



# Major Trauma Bypass Tool

This protocol should be used if major trauma is likely to have occurred from a significant mechanism of injury. \*Exception if any open limb fracture, see separate pathway

Bypass exclusions: Severe frailty, Advanced directives, Palliative/end of life care, Hangings or drownings. A pre-alert may still be appropriate

Consider Critical Care, MERIT or HEMS activation if tool is triggered.

If any <C>ABC are unmanageable OR transfer >60 minutes to MTC then transport to nearest trauma receiving hospital with pre-alert

## Step 1

### Physiological Assessment

Any one of:

- Sustained respiratory rate <10 or >29 bpm
- Sustained systolic blood pressure <90mmHg
- Best obtainable GCS Motor Score <5

Consult JRCALC for normal paediatric thresholds.

## Step 2

### Anatomical Assessment

Any one of:

- Chest injury with new O2 requirement or flail segment
- Pelvic fracture with obvious deformity / instability
- Penetrating injury to head, neck, chest, axilla, abdomen, back, gluteal region, or groin
- Spinal injury with paralysis
- Amputation or mangled extremity proximal to ankle or wrist
- Any gun shot wound (air or ballistic)
- Burns or scalds >20% TBSA or circumferential burns or facial burns

## Step 3

### Other Circumstances

- Significant clinical concern for major trauma requiring MTC care

Seek clinical support from the Critical Care Desk and confirm if suitable for bypass /pre-alert.

**MTC** ↓

**Pre-alert all cases via EOC Critical Care Desk on 0191 2296393.**  
Support is available via EOC Critical Care Desk for all cases.