

Paediatric Trauma Guidelines

Emergency prompt cards (adapted from RSCH ED emergency prompt cards)

Trauma Team Briefing:

1) ROLES ALLOCATED

→ *First* name introductions & name stickers

Ensure **other teams** needed have been contacted

Personal Protective Equipment (PPE) must be worn

- Team Leader (CED or ED Cons)
- Anaesthetist & ODP
- Primary Assessment Doctor
- Nurse (CED & ED)
- IV Access & Bloods
- Scribe
- Porter

2) Team Leader briefs team on **pre-hospital information** & plan of action for patient

3) Do we need to put out **Paediatric Code Red Call** to the transfusion Lab?
USE RED PHONE

4) Do we need **Radiology**?

→ Radiographer bleep 8364 (ext 4179), SpR ext 7690

5) Equipment Checks:

→ Monitoring, IO Gun, Yellow Scoop

→ Intubation Bag, Ventilation Bag, Oxygen, Working Suction, Bougie, Ventilator,
Intubation Drugs, Difficult Airway Trolley, Bag-Valve-Mask

6) Communication Brief:

→ Team asked to speak up if concerns

→ Standardised communication (repeat back instructions)

→ All communication through team leader

SECamb to Resus Team Handover (ASHICE)

1) Before patient arrival ensure team briefing and pre-arrival checks are done

2) Patient **ARRIVES** in resus

→ Request presence of Senior CED Doctor and Nurse if not present

3) Critical airway concern? DO NOT transfer to resus bed until addressed

4) **TRANSFER** patient from ambulance trolley to resus bed

→ Trauma Team Leader → leads transfer

→ Anaesthetist → airway management

→ Nurses → Manage monitoring and patslide / scoop

5) **MOMENT OF SILENCE**

→ Introductions if not already done pre-arrival

→ Paramedic introduces the patient

→ Handover including interventions

- Name / Age
- History
- Past Medical History
- Interventions / Drugs
- Working Diagnosis
- Stable / Unstable transfer
- Immediate needs

6) Primary assessment commences

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Transfer checklist (adapted from RSCH ED emergency prompt cards)

Pre-Transfer Checks:

1) **SAFE for Transfer?**

- Based on A.B.C.D.E. assessment in the last **5 minutes?**
- If intubated, has patient had enough sedation +/- paralysis
- Are appropriate airway management skills present?

2) Get **TRANSFER EQUIPMENT**

- Green transfer bag, working suction, drugs, monitoring
- Set alarm limits
- Ventilator checked

3) **ON OXYGEN?**

- Do you have enough for transfer?
- Once on cylinder oxygen, **REPLACE the FLOW METER TO THE WALL**

4) **DESTINATION** ready?

- If for CT then contact Radiographer (bleep 8800)
- If for X-ray then contact Radiographer (RSCH X-ray ext 4242)
- Ensure you have enough staff to move / log roll patient
- Ensure IV cannula is sited and flushed for contrast.

If all team members are in agreement then commence transfer

Arrival Checks:

1) Sort **TRANSFER EQUIPMENT**

- Plug ventilator into power socket
- Ensure monitoring is visible if in CT

2) **ON OXYGEN?**

- Change Oxygen to Wall Oxygen at earliest opportunity

3) **Reassess patient**

- Based on A.B.C.D.E. following transfer
- Ensure patient is still stable for scan if in CT

4) **STAFF**

- Ensure you have enough staff to move / log roll patient to minimise waiting time