

# Major trauma: service delivery

Information for the public

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## About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

Major trauma is the term used to describe serious injuries that could cause permanent disability or death. Examples of major trauma include serious injuries to the head, the spine or the chest, injuries that cause a person to lose a lot of blood, and complicated breaks to bones called complex fractures (such as a broken pelvis or a broken bone that is sticking out through the skin).

This information explains the advice we have produced for NHS organisations and staff who provide major trauma services. It sets out the services that people should expect in the NHS when they have a major trauma, including ambulance services taking people to hospital, handing over of care to the hospital trauma team on arrival at hospital, and services for treating major trauma once in hospital.

This information does not cover everything major trauma services do, or how people's injuries should be treated when they have a major trauma. For details of our advice on treating major trauma, complicated breaks to bones (complex fractures), head injuries and

spinal injuries see [other NICE guidance](#).

We have also produced information for the public on [what adults should be able to expect when they use the NHS](#), and have more information on the NICE website about [using health and social care services](#).

## Deciding where to take a person with major trauma

There are 2 types of centres that treat people with major trauma. These are called major trauma centres and trauma units, and are explained in the box below. Ambulance teams should have a checklist called a 'triage tool' to help them decide where to take people. This checklist should include information about the type of injuries the person has and their general condition. It should take into account the needs of:

- older people
- children
- women who are pregnant
- people who already have other illnesses or conditions
- people who take medicine to prevent blood clots (called an anticoagulant), which can increase the risk of bleeding from injuries.

A doctor or nurse at the ambulance control centre should always be available to give the ambulance team advice.

Ambulance teams should spend only enough time at the scene of the incident to give life-saving treatment that is needed immediately.

### Major trauma centres and trauma units

Major trauma centres are specialist hospitals that provide care for people with severe injuries. Trauma units are based in hospitals and provide care for less serious injuries. Most people with major trauma should be taken straight to a major trauma centre for

treatment, rather than a trauma unit, even if the major trauma centre is further away.

Sometimes the ambulance team cannot give the life-saving treatment the person needs at the scene of the incident. If this happens, and if the nearest trauma unit is closer than the major trauma centre, the ambulance team should take the person to the trauma unit for quick emergency treatment. The person should then be moved to a major trauma centre as soon as it is safe to do so.

## Handing over care from the ambulance team to the hospital trauma team

Ambulance teams should use a standard list to write down important information about the person for the trauma team in the hospital. It should include all of the following:

- The person's age and sex. Major trauma centres and trauma units should have special teams (called paediatric trauma teams) to care for children.
- When and how the injury happened (for example, a car accident or falling off a ladder).
- What they think the person's injuries are.
- The person's pulse, blood pressure and heart rate, and whether they are conscious.
- The treatment they have given the person.
- When they expect to arrive at the hospital.
- Any treatments the hospital needs to have ready for the person, such as blood for transfusion or surgery.

This information should be given to the hospital trauma team as quickly as possible.

## Moving people who are injured from one hospital to another

There should be a protocol (a set of rules) for moving people who are injured safely and quickly from one hospital to another for treatment. Once it has been decided that

someone needs to be moved, the hospital staff should make sure they are on their way to the new hospital within 30 minutes.

## Services for people in hospital after major trauma

The hospital trauma service should be led by a consultant doctor who can be contacted 24 hours a day, 7 days a week.

There should be a named key worker, often a senior nurse, to coordinate each person's care in hospital. The key worker should stay in contact with the person, their family and carers, and the other healthcare professionals who are providing the person's care. The key worker should be there at all ward rounds and make sure the person is supported and can express their views and preferences. They should also organise plans for when the person leaves hospital and any treatment or rehabilitation they might need afterwards.

## Information and support

### At the hospital

There should be a protocol (a set of rules) about providing information and support to people with major trauma and their family members and carers. Someone from the trauma team should be available to answer any questions they have.

### Children and adults who may need extra support

If the person with major trauma is a child or adult who might need some extra support (for example, because they have a learning disability or dementia), a member of the hospital staff should be assigned to look after them and to contact their families or carers.

### When moving to another hospital

When people move to another hospital, they should be told where they are going, why they are being moved there and who will be responsible for their care at the new hospital

(including contact details). They should be given some written information about this. The name and contact details of the person who was responsible for their care at the first hospital should be written down for them.

## Sources of advice and support

There is more information about major trauma services on [NHS Choices](#). You can also talk to the Patient Advice and Liaison Service (PALS) if you have questions or concerns about major trauma services. There is information about PALS and how to find your nearest PALS office on [NHS Choices](#).

NICE is not responsible for the quality or accuracy of any information or advice provided by other organisations.

## Other NICE guidance

- [Spinal injury](#) (2016) NICE guideline NG41
- [Major trauma](#) (2016) NICE guideline NG39
- [Fractures \(complex\)](#) (2016) NICE guideline NG37
- [Head injury](#) (2014) NICE guideline CG176

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## Accreditation

