

Clinical Indications for Automatic Acceptance to the Oxford Major Trauma Centre

v4.3, December 2022

If a patient meets clinical indications for automatic acceptance to the Major Trauma Centre at the John Radcliffe Hospital (JRH), Oxford, **DO NOT DISCUSS WITH MTC SPECIALTIES**

Notify the MTC Trauma Team Leader of ALL CASES (paediatric and adult) – 01865 741166 Bleep 1240 (24/7)

Prior to transfer:

- Contact Ambulance Control (SCAS) and request an appropriate timed transfer – 0300 123 9822
- Transfer images to the JRH MDT server and ensure documentation +/- blood/FFP accompany the patient
- Arrange for an appropriate clinical escort and adequate fluid resuscitation to cover the transfer
- Refer to the TVTN Minimum and Necessary Trauma Transfer Protocol
- This MUST be activated by a senior clinician

There will be automatic acceptance to the JRH MTC for adult and paediatric (<16 years old) patients with any of the injuries listed below:

Body region	Injuries
POLY TRAUMA	- Significant injury <u>and</u> injury requiring specialist care at MTC - History of haemodynamic instability (consider DCS prior to transfer)
BURNS	- Multiple injuries <u>and</u> burn injury
NEURO	- Penetrating head injury - Refer to TVTN Time Critical Traumatic Brain Injury Pathway – JRH switchboard 01865 741166 Bleep 6609 or mobile 07587 390924
SPINE	- Spinal Cord Injured patient with trauma and radiologically confirmed abnormality - Dislocated spine - Open spine fracture
THORACIC	- Ruptured bronchus or diaphragm - Blood loss of more than 500ml immediately following insertion of chest drain or >250ml per hour for 3 consecutive hours (consider DCS prior to transfer) - Suspected aortic transection - Cardiac tamponade (consider DCS prior to transfer) - Penetrating chest injury with retained implement and/or haemodynamic instability
PELVIC + ACETABULUM	- Pelvic or Acetabular injuries thought by referring Unit's Orthopaedic team to require emergency or urgent surgery (open or displaced fractures) - History of haemodynamic instability (consider DCS prior to transfer) - For stable patients please make an urgent referral via OARS
EXTREMITIES	- De-vascularised limb - OPEN fractures of upper or lower LONG BONES (humerus, radius and ulnar, femur, tibia and fibula) - OPEN fractures of HINDFOOT or MIDFOOT - Excludes hand, wrist, forefoot or digit as per BOA standards for trauma

N.B. THIS IS A PLACEHOLDER FOR INFORMATION PERTAINING TO NATIONAL AMBULANCE STANDARDS ON INTER-FACILITY TRANSFER