

# Trauma Fax Sheet – Referral to UHNS

PATIENT		ID Number	Age	Date of Birth	Referring Hospital				
Name									
PERSONNEL		Specialty	Grade	Named Consultant	Contact phone/pager				
Referring Clinician									
Responding Clinician									
Situation		Incident mechanism and main current problem							
Date/time of incident									
Time at referring hospital									
Time referred to UHNS									
Current patient location									
Background		Past history and personal circumstances							
<input type="checkbox"/> Own home	<input type="checkbox"/> Full mobility								
<input type="checkbox"/> Residential Home	<input type="checkbox"/> Walking aid								
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> House bound								
<input type="checkbox"/> Independent living	<input type="checkbox"/> Full cognition								
<input type="checkbox"/> Family support	<input type="checkbox"/> Mild confusion								
<input type="checkbox"/> Care package	<input type="checkbox"/> Dementia								
		<input type="checkbox"/> Aspirin/clopidogrel/warfarin medication:							
Assessment		Injuries and specific treatment so far							
<b>Physiological compromise</b> <input type="checkbox"/> Airway compromised at any time <input type="checkbox"/> Poor oxygenation or ventilation <input type="checkbox"/> Intubated and ventilated <input type="checkbox"/> Chest drained:									
<input type="checkbox"/> Hypotensive, shocked or ↑ lactate <input type="checkbox"/> TXA given: <input type="checkbox"/> Blood/products transfused: <input type="checkbox"/> Crystalloid limited to:									
<input type="checkbox"/> Abnormal GCS: <b>E V M</b> Total: <input type="checkbox"/> Pupils abnormal: <input type="checkbox"/> Limb weakness: <input type="checkbox"/> Hypertonic saline given:									
<b>Imaging</b> <input type="checkbox"/> CT head, neck and trunk (circle) <input type="checkbox"/> Other imaging: <input type="checkbox"/> Images sent to 'University Hospital of North Staffs', delivery node 'Tertiary PACS', priority 'Blue Light' at time:									
						<input type="checkbox"/> Antibiotics:			
Request		Call TTL or Surgical Specialist (as below) and fax sheet to UHNS ED Resus:01782 674210							
<input type="checkbox"/> Advice only (transfer not anticipated) <input type="checkbox"/> Immediate transfer decision (set off < 30') <input type="checkbox"/> Urgent transfer decision (set off < 2 h) <input type="checkbox"/> Less urgent referral/transfer decision <input type="checkbox"/> Consideration of palliative care  <b>Trauma Team Leader or Surgical Specialist</b> <b>Severe trauma:</b> call TTL 24/7 directly via pager <b>07623 975903</b> (Resus <b>01782 674456</b> as backup) <b>Less severe:</b> call specialty registrar/consultant via UHNS Switch <b>01782 715444</b> (TTL as backup)		Named local Consultant(s) consulted before referral		Specialty					
		Specific questions/concerns:							

## Trauma Fax Sheet – Response from UHNS

PATIENT		ID Number	Age	Date of Birth	Referring Hospital
Name					
PERSONNEL		Specialty	Grade	Named Consultant	Contact phone/pager
Referring Clinician					
Responding Clinician					
Situation <span style="float: right;">Incident and main problems</span>					
Mechanism:		Main problems and treatment so far:			
Date/time of incident					
Date/time referred					
Time of response back					
Background <span style="float: right;">Past history and personal circumstances</span>					
Assessment <span style="float: right;">Overall evaluation</span>					
<input type="checkbox"/> Decision without viewing imaging <input type="checkbox"/> Assessment after viewing imaging <input type="checkbox"/> Delay in receiving imaging at UHNS					
Recommendation <span style="float: right;">Advice and transfer decisions from UHNS to referring hospital</span>					
<input type="checkbox"/> Transfer immediately by air / land (< 30') <input type="checkbox"/> Transfer urgently by air / land (set off < 2h) <b>Send patient to: Resus Room, ED, UHNS</b> <b>Inform Resus when leaving: 01782 674456</b>		Named Specialists consulted before response		Grade	Specialty
<input type="checkbox"/> Transfer not currently indicated <input type="checkbox"/> Plan non-urgent transfer/clinic follow up <b>Call again if:</b>		Specific advice from UHNS:			
<b>Life support:</b> <input type="checkbox"/> Intubate and ventilate (if not already) <input type="checkbox"/> Drain chest ... <input type="checkbox"/> Keep p <sub>a</sub> O <sub>2</sub> > 12 kPa and p <sub>a</sub> CO <sub>2</sub> 4.5-5.0 kPa <input type="checkbox"/> Keep SBP or MAP ... <input type="checkbox"/> Transfuse blood ... <input type="checkbox"/> Transfuse products... <input type="checkbox"/> Give TXA (if not already) ... <input type="checkbox"/> Reverse anticoagulant ... <input type="checkbox"/> Give hypertonic saline 3 mL/kg of 2.7%		<input type="checkbox"/> Palliative care decision to be considered (Consultant involvement essential)			
<b>Trauma Resuscitation Anaesthetist (TRA)</b> Contact Consultant TRA via UHNS Switch 24/7 if specific advice needed on physiological control before/during transfer: <b>01782 715444</b>					