

Management of Trauma Patient with GCS ≤13

- The care of patients on this pathway should be directed by a senior doctor
- All patients transfers must be approved by an EM consultant
- Management of any extra-cranial injuries should be as per existing protocols

Primary Survey
 (Document GCS, blood glucose, pupils)



****MANAGE life-threatening issues as per cABCDE****

Simultaneous initial management (no delay to CT scan)

- Coagulation screen, U&E, FBC, G+S
- Arterial line
- Urinary catheter
- Orogastric tube (if intubated)

Is this pathway appropriate?
 - Explanatory notes 4.3

No

Management as per local guidelines

Yes

Anaesthetics/ICM team review

If intubation required refer to local checklist and targets below (QR code)

Urgent CT Head +/- Neck
 Send images to tertiary centre



Pre-Transfer Checklist



NoECCN Transfer Guidelines

Acute, traumatic, time-critical lesion?
OR
 Meets other criteria for urgent transfer to Major Trauma Centre?
 - Explanatory notes 4.4 & 4.5

No

Management as per local guidelines. Inform neurosurgical team via referapatient.org

Yes



Target Physiological Parameters

Prepare for transfer to neurosurgical centre

- Contact neurosurgical team – JCUH: 07377 996322 or RVI (via switch): 0191 233 6161
- Complete referapatient.org (don't delay transfer)
- Inform receiving critical care team and receiving ED of transfer JCUH: 01642 850850 or RVI: 0191 233 6161
- Ensure family members are updated
- Prepare patient for transfer as per NoECCN guidelines (above QR code) and local NEAS critical care trolley
- Once patient is on critical care transfer trolley and ready for departure contact NEAS on 0191 414 3144 (Explanatory notes Appendix 3)

Head injury management

- 1 gram IV tranexamic acid within 3 hours of moderate head injury + 2nd dose (Explanatory notes 4.10)
- Aim for normothermia
- Levetiracetam first line For seizure management
- Maintain physiological parameters as per QR code