

Peninsula Trauma Network Traumatic Brain Injury

Date	Version
November 2013	V7

Purpose

Following the national introduction of Regional Trauma Networks, Major Trauma Centres (MTC's) are required to have a policy for the care of patients with traumatic brain injuries.

The purpose of this policy is to provide direction and guidance for actions from key individuals and organisations within The Peninsula Trauma Network to improve the patient pathway and ensure that patients are transferred to the definitive point of care as quickly and safely as possible.

Who should read this document?

Trauma Network Clinical and Governance Directors
 TU and MTC Clinical Leads for Major Trauma
 Trauma Team Leaders
 All Clinicians Transferring Patients to Specialist Centres
 Acute Trust Lead Nurses

Key messages

Accountabilities

Production	Mr I Grant
Review and approval	PTN Clinical Advisory Group
Ratification	PTN Executive Board
Dissemination	All PTN acute Trusts, South Western Ambulance Service NHS Foundation Trust, Devon Air Ambulance, Cornwall Air Ambulance, Search and Rescue Service.
Compliance	All Parties

Links to other policies and procedures

PTN Automatic Acceptance Policy
 PTN Ongoing Care Policy
 PHNT Neurosurgery Repatriation Policy
 PTN Rehabilitation Guidance

Version History

V7	Mr Iain Grant	PTN Clinical Director
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Last Approval	Due for Review

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1. INTRODUCTION/PURPOSE OF THE POLICY

- 1.1** Following the national introduction of Regional Trauma Networks, Major Trauma Centres (MTC) are required to automatically accept patients requiring treatment for major trauma injuries. The decision as to whether patients are potentially suffering from a traumatic brain injury will be made by clinicians in one of the Trauma Units or by Paramedics at the scene of the injury.
- 1.2** It is the purpose of this policy to ensure that patients with a traumatic brain injury get from the scene of their accident to the place of definitive treatment as quickly as possible. National guidance indicates that
- Patients within a trauma network requiring craniotomy for isolated brain injury should have this undertaken within 4 hours of injury (MTC09)
- This is based on the available clinical evidence and therefore it is imperative that transfer takes place at the earliest possible opportunity.
- 1.3** The purpose of this policy is to provide direction and guidance for actions for key individuals and organisations within The Peninsula Trauma Network to and improve the patient pathway and quality of care.

2. THE POLICY

- 2.1** The aim of this policy is to prevent unnecessary delays in the transfer of patients with traumatic brain injury within the Peninsula Trauma Network and acceptance of said patients by the Major Trauma Centre, by ensuring automatic acceptance of appropriate patients and rapid consultation for the remaining patients through either a single call to the trauma lead at the Major Trauma Centre or by discussion with the appropriate neurosurgical team.

3. APPLICATION: TO WHOM THIS POLICY APPLIES

- 3.1** This policy will relate to **all** patients from the Trauma Units within the Peninsula Trauma Network area following Traumatic Brain Injury, during the acute phase of their injury (within 24 hours of trauma).
- It does NOT apply to patients for whom specialist ADVICE from the tertiary services at the MTC is required, but where admission is not being requested.
 - It also does NOT apply to patients who are being transferred as tertiary referrals, direct to the speciality, outwith the initial 24 hour period.
- 3.2** This policy will apply only to secondary transfers from TU to MTC.
- 3.3** This policy applies to referring Trauma Units and the Major Trauma Centre. It is the responsibility of Plymouth Hospital NHS Trust staff to ensure that that this policy is followed from first contact by a Trauma Unit.
- 3.4** The policy will be implemented by personnel in ED, Intensive Care, The High Dependency Units, Specialist and General Wards.
- 3.5** The final responsibility for the implementation of this policy lies with the on-call Trauma Consultant who accepts the patient. Departure from the policy will have to be justified to the Medical Director with clear and compelling reasons. Any

departure from the policy must be documented in the patient notes or failing that, in a letter to the Medical Director.

4. THE PROCESS FOR TRAUMATIC BRAIN INJURY ACCEPTANCE

4.1 Patients who are identified in the Trauma Units as having a Traumatic Brain Injury who fulfil the agreed criteria for automatic transfer without consultation with a Neurosurgeon can be transferred direct to the MTC using the Automatic Acceptance Policy process. Where time is critical, patients can be dispatched to the MTC **prior** to the MTC Trauma Consultant being notified, although in general prior warning should be given where possible.

4.2 The following are the TBI criteria for automatic acceptance:

- Definite penetrating cranial trauma OR
- GCS <9 after initial resuscitation? AND
- Patient <70 yrs with haematoma AND
- Mass effect causing any midline shift?

All other Conditions should be discussed with either the MTC Trauma Consultant of the day or the Neurosurgeon/Neurosurgery Registrar on call.

- Between 08.00 – 24.00 ALL calls to go to the MTC duty trauma consultant.
- Between 24.00 – 08.00 ALL calls to go to the on-call Neurosurgery registrar.

4.3 If Neurosurgery registrar does not make a decision within 30 minutes, escalate to consultant and inform MTC consultant.

4.4 In cases of difficulty involve the MTC Trauma lead in discussions.

4.5 A Neurosurgical information proforma should be completed for all patients (Please attached copy)

- By MTC doctor for automatic acceptance patients
- By TU for those where NS opinion required
- Email to MTCClinicalReferrals@nhs.net “attention of trauma senior” and call as above to alert
- OR Fax to 01752 792513

4.6 If other injuries mandate transfer to MTC, the general Automatic Acceptance policy applies irrespective of TBI level (as with primary transfers from scene).

4.7 CT protocol should be according to local policy. 5mm slices are sufficient for a definitive neurosurgical opinion. <1 mm slices are needed for cervical spine. Consideration should be given to saving these investigations separately.

Rapid access to CT reduces process delay and should be the aim of all Trauma Units.

5. THE TRANSFER ARRANGEMENTS

5.1 Until 24/7 Trauma Consultant availability at the MTC, auto acceptance call will be to MTC senior doctor in ED Telephone **01752 245066**

- Trauma Consultant 0800-2359
- ED middle grade 2359-0800

5.2 For those Clinicians who require a Neurosurgical **opinion** they should continue to contact the on-call Neurosurgical Registrar via Derriford switchboard (0800 155 8155).

5.3 The transfer procedure must be carried out at Trauma Team Leader level

5.4 Derriford ED will inform Neurosurgery and Neuro ITU of impending patient arrival.

5.5 Transfers should be undertaken in accordance with the appropriate Network Transfer policy.

5.6 On arrival, the patient must be taken to the ED resuscitation room and trauma call procedures initiated.

5.7 Any referring hospital must also inform the Ambulance Service Coordination desk of the transfer and details of the patient. For patients who require urgent secondary transfer to the MTC the TU should phone **999** requesting an urgent/emergency transfer and the call will be given the same priority as all other 999 calls.

6. SUMMARY OF THE POLICY

6.1 The policy will ensure the appropriate acceptance of patients with traumatic brain injuries within the Peninsula Trauma Network from Trauma Units to the Major Trauma Centre.

6.2 It will ensure that all relevant parties are aware of their specific roles and responsibility, and prevent the acceptance and transfer of patients being delayed

6.3 The policy describes the pathway for the pre-Neurosurgical phase of care for the patient with a traumatic brain injury.

7. PRINCIPLES

7.1 This policy applies 7 days a week

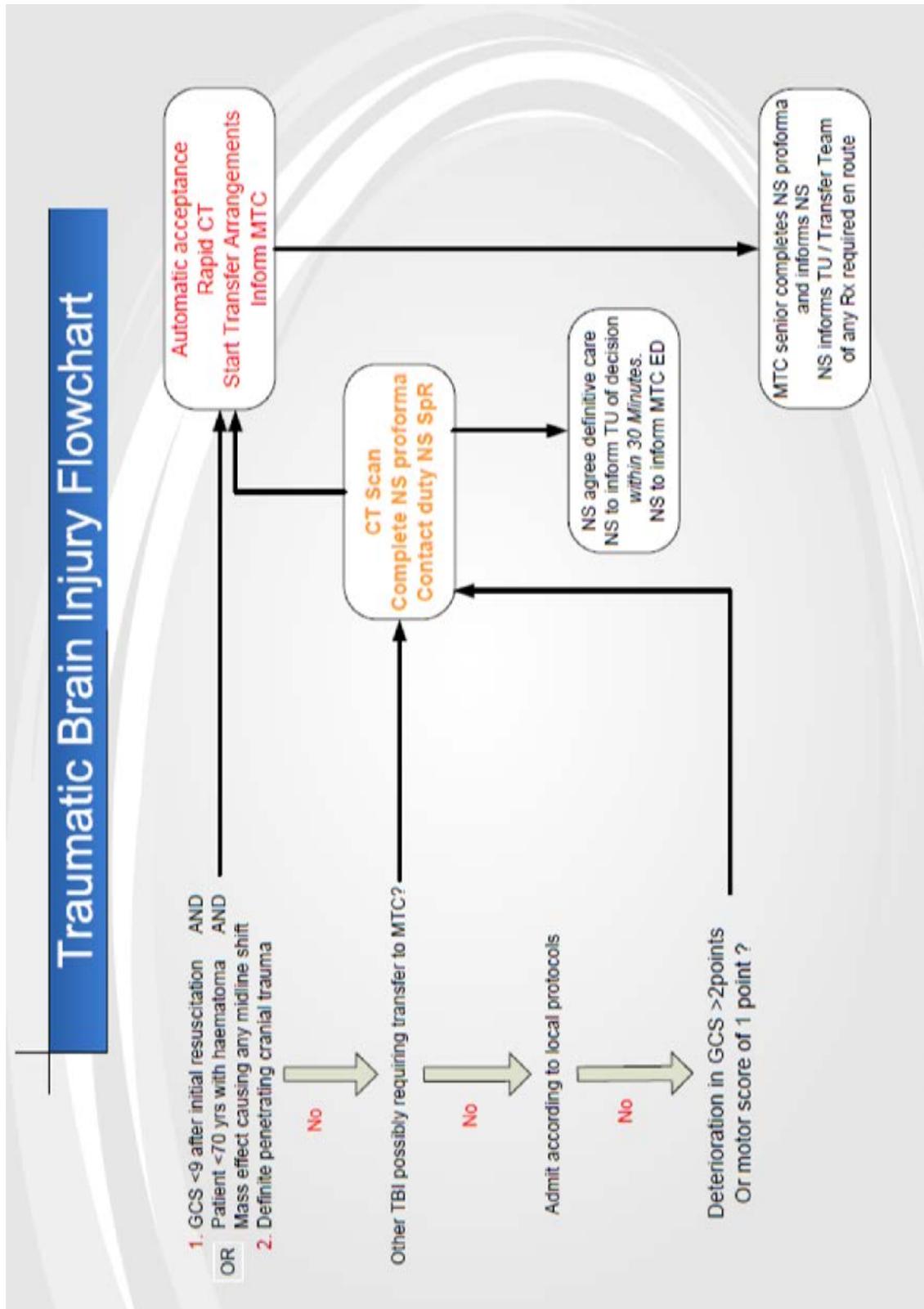
7.2 All relevant clinical information is to be given to the receiving Trust

7.3 The transfer of the patient is to be organised by the referring hospital, providing necessary escort arrangements, together with all necessary documentation including the Peninsula Trauma Network trauma patient record.

7.4 This policy should be read in conjunction with:

- The Peninsula Trauma Network Automatic Acceptance policy
- The Peninsula Trauma Network Ongoing Care policy
- The Peninsula Trauma Network Secondary Transfer policy

Appendix A



Appendix B



Peninsula
Trauma
Network

Plymouth Hospitals 
NHS Trust

Peninsula Major Trauma Centre – Neurological Referral Proforma.

Date	
Time	
Patient Name	
Birthdate	
PACS region/Hospital	Derriford
Ward/Location	
Referring Consultant	
Referring Doctor	
Contact number/bleep	
Patient NOK	
NOK contact number	
Date and time of injury	Date: Time:
History (please include mechanism etc. and any other significant findings eg headache, vomiting, seizures)	
GCS at scene	E4 V5 M6
PMHx/DHx/Relevant Family and Social Hx (Please include relevant details including aspirin/Warfarin etc. and whether any medical allergies)	
Current Examination (please include GCS, Pupil size and significant CNS/PNS findings and, if appropriate: bruising/swelling/palpable step on log roll, evidence of CSF leak, skull base fracture).	
Imaging/Investigation results (please include details of other injuries discovered)	
General Assessment (Temp, HR, RR, BP, SaO2/ABG)	
Current Management (Head injury, C-spine protection, Spinal injury, Other injuries)	
Transferring doctor	Name: Contact no:

Appendix C

Single Call Access Numbers:

MTC Switchboard 0800 155 8155

PHNT Trauma Consultant: 01752 245066

Ambulance Co-ordination Desk:

Blue light transfers	999
Non-blue light transfers	08456 020455