

Publication: Criteria for diverting specialist trauma to Major Trauma Centres (hand / eye / musculoskeletal)
Description: Consideration of directing specialist hand, eye or musculoskeletal trauma to an MTC
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Purpose

This guide provides confirmation of the pathway for hand, eye and musculoskeletal trauma for the Midlands Trauma Networks.

Scope of the document

This is to be used by all units and pre-hospital providers who are aligned to the Midlands Trauma Networks to ensure that all staff are aware of the correct pathway for hand, eye & musculoskeletal trauma.

Introduction

This type of trauma case below is considered specialist trauma and will benefit from direct admission to a Major Trauma Centre (MTC) even though they do not trigger the major trauma triage tool.

This applies to the Major Trauma Centres:
Birmingham Children's Hospital
University Hospital Birmingham
Royal Stoke University Hospital
University Hospital Coventry and Warwickshire

Principles

Hand Trauma

Transfer suspected open fractures of the hand, wrist, or toes to nearest Trauma Unit (TU) unless there are pre-hospital triage indications for direct transport to a major trauma centre.

1. Any patient with traumatic amputation of arm, forearm, hand, fingers.
2. Does not include amputations of fingertips (distal to distal interphalangeal joint).
3. Consider cervical spine immobilisation if high amputation/avulsion of upper arm.

Eye Trauma

- 1 Eye injuries associated with major trauma cases should go to the nearest MTC.
2. Isolated eye injuries should be taken the nearest ED for assessment.

Musculoskeletal Trauma

1. Open fractures of the long bone (in this context femur, tibia, and humerus), hindfoot or midfoot, for orthoplastic care.
2. Fractures or dislocations with bone protruding out of skin.
3. Fractures with loss of skin greater than the size of a credit card.
4. Absence of pulses or compromise in capillary refill distal to a suspected fracture that does not rapidly recover once the limb is reduced into anatomical alignment.
5. Severe soft tissue damage to limbs with or without fractures.

Do not irrigate open fractures of the long bones, hindfoot or midfoot as it may force contamination deeper into the bone or tissue.

Gross contamination may be removed from the wound using gloved fingers. E.g., removing lumps of mud, or plant material. Document the nature of the contamination, as contaminants may be drawn inside following realignment.

Take a photo of the wound prior to dressing.

Use a saline soaked-soaked dressing covered with an occlusive layer for open fractures.

The above has been discussed and approved by the Midlands Trauma Performance and Quality Board who sit within the Midlands Trauma Network structure.