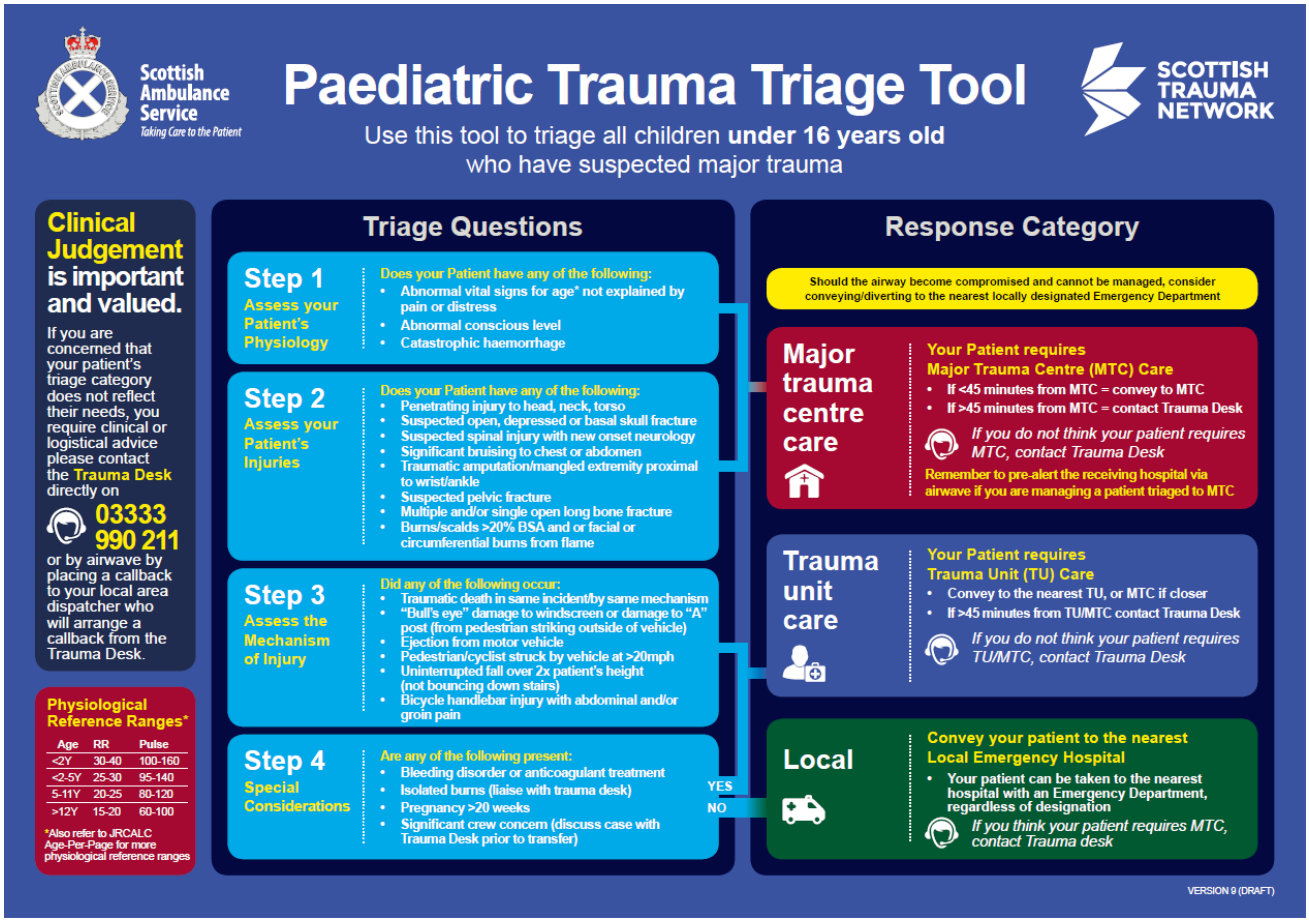
Admission Process of Paediatric Trauma Patients to Ward 19 (University Hospital Wishaw)

Scottish Trauma Network

The paediatric Scottish Trauma Network has three paediatric Major Trauma Centres (pMTC) in Aberdeen, Edinburgh and Glasgow. Children from NHS Lanarkshire feed into the West of Scotland Trauma Network with Royal Hospital for Children (RHC) in Glasgow as the pMTC.

The Scottish Ambulance Service (SAS) apply a paediatric trauma triage tool to all children who have suffered trauma to assist with the decision making regarding their primary destination. If the physiology or injuries found on assessment are suggested of major trauma, the patient will be transferred directly to pMTC. The exceptions will be those patients out with 45 minutes of RHC with no pre-hospital medical team available and those patients who are not stable enough to endure the transfer to RHC (primarily massive non-compressible haemorrhage and airway compromise).

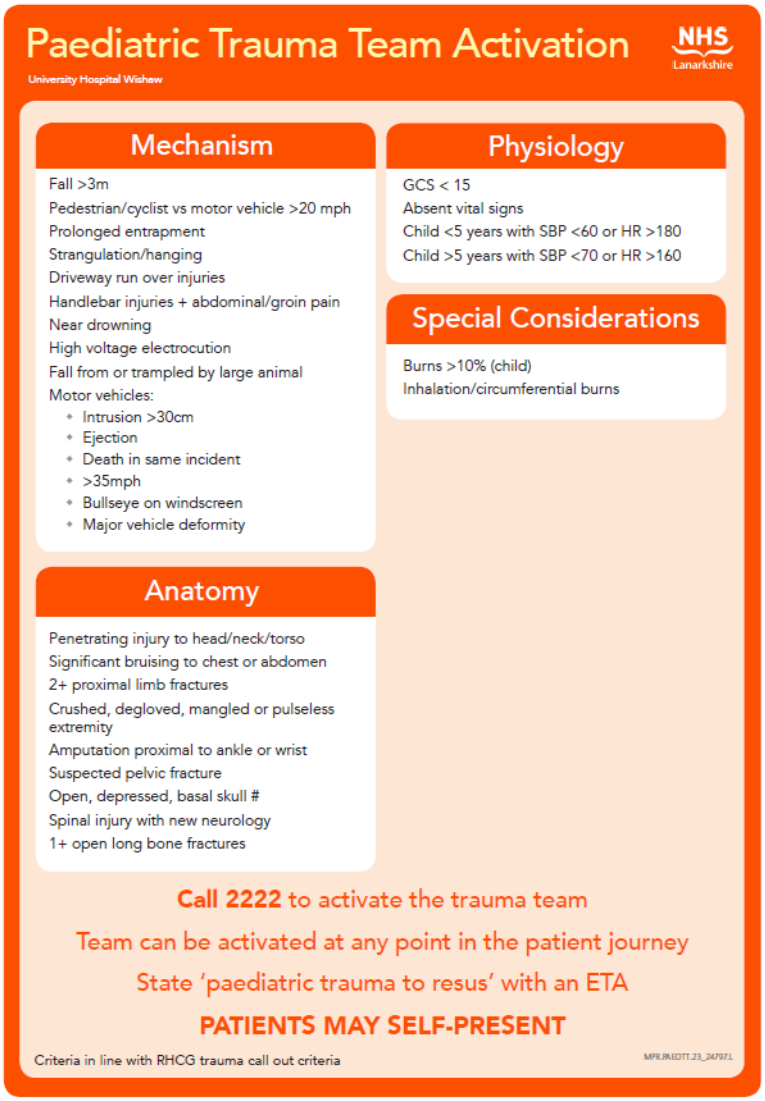


Trauma Calls

Where there is a SAS pre-alert for paediatric trauma where there is a mechanism, anatomical finding, abnormal physiology or special considerations as per the Paediatric Trauma Team Activation criteria below, a Paediatric 2222 Major Trauma Call should be initiated.

There may be occasions when paediatric trauma patients may self-present with family. It is therefore possible that the clinician has already begun their assessment when it becomes apparent that the child meets the criteria for a Paediatric 2222 Major Trauma Call. In this scenario, if there is any concern about serious injury or deterioration, the child should be moved to Resus and Paediatric 2222 Major Trauma Call initiated.

If there is no concern of serious injury or deterioration based on the initial assessment, the case should be immediately escalated to the senior ED doctor for decision making and agreement that a Paediatric 2222 Major Trauma Call is not required.



Imaging in Paediatric Trauma

Those children who have suffered a significant mechanism of trauma but whose physiological and injury assessment are not suggestive of major trauma continue to be brought to UHW for assessment. There needs to be a robust process for ensuring that this group of children with no apparent injuries but who have not been cleared by radiological assessment are observed in the correct place and that the correct teams are aware.

It should be noted that the threshold for the use of CT in paediatric patients is much higher than in adults given concerns regarding radiation exposure and therefore there is the potential for undifferentiated injuries. There are local and national guidelines to guide which patients require imaging [1, 2].

Admission Process to Ward 19

When a decision is made to admit a child for observation to Ward 19 following trauma, the following criteria must be met:

- Appropriate surgical team aware
- Named surgical consultant
- Shared care accepted by surgical and paediatric team
- Contact details for who to contact in case of deterioration / concern
- Observations within expected range for the age of the child
- Plan for frequency of observations required on admission to Ward 19/20
- Any outstanding investigations required?
- Formal report of any imaging performed

Where there is any disagreement about whether the child should be admitted to UHW for observation between specialty teams, the decision making should be escalated to consultant level prior to the patient leaving the Emergency Department.

Where there is ongoing concern about suitability for admission to UHW vs transfer to RHC, the use of the Single Point of Contact (SPOC) based at RHC can be considered for advice.

Children under 5

Children under 5 would not be operated on at UHW unless in extremis. Any child under 5 who is being considered for admission for observation to Ward 19 should be discussed with and agreed by both a Consultant General Surgeon and Consultant Paediatrician. Where there is concern about the potential for deterioration requiring operative management, this should be discussed through the SPOC process for consideration of transfer to RHC.

References

1. Major Paediatric Trauma - Imaging Flowchart (scot.nhs.uk)
2. Paediatric trauma protocols | The Royal College of Radiologists (rcr.ac.uk)
3. Major Trauma Single Point of Contact (SPOC) SOP – RHCG (scot.nhs.uk)

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