

## Document Control

Name of document	West of Scotland Major Trauma Network Secondary Transfer Protocol for Adults
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Comments by	members of Clinical Governance Advisory Group; Kathryn Bennett; Malcolm Gordon; Michael Canty; Angela Khan;
Reviewed by	WoS Major Trauma Clinical Governance Advisory Group/ West of Scotland Major Trauma Steering Group
Aims	To develop a clear process for the management of trauma patients that require transfer to the major trauma centre.

## REFERRAL PATHWAY FOR WEST OF SCOTLAND ADULT MAJOR TRAUMA CENTRE (QUEEN ELIZABETH UNIVERSITY HOSPITAL)

### Principles

- This is to guide appropriate and timely transfer of adult ( $\geq 16$ ) major trauma patients from Trauma Unit (TU)/Local Emergency Hospitals (LEH) to Major Trauma Centre (MTC) when there is a need for an enhanced level of care.
  - This should be used in conjunction with the Scottish Trauma Network Adult Trauma Triage Tool (ATTT)
- Appendix A.**
- The majority of patients who have suffered from a major mechanism of injury are assessed by the Scottish Ambulance Service (SAS) and will be triaged appropriately. It is recognised that trauma may evolve and assessment at TU/LEHs may reveal occult injuries that require MTC care.
  - There will be a number of patients who will require a divert to a TU/LEH to provide lifesaving interventions. This may occur if a patient's airway cannot be maintained or is more than 45 mins transport time to the MTC or there are logistic challenges in primary transfer to MTC.
  - There will also be patients who self-present to their local hospital (TU/LEH) and will require assessment, treatment and/or transfer.

### Appendix B – provides a visual of the referral pathway

<p><b>Primary</b></p>	<p>Patients who are assessed by SAS using the ATTT and are deemed to require MTC should be transported to the WoS MTC. This may involve bypass of TU/LEHs if the transfer time is &lt; 45 mins.</p> <p>Pre-alert should be carried out in the standard way with information passed to the Trauma Team Leader (TTL) at the Emergency Department (ED) in the Queen Elizabeth University Hospital (QEUH)</p> <p>The TTL will assess the information and decide on the appropriate level of trauma team response.</p>
<p><b>Modified Primary IFT1</b></p>	<p>Modified primary transfers are cases that trigger the MTC criteria but are greater than 45 mins away or cannot be transported directly for clinical or logistic reasons and are directed to the nearest community hospital, LEH or TU by the specialist services desk. The specialist services desk may automatically organise a retrieval team to take the patient to the MTC following initial resuscitation at the LEH/TU.</p> <p>This will be mostly to the WoS community hospitals with limited or no anaesthetic or surgical services which are currently served by EMRS (such as Campbeltown, Mid Argyll, Islay, Mull, Skye). Such transfers fall into the ICS IFT category 1 (SAS PURPLE):</p> <p><i>"IFT level 1 (ARP category 1: mean target response time 7 minutes; 90% in 14 minutes) is reserved for those situations where a facility is unable to provide immediate life-saving interventions such as resuscitation and requires the clinical assistance of the ambulance service in addition to a transport resource."</i></p>
<p><b>Time Critical IFT2</b></p>	<p>Patients should be resuscitated according to standard protocols. If intubation or Damage Control Surgery is required this should be carried out in the TU. All TUs should be able to provide initial DCS.</p> <ul style="list-style-type: none"> <li>• To activate an urgent transfer the ED TU Trauma Team Leader should contact MTC Trauma Team Leader on <b>0141 452 2828/0141 452 2844</b></li> <li>• Activation of the trauma team is the decision of the MTC TTL.</li> <li>• There will be an <b>automatic acceptance policy</b> for patients who are felt to overwhelm local abilities to care for patients. This needs to be balanced against</li> </ul>

	<p>the risk of transferring potentially unstable patients.</p> <ul style="list-style-type: none"> <li>• If the patient is in the remote and rural group of hospitals covered by ScotSTAR, or an air transfer is being considered, the TU/LEH trauma team leader should contact the Specialist Services Desk who will organise a conference call including the MTC trauma team leader and the retrieval team, who will give expert advice on the timing, mode and level of transfer required.</li> <li>• If the patient is not in such a hospital, the local referring team will provide the team for transfer to the MTC by road (unless a modified primary had been activated).</li> <li>• Transfer of urgent patients will be reviewed regularly as part of the Major Trauma Service Clinical Governance Policy.</li> </ul> <p><i>("IFT level 2 (ARP category 2: mean target response time 18 minutes; 90% in 40 minutes) is reserved for situations where transfer is required for immediate (time critical) life, limb or sight saving intervention in another facility. The next available emergency ambulance will be allocated, and it is vital therefore that patients and accompanying staff are ready to travel as soon as the ambulance arrives to avoid unnecessary delay in returning the ambulance to emergency service.)"</i></p>
<p><b>Non-Time Critical IFT3/4</b></p>	<p>Discuss urgency of transfer:</p> <ul style="list-style-type: none"> <li>• In-hours - contact MT Consultant <b>0141 201 1100 Page 1773 or 0141/452 (8) 2149/2150</b></li> <li>• Out of Hours - contact Surgical Registrar <b>0141 452 2315</b></li> </ul>
<p><b>Tertiary</b></p>	<p>Referrals for tertiary care from other MTCs:</p> <ul style="list-style-type: none"> <li>• In-hours – contact MT Consultant <b>0141 201 1100 Page 1773 or 0141/452 (8) 2149/2150</b></li> <li>• Out of Hours – contact Surgical Registrar <b>0141 452 2315</b></li> </ul>

**ISOLATED head injury:**

These should be discussed with the Neuro-surgical registrar at the Institute for Neurological Science – **E-referral** via the Emergency Dialogue system on SCI gateway; **Tel 0141 452 (8) 8929**; or to **on call consultant** via switchboard.

**ISOLATED Burns patients.**

These should be discussed with on-call Burns and Plastic team at Glasgow Royal Infirmary **0141 241 1000**  
<https://www.cobis.scot.nhs.uk/pathway/>

**Isolated Injury - Point of Contact:**

**Orthopaedics** – on-call Orthopaedic registrar **0141 201 1100**

**Severe Chest Wall** – Major Trauma Coordinator **0141 201 1100 page 1773/0141 452 2149/2150**  
**MTCQEUH@ggc.scot.nhs.uk**

SCOTTISH AMBULANCE SERVICE – TRAUMA TRIAGE TOOL >16 YRS



# Adult Trauma Triage Tool $\geq 16$



Use this tool to Triage all Significantly Injured Patients or Patients involved in a High Mechanism Incident

## Clinical Judgement is important and valued.

If you are concerned that your patient's triage category does not reflect their needs, you require clinical or logistical advice please contact the Trauma Desk directly on

**03333**

**990 211**

or by airwave by placing a callback to your local area dispatcher who will arrange a callback from the Trauma Desk.



### Triage Questions

<b>Step 1</b> Assess your Patient's Physiology	Does your Patient have any of the following: <ul style="list-style-type: none"> <li>Systolic blood pressure &lt;90 mmHg, or no radial pulse</li> <li>Glasgow Coma Scale &lt; 14</li> <li>Respiratory Rate &lt; 10 or &gt; 29 breaths/min</li> </ul>
<b>Step 2</b> Assess your Patient's Injuries	Does your Patient have any of the following: <ul style="list-style-type: none"> <li>Penetrating injury to head, neck, torso or extremities proximal to elbow or knee</li> <li>Chest Wall instability or deformity</li> <li>Two or more proximal limb fractures</li> <li>Crushed, degloved, mangled or pulseless extremity</li> <li>Amputation proximal to wrist or ankle</li> <li>Suspected Pelvic Fracture</li> <li>Open or Depressed Skull Fracture</li> <li>Paralysis</li> </ul>
<b>Step 3</b> Assess the Mechanism of Injury	Did any of the following occur: <ul style="list-style-type: none"> <li>Fall &gt; 20 Feet</li> <li>High Risk Vehicle Accident                         <ul style="list-style-type: none"> <li>With &gt; 12" Intrusion</li> <li>Ejection (partial or complete)</li> <li>Death in same passenger compartment</li> </ul> </li> <li>Vehicle Striking Pedestrian/Cyclist at &gt; 20 mph</li> <li>Motorcycle accident at &gt; 20 mph</li> </ul>
<b>Step 4</b> Special Considerations	Are any of the following present: <ul style="list-style-type: none"> <li>Age &gt; 55 years</li> <li>Bleeding Disorder or Anticoagulant Treatment</li> <li>Isolated Burns (Liaise with Trauma Desk)</li> <li>Pregnancy &gt; 20 weeks</li> <li>Morbid Obesity</li> </ul>

YES  
NO

### Response Category

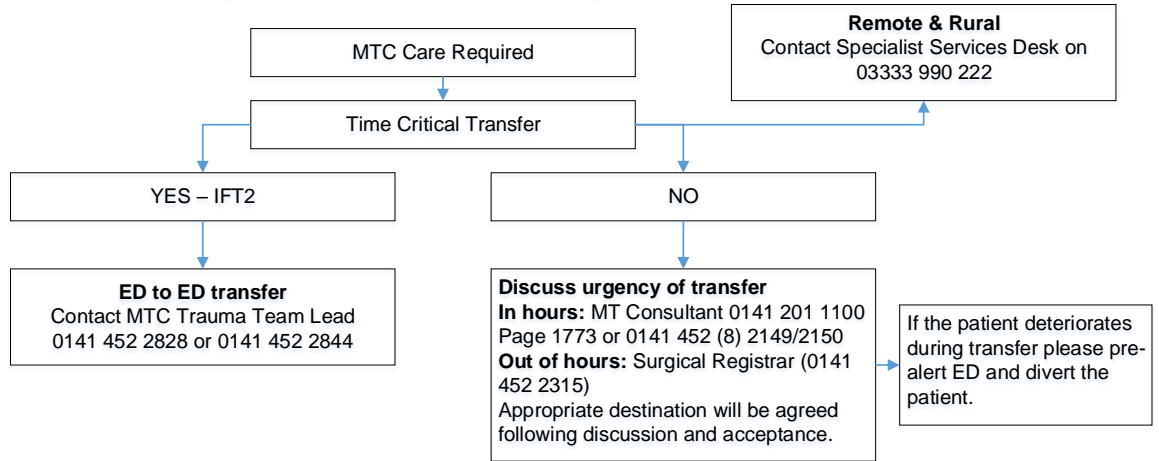
Should the airway become compromised and cannot be managed, consider conveying/diverting to the nearest locally designated Emergency Department

<b>Major trauma centre care</b> 	Your Patient requires Major Trauma Centre (MTC) Care <ul style="list-style-type: none"> <li>If &lt;45 minutes from MTC = convey to MTC</li> <li>If &gt;45 minutes from MTC = contact Trauma Desk</li> </ul> If you do not think your patient requires MTC, contact Trauma Desk Remember to pre-alert the receiving hospital via airwave if you are managing a patient triaged to MTC
<b>Trauma unit care</b> 	Your Patient requires Trauma Unit (TU) Care <ul style="list-style-type: none"> <li>Convey to the nearest TU, or MTC if closer</li> <li>If &gt;45 minutes from TU/MTC contact Trauma Desk</li> </ul> If you do not think your patient requires TU/MTC, contact Trauma Desk
<b>Local</b> 	Convey your patient to the nearest Local Emergency Hospital If you think your patient requires TU/MTC, contact Trauma Desk

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APPENDIX B - WEST OF SCOTLAND MAJOR TRAUMA ADULT TRANSFER PROTOCOLS

Major Trauma Adult Secondary Transfer Protocol



- Isolated Head Injuries**  
0141 201 1100 Page via Switchboard or 0141 452 (8) 8929  
E-referral via the Emergency Dialogue system on SCI gateway (GGC only)
- Isolated Spinal Injuries**  
0141 201 1100 Page 17012  
[Www.spinalunit.scot.nhs.uk/referrals/](http://www.spinalunit.scot.nhs.uk/referrals/)
- Isolated Burns**  
0141 241 1000  
<https://www.cobis.scot.nhs.uk/pathway>

