



Cardiothoracic Summary Guidance

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RELATED INFORMATION	North Yorkshire and Humber Trauma Network

Cardiothoracic Surgery in the South of the region is based at James Cook Hospital and the Cardiothoracic Consultant on call will be available as part of the team for trauma involving the chest.

In the North of the region it is based at Freeman Hospital. The patient will be taken to the RVI and the Cardiothoracic Consultant will require to be contacted directly by ED Consultant to be part of the trauma team. Therefore forward planning should be considered.

If immediate resuscitative thoracotomy is deemed necessary, the senior trauma team leader is to make the decision and proceed and inform the Cardiothoracic Surgeon immediately.

If a patient at a Trauma Unit requires immediate resuscitative thoracotomy the senior trauma team leader is to make the decision and proceed. They should inform the on call Consultant Cardiac Surgeon at James Cook or Consultant Thoracic Surgeon at the Freeman immediately. They can then provide over the phone telephone advice as events unfold and they can decide the next steps as regards transfer or them going to the hospital

Referrals

All Trauma patients in the MTC must be referred by the Trauma Team leader to the on-call Consultant for Cardiothoracic Surgery.

Trauma requiring immediate referral to the Cardiothoracic service

- Penetrating anterior chest wounds medial to the nipple line and posterior chest wounds medial to the scapula requiring immediate surgery
- Initial drainage of 1500mls of blood following chest tube insertion
- Continued drainage of blood from the chest tube at a rate of 200 mls/hr over the following 2 hours
- Cardiovascularly unstable patients where a major source of blood loss could be into the chest
- Patient requiring ongoing transfusion to maintain cardiovascular stability in the context of chest trauma and no other obvious source of bleeding
- Persistent large air leak following a chest tube insertion
- Suspected cardiac laceration
- Suspected cardiac contusion or tamponade
- Tracheobronchial foreign bodies in adults
- Traumatic Type A aortic dissections referred after CT confirmed the diagnosis
- Angulated sternal fractures or sterno-clavicular dislocations

Please refer to NTN chest drain Insertion guidelines

Please refer to NTN rib fixation pathway

Please refer to NTN blunt chest injury guidance