St George's Healthcare NHS
NHS Trust

# The critical care referral guidelines for trauma patients

Patients with ANY of the following criteria should be discussed with the GICU SpR via pager 7980 or extension 1307.

Patient criteria

- >65 years of age with 1 or more major injuries (NOT including # neck of femur)
- Any limiting / severe co-morbidities

ABCD (physiological) criteria

- A - Injury to, or that might compromise, the airway
- B - Hypoxaemia and / or hypercapnia post resuscitation
- C - Haemodynamically unstable (persistent tachycardia *and / or* hypotension post resuscitation and surgical control of bleeding)
- D - GCS ≤13 (any cause) post resuscitation

Injury criteria

- 2 or more major injuries
- Suspected or proven, unstable, spinal injuries

Treatment criteria

- >4 units of packed RBC transfusion during resuscitation
- >2 hours in theatre

Post treatment criteria

- Any significant acute organ or metabolic dysfunction post resuscitation
- High risk of deterioration or complications

The GICU SpR will decide (in consultation with the GICU consultant, if necessary) which of the 3 adult ICUs the patient should be admitted to. As a general guide:

- Isolated head or spinal injuries should go to Neuro ICU (whether they need neurosurgery or not).
- Isolated chest injuries should go to CTICU.
- Polytrauma patients should go to GICU.
- Polytrauma patients requiring neurosurgical intervention (craniotomy) and / or intra-cranial pressure monitoring and management, can be managed on either Neuro ICU or GICU and each case should be judged on it own merits.

In order to take an acute admission onto any of the 3 units, a stable patient can be transferred to one of the other units to create a bed for the acute admission.

Immediate secondary transfers (from base hospital A&E) should be delivered to St George's A&E and the patient treated in identical manner to primary reception:

- Please inform GICU SpR at the earliest opportunity.
- Immediate lack of an ICU bed should not delay transfer to St George's (Vascular surgery model).

Delayed secondary transfers requiring 1 or more surgical specialties and ICU / HDU care:

- Whoever takes referral must get a comprehensive list of injuries, co-morbidities and current clinical state (GICU & Pelvic surgery template).
- Team accepting patient must liaise with trauma team and other specialist teams at the earliest opportunity.
- Patients should arrive with radiological spinal clearance / diagnosis and appropriate immobilisation. (ICS guidelines)
- Inform the relevant ICU of the patient and the acuity of the need to transfer.
- Ensure all radiology travels with patient.
- Ensure tertiary survey completed within 24 hours of patient arrival.

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