

Major Trauma Screening and Action Tool (**ADULT**)

Insert Patient details (or affix patient label)

Name	
Date of Birth	
MRN	

Staff member completing form

Date		Time	
Name			
Designation			
Signature			

1. Is there significant mechanism of injury?

- Fall > 20 feet ☐
- Fall/roll down 5 or more stairs? ☐
- RTC – Intrusion into passenger compartment? ☐
- RTC – Ejection? ☐
- RTC – Death in same vehicle? ☐
- Motor vehicle vs pedestrian or bicycle? ☐
- Motorcycle/quad/cycle crash >20mph? ☐

NO

2. Are there vital sign abnormalities?

- GCS < 13 or **AVPU**? ☐
- Systolic BP <90 in the ≤64yrs/not frail patient? ☐
- Systolic BP <110 in the >65yrs/frail patient? ☐
- Heart rate >110 (or >90 in bBlocked patients)? ☐
- Respiratory rate <10 or >29? ☐

NO

3. Is there suspicion of any particular injuries?

- Imminent Airway or Bleeding problem? ☐
- Penetrating injury to groin/abdo/chest/neck? ☐
- Chest wall deformity or instability(flail)? ☐
- Neurovascular compromise of any limb? ☐
- Amputation proximal to fingers or toes? ☐
- Pelvic fracture (if mobilised/can SLR unlikely)? ☐
- Open or depressed skull fracture? ☐
- Any paralysis? ☐

NO

4. Special considerations?

- On anticoagulants or bleeding disorders? ☐
- Burns >10% or special areas? ☐
- Pregnancy? ☐
- Gut feeling or Gestalt? ☐

NO

5. Over 65 years old or frail?

- AND ☐
- Any traumatic mechanism inc fall from standing. ☐
- AND ☐
- GCS less than 15 including confusion ☐

NB special consideration should be given to patients over 65 years old on anticoagulation, who are confused, tachycardiac or hypotensive.

Important: This is major trauma till proved otherwise.

Inform Nurse in Charge: Time _____ Initials _____

Inform Senior Clinician: Time _____ Initials _____

Ring 2222 and request 'Major Trauma Team':

Time _____ Initials _____

Start Trauma Booklet: Time _____ Initials _____

Consider need to activate Major Haemorrhage

Protocol: Time _____ Initials _____

YES

Decision to escalate or de-escalate made by Senior Clinician:

Escalate to Full trauma team activation

Time _____ Initials _____

De-escalate to Departmental trauma team only

Time _____ Initials _____

De-escalate to Focused speciality team

Time _____ Initials _____

De-escalate to Usual Care

Time _____ Initial _____

Important: This is potential major trauma.

Patients MUST have primary and secondary surveys and be discussed with an ED senior, with low threshold for Major Trauma Team Activation.

Primary and Secondary Survey Completed:

Time _____ Initial _____