NHS
University Hospitals Sussex
NHS Foundation Trust

Trauma: Admissions

The patient is suitable for the Major Trauma Ward

The guidelines presented here have been agreed as part of the Major Trauma Ward and Spinal-Frailty SOPs. Adherence is non-negotiable and is monitored.

IF

The patient has sustained traumatic injuries

AND

They are likely to require admission for ≥ 72 hours

AND

Trauma patient transferred to RSCH for specialist care

OR

Injuries consistent with Inclusion criteria (appx. 1)

OR

Trauma patient being stepped down from critical care

Polytrauma coordinator: 8208
Ortho Trauma coordinator: 8165, 8625

Which team will be responsible for care?

Single System Injury

- Patients meeting admission criteria with a single system disease will be admitted under the consultant responsible for that system
- Notable exceptions include:
  - Chest injuries requiring admission to be under General Surgery
  - Head injuries requiring admission but not neurosurgical intervention to be under General Surgery
  - Stable spinal injury with Frailty (Rockwood ≥ 5) to be under Frailty team with Spinal Input (Spinal team must review patient and document in the notes including collar prescription and follow up)
- Full criteria are recorded below (appx. 2)

Multi-system Injury

- The specialty responsible for the most significant injury will take primary responsibility for the patient with input from the secondary specialties
- In determining the most significant injury there should be a discussion between relevant specialties
- Where there is disagreement resolution should by sought by a Consultant-to-Consultant discussion
- Out of hours Specialty Registrars may seek advice in the first instance from the ED Consultant
- If agreement cannot be reached this should be escalated to the Clinical Lead for Major Trauma

Lead: D Bootland, J Chan Prompt by: J Castle Version 1.0 Implemented: Oct 2021 Review date: Oct 2023

Appendix 1: Injury Inclusion (TARN) Criteria

System	Injury	Additional Comments
Brain or Skull	Significant trauma	Not simple LOC or scalp lacerations
Spinal Injury	Bone or Cord Injury	Not strain or sprain Frail patients with stable fractures should be managed on a Frailty ward with Spinal team input
Neck Injury	Significant organ, vascular or hyoid bone injury	
Thoracic	Significant thoracic injury	Patients with rib fracture score < 6 do not need admission to Major Trauma Ward
Orthopaedic	Femur	Shaft, distal, subtrochanteric
	Lower Leg	Open Injuries Any 2 limb fracture or dislocation *Not closed unilateral injury*
	Foot or hand	Crush or amputation only Not fractures or dislocations even if multiple
	Upper Limb	Any open injuries Any 2 limb fracture or dislocation *Not closed unilateral injury*
Nerve	Sciatic, Facial, Femoral or Cranial Nerve injury	Other nerve injuries not included
Vessel	Injury to femoral, neck, facial, cranial, thoracic or abdominal vessels	
Skin	Laceration or penetrating injury with blood loss of 1000ml Major degloving injury	
Burns	Burns > 10% of TBSA not being admitted to Burns centre	
Others	Inhalational Injury Severe Frostbite Asphyxia Drowning Explosion Electrical Injury	

Appendix 2: Single System Admission Teams

Injury		Responsible consultant/team
Isolated injuries meeting Injury Inclusion (TARN) criteria as above	Orthopaedics	Orthopaedics
	Visceral abdominal Chest injuries requiring admission Head injuries requiring admission but not neurosurgical intervention	General Surgery
	Head injuries requiring neurosurgical intervention	Neurosurgery
	Spinal injury (not frail)	Spinal
	Stable spinal injury (Frail, Rockwood ≥4)	Frailty team with Spinal input (Spinal team must review patient and document in the notes, with collar prescription and follow up)
	Vascular Injuries	Vascular
	ENT Injuries	ENT
	Urology	Urology