



To: **All Clinical Staff**  
Date: **19 May 2023**  
Document Number: **CN/525**

## **Criteria for diverting specialist trauma to Major Trauma Centres- Reissued**

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This supersedes the former Clinical Notice CN365 (in particular the updates to isolated eye injuries).

The types of trauma cases listed below are 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. The Regional Trauma Desk should be contacted regarding these cases.

This applies to Birmingham Children's Hospital, Queen Elizabeth Hospital Birmingham, Royal Stoke University Hospital and the University Hospital Coventry and Warwickshire Major Trauma Centres.

### **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.**



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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.

#### Hand Trauma

1. Any patient with traumatic amputation of arm, forearm, hand, fingers. Does not include amputations of fingertips (distal to distal interphalangeal joint). 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.

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Review Date: [May 2024](#)