Management of Multiple Trauma Patients in CUH

Professor Richard Greene convened a meeting on 28.04.10 of a number of surgeons involved in the management of trauma. The meeting was attended by John Hinchion, George Kaar, Iomhar O’Sullivan, Charlie Marks and Richard Green.

We came to three main conclusions:-

No. 1. When there is controversy or debate over which service should take primary responsibility for the patient, the senior A & E doctor (Consultant or Registrar) should make the final decision about which service the patient is admitted under.

No. 2. There has to be one main consultant, as above, but surgeons from other specialities who are involved in the patient’s care should also be listed so that there is a clear chain of command for all involved in that person’s care.

No. 3. Not enough discussion is taking place between the registrars in the various surgical services when these multiply injured patients are admitted. There is too great a tendency for the neurosurgical or orthopaedic registrar to see the patient, sort out their ‘bit’, write in the notes and then leave the A & E doctors to negotiate with the other surgical services. There has to be more registrar-to-registrar or consultant-to-consultant discussion of these cases.

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