

Trauma Triage from June 2023.

Please note that a Major Trauma Centre – Triage Decision Tool will be published by PHECC shortly.

In anticipation of this please find enclosed the CPG and associated decision tool. This is for education purposes only, to update your understanding of our response to Prehospital Trauma.

At the moment NEOC are organising their response to major trauma, taking into account geographical area, time to ED, availability of Aeromed etc. This response will be coordinated through a specialised HSE Trauma Desk within NEOC.

As this response to trauma develops we will update this package if appropriate.

The Triage tool has 3 components

1. Physiology
2. Injury
3. Mechanism

A positive result in any component, allows the practitioner to follow the Major Trauma Centre triage decision tool CPG.

When patients meet the CPG criteria, the term used when contacting the receiving facility using ASHICE is 'Major Trauma Positive'.¹

The descriptors for **components 1 & 2** are straight forward. However they are not exclusive or absolute. Significant injuries involving more than 1 body region – or which require specialist care to prevent more harm may also be considered for inclusion.¹

Component 3, Mechanism is important, but sometimes not specific enough to predict major trauma. Any decision to designate a patient as 'Major Trauma Positive' based on mechanism alone will be triaged initially through the NEOC Trauma Desk¹ – this facility is not live at the moment.

Please read through the CPG and decision tool attached.

With 'Major Trauma Positive' patients please contact the receiving facility using NEOC and the agreed ASHICE process. This must be done as soon as is practical – don't leave it until you are leaving scene. This will allow the unit to organise an appropriate response.

If the condition of your patient changes e.g. an improvement or dis improvement in physiology, please re contact the unit via NEOC to update the receiving trauma team.

1. Dr David Menzies