



# Standard Operating Procedure

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Title	Trauma Advice Line
Author	Christian Wiggin: Specialist Lead Critical Care
Approved by	Philip Cowburn: Acute Care Medical Director
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## 1.0 **Scope**

- 1.1 This standard operating procedure outlines the operation and utilisation of the Trust's Remote Trauma Advice Line system. This SOP must be read in conjunction with SOP C16 Telephone Advice.

## 2.0 **Responsibility**

- 2.1 The Acute Care Medical Director is accountable for providing medical oversight of the remote Trauma Advice Line.
- 2.2 The Specialist Lead-Critical Care is responsible for the operation of the Remote Trauma Advice system and monitoring the decision log
- 2.3 Members of the remote Trauma Advice Line are responsible for fulfilling the requirements of this SOP.
- 2.4 Hub Clinicians within the Clinical Hub are responsible for providing first line clinical advice, and for referring appropriate incidents to the Remote Trauma Advice Line.
- 2.5 All clinical staff are responsible for requesting major trauma and hospital destination
- 2.6 The Specialist Paramedics – Critical Care Lead is responsible for coordinating the 24/7 Trauma Advice Line to ensure that cover is provided for the duration of the COVID19 Pandemic.
- 2.7 The Trust will hold corporate liability for any decisions made by the Trauma Advice Line clinicians

## 3.0 **Introduction**

- 3.1 During the COVID19 Pandemic the Trusts response to Major Trauma will be affected with Critical Care resources stretched and the capacity of Intensive Care Units and Emergency Departments at Major Trauma Centres (MTCs) likely overwhelmed. In anticipation of such an event the Trust have reviewed the Major Trauma Bypass tool in an attempt to ensure only the patients that really need access to an MTC are sent.
- 3.2 Part of this Major Trauma Triage Tool includes the requirement of any clinician managing major trauma (with the exception of Enhanced or Critical Care Teams) to contact the Remote Trauma Advice Line in order to gain advice about the management of patients and also to seek guidance on the appropriate destination of these patients.
- 3.3 All clinicians managing patients suffering from major trauma must contact the Trauma Advice Line



- 3.4 Only patients referred to the MTC by the Trauma Advice Line will be admitted into the MTC.
- 3.5 If a clinician is uncertain whether their patient is appropriate for an MTC then they can contact the Trauma Advice Line for a clinical discussion
- 4.0 **Rota**
- 4.1 The Remote Trauma Advice Line will be covered by Specialist Practitioners – Critical Care with a minimum of 1 years post qualification experience.
- 4.2 The Trauma Advisor will fulfil a 24/7 rota, commencing at 07:30 and ceasing at 07:29 the following morning. Whilst the normal on-call period will be 24 hours, multiple periods may be covered at the discretion of those on the rota.
- 4.3 During the on-call period, the clinician must be immediately available for verbal advice; contactable by either mobile telephone or Airwaves radio.
- 4.4 The SPCC Lead for the Trauma Advice Line will be responsible for ensuring any gaps in the rota are covered.
- 5.0 **Function of the Trauma Advise Line Clinician**
- 5.1 The Remote Trauma Advice Line has been developed to provide the following;
- Access to experienced trauma specialists for advice on the management of major trauma patients at the scene.
  - The single point of contact to refer patients to the appropriate MTC.
  - To improve patient care and help support the anticipated high demand on Emergency Departments and Intensive Care Units in MTCs during the COVID19 pandemic.
- 6.0 **Referral of Major Trauma Centres to MTCs**
- 6.1 The Trauma Advice Line clinician will be the sole point of contact between the clinician managing the major trauma patient and the MTC
- 6.2 The Trauma Advice Line Clinician will be the only clinician who can refer major trauma patients directly to the MTC Trauma Team Leader
- 6.3 The Trauma Advice Line clinician will have 24/7 access to a remote Pre-Hospital Specialist Trauma Team Leader (Consultant) for referral advice if required.
- 7.0 **Contacting the Trauma Advice Line**
- 7.1 Direct Access by Road Clinicians



The Lead clinician managing the patient who has sustained major trauma is responsible for contacting the Remote Trauma Advice Line as soon as possible to seek guidance on patient management and request access to MTC/seek guidance on appropriate receiving hospital

## 7.2 Direct Access by Clinical Hubs

In the unusual situation whereby the road clinician cannot contact the Trauma Advice Line directly the hub will contact the Trauma Advice Line and supply contact details of the road clinician.

## 7.3 Urgent Advice (Required immediately from scene)

### 7.3.1 As soon possible after identifying a potential major trauma patient requiring admittance to a MTC;

**Contact the Remote Trauma Advice Line on:**

**0300 369 0510**

*Provide:*

1. Call sign, name and location
2. Reason for Call (Referral to MTC OR Trauma Management Advice)
3. Standard ATMIST

## 7.4 Unanswered Trauma Advice Line

7.4.1 If the call is not answered, messages must not be left on answerphones. Contact the Clinical Hub and, if requesting referral to MTC, start making progress toward closest MTC, if within 60 minutes and Trauma Triage Tool indicates patient is appropriate for MTC. Contact the MTC en-route and provide an ATMIST pre-alert.

7.4.2 Control to contact Trauma Advice Line with the road crews contact details at the earliest opportunity. Trauma Advice Line then contacts the road crew directly using a recorded line;

- Dial 01202 894003. You will then hear a normal dialling tone.
- Dial the number you require as normal.
- Inform the person you are calling that the line is recorded.



7.4.3 If the recorded line is not available use the airwaves handset point to point. This is a last resort as it is not recorded. Details of the conversations made using this process must be logged and recorded in the decision log.

7.4.4 Any incident where contact cannot be made with the Trauma advice Line following the above process should be recorded via the Trust Datix tool and reported to the Specialist Lead Critical Care.

## **7.5 Trauma Advice Line Actions on receipt of call**

### **7.5.1 For Referrals to MTC**

- Document all details given including time and date
- Make a decision as to whether the clinician is appropriate to be transferred to the nearest MTC based on the Trauma Triage Tool and clinical discretion
- Inform crew of decision, Options will most likely be to progress to nearest MTC OR progress to nearest Trauma Unit. End call to crew.
- If patient is appropriate for MTC then contact the Trauma Team Leader of receiving unit and refer patient using the ATMIST pre-alert. The crews ETA and possible clinical recommendations on arrival may also be given if appropriate. E.g. the requirement for blood/RSI. The call is then ended.
- The Trauma Advice Line then contacts the HEMS desk to log the decision and incident details.
- An incident number and times are then received from the HEMS desk. The call is then ended.
- The Trauma Advice Line Clinician will, as soon as practicable, update the Trauma Advice Line decision log on the S:Drive.
- If the incident had any relevant features that need escalating/discussing, the Trauma advice Line clinician can, at any time, contact the on-call Top Cover Specialist Consultant.
- If top cover is called this must be noted on the decision log and a note may be made to discuss further
- If Airwaves is not available the recorded line facility may be used to call a standard phone:

### **7.5.2 Referrals to Trauma Units.**



Referrals to Trauma Units do not need to be made by the Trauma Advice Line unless requested by the road crew.

## 8.0 **Documentation**

As described Advice and decisions must be recorded by the Trauma advice Line clinician in the decisions log on the shared S:Drive

## 9.0 **Top Cover**

The Trauma Advice Line will have direct, 24/7 access to a Specialist Pre-hospital critical care consultant who will act as 'top-cover' and support any difficult decision making. They can be contacted as appropriate at the discretion of the Trauma Advice Line clinician.

## 10.0 **Governance**

- 10.1 The Decision Log will be reviewed weekly by the Specialist Lead – Critical Care. Trends in decision making will be noted
- 10.2 The MTCs and Trauma Units will report back to the acute Care medical Director or via the Trauma Networks to the Specialist Lead Critical Care any issues that arise. They will be reviewed by the Specialist Lead Critical Care and the Acute Care medical Director and amendments to the SOP considered.
- 10.3 All Trauma Advice Line will be invited, and expected to attend, the quarterly Trauma Review Group in order to discuss issues, review pertinent cases and monitor decision making trends.
- 10.4 The Trauma Advice Line Decision log will be made available to the Trauma Networks for the Annual Peer Review. Therefore it must contain no patient identifiable information.