



South Wales Major Trauma Triage Tool

FOR SAR USE ONLY



Apply this triage tool to all patients suspected to have suffered major trauma. Applies to South Wales, West Wales and South Powys (v2.8SM/GL)

Yes to ANY of the below criteria – 01633 293386 (talk group 442 - Air Amb 03)

Any patient with airway compromise or catastrophic haemorrhage – Pre-alert to nearest Emergency Department

Consider EMRTS for critical care / life threatening emergencies

Consider direct transfer to MTC

1. Measure vital signs.

(Use JRCALC abnormal values for children)

Respiratory rate.

- <10 or >29 breaths per minute.

Systolic Blood.

- Sustained Systolic Blood Pressure <90 mmHg or absent radial pulses.

Glasgow Coma Score.

- Motor score 4 (flexing to pain) or less.

NO

2. Assess Anatomy of Injury

Penetrating injuries if shocked or requiring haemorrhage control

Significant chest wall trauma.

(e.g. Deformity, flail Chest).

Two or more proximal long bone fractures (i.e femur, tibia and humeral shaft-not neck of femur/humerus)

Crushed/ De-gloved/ mangled/ pulseless limbs – isolated injury take to Morriston Hospital, otherwise MTC

Amputation above wrist or ankle. – isolated injury take to Morriston Hospital, otherwise MTC

Suspected Major Pelvic fractures.
(If active bleeding is suspected from a pelvic fracture following blunt high-energy trauma)

Open or depressed skull fractures.

Base of Skull fractures.

Spinal trauma suggested by new, abnormal neurology.

NO

Consider MTC if patient injuries fulfil high risk criteria based on mechanism and risk factors

3. Assess Mechanism of Injury.

Falls.

- Adult > 20 feet (6 metres)
- Child >10 feet (or 2 x height of child).

High mechanism RTC.

- Significant cabin intrusion.
- Ejection (partial or complete) from motor vehicle.
- Death in same passenger compartment.
- Available information consistent with high risk of injury.
- Motor Vehicle vs Pedestrian or cyclist > 20mph.
- Motorcycle crash > 20 mph

.Non motor vehicle incident

- Large animal incident (collision/fall/trampled)

As a guide if any mechanism of injury is met in the absence of the vital signs AND/OR anatomy of injury triggers, consider direct transfer to the MTC if:

- Injury and/or pain to 2 or more body regions (excluding injuries distal wrist/ankles).

- Persistent tachycardia (which cannot be easily attributable to other factors incl. pain/anxiety/drugs etc).

- Anticoagulation (e.g. e.g. warfarin, dabigatran, rivaroxaban, apixaban), antiplatelet therapy (e.g. aspirin, clopidogrel) and bleeding disorders.

If any doubt exists, have a low threshold for conveyance to the MTC.

4.Special considerations.

Older Adults.

- If over 65 complete the **Silver Trauma Triage Tool** (see reverse).

Children

- Higher potential for injury. Lower threshold for direct to MTC

Any clinical concern

Anticoagulation and Bleeding Disorders

- Patients on anticoagulation medication (e.g. Warfarin, Apixaban Rivaroxaban) are at a higher risk and need discussion with trauma desk
- Head injuries are particularly at risk. Lower threshold for direct to MTC

Major Burns

Follow existing burns network guidance

Pregnancy > 20 weeks

Lower threshold for direct to MTC

NO

A T M I S T

Age and sex

Time of Incident

Mechanism

Injuries

Signs and Symptoms

Treatment Given

Silver Trauma Triage Tool

- Criteria: 1. Patients suspected of suffering major trauma
2. Patients who have had the major trauma tool applied and are negative
3. Patients over 65 years of age

Yes to any of the below then contact the Trauma Desk Clinician on 01633 293386 or talk group 442 – Air Amb 03

Physiology

Sustained SBP <110mmHg in the presence of injury (excluding minor injuries)

Anticoagulant medication in the presence of injury

Physiology alone – consider TU

Anatomy

Injury to 2 or more body areas (excluding injuries distal wrist/ankles) – consider TU

Suspected fracture to shaft of femur – Consider nearest ED

Open fracture to wrist or ankle – Consider Morriston Hospital

Mechanism

Fall down 3 or more steps – nearest ED

Pedestrian vs car/cycle – consider MTC

Caution: Older adults with frailty: low level falls (ground level) might result in severe injury, especially alongside degenerative conditions

Major Trauma Centre

University Hospital for Wales Cardiff CF 14 4XW

Trauma Units

Glangwili Hospital Carmarthen SA31 2 AF

Morriston Hospital Swansea-SA6 6NL

Princess of Wales Bridgend- CF311RQ

Prince Charles Hospital Merthyr-CF479DT

Royal Gwent Hospital Newport-NP20 2UB (until the Grange Hospital NP44 2XJ becomes the Trauma Unit for Aneurin Bevan in Nov 2020)

Local Emergency Hospital

Royal Glamorgan Hospital Llantrisant CF72 8XR

Nevill Hall Hospital Abergavenny NP7 7EG (until Nov 2020)

Rural Trauma Facility

Bronglais Hospital Aberystwyth SY23 1ER

Withybush Hospital Haverfordwest SA61 2PZ

If trauma tool negative but you still have a clinical concern, senior clinician on scene to make decision on patient disposition.

If trauma tool negative and no ongoing clinical concern convey to **nearest** emergency department.

Patients ≥65 and trauma tool negative must have a Silver Trauma Triage Tool assessment.

Tranexamic acid should be administered as **soon as possible** following trauma, **ideally within the first hour**.

The indications for Tranexamic:

- For all patients aged ≥1 with **Time Critical** injury where significant internal/external haemorrhage is suspected.
- Traumatic cardiac arrest