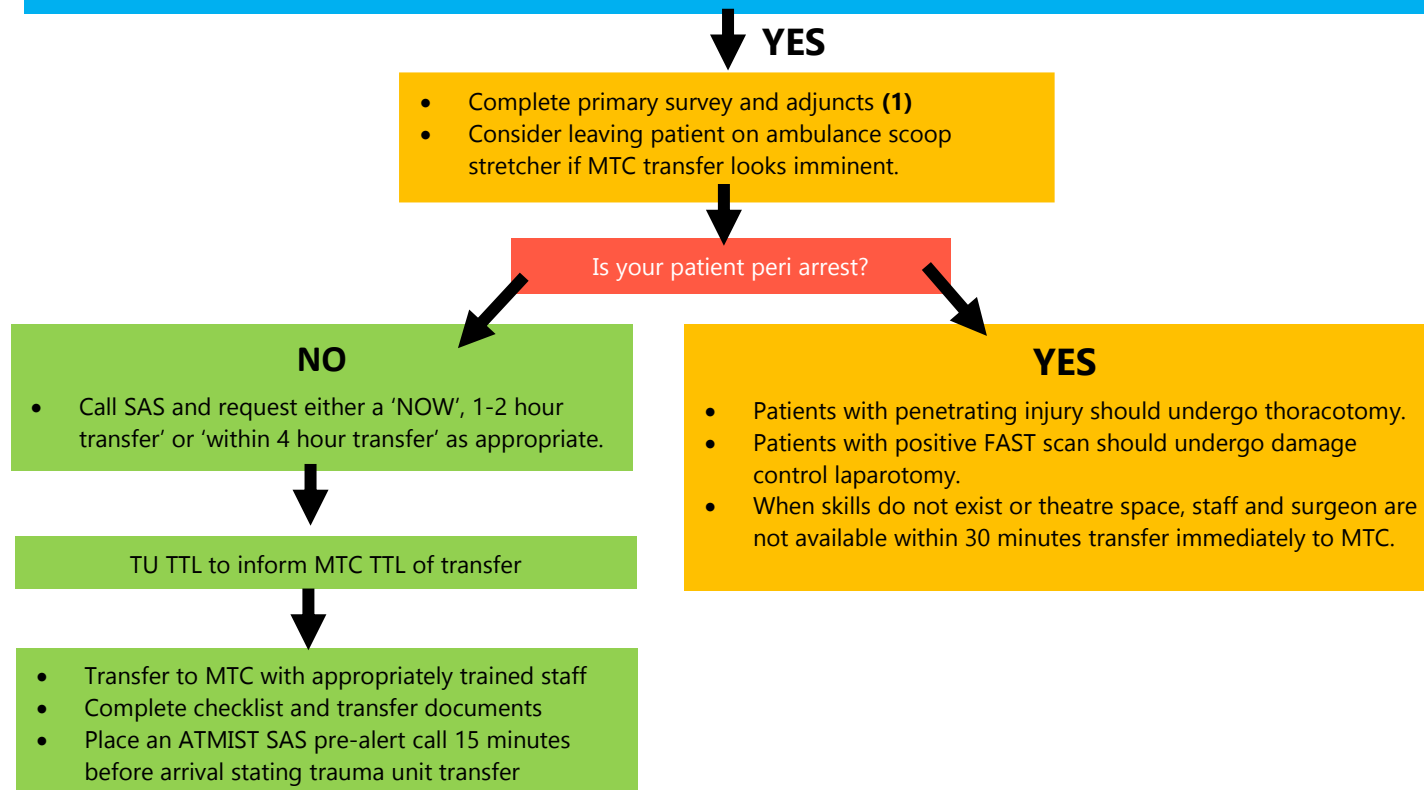
- Traumatic brain injury (Click [here](#) for regional transfer guideline)
- Major vessel injuries e.g. aorta
- Flail Chest
- Crushed, degloved, mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fracture with haemodynamic instability
- Paralysis
- Spinal cord injury
- Multisystem injuries and a suspected ISS > 15.
- Grade III or above solid organ injury that may require interventional radiology.
- High energy open long bone fracture (as decided by senior Orthopaedic Surgeon)
- Post Damage Control Surgery performed at TU
- TU TTL believes the patient would benefit from MTC Care

The patient may benefit from MTC care though care closer to home may be more appropriate and the following factors should be considered. Involve the patient and those close to them in any decision and/or any power of attorney

Considerations

- Are there treatment escalation plans and advanced directives to consider?
- Is there pre-existing frailty (e.g. clinical frailty score ≥ 5)?
- Does the patient have 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?

If yes, discuss with ED Senior and Neurosurgery as appropriate.



1) Spend only enough time to give life-saving interventions at the TU before transferring patients to the MTC. Patients who need critical interventions at the MTC should leave the TU within 30 minutes of the decision to transfer.

2) Provide verbal and written information to the patient, family or carer including the reason for transfer, the location of the RIE, destination within the RIE and the name and contact person responsible for care at the TU

Patients that have been admitted to a ward and deteriorate or are subsequently found to have injuries that would benefit from MTC care can be transferred using this pathway if it is deemed time critical.

Stable patients who are being transferred for specialist care should not use this pathway but all cases should be discussed with the Major Trauma Service