Major Trauma Automatic Acceptance Policy v03

OxTRAUMA   **TVTN**

There will be automatic acceptance to the Major Trauma Centre at the John Radcliffe Hospital for any of the injuries listed below:

POLY TRAUMA	• History of haemodynamic instability (consider DCS prior to transfer) • Visceral laceration/rupture and fractured long bone or pelvis or spine • Significant injury and injury requiring specialty care at MTC
NEURO	• Penetrating head injury • Head injuries with CT changes - _Prior to initiating transfer_ the images should be d/w Neurosurgery Registrar (01865 741166 - if not _immediately_ available contact Neurosurgery Consultant , Neuro ICU Registrar or Consultant)
SPINE	• Unstable spinal injury (any level) • Spinal injury with abnormal neurology • Open spine fracture
THORACIC	• Penetrating chest injury • 3 or more segment flail chest • Ruptured bronchus or diaphragm • Blood loss of more than 500ml immediately following insertion of chest drain or >250ml per hour for 3 hours (consider DCS prior to transfer) • Suspected aortic transection • Cardiac tamponade (consider DCS prior to transfer)
PELVIS + ACETABULUM	• History of haemodynamic instability (consider DCS prior to transfer) • Pelvic or acetabular fracture requiring surgery (open or displaced)

EXTREMITIES	• De-vascularised limb
	• Open fracture
	  ○ lower extremity
	    ■ ANY
	  ○ upper extremity
	    ■ likely to require soft tissue cover
	    ■ needs immediate debridement due to gross contamination of wound (including any marine, agricultural or sewage)

BURNS	• Multiple Injuries and burn injury

For any cases you wish to discuss, please call the John Radcliffe Hospital on

01865 741 166 Bleep 1240 (24/7)

Transfer to John Radcliffe Emergency Department

- Contact Ambulance Control (SCAS) - 0845 7395494 - Request "**Time Critical Transfer**"
- Please call 01865 765740 to notify JR ED of impending arrival
- Transfer images to JR MDT server and ensure documentation +/- blood/FFP accompany patient
- Arrange for appropriate **clinical escort** and **adequate fluid resuscitation to cover transfer**