

GUIDELINES AND INDICATIONS - TRANSFER OF TRAUMA PATIENTS TO TRAUMA & ACUTE CARE SURGERY (TACS) UNIT

As a verified Level 1 Trauma Centre, it is appropriate for specific trauma patients/injuries to be managed by the TACS Surgeons at Liverpool Hospital. This is important from a clinical, registry, quality assurance and medicolegal perspective.

These patients/injuries include:

- All ICU/HDU patients with multiple injuries
- Significant Chest Trauma including flail (radiological/clinical); haemopneumothoraces requiring drainage; multiple rib fractures; cardiac injury; major vascular injuries
- Geriatric Trauma (>65 years) with multiple injuries; chest trauma
- Abdominal Trauma including solid organ injuries (all grades); hollow viscus injury; damage control laparotomies; major vascular injuries
- Complex Pelvic Trauma including haemodynamic instability with need for IR; associated injuries
- Pregnant Trauma patients (>20 weeks) with chest, abdominal or pelvic trauma
- Complex combination of head/facial/ophthalmological/ENT trauma

Please note the following:

- The TACS unit will accept these patients after a tertiary survey has been performed (by a Registrar/Fellow) and all appropriate investigations/consults have been organised and checked by the admitting team.
- If there is only a single system injury (e.g., isolated head or orthopaedic), then direct referral for transfer of care should be made by the admitting General Surgery team to a subspecialty team after a tertiary survey is performed by the admitting team. The trauma unit does not need to be involved in this.
- If the trauma patient does not fit the above criteria, the admitting Consultant or Fellow should contact the Trauma Unit to discuss the patient for possible transfer or further advice.
- If a Subspecialty team (e.g., Ortho or Neuro) needs a TACS Service consult this should also be done after a Tertiary Survey is completed.
- Paediatric Trauma (<16 years) should automatically be transferred to the Children's Hospital according to the PATCH Policy.
- We also will invite admitting Consultants to Trauma M&M when complex trauma patients are discussed.
- Multi-trauma patients with catastrophic head injuries deemed **unsurvivable** by ED, Neurosurgery and ICU **at admission**, where a **decision to palliate** has been made early and who are expected to die within 24-48 hours, will not be taken over by Trauma. Units can liaise with ICU and Neurosurgery regarding the "logistics" of this process.