Best of Both Worlds





Pete Thomson
Advanced Practitioner
Pre-hospital Critical Care



Preliminary analysis of the care of injured patients in 33 British hospitals: first report of the United Kingdom major trauma outcome study

D W Yates, M Woodford, S Hollis

BMJ, 26 SEPTEMBER 1992

Conclusions—The initial management of major trauma in the United Kingdom remains unsatisfactory. There are delays in providing experienced staff and timely operations. Mortality varies inexplicably between hospitals and, for blunt trauma, is generally higher than in the United States.

Organization of trauma care in the UK

J Templeton FRCS S Bickley MA

J R Soc Med 1998:91:23-25

SECTION OF ORTHOPAEDICS, 1 OCTOBER 1996

Changing the System - Major Trauma Patients and Their Outcomes in the NHS (England) 2008–17

Christopher G. Moran ^a, Fiona Lecky ^b, Omar Bouamra ^c, Tom Lawrence ^c, Antoinette Edwards ^c, Maralyn Woodford ^c, Keith Willett ^d, Timothy J. Coats ^{e,*}

This paper suggested in the first 5 years, survival from major trauma had increased by 19%!!!

SAVING LIVES. GIVING LIFE BACK.

Save 40 lives a year

Improve outcomes for 2000 major trauma patients, 4000 severely injured

Dr Catherine Calderwood
Chief Medical Officer
National Trauma Network Implementation Group
January 2017





Potential saving of £300-400million in terms of lost economic output

STN **STAKEHOLDERS**

- · SC
- смо
- Ministers
- MSPs
- Board Chief Execs
- Media Patients
- · Clinicians/ NHS staff

STN STAFF

- Network Manager
- · Clinical Lead
- Admin Support

STN STEERING GROUP

To improve quality of trauma care by:

- · monitoring and evaluation of standards/ QPIs
- · Establish network resources needed
- · Identify and deliver network priorities
- Deliver detailed and fully costed network plans

STN MEMBERSHIP

- · Clinicians and planners from each of the 4 regions and SAS
- · NSD rep'
- · STAG rep' / Data Support
- · SG rep?
- · PH rep?

STN WEBSITE

- Talking Heads
- · Public/ Professional facing Web-Based Resource
- · Ethos and Public info
- · Pathways and SOPs Data
- Network Performance reports
- All network Recruitment/ vacancies

SAVING LIVES. **GIVING LIFE** BACK.





- Trauma data collection
- development and maintenance of KPIs
- Monitoring, evaluation and Reporting

SCOTTISH AMBULANCE SERVICE

- · Single governance of all prehospital trauma care
- Trauma desk
- · Paediatric Lead
- Training
- · Protocols
- ScotSTAR
- · BASICS/ PHEM
- Medic1
- Trauma Critical care

WEST OF SCOTLAND TRAUMA NETWORK

- Regional SM
- · Regional Clinical Lead
- Rehabilitation Lead
- · STAG rep/co-ordinator
- MTC/TUs leads
- SAS Liaison

SOUTH EAST SCOTLAND TRAUMA NETWORK

- Regional SM
- Regional Clinical Lead
- · Rehabilitation Lead
- STAG rep/co-ordinator
- · MTC/TUs leads
- SAS Liaison

NORTH OF SCOTLAND TRAUMA NETWORK

- Regional SM
- Regional Clinical Lead
- Rehabilitation Lead
- STAG rep/co-ordinator
- MTC/TUs leads
- SAS Liaison

TAYSIDE TRAUMA NETWORK

- · Regional SM
- · Regional Clinical Lead
- · Rehabilitation Lead
- STAG rep/co-ordinator
- MTC/TUs leads
- · SAS Liaison









- Single governance of all prehospital traum<u>a care</u>
- Trauma desk
- Paediatric Lead
- Training
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- Medic1
- Trauma Critical care







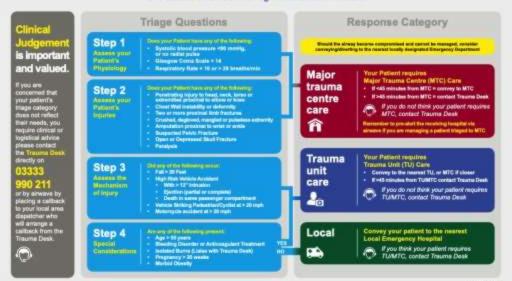
Intervention	Rationale
IV/ IO access	Fluid resus, pain relief, TXA
IV Morphine	Pain relief
Compression/haemostaticdressings	Control C
Tourniquet	Control C
Supraglotticairway	Maintain A
Chest seal dressings	Maintain B
Oxygen Therapy	Maintain B
BVM Ventilation	Maintain B
IV Tranexamic Acid	Control C
Traction Splint	Control C, pain relief
Pelvic Splint	Control C

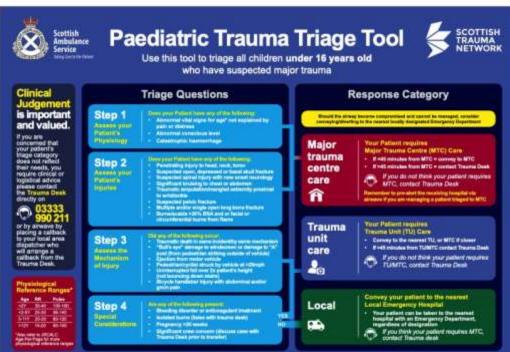


Adult Trauma Triage Tool ≥16



Use this tool to Triage all Significantly Injured Patients or Patients involved in a High Mechanism Incident





Trauma Desk



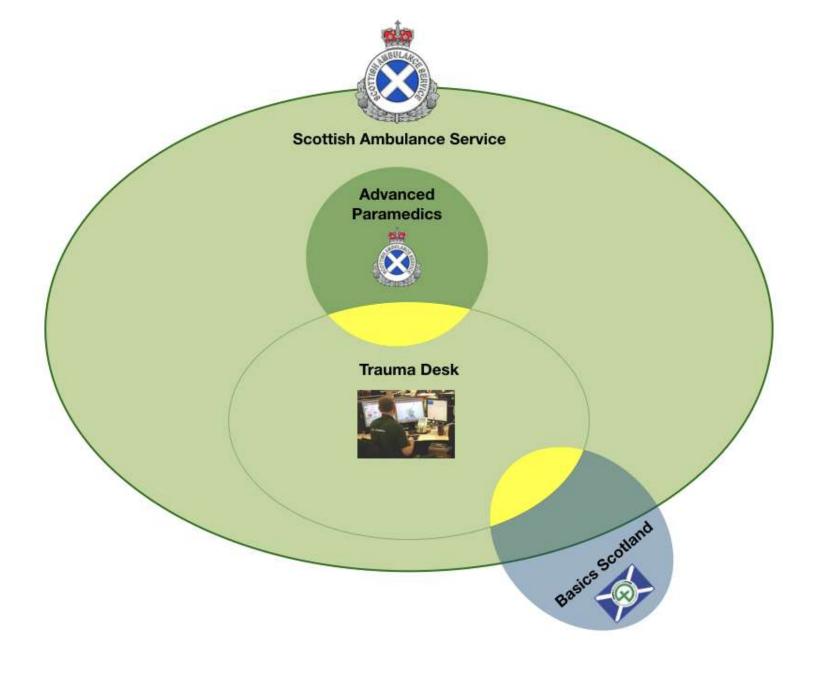
Who are we?



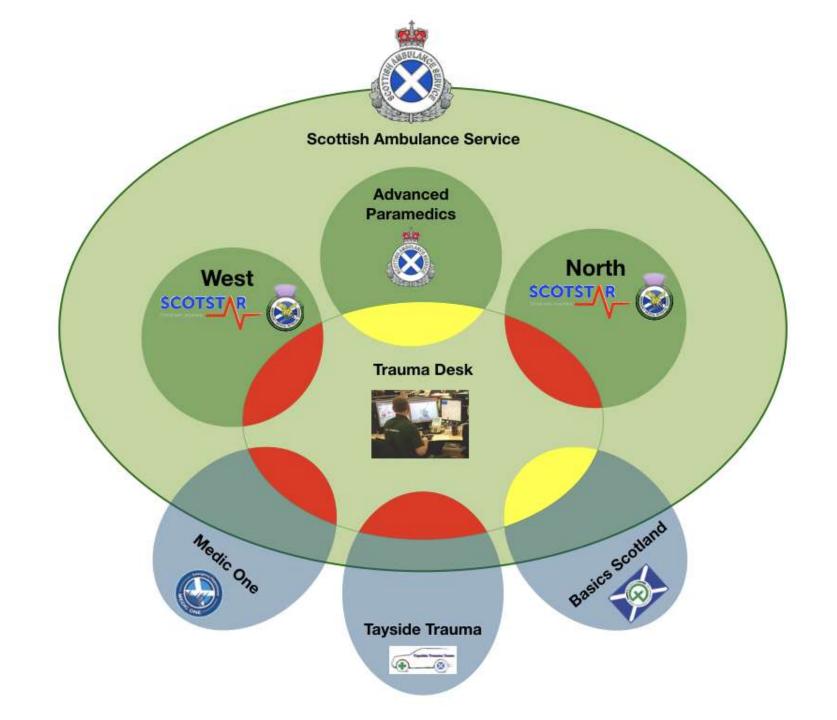
What do we do?







Intervention	Rationale
Intubation	Maintain A
FONA	Maintain A
Thoracostomy	Maintain B
Fracture reduction	Maintain C, pain relief, limb salvage
IV Ketamine	Advanced analgesia, sedation
IV antibiotics	Prevention of infection
Post ROSC care	Maintain Cand D
Prescribing	Inotropes, disease modifiers
IV Crush Therapy	Maintain C









Intervention	Rationale
Emergency Anaesthesia	Maintain A, B, C
Blood transfusion	Maintain C
Ultrasound	Detection/diagnosis
Amputation	Extrication
Resuscitative Thoracotomy	Cardiac
Resuscitative Histerostomy	Restore C
Central vein cannulation	Maintain C
Chest drain	Maintain B

The Future

- Possibility of expansion of services
- Development of role
- Research and auditing
- Major Incident cover
- ?? Air and road support
- Blue light driving!!

Any Questions?



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