

# New Zealand Out-of-Hospital Major Trauma Destination Policy

Lower North Island Area

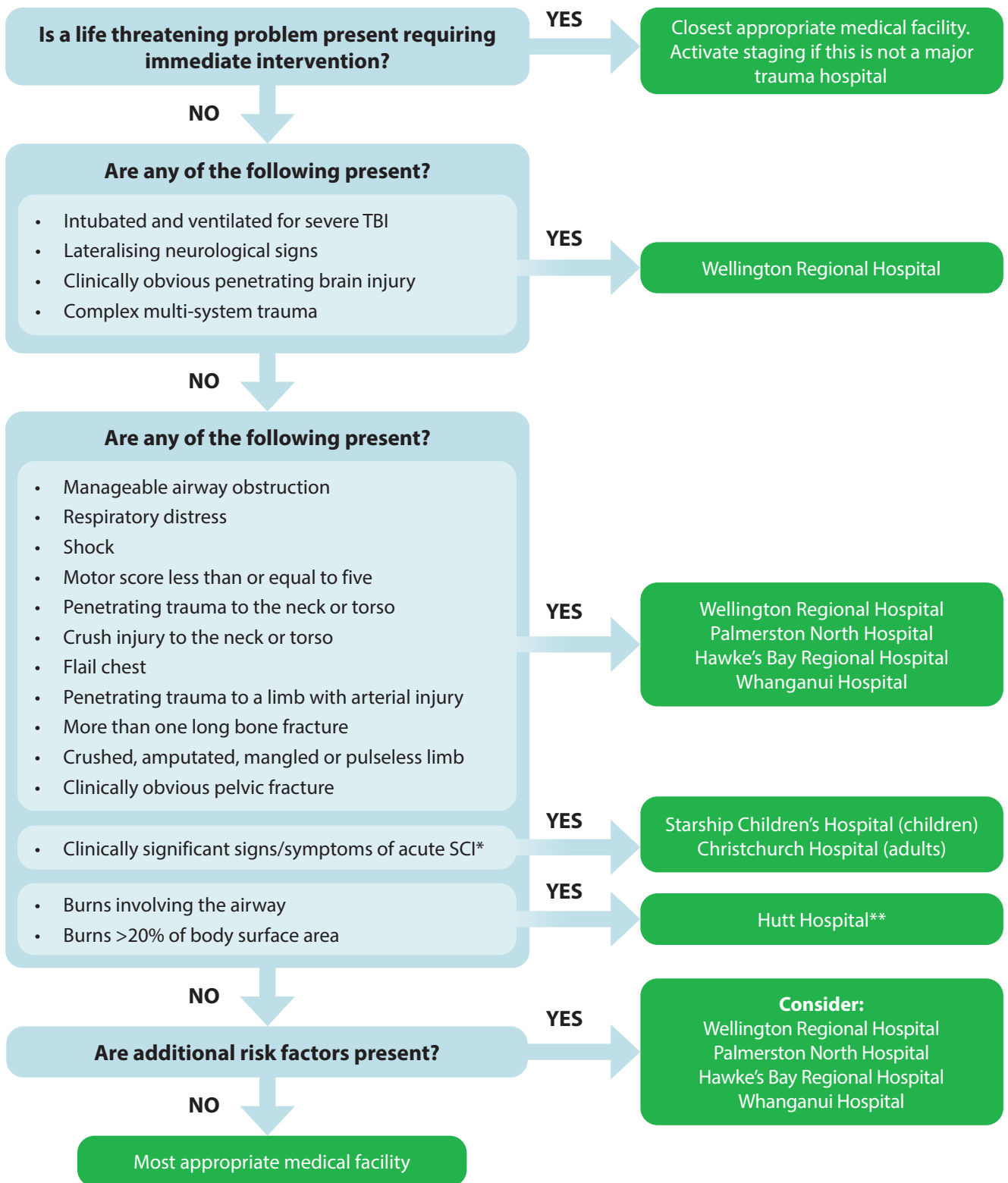
This document is for the use of clinical personnel when determining the destination hospital for patients with major trauma in the out-of-hospital setting in the Lower North Island Area of New Zealand. It has been developed by the Central Regional Major Trauma Network in conjunction with the National Major Trauma Clinical Network and the Ambulance Sector.

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# Major Trauma Destination Flowchart

Lower North Island Area



**Note:**

\* Refer to the Spinal Cord Injury Destination Policy

\*\* Hutt Hospital is not a major trauma hospital. If there are signs or symptoms of major trauma in addition to burns, the patient must be transported to a major trauma hospital.

# Major Trauma Destination Policy: Lower North Island Area



## Additional Information

### Introduction

- ▶ This policy is for the use of personnel in the out-of-hospital setting, when determining the transport destination for patients with major trauma in the Lower North Island Area of New Zealand.
- ▶ It should be read in conjunction with the New Zealand Out-of-Hospital Major Trauma Triage Policy, the National Major Trauma Network Staging Guidelines, the New Zealand Spinal Cord Injury Destination Policy and the Ambulance Sector Clinical Procedures and Guidelines (CPGs).
- ▶ The goal of this policy is to ensure that patients with major trauma are transported directly to the most appropriate major trauma hospital, whenever it is feasible and safe to do so.

### Major trauma hospitals

- ▶ The following hospitals are designated to receive patients with major trauma:
  - Hawke's Bay Regional Hospital.
  - Whanganui Hospital.
  - Palmerston North Hospital.
  - Wellington Regional Hospital.
- ▶ Wellington Regional Hospital is the tertiary major trauma hospital.

### Determining the most appropriate major trauma hospital

- ▶ The flowchart describes the preferred major trauma hospital/s, based on the best descriptor of the patient's clinical condition.
- ▶ The patient should be transported to the preferred major trauma hospital as described in the flowchart, whenever it is feasible and safe to do so.
- ▶ If it is not feasible or safe to transport the patient to the preferred major trauma hospital or more than one major trauma hospital is listed as an option, the patient should be transported to the most appropriate major trauma hospital. This will usually be the nearest major trauma hospital, but it may be appropriate to transport the patient to another major trauma hospital if that hospital has the most appropriate facilities to meet the patient's needs.
- ▶ Personnel will determine the most appropriate major trauma hospital taking into account all of the following:
  - The information within this policy.
  - The patient's expected treatment requirements.
  - The transport time to the relevant hospitals.
- ▶ Personnel should have a low threshold for seeking clinical advice if the transport time to the chosen major trauma hospital is significantly longer (this is not defined and requires clinical judgement) than the transport time to the nearest major trauma hospital.

## Life threatening problems requiring immediate intervention

- ▶ Transport the patient to the closest appropriate medical facility if the patient has a life-threatening problem requiring immediate intervention that cannot be provided by personnel at the scene.
- ▶ The decision to transport a patient with a life-threatening problem to a medical facility that is not a major trauma hospital requires clinical judgement and personnel must have a low threshold for seeking clinical advice. The decision should take into account the nature of the patient's injuries, the rate of deterioration, the relative proximity of the medical facilities and the personnel available at the medical facility.
- ▶ Staging must be activated via Comms, preferably before leaving the scene, if the medical facility is not a major trauma hospital.
- ▶ Personnel in the receiving medical facility must be notified as soon as possible, preferably before leaving the scene.

## Severe traumatic brain injury (TBI)

- ▶ Most patients with severe TBI do not require urgent neurosurgery. However, patients with any of the following clinical features have a high probability of requiring urgent neurosurgery and/or neuro-intensive care and should be transported to Wellington Regional Hospital whenever it is feasible and safe to do so:
  - Intubated and ventilated **or**
  - Lateralising neurological signs, for example unilateral pupil dilatation or unilateral weakness **or**
  - Clinically obvious penetrating brain injury.
- ▶ Personnel should have a low threshold for seeking clinical advice if transport to Wellington Regional Hospital will involve a long flight, particularly if the patient is not intubated and ventilated.

## Complex multi-system trauma

- ▶ Complex multi-system trauma cannot be tightly defined and clinical judgement is required, but includes patients with major trauma involving very severe injuries to more than one body region.
- ▶ Patients with complex multi-system trauma will usually benefit from transport to Wellington Regional Hospital, provided this is feasible and safe.
- ▶ Personnel should have a low threshold for seeking clinical advice if transport to Wellington Regional Hospital will involve a prolonged flight.

## Burns

- ▶ Patients with a burn injury of greater than 20% of TBSA or burns involving the airway should be transported to Hutt Hospital, if feasible and safe. Hutt Hospital is not a major trauma hospital and if there are signs or symptoms of major trauma in addition to the burn injury, the patient must be transported to a major trauma hospital.
- ▶ Patients with a burn injury greater than 10% of TBSA in an adult or greater than 5% of TBSA in a child should be transported to Hutt Hospital or to a hospital with surgical facilities.
- ▶ Burns involving the face, hands or genitals may require treatment in a regional burn centre. However, provided the burn injury is less than 10% of TBSA in an adult or less than 5% of TBSA in a child, treatment is not usually time sensitive and the patient should usually be transported to the most appropriate hospital, and subsequently transferred if required.