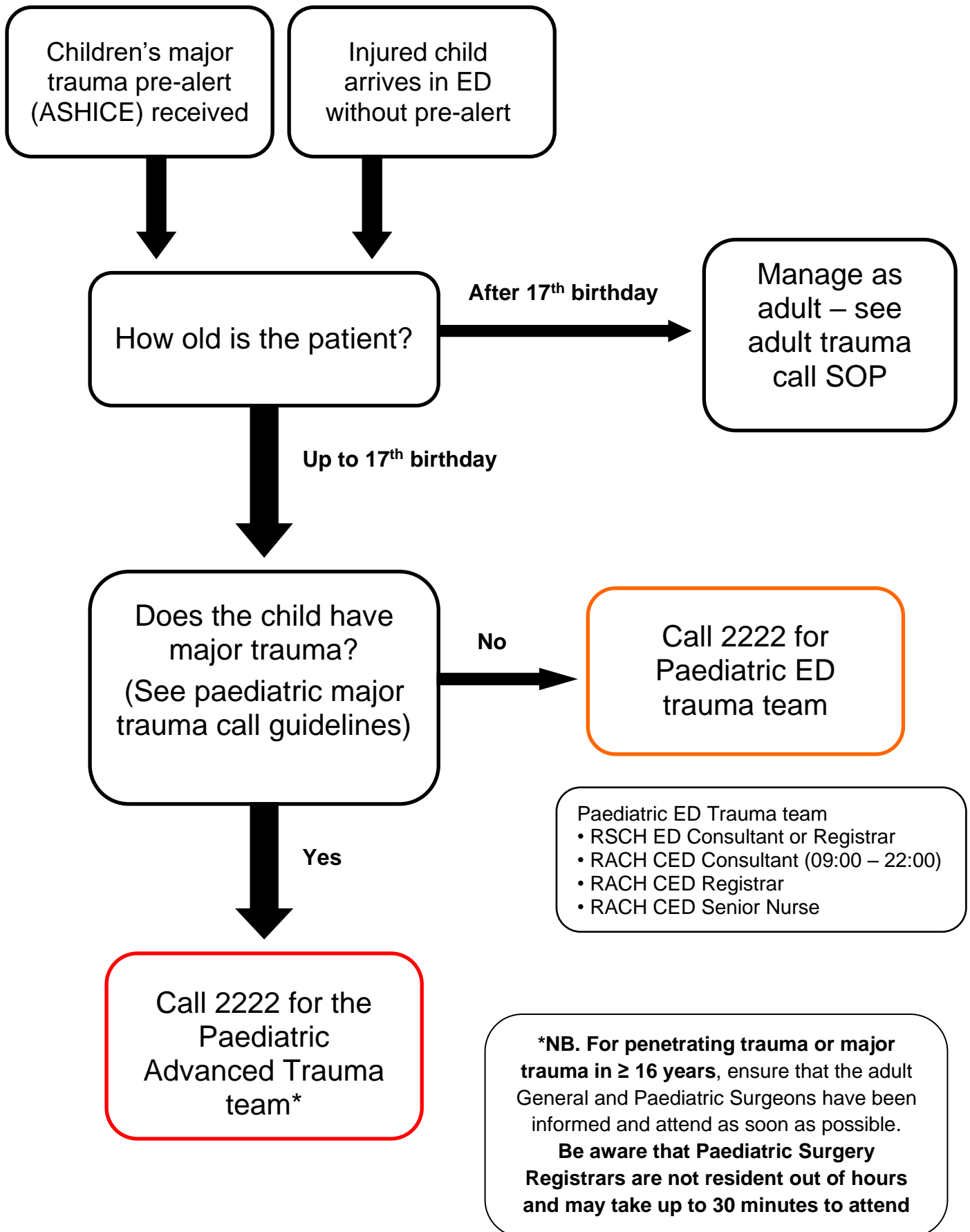


Paediatric Major Trauma Call SOP

Version:	4
Approved by:	UHSussex Major Trauma Committee
Date approved:	December 2021
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Name of responsible committee/individual:	Dr Miki Lazner / UHSussex Major Trauma Committee
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Accessibility	Microguide Paediatric Clinical Practice Guidelines

RSCH / RACH Paediatric Major Trauma Team Activation



Paediatric Trauma Guidelines

RSCH / RACH Paediatric Major Trauma call guidelines

(applies to children up to their 17th birthday)

RSCH / RACH has a two-tier Paediatric trauma team response – the Paediatric Advanced Trauma call and a Paediatric ED trauma call. In the event of **any** pre-alert or unexpected arrival of a child who has sustained major trauma - inform the RSCH ED shop floor Consultant, the RACH CED Senior Nurse on bleep 8145, and the RSCH ED Resuscitation Nurse.

If any of the physiological, anatomical or mechanism-based criteria listed below are present, activate the **Paediatric Advanced Trauma team** via switchboard 2222 and if pre-alerted, direct the child to the RSCH ED. If child is in RACH CED, inform the RSCH ED Consultant directly via switchboard. They will contact CED to discuss what assistance is required. In the **absence** of any of the below criteria, activate the **Paediatric ED Trauma team** via Switchboard 2222. A Paediatric team, alongside appropriate RSCH ED staff, will attend.

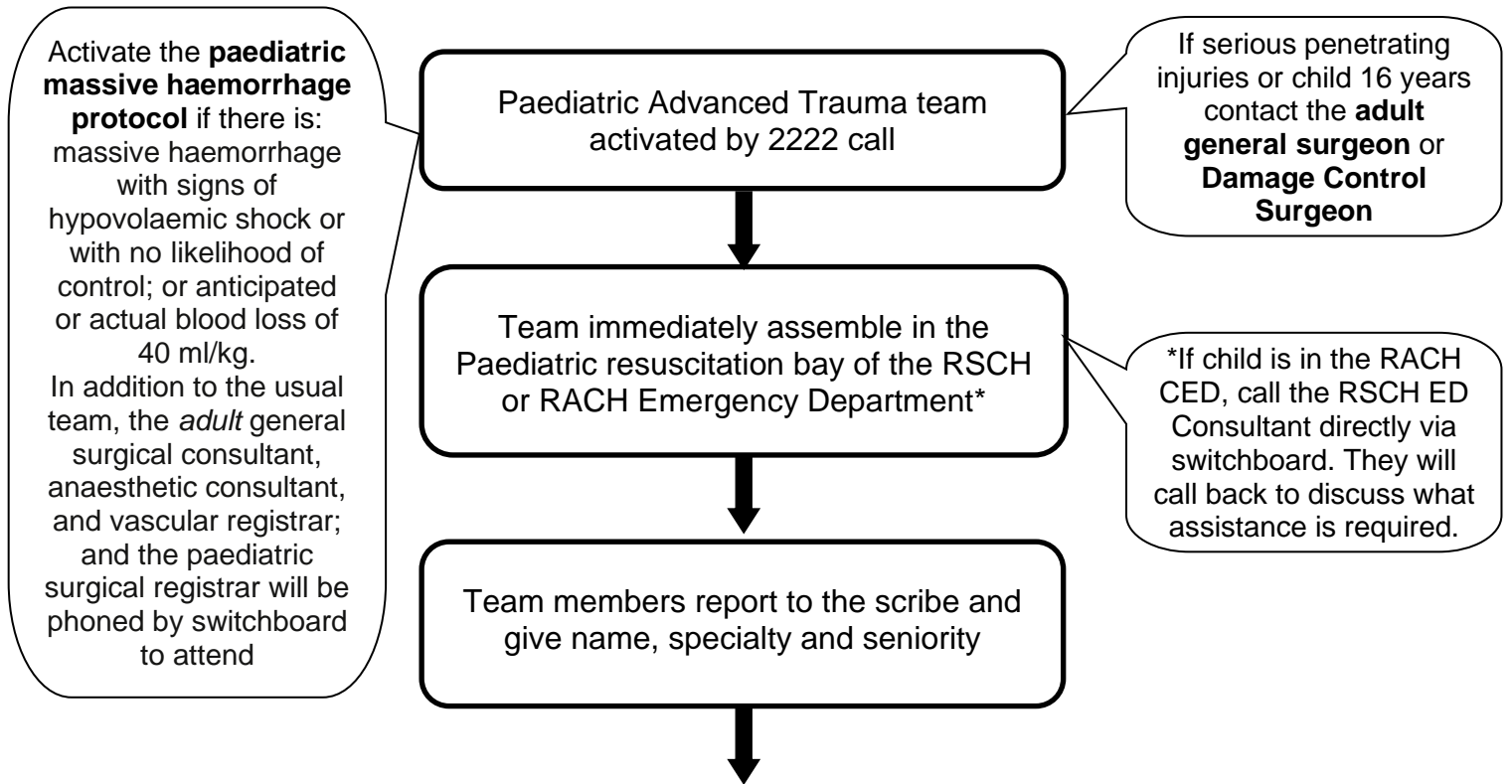
Activation of the paediatric massive haemorrhage protocol via a **Code Red Trauma call** may be required in certain circumstances. Additional staff will be contacted to attend: the *adult* general surgical consultant, anaesthetic consultant, and vascular registrar; and the *paediatric* surgical registrar. See separate Code Red Trauma Call guidance. For major trauma in ≥ 16 years, contact the **adult General Surgeon** (or **Damage Control Surgeon** for the former) in addition to the Paediatric Advanced Trauma team.

	Physiological		
	Infant (< 1 year)	Child (1 – 8 years)	Older child (9 – 16 years)
Airway:	injury or compromise	injury or compromise	injury or compromise
Breathing:	RR < 20 or > 50	RR < 20 or > 35	RR < 12 or > 35
Circulation:	HR < 90 or > 170	HR < 70 or > 130	HR < 60 or > 100
	Systolic BP < 70	Systolic BP < 80	Systolic BP < 90
Disability:	GCS < 14	GCS < 14	GCS < 14

Anatomical
<ul style="list-style-type: none"> ◆ Penetrating injuries – except limbs ◆ Blunt trauma to neck or chest or abdomen or axilla or groin ◆ Suspected flail chest ◆ 2 or more long bone fractures or pelvic fracture ◆ Limb amputation proximal to digits ◆ Seriously crushed or degloved or mangled extremity ◆ Depressed or open skull fracture ◆ Suspected spinal cord injury (new motor or sensory deficit) ◆ Burns $> 20\%$ of BSA or circumferential or involving airway

Mechanism
<ul style="list-style-type: none"> ◆ Fall from > 3 m (9 feet) or twice patient's height ◆ Motorcyclist or bicyclist or pedestrian impact > 20 mph ◆ High speed RTC or prolonged extrication (entrapment) > 30 mins ◆ Ejection from vehicle or "Bulls eye" windscreen ◆ Immersion injury or explosion ◆ Multiple casualties in same incident or death of occupant of same vehicle

RSCH / RACH Major Trauma Team constituents and responsibilities



Members of the Paediatric major trauma team

Role	Responsibilities
RACH CED or RSCH ED Consultant	Trauma Team Leader (after discussion between the two Clinicians)
RSCH ED Middle Grade	Primary survey doctor
RSCH ED Nurse	Nurse team leader
RACH CED Nurse	As directed by Nurse team leader
Nurse 3	Ideally RACH CED Nurse. Paediatric nursing input. Liaison with family.
RACH CED Registrar / SHO	Circulation doctor
Senior Anaesthetist	Airway and anaesthetic management of the child. Escorting of ventilated child to CT scanner / theatre / definitive care if required.
Airway assistant (usually ODP)	Assisting the senior anaesthetist
Paediatric Surgical Registrar / Consultant	Paediatric Surgical input / definitive non-Orthopaedic treatment. Surgical team in conjunction with CED team have responsibility for child once they leave resuscitation area.
Orthopaedic Registrar / Consultant	Management of bony injuries including spine
Radiographer	Primary trauma imaging +/- facilitating CT
Scribe	Documentation
Porter	Patient / patient sample transfer