



## Principal recommendations

### **Organisational data**

There is a need for designated Level 1 trauma centres and a verification process needs to be developed to quality assure the delivery of trauma care (as has been developed in the USA by the American College of Surgeons). *(Royal College of Surgeons of England, College of Emergency Medicine)*

### **Prehospital care**

All agencies involved in trauma management, including emergency medical services, should be integrated into the clinical governance programmes of a regional trauma service. *(All healthcare providers)*

Airway management in trauma patients is often challenging. The prehospital response for these patients should include someone with the skill to secure the airway, (including the use of rapid sequence intubation), and maintain adequate ventilation. *(Ambulance and hospital trusts)*

### **Hospital reception**

Trusts should ensure that a trauma team is available 24 hours a day, seven days a week. This is an essential part of an organised trauma response system. *(Hospital trusts)*

A consultant must be the team leader for the management of the severely injured patient. There should be no reason for this not to happen during the normal working week. Trusts and consultants should work together to provide job plans that will lead to better consultant presence in the emergency department at all times to provide more uniform consultant leadership for all severely injured patients. *(Hospital trusts and clinical directors)*

## Airway and breathing

The current structure of prehospital management is insufficient to meet the needs of the severely injured patient. There is a high incidence of failed intubation and a high incidence of patients arriving at hospital with a partially or completely obstructed airway. Change is urgently required to provide a system that reliably provides a clear airway with good oxygenation and control of ventilation. This may be through the provision of personnel with the ability to provide anaesthesia and intubation in the prehospital phase or the use of alternative airway devices. *(Ambulance trusts)*

## Management of circulation

Trauma laparotomy is potentially extremely challenging and requires consultant presence within the operating theatre. *(Clinical directors)*

If CT scanning is to be performed, all necessary images should be obtained at the same time. Routine use of 'top to toe' scanning is recommended in the adult trauma patient if no indication for immediate intervention exists. *(Royal College of Radiology and radiology department heads)*

## Head injury management

Patients with severe head injury should have a CT head scan of the head performed as soon as possible after admission and within one hour of arrival at hospital. *(Trauma team leader and radiology heads)*

All patients with severe head injury should be transferred to a neurosurgical/critical care centre irrespective of the requirement for surgical intervention. *(Strategic health authorities, hospital trusts, trauma team leaders)*

## Paediatric care

Each receiving unit should have up to date guidelines for children which recognise the paediatric skills available on site and their limitations and include agreed guidelines for communication and transfer with specialised paediatric services within the local clinical network. *(Strategic health authorities and hospital trusts)*

## Transfers

There should be standardised transfer documentation of the patients' details, injuries, results of investigations and management with records kept at the dispatching and receiving hospitals. *(Trauma team leader, Department of Health)*

Published guidelines must be adhered to and audits performed of the transfers and protocols. *(Hospital trusts)*

## Incidence of trauma and organisation of trauma services

Given the relatively low incidence of severe trauma in the UK, it is unlikely that each individual hospital can deliver optimum care to this challenging group of patients. Regional planning for the effective delivery of trauma services is therefore essential. *(Strategic health authorities, hospital trusts)*