Patient Pre-Alert

Major Trauma Centre Automatic Acceptance Policy

1. This policy will relate to patients from Trauma Units and Local Emergency Hospitals within The Severn Major Trauma Network area following major trauma

2. The Severn Major Trauma Network must accept all severely injured patients in a timely manner.

3. This policy applies seven days a week

4. Capacity constraints cannot be used over clinical priority to turn-down or delay patients

5. The final responsibility for the implementation of this policy lies with the on-call Major Trauma Consultant (Trauma Team Leader)

6. Transfer of the patient is to be organised by the referring hospital.

Introduction and Purpose of the Policy

Following the introduction of Regional Major Trauma Networks, Major Trauma Centres are required to have automatic acceptance of patients requiring treatment for major trauma injuries.

The purpose of this policy is to provide direction and guidance for actions from key individuals and organisations within The Severn Major Trauma Network to reduce the challenge and improve the patient pathway and quality of care. To do this it will:

- Ensure the automatic acceptance of trauma patients within the Severn Trauma Network from Trauma Units to the Major Trauma Centre
- Ensure that all relevant parties are aware of their specific roles and responsibility, and prevent the acceptance and transfer of patients being delayed
- Describe the procedure where capacity to accept severely injured patients is exceeded.

Application: To Whom This Policy Applies

This policy will relate to patients from Trauma Units and Local Emergency Hospitals within The Severn Major Trauma Network area following major trauma.
This policy applies to referring Trusts hospitals, Ambulance Trusts and local air ambulances. It is the responsibility of North Bristol NHS Trust staff to ensure that that this policy is followed from first contact by an outside agency.
The policy will be implemented by personnel in A&E, Intensive Care, High Dependency Units and General Wards.
The final responsibility for the implementation of this policy lies with the on call Major Trauma Consultant (Trauma Team Leader) who accepts the patient. Departure from the policy would have to be justified to the Executive On call 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 Director of Operations.

Principles

This policy applies 7 days a week.

All relevant clinical information is to be given to the receiving Trust.
The transfer of the patient is to be organised by the referring hospital, providing necessary escort arrangements, together with all necessary documentation including the Severn Major Trauma Network trauma patient record.

This policy should be read in conjunction with:

- The Severn Trauma Network repatriation policy
- SWASFT Major Trauma Triage Tool

Automatic Acceptance Process For Emergency Transfers

In the case of an emergency transfer the referring hospital must contact the on-duty Major Trauma Consultant (Trauma Team Leader) with details of the patient.
The referring hospital must also inform the Ambulance Service Coordination desk of the transfer and details of the patient.
The transfer procedure must be carried out at Trauma Team Leader level.
Full patient details including name of referring Trauma Team Leader to be recorded in the trauma booklet.
The Severn Major Trauma Network patient trauma record follows the patient to the receiving hospital.
On arrival, the patient must be taken to the resuscitation room and trauma call procedures initiated.

Capacity & Overflow Management

The Severn Major Trauma Centre has a duty of care to the population covered by The Severn Major Trauma Network and must accept all severely injured patients in a timely manner. Timely is defined as according to the urgency of transfer as defined by the Trauma Team Leader only.

The NBT Major Trauma consultant on call has responsibility for decisions regarding capacity and the ability to accept patients from the Severn Major Trauma Network and from outside the network.

Where there are problems with capacity in specific areas of NBT (such as critical care) to accept patients from the Severn Major Trauma Network, it is the responsibility of the affected unit/ department to inform the Major Trauma Consultant in a timely manner and to work together to resolve the situation expediently. Capacity constraints cannot be used over clinical priority to turn-down or delay patients.

If a request for patient transfer originates from a Trauma Unit within The Severn Major Trauma Network, it is the responsibility of the NBT Major Trauma Consultant to ensure that, if immediate major trauma centre care is not clinically required, then an alternative bed can be sourced in another Major Trauma Centre (in conjunction with the Ambulance Service Coordination centre).

The decision of whether a patient requires immediate major trauma centre care and therefore must be accepted is made by the Trauma Team Leader.
If no other Major Trauma Centre within a reasonable travel time can accept the patient in a timely manner the North Bristol NHS Trust must accept the patient.

Pre-Hospital Blood Transfusion

1. Several prehospital teams routinely carry packed red blood cells and/or fresh frozen plasma or lyoplas.

2. **The majority of patients receiving prehospital blood transfusion will need further blood and blood products on arrival in the Emergency Department.**

3. All patients who have received prehospital blood transfusion will arrive wearing specific wrist bands for traceability. The patient identifier should be used for all pathology and imaging requests.

4. The prehospital team should provide a pre-transfusion blood sample; this will be sent using the pod system to the transfusion laboratory. 2 further crossmatch samples should be drawn and sent in the usual way.

Background

Great Western, Wiltshire and Dorset & Somerset Air Ambulance teams routinely carry blood products and will perform prehospital blood transfusions when required.
Each Air Ambulance carries 2 units packed red blood cells. They will in the future also carry fresh frozen plasma or lyoplas.

In the event that a patient who has received a pre-hospital blood transfusion is transferred to your hospital:

- Prior to arrival, you will receive a pre-alert (ATMIST) clearly stating that prehospital blood transfusion has been given.

- Any patient receiving prehospital blood will have a unique patient identifier (hospital number, name and date of birth) allocated to them in the prehospital phase. This will not be the patients actual name or date of birth. The unique identifier allocated in the prehospital setting should be used for all imaging and laboratory requests.

- The trauma team leader should confirm the unique prehospital identification number at the time of the ATMIST call: i.e before the patient arrives in the Emergency Department : this will facilitate use of the correct number for pre-requesting laboratory and imaging investigations.

- **The majority of patients who receive prehospital blood product transfusion will require additional blood on arrival in the Emergency Department.**

- The prehospital patient identifiers and the actual patient details will be merged by the admissions team once the patient arrives at the location of definitive care. The prehospital team will provide blood transfusion specific accompanying documentation.

- On arrival, a pre-hospital Group & Save blood sample will be handed over; please assist the prehospital team to ensure the prehospital pre-transfusion blood sample is sent to the transfusion laboratory as quickly as possible. The South West Ambulance Service Prehospital Blood Transfusion SOP would normally expect this to be done using the pod system.

Unique pre-hospital identification (compatible with NBT computer systems)

On wristbands, paperwork and pre-transfusion blood sample you will find unique prehospital identifiers.
Hospital No: Unique 7 digit number (6139XXX) – compatible with NBT computer system
Surname: HEMS00001, HEMS00002 etc.
First name: Unknown
Date of Birth: 01-Jan-1900
The above information should have been passed to the trauma team leader with the initial ATMIST report. All imaging and laboratory requests should be requested using these details.
Even once the patient details are known, the prehospital identifiers and all associated investigations should continue to be used until the patient arrives at the location of definitive care e.g. Intensive Care, at which point the prehospital identifiers will be merged with the known patient details and all linked investigations and results will be transferred to the identified patient.

Documentation

The following documentation will arrive with the patient: the prehospital team are responsible for ensuring it is correctly completed and copies lodged with the trauma team:

- Pre-hospital Blood Transfusion Record (includes prescription)
- Blood Compatibility Form
- Group & Save Request Form (with sample)
- SWAST Patient Care Report (PCR or electronic Patient Care record)

ATMIST Handover

1. The ATMIST approach should be used to hand over all trauma patients

2. The program in appendix B (page 232) must be used to record the pre-alert for all major trauma patients.

3. All details on the proforma should be completed

Background

- The mnemonic ATMIST a method of clinical handover between pre-hospital and hospital teams
- It offers a structured format for handover and its aim is to improve communication with emergency departments when pre-alerting and upon arrival of a trauma patient.
- The ATMIST handover is expected to take less than 60 seconds

ATMIST

An ATMIST pre-alert is expected in the following circumstances:

- Any patient triaged as major trauma by the 'Major Trauma Triage Tool' – see Appendix A (page 231)
- Any patient where the trauma team is required outside the 'Major Trauma Triage Tool' criteria e.g. specific clinical concerns.

Upon receipt of an ATMIST pre-alert, the hospital team should record the handover on the ATMIST handover proforma sticker – see Appendix B (page 232).

Upon arrival of the patient in the emergency department, an ATMIST approach should again be performed to handover clinical information.

Special Circumstances

Pre-hospital Blood Transfusion

- If the patient has received a prehospital blood transfusion this should have been clearly stated during an ATMIST pre-alert.
- During this ATMIST pre-alert, the trauma team leader (TTL) should confirm the unique pre-hospital identification number (ie. Before arrival of the patient in the emergency department) – this will facilitate use of the correct number for pre-requesting laboratory and imaging investigations.

AGE (INCLUDING PATIENT NAME IF KNOWN)

TIME OF INCIDENT

MECHANISM OF INJURY

INJURIES

SIGNS – VITAL SIGNS

TREATMENT SO FAR

ETA, mode of transport (land vs air), specialist resources required on arrival?

References

1. SWAST CG 05 – ATMIST Patient Pre-alert and Handover System – 01/02/2013 – Clinical Guideline https://www.swast.nhs.uk/Downloads/Clinical%20Guidelines%20SWASFT%20staff/CG05_ATMIST_Patient_Pre-Alert.pdf

2. SWAST CG 24 – Trauma Care: Accessing Trauma Services – 17/03/2017 – Clinical Guideline https://www.swast.nhs.uk/Downloads/Clinical%20Guidelines%20SWASFT%20staff/CG24_Trauma_Care_Accessing_Services.pdf

Inter-Hospital Transfer of Adult Major Trauma Patients

1. Patients likely to require transfer should be identified early in their Emergency Department admission to facilitate time-efficient transfer.

2. In cases where uncertainty exists, early communication with the Trauma Team Leader (TTL) at North Bristol NHS Trust (NBT) is encouraged.

3. Resuscitation and stabilisation of the patient should occur in parallel with preparation for transfer

4. A dedicated team member should prepare and verify correct functioning of all transfer equipment & drugs

5. Referral to the TTL at NBT should occur in parallel with patient preparation where possible.

6. The senior clinician caring for the patient should make this call, not necessarily the person undertaking the transfer.

7. Critically ill patients undergoing inter- and intra-hospital transfer should be accompanied by two trained, competent and experienced staff.

8. Ensure all radiology is electronically transferred to NBT so that it is available as the patient arrives at the MTC.

9. The default location for reception and handover will be Emergency Department Resuscitation area at NBT.

10. A formal handover must occur between the transfer team and receiving team Consideration should be given to using the SBAR or ATMIST structure.

11. All transfer documentation should use SWCCN documentation available in all trauma units.

Introduction

Adult major trauma patients presenting to Trauma Units within the Severn Major Trauma Network (MTN) frequently require inter-hospital transfer to facilitate specialist treatment at the Major Trauma Centre. National guidance from the Intensive Care Society [1] and Association of Anaesthetists of Great Britain and Ireland [2] has been used to create regional guidelines for all critical care transfers within the South West Critical Care Network (SWCCN) [3], the northern section of which corresponds to the Severn MTN.

These MTN guidelines should be read in combination with the SWCCN 'Guidelines for the inter- and intra-hospital transfer of critically ill adult patients'. Standards for training, equipment, clinical governance, accompanying personnel and risk assessment, monitoring, safety, documentation and handover are all described and not repeated in this document.

Purpose of This Document

These guidelines:

- Apply primarily to the safe transfer of level 2 and level 3 critically ill adult major trauma patients
- Aim to ensure that transfer of these patients occurs with minimal risk and in the best interests of the patient
- Provide an easy-to-follow flow chart to facilitate safe and time-efficient transfer

Transfer Decision-Making

The Severn MTN guidance on patients requiring specialist treatment in the Major Trauma Centre should be followed. Patients likely to require transfer should be identified early in their Emergency Department admission to facilitate time-efficient transfer. Patients who meet SWAST Major Trauma Bypass criteria will almost all require transfer. In cases where uncertainty exists, early communication with the Trauma Team Leader (TTL) at North Bristol is encouraged.

Preparation for Transfer

See Appendix E for additional information (page 251)

- Identify patient requiring transfer on admission or as soon as practicable

- Resuscitation and stabilisation of the patient should occur in parallel with preparation for transfer
    - Care should be taken to ensure patients are safe to transfer (some patients requiring transfer may be unstable)
    - Unnecessary interventions that add time delay should be avoided where possible. e.g. arterial access is rarely essential but frequently delays transfer.
    - Ensure all tubes, lines drains etc are well secured, protected and attempt to minimise the risk of displacement during transfer.
    - A dedicated team member should prepare and verify correct functioning of all transfer equipment (including standard monitoring, portable ventilator, infusion pump(s), transfer bag, and drugs and emergency / rescue medications).
    - Prepare SWCCN transfer documentation (available in every Emergency Department)
- Contact TTL at North Bristol; this should occur in parallel with patient preparation where possible. The senior clinician caring for the patient should make this call, not necessarily the person undertaking the transfer itself.

- The senior clinician caring for the patient should should then contact South Western Ambulance Service NHS Foundation Trust (SWAST) via the 999 service.

Patients requiring a time critical transfer and specialist treatment as part of the MTN will receive an "time critical" 8 minute response from SWAST [4]. Some patients are not time critical but require "immediate" ambulance attendance within 30 minutes of the call. Very few patients are expected to be suitable for "urgent" 1-4 hour response.

The person making the call will require the following information (see Appendix F, page 252)

- Type of transfer: Major Trauma Transfer
- Urgency of response: time critical (8 minutes), immediate (30 minutes), urgent (1-4 hours)
- Patient location [exact location within hospital]
- Receiving hospital and department
- Whether a paramedic vehicle is required. Most level 2 and 3 transfers are accompanied by 2 non-ambulance service escorts, so there is no absolute requirement for a paramedic crew which may speed up the response.
- Details of escort(s) being provided (for instance, doctor and nurse)
- Patient's current condition (anaesthetised, etc)
- Medical devices being transported (ventilator, monitor, syringe pump(s), etc)

Package patient on ambulance trolley

- The patient must be secured to the trolley (ask ambulance crew for help)
- Pay attention to lines, tubes and drains to ensure their safety; these should be secured, protected and risk of blockage, displacement and removal minimised.
- Ensure monitor, ventilator and infusion pump(s) are securely fastened to the trolley
- Ensure patient's dignity is protected and pay attention to temperature management

On departure update TTL with estimated time of arrival (SWAST crew are able to estimate this)

Ensure all radiology is electronically transferred to North Bristol NHS Trust so that it is available as the patient arrives at the MTC.

Selection of Transport Mode

The SWCCN expect the majority of inter-hospital transfers to be undertaken by road. Within the Severn MTN, air transportation of patients will very rarely be quicker than road transportation except in exceptional circumstances.

Accompanying Personnel

Critically ill patients undergoing inter- and intra-hospital transfer should be accompanied by two trained, competent and experienced staff.

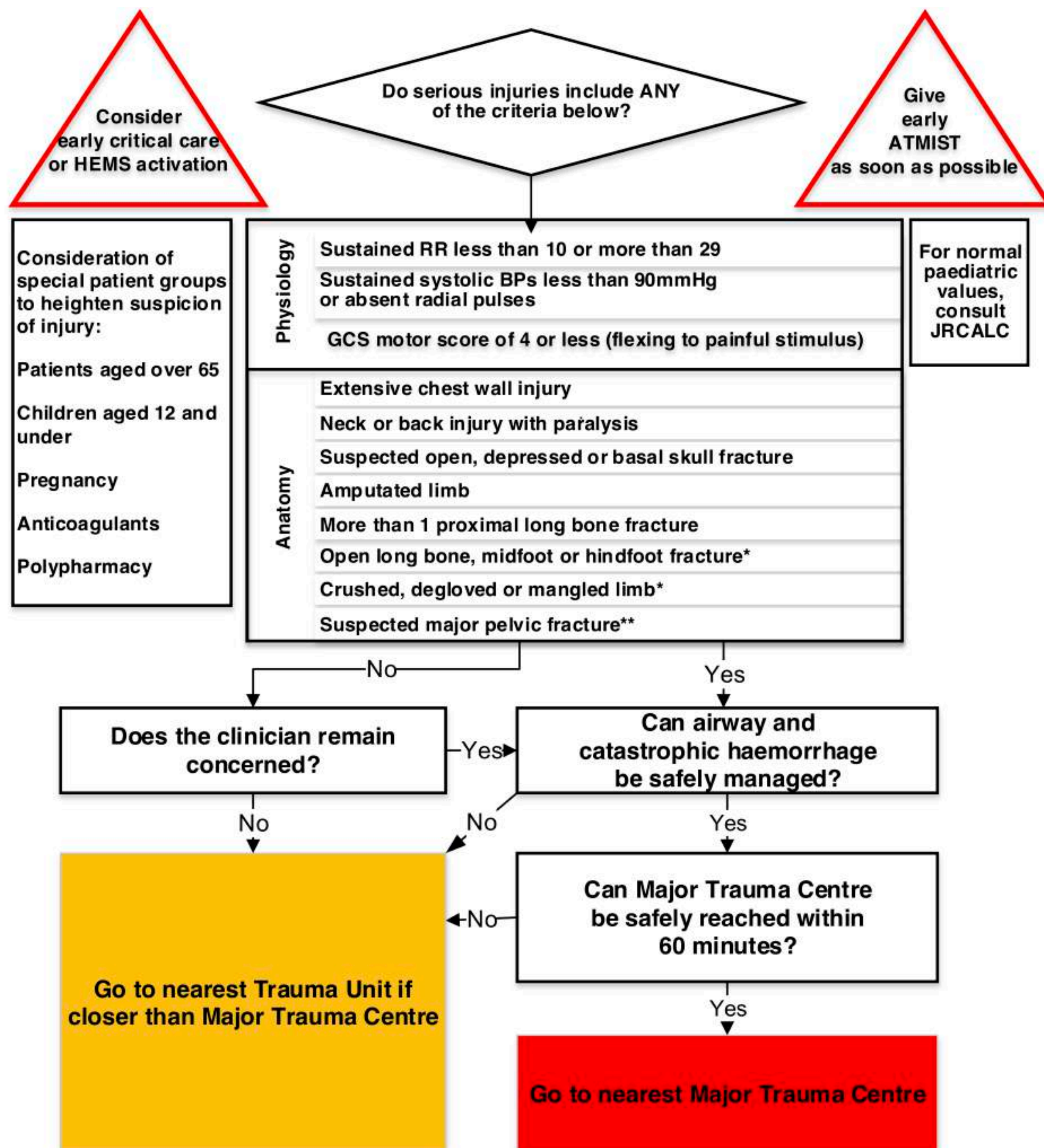
The majority of adult major trauma patients requiring inter-hospital transfer will be level 2 and 3 patients with significant risk of deterioration, who require a nurse (or other registered healthcare professional) and medical escort (with the medical practitioner being from an anaesthetic or intensive care medicine background).

Reception and Handover

The default location for reception and handover will be Emergency Department resuscitation area in Southmead Hospital. If an alternate location (such as theatres) is required, this will be clearly stated by the TTL and arrangements made for the patient to be met on arrival so the transferring team do not get lost.

A formal handover must occur between the transfer team and receiving team led by the TTL. Handover should be structured and concise. Consideration should be given to using the SBAR or ATMIST approach alongside written documentation.

Appendix A - Major Trauma Triage Tool



*Open fractures require treatment in a specialist orthoplastics centre within 6 hours of injury. If this is the only injury, consider contacting the MTC (or Salisbury ED if in Wessex Network area, RD&E in East Devon) for discussion of direct transport to orthoplastics.

** Suspected major pelvic fracture, where mechanism of injury is suggestive of a pelvic fracture AND is accompanied by any one or more of the following:

- Haemodynamic instability/signs of shock
- Deformity on examination
- Suspected open pelvic fracture due to bleeding PU, PV or PR (or scrotal haematoma)

Appendix B - Major Trauma Phone Calls

PRIMARY / SECONDARY

TRAUMA TRIAGE TOOL

Physiology	Sustained RR<10 or >29
	Sustained SBP<90mmHg / absent radial pulse
	GCS Motor score<=4
Anatomy	Extensive chest wall Injury
	Neck or back Injury with Paralysis
	Suspected open, depressed or basal skull fracture
	Amputated limb
	More than 1 proximal long bone fracture
	Open long bone, midfoot or hindfoot fracture
	Crushed, degloved or mangled limb
	Suspected pelvic fracture with: • Haemodynamic instability / signs of shock • Deformity on examination • Open fracture – PU. PV / PR Bleeding / scrotal haematoma
Clinician Concern	
High risk groups	• Age >65 • Pregnancy • Anticoagulants • Polypharmacy

Date__________ Time _________

Location: ________________________________
(Prehospital / Hospital name)

Name: ___________________________________
(HEMS Name if blood given)

Age__________ Time of Incident:_________

Mechanism

Injuries suspected / Confirmed

Signs/Symptoms

Treatment Given

Team Activation:_____________________________
(full/TTL/other)

Call Taken By:_______________________________