



14/01/2025

Dear Colleagues

New Trauma Triage tool launch

Following fantastic cross network regional working groups SWAST has collated and created a new trauma triage tool which is having a soft launch this month (January 2025).

Why change

The current major trauma triage tool was revised during Covid19. The healthcare landscape is a very different place and all organisations continue to learn and develop. Its important to implement this learning.

What are the main changes

1. The new tool removes the word 'Major' from Trauma triage tool; The rationale being that it is often unclear in the acute stages of injury pathology the severity that will develop. By making clinicians think '*is this medical or trauma*' we hope to maintain a high index of suspicion regardless of initial presentation to truly assess patients with criticality.
2. Extremes of age; The unique and varied presentations of those at extremes of age are impossible to consider fully enough in a written tool. As such the expectation, where an obvious direction of care need is lacking is to seek senior support from the SWAST Critical Care Advice Line (CCAL, formally MTRAL). The CCAL clinician is responsible for the decision at the time and will direct the destination (potentially in conjunction with a hospital clinician).
3. Holistic care approach; While patients who clearly require MTC or TU care are simpler they are arguably the minority, with a significant proportion of trauma patients sitting in the middle space. While this tool seeks to reduce the 'grey' in the middle it also embraces this. Seeking to explore the holistic patient need through senior clinical advice and discussion rather than blind algorithmic work.

Soft launch?

As with all new guidelines change takes time to embed. Therefore we will be encouraging the use of this new tool immediately, the old tool will be removed from the JRCALC app, however sadly due to an IT issue the old tool will remain on the ePCR system for a little longer. The ePCR is not a guidance or reference document and often completed retrospectively following trauma patients. SWAST staff will be advised to use the new tool on their guidance app and not the ePCR, however if you feel a decision has been made

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incorrectly, or utilising the old tool please encourage the SWAST clinician to contact the Critical Care Advice Line.

Feedback

Feedback is always important with any new guidance. In the first instance this is best shared within your trauma network and then shared with SWAST. While SWAST have coordinated and penned this document each of the trauma networks have been authors to it to ensure a coordinated system wide approach to how care for these patients.

Yours faithfully

The Enhanced and Critical Care leadership team in SWAST.