

Network(s)	
Midlands Trauma Networks	
Publication:	
Document name: Criteria for diverting Musculoskeletal trauma to Major Trauma Centres	
Document purpose: The considerations for this type of trauma and if it would benefit from direct admission to a Major Trauma Centre (MTC).	
Author: Midlands Trauma Networks	
Publication date: March 2018	Date reviewed:
Review due date: March 2020	Ref No. 41
Target audience: Major Trauma Centres, Trauma Units, Local Emergency Hospitals, West Midlands, East Midlands, North West Midlands Ambulance Services	
Superseded document(s):	
Action required: Dissemination to MTC, TU, LEH personnel for action. Dissemination to Ambulance Provider Representatives for information.	
Contact details for further information: Midlands Critical Care, Trauma and Burns Networks 15 Frederick Road Birmingham B15 1JD	
Document status: The controlled copy of this document is maintained by the Midlands Critical Care & Trauma Networks. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.	

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

Musculoskeletal trauma

Transfer the following major long bone injuries (in this context femur, tibia and humerus) or open fractures of the hindfoot or midfoot directly to a major trauma centre for orthoplastic care.

1. Fractures or dislocations with bone protruding out of skin.
2. Fractures with loss of skin greater than the size of a credit card.
3. 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.
4. 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.

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

Take a photo of the wound using the EPR tablet prior to dressing.

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.