Major Trauma Patient Pathway Emergency Department

https://www.edinburghemergencymedicine.com/mediconegallery

By: Noëlle Norberto MT Nurse Educator CC

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Hospitals receiving Trauma Patients (TP) generally have a set of specific guidelines, protocols and standard operating procedures (SOP) – these describe the pathway for these patients within their institution.

The Trauma Team:

- ✓ **Designated team that can be freed up from their duties to receive the patient**
- ✓ **All team members and team leaders must be competent to carry out their allocated role within the team**

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The process of trauma patient being admitted to ED:

Pre-hospital alert – informing ED that a severely injured patient is about to arrive

At this stage key decisions need to be considered

- **immediate advanced airway intervention**
- **massive transfusion**
- **other immediate life-saving interventions**

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Once this has been assessed, the trauma Team Leader can decide if:

- there is a need to deviate from the cABC response;

- if any specialised equipment is required;

- if an immediate operating room access is required

A team brief is then performed

https://medlaugh.com/product/emergency-department-extreme-team/

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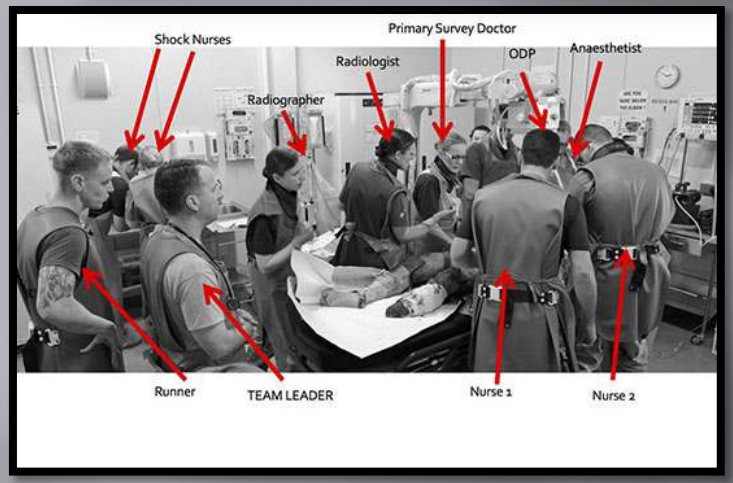

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Primary Survey

Starts immediately on the patient's arrival – identify and control any *immediate life threatening condition*

- **The ABCDE approach is used when assessing the patient**
- **ALWAYS assume that there is a c-spine injury until proven otherwise**

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CT scanning:

Patients who have sustained major trauma require a full body CT as soon as possible

https://www.fitzpatrickreferrals.co.uk/services/imaging/ct/

According to National Key Performance Indicators (KPI s) CT head should be performed up to 1 hour after admission, with a written report up to 1 hour after scan

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Analgesia:

https://traumainformedoregon.org/chronic-pain-and-disability-trauma-informed-care-in-pain-management/

All trauma patients should receive appropriate pain relief.

Primary survey concludes with a summary and a plan. The purpose is to collate all findings, review all measures taken up to that moment and establish an individual pathway for the patient.

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Time spent in the Trauma Bay should be minimal. Patients that require critical interventions such as Damage Control Surgery should be transferred at the earliest opportunity in a safe and controlled manner.

When time critical interventions are not required, the patient's resuscitation phase and secondary survey should be completed before transfer to the ward or ICU.

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References:

1) **European Trauma Course Manual 4th edition (pdf format)**

2) **https://www.stag.scot.nhs.uk/docs/2018/KPI-for-the-Scottish-Trauma-Network-V7-4.pdf**

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