Publication: Criteria for diverting specialist trauma to Major Trauma Centres

Description: Consideration of directing specialist trauma to an MTC

Publication date: March 2018 Review date: May 2025

Review next due: May 2029 Ref No. 42

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Circulation: Major Trauma Centres, West/East & North Midlands Ambulance

Services

Superseded document(s):

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Document status:

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## **Purpose**

This guide provides confirmation of the pathway for hand trauma and eye trauma for the Midlands Trauma Networks.

### Scope of the document

This is to be used by all units and pre-hospital providers who are aligned to the Midlands Trauma Networks to ensure that all staff are aware of the correct pathway for hand and eye trauma.

### Introduction

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 the Major Trauma Centres:
Birmingham Children's Hospital
University Hospital Birmingham
Royal Stoke University Hospital
University Hospital Coventry and Warwickshire

# **Principles**

#### **Hand Trauma**

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.

- 1. Any patient with traumatic amputation of arm, forearm, hand, fingers.
- 2. Does not include amputations of fingertips (distal to distal interphalangeal joint).
- 3. 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.

#### Recommendations

The above has been discussed and approved by the Midlands Trauma Performance and Quality Board who sit within the Midlands Trauma Network structure.