Major Trauma Triage Tool

Step 1: Assess vital signs and level of consciousness
- Glasgow Coma Score <14
- Sustained systolic blood pressure <90
- Respiratory rate <10 >29
- OR abnormal paediatric value, see pocket book

Step 2: Assess anatomy of injury
- Chest injury with altered physiology
- Traumatic amputation proximal to wrist/ankle
- Penetrating trauma to neck, chest, abdomen, back or groin
- Suspected open and/or depressed skull fracture
- Suspected pelvic fracture
- Spinal trauma suggested by abnormal neurology
- Trauma along with facial and/or circumferential burns
- Time critical (e.g. isolated burns in excess of 20%)

Step 3: Evaluate mechanism of injury (see examples)
- Traumatic death in same passenger compartment
- Falls >20 feet (two floors)
- Person trapped under vehicle
- Bullseye window and/or damage to the ‘A’ post of vehicle

Step 4: Assess special patient or system consideration
- Patients who have sustained trauma but do not fit any of the criteria above but are:
  - Older patients (>55)
  - Pregnant (>20 weeks)
  - Known to have a bleeding disorder
  - Morbidly obese

Contact the MTCTC as soon as practicable

YES to any
Convey to major trauma centre

YES to any
Convey to major trauma centre

YES to any
Consider transfer to major trauma centre

YES to any
Consider transfer to major trauma centre

The major trauma centres in the Yorkshire area are Leeds General Infirmary, James Cook University Hospital, Hull Royal Infirmary (adults only)*, Northern General Hospital and Sheffield Children’s Hospital.

Make contact with the Major Trauma Clinical Triage Coordinator (MTCTC).

If you cannot reach a major trauma centre within 60 minutes, transport to nearest trauma unit and inform the MTCTC.

In the event of unmanageable airway compromise, consider diverting patient to nearest trauma unit and inform the MTCTC.

If not conveying to the major trauma centre, complete the associated major trauma checklist.
If not conveying to the major trauma centre use this checklist to assist your Decision-making. Does the patient fulfil any of the following criteria?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Sustained respiratory rate &lt;10 or &gt;29</td>
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<td>Systolic BP &lt;90mmHg or absent radial pulses</td>
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<td>Sustained tachycardia &gt;120 or tourniquet applied</td>
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<td>GCS motor score of 4 or less (withdrawal to pain)</td>
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<td>Open pneumothorax or flail chest</td>
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<td>Crushed, de-gloved or mangled limb or extreme open fracture</td>
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<td>Suspected major pelvic fracture</td>
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<td>Neck or back injury with paralysis</td>
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<td>Amputated limb proximal to wrist or ankle</td>
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<tr>
<td>Suspected open or depressed skull fracture</td>
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If YES to any of the criteria move to Section 2
If NO criteria are met, transport to nearest trauma unit as per normal procedures

**Section 2**

Does the patient fulfil the following safety criterion?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Can the airway and any catastrophic bleeding be controlled?</td>
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<tr>
<td>Can the major trauma centre be reached within 60 minutes of leaving scene?</td>
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If YES transport to nearest major trauma centre
If NO criteria are met, transport to nearest trauma unit as per normal procedures
Primary survey

Assess for catastrophic bleeding (see haemorrhage control algorithm)

Airway and c-spine control

Assess rate and depth of respiration and grade breathing 1-5

1- not breathing
2- slow <12 per min
3- normal 12-20
4- fast 20-30
5 – very fast >30

Grade 1,2 and 5-
Assist ventilations with 100% O2 and BVM

Grade 3&4-
100% supplemental O2

Assess chest
Feel
Look
Auscultate
Percuss
Sides and spine

Check specifically for
Tracheal deviation
Wounds, bleeding or bruising
Emphysema (surgical)
Laryngeal crepitus
Venous engorgement
Exclude Pneumothorax, tension pneumothorax, haemothorax and flail chest

Assess peripheral and central pulses
CRT and skin colour, texture, temperature

Assess for blood on the floor and four more.
1. External
2. Chest (already done during B)
3. Abdomen
4. Pelvis
5. Long bones

Rapid packaging and removal of patient, transfer to MTC if indicated
Consider TXA
Consider fluids to maintain central pulse
Consider pain relief
Hand over using ATMIST
Only complete a secondary survey en route and only if required.

Obtain full GCS
Assess pupil reaction
Check BM (but do not delay transport)
<table>
<thead>
<tr>
<th>YAS ATMIST Handover Tool</th>
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<tbody>
<tr>
<td>Age</td>
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<tr>
<td>Time of incident</td>
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<tr>
<td>Mechanism of injury</td>
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<tr>
<td>Injuries</td>
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<td>Signs and symptoms</td>
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<td>Treatment given/immediate needs</td>
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