



Paediatric Trauma Call and DCS

Plymouth Hospitals **NHS**
NHS Trust

Tactics, Techniques
and Procedures

Action:	Trauma Team Members Paediatric Anaesthetists				
Info:					
Related documents:	Damage Control Surgery SOP Trauma Call SOP				
Publication date:	Jan 16	Review date:	Sep 16	Version	1.1
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1. This guideline aims to assist in decision making relating to the management of paediatric (under the age of 16) polytrauma patients requiring damage control surgery.
2. Paediatric damage control surgery (DCS) - guideline triggers and prerequisites:
 - 2.1 A Paediatric Hospital Trauma Call should be activated.
 - 2.2 At the earliest opportunity after major trauma injuries are identified, the ED Trauma Team Leader must contact the **Bristol Paediatric MTC Team Leader** on telephone: **0117 3420906**. They will assist with decision making and coordinate specialist input including the relevant paediatric tertiary specialist teams, **WATCH** (Wales and West Acute Transfer for Children) and Paediatric Intensive Care Unit as required.
 - 2.3 The DCS guideline should be placed in **STANDBY, ACTIVATED** and **STOOD DOWN** in the same manner as for adult patients. **Phone 55400 and state "Paediatric Damage Control Surgery Standby."** **Paediatric patients requiring DCS will usually be managed in Level 4 theatres** "Paediatric DCS declared" may be called by ED TTL or Consultant surgeon. See para 2.5 for criteria.
 - 2.4 At the earliest opportunity, ED Trauma Team Leader should also contact the Paediatric anaesthetist (via Plym Children's theatres in-hours and via switchboard out-of-hours) and Paediatric ODP (via Level 4 Theatre OOH)
 - 2.5 Activate DCS guideline when:
 - patient requires immediate DCS before transfer to Bristol Paediatric MTC.
 - Standard triggers for **ACTIVATION** for DCS Guideline include:
 - Urgent chest, abdominal or pelvic surgery
 - Exsanguinating haemorrhage requiring proximal control
 - Non responder to haemostatic resuscitation and massive transfusion protocol
 - Time critical neurosurgical emergencies (see below)
 - If the input of the Derriford Cardiothoracic surgical team may be beneficial, they have agreed that they will undertake life-saving surgery, in liaison with General Surgical colleagues in Derriford and at the Paediatric MTC.
 - **ACTIVATION** of the DCS process may also be suitable for expediting transfer to theatre of the paediatric patient with acute neurosurgical emergency (eg extradural haematoma). The Derriford Neurosurgical team have agreed that they will undertake life-saving surgery in liaison with their colleagues at the

Paediatric MTC if the patient is not able to reach a Bristol theatre **within 4 hours of injury**.

2.6 CT or plain film images need to be sent to Bristol Royal Hospital for Children by the Derriford Radiographer using IEP (Image Exchange Portal). Imaging can only be “pulled” directly to the Bristol system using the Insignia Image Sharing facility if they have been previously registered there.

3. Trauma Team Leadership and handover:

Liaison between Derriford team (ED TTL/ Anaesthetic TTL) with the Bristol Paediatric Trauma Team Leader on telephone: **0117 3420906** must continue, to communicate clinical course and likely postoperative requirements. This will require formal handover of team leadership from TTL (ED Consultant) to Anaesthetic Lead.

4. Surgery and Anaesthesia conduct:

4.1 Surgery and Anaesthesia are encouraged to pursue a damage control approach ie. the completion of surgical procedures to prevent exsanguination, in order to achieve physiological stability. This requires a team approach.

4.2 Major trauma patients requiring DCS will be recipients of Massive Transfusion (see Paediatric Trauma MTP) and may be coagulopathic. TTL and Anaesthetist should use the Paediatric Trauma Massive Transfusion Protocol. Rapid infusors are not suitable for any patient less than 30kg. Similarly Cardiopulmonary Bypass equipment and expertise is not available for patients smaller than 30m kg.

5. Postoperative care:

5.1 Those children who present to the Plymouth MTC with serious injury which exceeds the resources and capability of that service will be rapidly transferred to the Paediatric Major Trauma Centre as soon as they are clinically safe for transfer.

5.2 If a child requires damage control surgery prior to transfer to the Paediatric MTC, then it is appropriate to request that **WATCH** (Wales and West Acute Transfer for Children) undertake the transfer following DCS. All requests for this service should go through: **0300 0300 789**, concurrently informing the **Bristol Paediatric MTC Team Leader** on telephone: **0117 3420906**.