**Worcestershire Acute Hospitals NHS Trust Adult Traumatic Head Injury Pathway**

**December 2022**

**Arrange URGENT blue light transfer to Queen Elizabeth Hospital Birmingham (QEHB)**

Immediately contact the Regional Trauma Desk on 01384 215695 to initiate a hyperacute transfer

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Patient triggered on Stage 1 or 2 of the WMAS Major Trauma Triage Tool, but stopped-off at the TU for airway support (RSI and intubation)

Clinically significant head injury ***or***

CT scan demonstrates clear need for neurosurgical intervention

**Urgent discussion with Neurosurgery at Queen Elizabeth Hospital (MTC) via Regional Trauma Desk** conference call **01384 215695**.

If immediate transfer to the MTC is required, this should be organised via the Regional Trauma Desk as the calls are recorded. If no immediate transfer is required, please commence a NORSe Referral.

All other traumatic intracranial abnormalities

*Note: where there is a doubt as to whether an abnormality is traumatic or non-traumatic, the patient should be referred to QE Birmingham.*

*University Hospital Coventry is the commissioned service for non-traumatic neurosurgery only.*

**Contact Neurosurgical Team at Queen Elizabeth Hospital Birmingham (QEHB)**:Refer patient using NORSe system

Bleep neurosurgical registrar directly where there is concern that a time critical intervention may be required (if neurosurgical registrar is not available in a timely manner, contact neurosurgical consultant directly)

***Further Information***

Where a patient with a traumatic intracranial injury requires urgent transfer, the Regional Trauma Desk will try to arrange a MERIT team to collect the patient. If this is not timely/feasible the referring team will provide an anaesthetic escort.

Where a patient with a traumatic intracranial injury requires advanced airway management, they should be transferred out to QEHB ASAP. If a CT scan can be completed in a timely manner, it is reasonable to scan the patient before transfer however this should not delay transfer.