

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	St George Hospital Trauma Hotline Use and Referral Procedure
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<b>KEY TERMS</b>	Trauma Hotline, Referral and Transfer of Trauma Patients, Major Trauma, St George Hospital Trauma Service.
<b>SUMMARY</b>	Procedure for the use of the St George Hospital Trauma Hotline for the referral and transfer of Trauma patients to St George Hospital, a designated Major Trauma Service in The South Eastern Sydney Local Health District (SESLHD)

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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# SESLHD PROCEDURE

## St George Hospital Trauma Hotline Use and Referral Procedure

**SESLHDPR/381**

### 1. POLICY STATEMENT

Trauma Systems are developed to facilitate transfer and treatment of the injured patient resulting in optimal, equitable, and accessible care for all trauma patients. It is the goal of the NSW Trauma Services Plan to integrate all hospital facilities into an inclusive trauma network in order to provide definitive trauma care to all injured patients throughout NSW. In line with [NSW Policy Directive PD2010\\_021: Critical Care Tertiary Referral Networks & Transfer of Care \(Adults\)](#); [Selected Specialty and Statewide Service Plans, NSW Trauma Services Number Six, December 2009](#) and [Protocol T1 ASNSW](#) the decision to transfer trauma patients to a higher level of care is made on clinical grounds, and not the availability of resources such as beds at the major trauma service. All hospitals will have transfer agreements within their networks for the identification and transfer of trauma patients as necessary. The St George Hospital Trauma Hotline is a 24 hour consultancy service which has been developed to expedite the transfer of trauma patients to St George Hospital Trauma Service in coordination with Aeromedical and Medical Retrieval Service (AMRS), enabling quick access to definitive treatment.

### 2. BACKGROUND

The Major Trauma Service for adults (age 16 or greater) in SESLHD is located at St George Hospital (SGH). St George Hospital is a Level One Trauma Centre. As patient outcomes are impacted directly by the presence of a multidisciplinary dedicated in-hospital trauma service all patients assessed to be suffering severe trauma are to be taken directly to SGH as the Major Trauma Service for this network. If travel time is greater than sixty (60) minutes and the patient is hemodynamically unstable then they should be taken to the closest regional trauma service from which they can be stabilised prior to transfer per SGH Trauma Hotline guidelines.

#### 2.1 St George Hospital Trauma Service

Provides immediate and continuing care for severely injured adult trauma patients and accepts referrals from the following Local Health Districts (LHDs):

- South Eastern Sydney
- Illawarra Shoalhaven
- Murrumbidgee
- Southern NSW
- South Western Sydney
- Sydney
- Australian Capital Territory (ACT)
- St Vincent's Health Network

#### 2.2 Non-refusal policy at St George Hospital

The SGH Trauma Service has a non-refusal policy for major trauma patients and works closely with Aeromedical and Medical Retrieval Service (AMRS) to ensure that the transfer of severely injured patients to a Major Trauma Service is expedited. This policy is supported by both the Director of Operations and the Director of ICU at St George Hospital.

#### 2.3 Appropriate Referral Type

Adult trauma patients 16 years and older - for absolute and relative indications to refer patients via The St George Hospital Trauma Hotline refer to Appendix 1.

## SESLHD PROCEDURE

### St George Hospital Trauma Hotline Use and Referral Procedure

**SESLHDPR/381**

#### 2.4 Patients with Burns

In primary cases of a **severe burn injury**, where clinically indicated, patients may be transported directly to the relevant specialist severe burn injury service within the Local Health District (for SESLHD; Royal North Shore Hospital or Concord Hospital). In primary cases of a **combined severe trauma and burn injury** patients should be transported to Royal North Shore Hospital following discussion with their local Trauma Service. If the referring practitioner is unsure or seeking advice they should contact the St George Hospital Trauma Hotline for guidance on best management of the patient. Please refer to [NSW Severe Burn Injury Service Burn Transfer Guidelines](#) and [NSW Policy Directive PD2010\\_021: Critical Care Tertiary Referral Networks & Transfer of Care \(Adults\)](#).

#### 2.5 Patients with Spinal Cord Injury

In primary cases of an **isolated acute spinal cord injury**, where clinically indicated, patients may be transported directly to the relevant specialist spinal cord injury service within the district which in SESLHD is located at Prince of Wales Hospital (POWH). The spinal cord injury service at POW can be contacted on **(02) 9382 2222**. In primary cases of a **combined severe trauma and acute spinal cord injury** patients should be referred to the SGH Trauma Hotline. If the referring practitioner is unsure or seeking advice they should contact the SGH Trauma Hotline for guidance on best management of the patient.

Please refer to [SESLHD Procedure: Acute Spinal Cord Injury of the Adult – Management & Referral Procedure](#) and [NSW Policy Directive PD2010\\_021: Critical Care Tertiary Referral Networks & Transfer of Care \(Adults\)](#).

#### 2.6 Paediatric Trauma

Children less than 16 years of age should be transferred to a paediatric MTS which for SESLHD is The Sydney Children's Hospital Network located at Randwick and Westmead. For clinical guidance, transport and patient acceptance at a paediatric MTS please contact NETS retrieval: **1300 36 2500**.

For further information refer to [Critical Care Tertiary Referral Networks \(Paediatrics\) PD2010\\_030](#) and [Emergency Paediatric Referrals – Policy PD2005\\_157](#).

#### 2.7 NSW Aeromedical and Medical Retrieval Service (AMRS)

The need for physician-assisted transfer is determined by AMRS in consultation with the receiving facility. Transfer will generally require medically supervised transport which may be via AMRS. AMRS should be contacted on **1800 650 004** by the referring hospital, once the patient has been accepted by the Trauma Service at St George Hospital, to facilitate timely medical retrieval. Cases requiring complex decision making may warrant a teleconference involving St George Trauma Service, AMRS and the treating facility. <http://www.ambulance.nsw.gov.au/about-us/aeromedical.html>

### RESPONSIBILITIES

#### 3.1 Referring clinicians are encouraged to:

- Refer adult Trauma cases via the SGH Trauma Hotline without delay by calling **(02) 911 34 500**. It is not necessary to have made a diagnosis or have stabilised the injured patient prior to contacting the Trauma Hotline.
- As soon as the treating physician ascertains that the patient has severe trauma related injuries that exceed the local institutional capabilities they are encouraged to call the hotline.
- Seek advice via the SGH Trauma Hotline if uncertain of the appropriateness of referral or are seeking guidance regarding the medical treatment of the patient
- Once patient has been accepted under care of SGH Trauma Team, contact AMRS on **1800 650 004** to arrange patient transfer.
- Contact the St George Trauma Medical Director or Network Trauma Coordinator with any feedback or concerns regarding the SGH Trauma Hotline via email: [STGTrauma@SESLHD.HEALTH.NSW.GOV.AU](mailto:STGTrauma@SESLHD.health.nsw.gov.au)

#### 3.2 Trauma Medical Officer at St George Hospital Trauma Service “on call” for St George Hospital Trauma Hotline will:

- Accept call and handover from referring clinicians
- Request details of the Primary Survey to provide appropriate medical advice
- Provide advice for interim management and stabilisation of patient prior to accept care of patient.
- Inform referring clinician to contact AMRS to arrange transfer
- Inform the Emergency Department, Surgical Fellow on call, Bed Management, ICU (if required) and other specialities of incoming trauma transfer and the patients estimated time of arrival (ETA) as required.
- When suitable, facilitate direct transfer of the patient to the operating theatre if required

#### 3.3 Aeromedical and Medical Retrieval Service (AMRS) will:

- Upon being contacted by referring hospital AMRS will arrange appropriate transportation of Trauma Hotline patients to SGH.
- Provide advice for interim management via teleconference if required

#### 3.4 Receiving staff at SGH Emergency Department will:

- Document expected patient details on FirstNet Pre-arrival form and ensure notification is conveyed to the medical officer in charge of each shift
- Activate the appropriate level trauma call prior to or at time of patient arrival
- Assist with a full trauma team evaluation on patient arrival

#### 3.5 District Trauma Coordinator will:

- Monitor the process and function of the SGH Trauma Hotline through a quarterly review and address logistical issues or concerns as they arise
- Provide education to clinicians at referring hospitals and accept feedback on use of the SGH Trauma Hotline
- Where appropriate will escalate SGH Trauma Hotline related issues to the Director of Trauma or via the Critical Care Clinical Stream.

## SESLHD PROCEDURE

### St George Hospital Trauma Hotline Use and Referral Procedure

SESLHDPR/381

#### 3.6 St George Trauma Director will:

- Be responsible for rostering and function of the SGH Trauma Hotline
- Follow up on an issues which have been escalated by the Area Network Trauma Coordinator

#### 3.7 Switch at St George Hospital will:

- Accept all phone calls to the SGH Trauma Hotline and record the name of referring physician and hospital
- Transfer the call to the on call Trauma Medical Officer
- Maintain a log of all SGH Trauma Hotline phone calls
- Contact the District Trauma Coordinator with any issues that arise regarding the SGH Trauma Hotline or transfer of calls

### 3. PROCEDURE

Refer to Appendix 1 for further details on referring facilities, contact details, absolute and relative indications for transfer of the adult trauma patient.

### 4. DOCUMENTATION

A log of all Trauma Hotline calls is recorded and maintained at SGH switchboard. All documentation of patient care given at referring facility should be photocopied and transferred with the patient to SGH.

### 5. AUDIT

The District Trauma Coordinator will undertake monthly - bimonthly review and audit of SGH Trauma Hotline calls and follow-up of all trauma referrals throughout the network.

### 6. REFERENCES

[NSW Ministry of Health 'Selected Specialty and Statewide Service Plans: NSW Trauma Services' \(Number 6\) December 2009.](#)

[NSW Ministry of Health 'Critical Care Tertiary Referral Networks & Transfer of Care \(Adults\)' Policy Directive PD2010\\_021](#)

[SESLHD Procedure; Acute Spinal Cord Injury of the Adult – Management & Referral Procedure](#)

[Ambulance Service of NSW T1 Protocol](#)

## 7. REVISION AND APPROVAL HISTORY

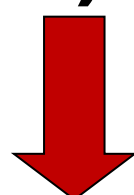
Date	Revision No.	Author and Approval
May 2014	1	Developed by Anthony Cook, Network Trauma Coordinator and Chelsea Profitt, Acting Network Trauma Coordinator.
June 2014	2	Revised by Dr Mary Langcake, Director of Trauma SGH
July 2014	3	Revised by Leanne Horvat, Clinical Stream Nurse Manager.
October 2014	4	Revised by Liz Walter, Acting Network Trauma Coordinator.
October 2014	5	Approved by SESLHD Network Trauma Committee on: 21 October 2014
December 2014	6	Endorsed by SESLHD District Clinical & Quality Council on 10 December 2014
September 2016	7	Revised by Liz Walter, District Trauma Coordinator SESLHD, Chris Bowles, A/Clinical Trauma Director SGH, SESLHD Network Trauma Committee
November 2016	7	Endorsed by Executive Sponsor

# TRAUMA HOTLINE

## Adult Trauma Patients Requiring Transfer

### REFERRING HOSPITAL

Phone: (02) 9113 4500



St George Trauma Director / Trauma Fellow



Required to notify appropriate hospital and subspecialties

**For all patients less than 16yrs of age please call NETS Retrieval**

**1300 362 500**

### Indications for Transfer of the ADULT Trauma Patient

#### Absolute Indications

##### Neurosurgery

Penetrating Injury/Intracranial FB/Open Fracture  
Depressed skull fracture  
Lateralising signs  
Traumatic Intracranial haemorrhage

##### Spinal Injury (to Spinal Cord Injury Service as per LHD referral procedure)

Spinal Cord Injury  
Unstable vertebral Injury

##### Cardiothoracic

Any injury involving great vessels  
Widened mediastinum  
Major thoracic cage injury e.g. 3 or more rib fractures or flail

##### Pelvis/Abdomen

Unstable pelvic ring fractures

##### Major Extremity

Loss of limb  
Major Crush injury

##### Multiple System

Burns (to Burns Unit as per State Burns Service)  
Multiple injuries involving Tertiary requirements, e.g.  
Head/Chest/Pelvis

##### Secondary Deterioration

Deteriorating condition requiring prolonged ICU, e.g. Sepsis in  
Injury  
Organ Failure (single or multiple)  
Faciomaxillary – airway threatened

#### Relative Indications

GCS < 14 or deteriorating

Need for urgent CT scan

Stable vertebral Injury

Minor blunt cardiac injury/ECG changes

Single organ injury

Stable pelvis fracture

Open fracture of long bone

Fracture or dislocation with loss of pulses

Injury to > 2 body systems (minor)

Sepsis without Organ Failure (other than requiring dialysis)

**Any trauma patient about whom you have concerns may be discussed on the Trauma Hotline with the Senior Trauma Officer on call**

For further information regarding St George Trauma Hotline Referrals or to feedback on the Trauma Hotline Service please email:

St George Trauma Medical Director or Network Trauma CNC at

[STGTRAUMA@SESLIHS.HEALTH.NSW.GOV.AU](mailto:STGTRAUMA@SESLIHS.HEALTH.NSW.GOV.AU)

*Global Address List: St George Trauma Hotline*