

## Referral of trauma and acute conditions to QVH

6 April 2020

### 1 General Principles

- We are providing a virtual assessment of all trauma patients, before bringing patients to the Queen Victoria site in East Grinstead.
- For stable patients we are happy to co-operate with a “front door triage policy” i.e. direct referral of any obvious patients to us without our normal requirement for A&E work-up.
- For multiple injuries or potentially unstable patients we would appreciate a more formal A&E assessment.
- Any patient with potential airway compromise must be assessed as fit to transfer prior to acceptance by QVH.
- Paediatrics will continue on a limited day case basis but we will apply a much higher threshold for minor lacerations and hand injuries to avoid admission and general anaesthesia at this time.
- Elderly and vulnerable patients who may require surgical intervention will be offered advice following virtual review but only be seen at QVH if the risk is justified at this time.
- The majority of patients will be managed during daylight hours unless out of hours treatment is clinically essential.

### 2 Service specific summaries

#### 2.1 Hand trauma

- We will provide inpatient and outpatient-based surgery for all upper limb soft tissue injuries and infections, as well as operative intervention for hand fractures.
- We do not provide surgery for bony injuries of the wrist and arm, and local facilities should manage those fractures of the hand where an operation is not required.

#### 2.2 Maxillofacial

- We are accepting the full remit of maxillofacial emergencies, specifically bony trauma, soft tissue facial injuries and severe dento-facial infections.
- We are unable to provide a dental emergency service. A number of dental emergency care centres are being established by the dental commissioners and patients should be directed to these.

#### 2.3 Eye conditions

- We will provide specialist care for cornea, oculoplastic and glaucoma emergencies and surgery. This would be by referral through your ophthalmology department.
- The cornea and anterior segment service will accept all types of cornea and anterior segment trauma and burns, inflammatory and infectious corneal disease including corneal ulcers and melts.
- Our glaucoma service will accept referrals for patients requiring urgent glaucoma surgery (trabeculectomy, tube shunts, revisions, cyclodiode) or urgent laser (YAG PI or SLT).

- Oculoplastics service will treat eyelid trauma cases requiring surgical reconstruction, urgent periocular cancer patients (including those on 2ww pathways), orbital cases with visual loss (including severe thyroid eye disease or potential systemic disease) and sight-threatening lagophthalmos (e.g. facial palsy) or eyelid malposition. After review in local eye casualty patients with suspected acute angle closure attacks or very elevated eye pressures can also be referred.

### **3 Referral Process**

There will be two referral pathways to the Queen Victoria Hospital trauma services.

#### **3.1 Referrals via telephone/TRIPS**

- The Telephone/TRIPS system which A&E and MIUs are familiar with will still be working, although in lieu of an appointment face to face at QVH, patients will be offered a video consultation, details of which will be emailed or texted to them on the contact details supplied by the referring unit. The contact number for these telephone/TRIPS referrals remains the same (Tel. (01342) 414000 and ask to speak to the Trauma Co-ordinator)

#### **3.2 Alternative “front door triage” referral pathway**

- An alternative pathway is the new self-referral pathway, which can be accessed by patients and clinicians. This can be found at <http://www.qvh.nhs.uk/sew-go>. This requires a smart device (smart phone or tablet with a camera). In focus and clear photographs of the injuries can be uploaded directly to the system and the patient will be contacted the same or next day for a video consultation. It must be emphasised that X-rays should be conducted at the referring unit to allow complete assessment by video by the QVH team. The QVH team are happy to support patients to complete the form as required.
- Please note that patients must not attend the QVH site, even if they have completed a self-referral form. They must wait to be contacted by the QVH team.
- Please ensure the patient has access to a computer, smartphone or tablet device that has a camera. If they do not have access to this, then a normal Telephone/TRIPS referral must be made.

#### **3.3 Burns referrals**

- The referral process for Burns remains unchanged. The burns unit can be contacted directly on (01342) 414440 where nursing staff will take the referral and liaise with the on-call burns team. Images can then be transferred via the TRIPS system.

#### **Contact point for questions about this trauma document**

Please use the phone numbers above for referrals where appropriate. If you have any questions about the detail set out in this document (not individual patient referrals) please contact Paul Gable, general manager, [paul.gable@nhs.net](mailto:paul.gable@nhs.net).