

STOP, SORT & GO

What is it?

Ideally all patients meeting the criteria of the Major Trauma Triage tool should be taken directly to the Major Trauma Centre. On occasion a patient will be too unstable and may benefit from an initial intervention at the nearest Trauma Unitⁱ (but **NOT** Local Emergency Hospital).

What sort of patients are these?

In most circumstances these will be patients whose airway cannot be maintained by the interventions available to the YAS team. Other examples would include patients in near cardiac arrest but this would need to be balanced against the likelihood of stabilisation of such a patient in the Trauma Unit environment versus the Major Trauma Centre.

Who makes the decision?

The decision will be made by the YAS clinicians responsible for the patient (with the support of the YAS major trauma desk). The Trauma Unit **MUST** be pre-alerted.

What happens once the immediate clinical priority is managed?

Once stability has been regained (e.g. the airway secured) the Trauma Team Leader of the Trauma Unit is responsible for deciding the next course of action - which will either be immediate transfer to the Major Trauma Centre or local investigation and initial management.

As for any time critical transfer the 'permission' of the Major Trauma Centre is not required to initiate the process. The Major Trauma Centre Emergency Department Consultant **MUST** be informed of the transfer however and an appropriate pre-alert must be given to allow the Major Trauma Centre trauma team to be ready for the patient's arrival.

Example clinical scenario

A paramedic team attend a patient who has been injured in a road traffic collision. The patient has head and facial injuries and a reduced conscious level. The paramedic team are unable to maintain the airway but can't use the iGel without causing gagging. There is ongoing bleeding and an inadequate respiratory rate.

Transfer to the Major Trauma Centre will take about 35 mins but the nearest Trauma Unit is 5 minutes away. The YAS team liaise with the Trauma Desk who confirm that no immediate advanced pre-hospital support is available and advise they go straight to the Trauma Unit (who are pre-alerted).

On arrival at the Trauma Unit the Trauma Team carry out an initial primary survey. The patient is intubated and ventilated. A left sided pneumothorax is identified and an intercostal chest drain inserted. The extent of the patient's injuries will clearly need Major Trauma Centre input. They are now relatively stable. An immediate transfer is organised with the Trauma Unit anaesthetist accompanying the patient. The Trauma Team Leader informs the Major Trauma Centre Emergency Department Consultant.

ⁱ **WYMTN Trauma Units are:** Airedale General Hospital, Bradford Royal Infirmary, Harrogate District Hospital, Huddersfield Royal Infirmary and Pinderfields General Hospital. York District Hospital is also a Trauma Unit.