

**MTC Major Trauma Patients for
Continued Care Closer to Home Pathway– updated Jan 13**

Patient admitted to MTC for acute Major Trauma episode

**Patient assessed as no longer requiring care within MTC but still
requiring inpatient acute care in local TU.**

Lead specialty team & rehabilitation coordinators identify most appropriate
specialty within local TU & refer patient as follows:

- Consultant to consultant, or his/her deputy referral. *Clock starts regarding the 48 transfer time target following the first verbal conversation around the acceptance of the patient by the TU.*
- Followed by written referral sent by either secure email (preferably nhs.net) or secure safe-haven fax to the TU
- TU to acknowledge receipt of the referral
- Telephone call to TU coordinator
- Rehabilitation Prescription sent via secure email/fax

TU to contact MTC with details of the accepting ward.

MTC nursing team will provide:

- Verbal nursing handover
- Organise appropriate transport
- Ensure patient has copy of Rehabilitation Prescription & MTC Discharge Summary

Transfer of patient to TU within 48 hours

**Failure to transfer within 48 hours:
Service Manager to be notified for escalation to
Chief Executives of MTC and TU**