the children's hospital at Westmead

TRAUMA PATIENT ADMISSION - CHW

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

- This guideline aims to standardise and streamline the process of Trauma admissions to The Children's Hospital at Westmead (CHW).
- This guideline will also mention the process for Transfer of care from Trauma to Sub-specialty team.
- This guideline includes information about Trauma Tertiary survey.
- A detailed description for trauma assessment (primary & secondary survey) & trauma call criteria is NOT within the scope of this guideline.

CHANGE SUMMARY

- N/A – New document.

READ ACKNOWLEDGEMENT

- Clinical staff involved in the admission of trauma patients to CHW include:
  - Emergency & PICU Department
  - Department of surgery
  - On call Sub-speciality consultants/surgeon, Fellow and Registrar (Neurosurgery, orthopaedic, plastics & rehab as required)
  - CHW Bed manager or After Hours Nurse Manager (AHNM).

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1st October 2021	**Review Period:** 3 years
Team Leader:	Clinical Nurse Consultant	**Area/Dept**: Trauma Surgery CHW

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1 Trauma Admission

- All trauma admissions that have had a trauma call activated **and** require an admission to any of the CHW wards are to be admitted under the ***Trauma Consultant on call*** for the day.
- A subspecialty team Consultant can be AMO2.
- After trauma assessment (primary & secondary survey) and any relevant investigations/reviews have been conducted by the multidisciplinary trauma team in the Emergency Department (ED), trauma patients will either be:
  - **Discharged from ED** - if no injuries are identified and the patient has been observed for a reasonable period of time as determined by the clinicians in consultation with the family

    OR
  - **Admitted to the ward or PICU** - directly or alternatively via radiology or the operating theatre.
- The PICU, ED, and Trauma teams will collaboratively decide the transfer destination for trauma patients with input from other subspecialties as indicated*.

***In the event of any uncertainty or disagreement about transfer destination, direct consultant to consultant discussion from these teams should occur.**

PICU Admission Criteria for Trauma patients

Three categories to consider for admission to PICU listed below with examples:

1. **Critically unwell patients requiring physiological organ support:**

- Non-invasive or invasive ventilation
- Haemodynamic support - vasopressor or inotrope requirement/ECMO
- ICP monitoring and management
- Dialysis.

2. **Patients at high risk for deterioration:**

- Injuries with high risk of serious complications e.g. high grade solid organ injury; multiple long bone fractures/soft tissue injury; unstable spinal fractures; sternal fracture; flail segment
- GCS <13 and/or potential for airway compromise
- Requirement for invasive blood pressure monitoring.

3. **Patients requiring intensive nursing and/or frequent medical review for other reasons**:

- Anticipated challenging or complex pain management
- Behavioural risks not able to be managed by a special on the ward
- High manual handling requirements.

2 Management plan and Handover

- All trauma patients require a documented management plan in their eMR before they leave ED to optimize patient safety, handover and continuity of care.
- The trauma and subspecialty teams attending to the patient are required to document their plans after seeing the patient in a timely manner.
- Trauma team leader or delegate's disposition eMR notes should cover the following:
  - Consultant/team the patient is admitted under
  - Investigations done, injuries identified & teams consulted
  - Management plan on transfer from ED
  - Vital signs/special observations (e.g. GCS, Neurovascular obs) review frequency
  - Ambulation/alerts
  - Diet
  - Spinal clearance and/or Team reviews/investigations pending.
- For patients that are transferred to PICU, ED trauma team leader or delegate is responsible for handing over care to the PICU team.
- For ward admissions, the admitting team's resident should review the patient within 2 hours of arrival to the ward –follow the *Between The Flags (BTF): Clinical Emergency Response System (CERS)* for any urgent issues.
- For Inter-Hospital trauma transfers please see practice guideline: *Inter-Hospital Trauma Transfer Guideline- CHW.*

3 Trauma Tertiary survey

Trauma Tertiary survey is usually completed at 24 hours post admission from ED by the admitting team. A modified trauma tertiary survey can be conducted for patients in PICU who are intubated. A quaternary survey should be completed once the patient is extubated and responsive.

Please use the Trauma Tertiary survey template located in *AdHoc under surgical service.*

4 Transfer of Care from Trauma to Sub specialty

The Trauma team will conduct a trauma tertiary survey, in single system injuries the care of the trauma patient will be transferred over to the relevant sub-specialty consultant.

For multi-system trauma patients, once a trauma tertiary survey has been done and major clinical issues are identified, the patient will be transferred to the most appropriate sub-specialty teams as AMO1 & AMO2. This will usually occur within the first 48-72 hours. This applies to trauma patients in PICU and on the wards.

The Trauma team can be contacted at any stage for clinical input post transfer of care.