

Major Trauma - Summary Clinical Guideline

Reference No: CH CLINC C53 CED 2

Where Does Major Trauma Present?

30-50% of children self-present	Triage Waiting Room Medical Review	Pre-Alert Via EMAS	At time of EMAS handover
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Is this Major Trauma?

A trauma call should be put out when it is identified that a child who is due to arrive or has arrived in the department may be suffering significant injuries as a result of trauma.

Physiological	Anatomical	Mechanism	Discretionary
<ul style="list-style-type: none"> Airway Compromise Hypovolaemia GCS < 13 Traumatic cardiac arrest Hypotension 	<ul style="list-style-type: none"> Penetrating torso, neck or groin trauma Flail chest 2 or more long bone fractures Suspected Pelvic Fracture Significant abdominal injury (significant bruising or penetration) Spinal Cord Injury 	<ul style="list-style-type: none"> Fall > 2 x height or > 2m Death of other occupant in RTC Vehicle intrusion Ejection from vehicle Significant Burns (>10% BSA, facial or circumferential) or enclosed with fire 	<ul style="list-style-type: none"> Senior clinical opinion Multiple trauma victims If in doubt

What to do if meets criteria?

Call 2222 – ask for paediatric major trauma team +/- paediatric medical emergency team

Major Trauma Guideline (Network) And Specific Injury Guidance available on Koha

Consider Transfer to Major Trauma Centre

Following Primary Survey and interventions for life threatening problems - consider whether a transfer to MTC is indicated. (see send and call protocol in main guideline)