


Management of Trauma Patient with GCS \leq 13

- The care of patients on this pathway should be directed by a senior doctor
 - All patient transfers must be approved by an EM senior doctor
 - Management of any extra-cranial injuries should be as per existing protocols
 - Further details and supporting documentation
- 

Primary Survey
(Document GCS, blood glucose, pupils)



****Ensure treatment of life-threatening issues as per cABCDE****

Simultaneous initial management (no delay to CT scan/transfer)

- Coagulation screen, U&E, FBC, G+S
- Arterial line
- Urinary catheter
- Gastric drainage (if intubated)

Is this pathway appropriate?
- Explanatory notes 4.3

No → Management as per local guidelines

Yes

Anaesthetics/ICM team

If intubation required refer to local checklist and explanatory notes Appendix 2 inc. physiology targets

Urgent CT Head +/- Neck
Send images to tertiary centre



NoECCN Transfer Guidelines

Acute, traumatic, time-critical lesion?
OR
Meets other criteria for urgent transfer to Major Trauma Centre?
- Explanatory notes 4.4

No → Management as per local guidelines
Contact neurosurgical team via referapatient.org, may require patient transfer

Yes

Prepare for transfer to tertiary centre

- Contact neurosurgical team (JCUH: 07407 819180, RVI: 0191 22823720) + submit a referapatient.org referral (this should not delay transfer).
- Inform receiving critical care team (JCUH: 01642 850850 bleep 1005, RVI: 0191 2829999) and receiving ED (JCUH: 01642 854226 or RVI: 0191 2823720) of transfer.
- Prepare patient for transfer as per NoECCN guidelines using local NEAS critical care trolley (QR code 2).
- Once patient is on critical care transfer trolley and ready for departure contact NEAS: 0191 4143144.

“We are requesting a critical care transfer using the critical care transfer trolley requiring a R1 response. A paramedic crew is not required”

Head injury management

- 1g IV tranexamic acid within 3 hrs of moderate injury – refer to guidelines for 2nd dose (Explanatory notes 1.3)
- Aim for normothermia.
- Levetiracetam first line for seizure management.
- Maintain physiological parameters as per QR code 3.



Pre-Transfer Checklist



Target Physiological Parameters