

Management of Trauma Patients with GCS≤13

- The care of patients on this pathway should be directed by a senior doctor.
- All patient transfers must be approved by an EM Consultant.
- Management of any extra-cranial injuries should be as per existing protocols.
- Deviations from the pathway should be approved by a Consultant.
- Further detail and supporting documentation is available at: www.noeccn.org.uk

Primary Survey (including GCS, blood glucose and examination of pupils)

Assess whether pathway is appropriate



No

Management as per local guidelines

Yes



Contact anaesthetics / intensive care team if potential need for intubation.



Intubation required

Intubation not required

Emergency Department Doctor	Emergency Department Nurse	Emergency Department Doctor	Emergency Department Nurse	Critical Care Doctor
<ul style="list-style-type: none"> • Arrange for immediate CT • Ensure coagulation screen, U&E, FBC sent • Begin documentation 	<ul style="list-style-type: none"> • Ensure monitoring is attached • Arrange porter • Contact NEAS and state: "This is a warning that we may require a priority Red 2 transfer within the next hour" (tel. 0191 4143144) 	<ul style="list-style-type: none"> • Arrange for immediate CT • Ensure coagulation screen, U&E, FBC sent • Begin documentation 	<ul style="list-style-type: none"> • Ensure monitoring is attached • Arrange porter • Insert a urinary catheter only if doing so will not delay CT 	<ul style="list-style-type: none"> • Intubate and ventilate • Optimise physiological parameters • Insert an arterial line only if doing so will not delay CT

****Ensure any life-threatening respiratory or circulatory issues have been managed appropriately****

Transfer for CT Head +/- Neck (NICE Protocol)
Images to be sent to RVI PACS

Acute, traumatic, time-critical lesion
or
Meets other criteria for transfer to Major Trauma Centre?



No

Management as per local guidelines
Contact neurosurgical registrar if the patient may require non-urgent transfer

Yes



Emergency Department Doctor	Emergency Department Nurse	Critical Care Doctor (If patient anaesthetised)
<ul style="list-style-type: none"> • Inform RVI Emergency Department Registrar (tel. 0191 2823994) of transfer • Inform Neurosurgical Registrar of transfer (tel. 0191 2823720). If not available within a reasonable timeframe do not delay transfer. • Complete required documentation • Discuss with the patient's family • Complete emergency department notes • Allocate suitably skilled staff to accompany patient 	<ul style="list-style-type: none"> • Complete required documentation • Insert a urinary catheter if not in-situ and patient is anaesthetised • Once on the Critical Care Transfer Trolley & ready for departure contact NEAS 0191 4143144 • "This is a Critical Care Transfer using the Critical Care Transfer Trolley requiring a R1 response. A paramedic crew is not required." to RVI Emergency Department (Adult Critical Care R1 Transfer Request Proforma available in NoECCN Website) 	<ul style="list-style-type: none"> • Insert an arterial line if not in-situ and take arterial blood gas measurement • Insert a central line only if requiring an infusion of vasoactive drugs or inotropes • Insert an orogastric tube • Prepare drugs, equipment and personnel for transfer • Begin transfer documentation • Inform RVI Critical Care Registrar of transfer (tel. 0191 2829999). If not immediately available do not delay transfer