

**Date and Time:** *Thursday 21<sup>st</sup> November 2013 10:30 – 16:30*

**Minutes:** Confirmed

**Guideline Development Group Meeting  
Major Trauma GDG 2**

**Place:** *Boardroom, National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ*

**Present:** GDG Members

1. Karim Brohi (Chair)	KB
2. Simon Hughes	SH
3. Graham Stiff	GS
4. Heather Jarman	HJ
5. Nick Welch	NW
6. Paul Wallman	PW
7. Richard Lee	RL
8. Simon McPherson	SM
9. Judith Foster (co-optee)	JF
10. Madeleine Sampson	MS
11. Chris Fitzsimmons	CF

NCGC Technical team

1. Alexander Allen	AA
2. Amy Kelsey	AK
3. Kate Kelley	KK
4. Margaret Constanti	MC
5. Mark Perry	MP
6. Nina Balachander	NB
7. Sharon Swain	SS
8. Rhosyn Harris	RH
9. Suffiya Omarjee	SO
10. Vicki Pollit	VP
11. Peter Cain	PC
12. Frank O'Neill	FO
13. Caroline Farmer	CF

NICE:

14. Claire Ruiz	CR
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Apologies

1. David Skinner	DS
2. Kevin Morris	KM
3. Ian Bullock	IB

**Notes**

1. The Chair welcomed the group to the second guideline development group meeting. The

## Notes

chair reviewed and requested updates of the declarations of interest register. No new declarations were received. Apologies were received from DS, KM and IB.

2. The minutes of the last meeting of this group were agreed as a true and accurate account of the meeting.
3. An update was then given to the GDG on progress since the last meeting.
4. The Chair introduced Nina Balachander, NCGC Senior Research Fellow and Project Manager, who presented the final Major Trauma scope to the GDG. The Chair thanked NB for her presentation.
5. NB then gave a presentation to the GDG on the importance of the protocols stage of development. The Chair thanked NB for her presentation.
6. The Chair introduced Margaret Constanti, NCGC Health Economist, who gave a presentation on prioritising topic areas for economic modelling. The Chair thanked MC for her presentation.
7. NB then presented the following protocols that were discussed and signed off by the GDG:
  - What is the most clinically and cost effective strategy of airway management in patients with major trauma pre-hospital?
  - What is the diagnostic accuracy of pre-hospital imaging strategies in identifying the following life threatening chest injuries (tension pneumothorax, haemothorax and cardiac tamponade) in patients with major trauma?
  - What is the diagnostic accuracy of hospital imaging strategies in identifying the following life-threatening chest injuries (tension pneumothorax, haemothorax, cardiac tamponade, pneumothorax, pulmonary contusion, flail chest and aortic injury) in patients with major trauma?
  - What are the most clinically and cost effective strategies for assessing chest trauma in patients with major trauma on initial presentation?
  - What are the most clinically and cost effective imaging strategies for detecting life threatening internal haemorrhage in major trauma patients?
  - Is the application of pelvic binders pre-hospital in patients suspected of pelvic fracture clinically and cost effective in improving outcomes?
  - Is the use of interventional radiology for definitive haemorrhage control in major trauma patients clinically and cost effective?
  - What are the most clinically and cost effective surgical intervention strategies in the major trauma patient with active haemorrhage (damage control versus definitive surgery)?
  - Is the use of antifibrinolytic agents clinically and cost effective in improving outcomes in patients with haemorrhage in major trauma?
8. There was no other business. The Chair closed the meeting and thanked the GDG for attending.

Date of next meeting: Tuesday 7 January 2014, Boardroom, NCGC, 180 Great Portland Street, London W1W 5QZ

