

NCEPOD Trauma: Who cares? Data comparison tool.

Hospital Number _____

Hospital reception

Recommendations	Data collection tool	Response		Action required
Ambulance trusts and emergency departments should have clear guidelines for the use of pre-alerts in the severely injured patient population. The ambulance crew should be able to speak directly to clinical staff in the receiving emergency department to ensure an appropriate clinical response is available immediately.	Q5 – Did the hospital receive a pre-alert? Q6a – Is there documentation of a trauma response?	Yes Yes	No No	
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.	Q6b – Who was the team leader or person that performed the initial assessment? Q9a – Time of first review Q9b – Grade of most senior reviewer	Cons Refer to audit tool Cons	Other Other	
All patients should have a primary survey performed and clearly documented on admission to the emergency department.	Q7 – Was a primary survey performed upon arrival? Q8a – Was the primary survey performed sufficiently early enough? Q8b – Please give reasons to support your answer	Yes Yes Refer to audit tool	No No	
As previously recommended, a consultant must be the team leader for the management of the severely injured patient. However, it is appreciated that this will not be achievable	Q10a – Time of first consultant review Q10b – Time to first consultant review from arrival	Refer to audit tool Refer to audit tool		

<p>immediately. In the absence of this standard all severely injured patients should be reviewed by a consultant as soon as possible; ideally this should be within four hours of arrival at hospital, but must be within 12 hours of arrival.</p>	<p>Q10c – Was the patient reviewed by a consultant within 4 hours of arrival at hospital?</p> <p>Q11a – Was the initial response appropriate for the patients' clinical status?</p> <p>Q11b – If NO, please give reasons to support your answer</p>	<p>Yes</p> <p>Yes</p> <p>Refer to audit tool</p>	<p>No</p> <p>No</p>	
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Airway and breathing

Recommendations	Data collection tool	Response	Action required
<p>CT scanning of the cervical spine should be performed in adult patients who have any of the following features:</p> <ul style="list-style-type: none"> • GCS below 13 on initial assessment • has been intubated • is being scanned for multi-region trauma 	<p>Q12a – What was the patients GCS at initial assessment?</p> <p>Q12b – If BELOW 13, was a CT scan of the cervical spine performed?</p> <p>Q13a – Was the patient intubated?</p> <p>Q13b – If YES, was a CT scan of the cervical spine performed?</p> <p>Q14a – Was the patient scanned for multi-region trauma?</p> <p>Q14b – If YES, did this include a CT scan of the cervical spine?</p> <p>Q15a – Was there appropriate control of C-spine?</p> <p>Q15b – Please give reasons to support your answer</p>	<p>Refer to audit tool</p> <p>Yes No</p> <p>Refer to audit tool</p> <p>Yes No</p> <p>Refer to audit tool</p> <p>Yes No</p> <p>Yes No</p> <p>Refer to audit tool</p>	

Management of circulation

Recommendations	Data collection tool	Response	Action required																		
<p>Rapid identification of patients who require immediate surgery for control of haemorrhage is essential. Ongoing fluid requirements and instability identify a group of patients who require immediate intervention rather than further investigation. Local protocols should clearly identify the patient population for whom it is inappropriate to delay the surgery/intervention for reasons of 'stabilisation' or further investigation.</p>	<p>Q16a – Was the possibility of haemorrhage confirmed/excluded satisfactorily?</p> <p>Q16b – If YES, please give reasons to support your answer</p> <p>Q17a – Was fluid resuscitation appropriate to the degree of shock?</p> <p>Q17b – If YES, please give reasons to support your answer</p> <p>Q18a – Is there documented evidence for surgery/interventional radiology for this patient?</p> <p>Q18b – If YES, what was the procedure performed?</p> <p>Q19 – In your opinion was a procedure for the control of haemorrhage required for this patient?</p> <p>Q20a – Was the overall management of the patient's haemorrhage satisfactory?</p> <p>Q20b – Please give reasons to support your answer</p>	<table border="0"> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> </table>	Yes	No	Refer to audit tool		Yes	No	Refer to audit tool		Yes	No	Refer to audit tool		Refer to audit tool		Yes	No	Refer to audit tool		
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<p>Trauma laparotomy is potentially extremely challenging and requires consultant presence within the operating theatre.</p>	<p>Q21a – Did the patient undergo trauma laparotomy?</p> <p>Q21b – If YES, was a consultant present in the operating theatre at the time of the operation?</p>	<table border="0"> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> </table>	Refer to audit tool		Yes	No															
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<p>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.</p>	<p>Q22a – Did the patient have any CT scans performed?</p> <p>Q22b – If YES, were all necessary images obtained at the same time?</p>	<table border="0"> <tr> <td colspan="2" style="text-align: center;">Refer to audit tool</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> </table>	Refer to audit tool		Yes	No															
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<p>Timely access to CT scanning is essential. CT radiographers should be available within 30</p>	<p>Q22c – Were the patients scans performed in a timely manner? (i.e. on admission or within 30 minutes of arrival?)</p>	<table border="0"> <tr> <td style="text-align: center; vertical-align: top;">Yes</td> <td style="text-align: center; vertical-align: top;">No</td> </tr> </table>	Yes	No																	
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<p>minutes of the patient arriving in hospital. In larger trauma centres, with a higher workload, CT radiographers should be immediately available at all time.</p>				
<p>In the setting of remote radiology facilities and/or lack of timely access to CT scanning, unstable patients should not be taken to the CT scanner. These unstable patients should have immediate surgery.</p>	<p>Q23 – If the patient was unstable, and CT scanning was not readily available (i.e. only available remotely or lack of timely access to CT scanning), was the patient taken directly to theatre for immediate surgery?</p>	<p>Yes</p>	<p>No</p>	

Head injury management

Recommendations	Data collection tool	Response	Action required
<p>Patients with severe head injury should have a CT head scan performed as soon as possible after admission and within one hour of arrival at hospital.</p>	<p>Q24a – Was a head CT scan performed?</p> <p>Q24b – Time of CT scan</p> <p>Q24c – Length of time from arrival</p>	<p>Refer to audit tool</p> <p>Refer to audit tool</p> <p><1 hour following arrival</p> <p>>1 hour following arrival</p>	
<p>All patients with moderate or severe head injury should have case and CT findings discussed with a neurosurgical service.</p>	<p>Q25a – In your opinion, was a CT scan necessary?</p> <p>Q25b – Was the scan performed in a timely fashion?</p> <p>Q25c – Please give reasons if you disagree with the decision to carry out or not carry out a CT scan</p> <p>Q25d – If in your opinion the CT scan was delayed why should it have been done earlier?</p> <p>Q26a – Is there documented evidence that a neurosurgeon was consulted?</p> <p>Q26b – Was the consultation with an onsite or offsite neurosurgeon?</p> <p>Q26c – In your opinion was the consultation necessary?</p> <p>Q26d – Please give reasons to support your answer</p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Yes</p> <p>No</p> <p>Refer to audit tool</p> <p>Yes</p> <p>No</p> <p>Refer to audit tool</p>	
<p>All patients with severe head injury should be transferred to a neurosurgical/critical care centre irrespective of the requirement for surgical intervention.</p>	<p>Q27 – If the patient had a severe head injury, were they transferred to a neurosurgical/critical care centre for treatment?</p>	<p>Yes</p> <p>No</p>	
<p>Consultant presence should be increased at operations requiring major neurosurgery.</p>	<p>Q28a – Is there documented evidence of surgery for head injury?</p> <p>Q28b – What surgery was carried out?</p>	<p>Yes</p> <p>No</p> <p>Refer to audit tool</p>	

Q29a – If the patient required major neurosurgery, was a consultant present in the operating room?

Yes

No

Q29b – If NOT, why not?

Refer to audit tool

Transfers

Recommendations	Data collection tool	Response		Action required
<p>A clear record of the grade and specialty of all accompanying staff involved in the transfer or retrieval of severely injured patients should be made and this documentation should accompany the patient on transfer.</p>	<p>Q30a – Is there documented evidence of the patient undergoing a secondary transfer?</p> <p>Q30b – If YES to 30a, was the grade of the clinician who arranged the transfer recorded in the notes?</p> <p>Q30c – If YES to 30a, was the specialty of the clinician who arranged the transfer recorded in the notes?</p> <p>Q30d – If YES to 30a, was the grade of clinician who received the transfer recorded in the notes?</p> <p>Q30e – If YES to 30a, was the specialty of the clinician who received the transfer recorded in the notes?)</p> <p>Q30f – If YES to 30a were the grades of staff who accompanied the patient recorded in the notes?</p> <p>Q30g – If YES to 30a, were the specialties of the staff who accompanied the patient recorded in the notes?)</p>	<p>Refer to audit tool</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>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.</p>	<p>Q31 – If your hospital was the receiving hospital did you have all the casenotes?</p> <p>Q32 – If your hospital was the dispatching hospital did you send all the casenotes?</p>	<p>Yes</p> <p>Yes</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	