**Criteria for diverting specialist trauma to Major Trauma Centres**

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.

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 maybe removed from the wound using gloved fingers. E.g. removing lumps of mud, or plant material. Document the nature of the contamination, as contaminates 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.

**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. Chemical burns to the eyes are always part of severe facial chemical skin burns. Specialist irrigation and expert care is available at QE and BCH EDs for both the eyes and the rest of the face.
3. **Isolated** eye injuries should be taken to a specialist eye hospital where practicable, in the West Midlands region these are:

The Birmingham Midland Eye Centre, City Hospital NHS Trust, Dudley Road, Birmingham, West Midlands, B18 7QH

Victoria Eye Unit, The County Hospital, Union Walk, Hereford, Herefordshire, HR1 2ER

**All the above cases should be discussed with the Regional Trauma Desk on 01384 215696 or ARP channel 282**

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Approved by Medical Director

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