



STANDARD OPERATING PROCEDURE

Title:	Call & Send Protocol for Major Trauma		
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Ownership:	Chair, NI Major Trauma Network Board		
Approval by:	Major Trauma Network CAG	Approval date:	Dec 24
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Date	Version	Author	Comments
JAN 2021	V1.1	K. Reid	Updated NIMTTT (v1.4 OCT 2020)
JAN 2022	V1.2	K. Reid	Updated RVH ED phone number Updated NIMTTT (v1.8 SEPT 2021)
July 2023	V1.3	D Redmill	Updated regional advice
October 2024	V1.4	RS/DR	Updated to support non refusal

Related Documents	NIMTN Referral and Reverse Referral Pathway NIMTN Major Trauma Triage Tool NIMTN Call & Send Guidance Sheet
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1. Background

The Northern Ireland Major Trauma Network was launched in 2016 to establish a regional trauma system with a Major Trauma Centre (MTC) at Belfast Royal Victoria Hospital, supported by local hospitals across the region.

The Network aims to provide the best clinical outcomes for patients experiencing major trauma from point of injury through to rehabilitation, supported by clinical protocols developed in line with national standards, specialist treatment pathways and robust clinical data.

“The right patient, in the right place at the right time.”

The Major Trauma Triage Tool should be used where patients are considered to have suffered significant trauma. The tool provides guidance on whether the patient should be transferred directly to the MTC or transferred to the nearest Trauma Receiving hospital. (See Appendix I)

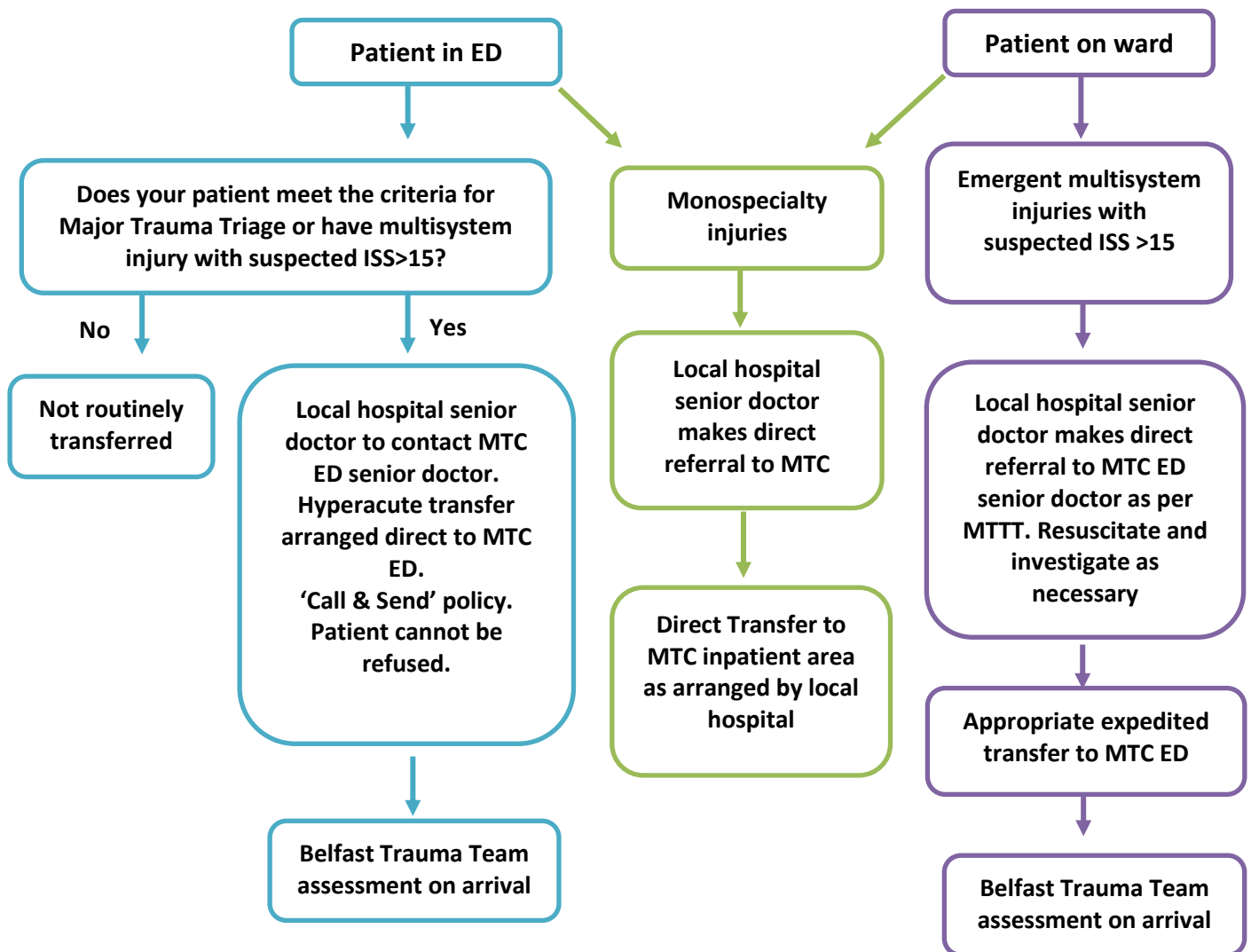
2. Aims

The aim of the Call & Send Protocol is to provide clear guidance on the agreed process for secondary transfer of major trauma patients from a local hospital to the MTC.

It also aims to reduce any unnecessary delay in transfers where the patient has been assessed as requiring urgent care at the MTC.

3. Criteria for use of Call & Send

The flowchart below sets out the decision-process for implementing call and send.

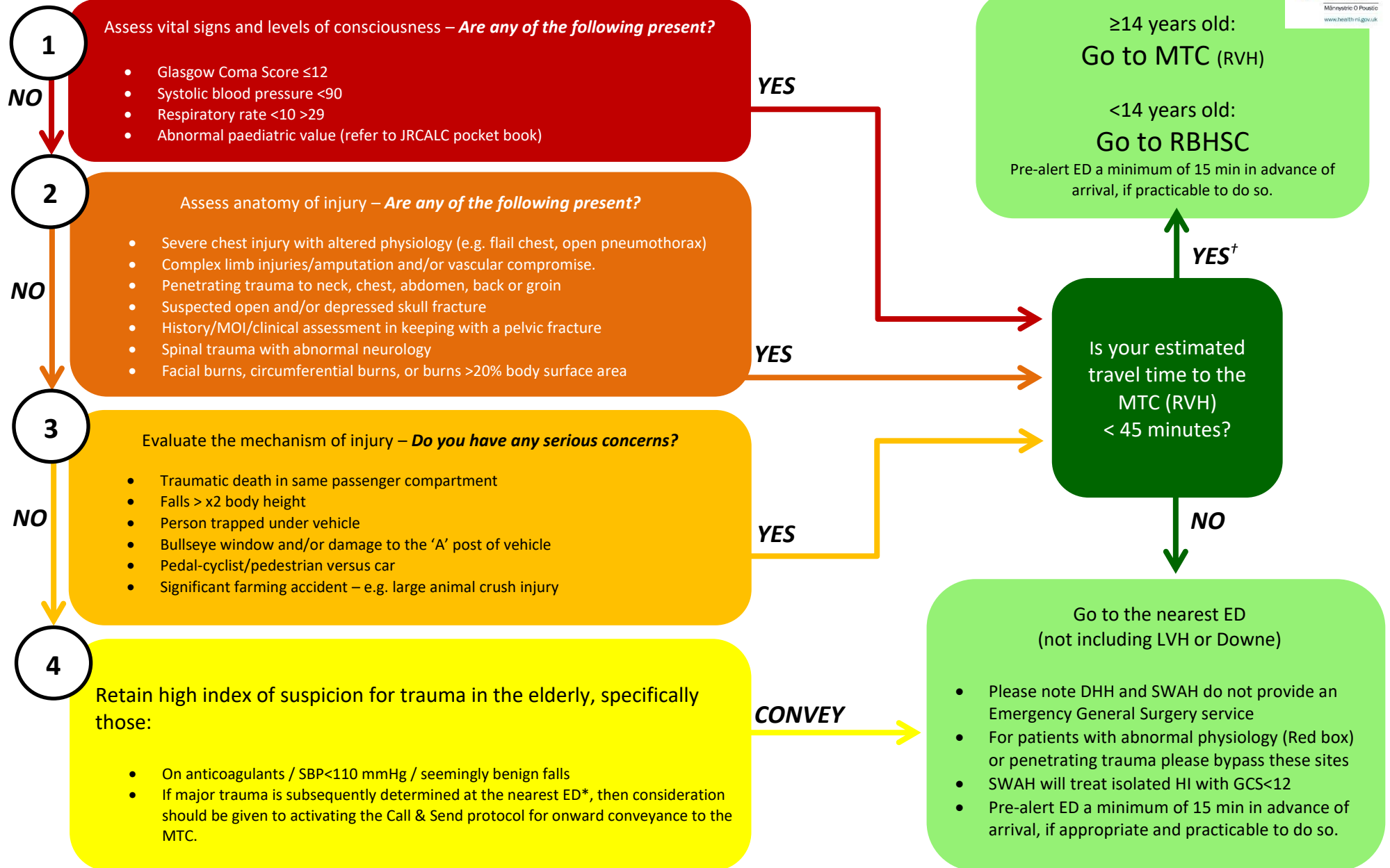


NIMTN 'Call and send' Principles

- Assuming the major trauma patient meets the required criteria for acute transfer the 'call and send' principle exists, which excludes the need for clinical debate and allows a timely transfer to the MTC.
- In order to deliver a time critical senior doctor referral local hospitals should phone the RVH red phone on xxxx and contact NIAS via xxxx to request a "Major Trauma Emergency Transfer".
- Automatic patient acceptance is enshrined in Trauma Network principles internationally, the NIMTN strives to meet this standard; clinical debate and

case review will be undertaken by the Network Board and Clinical Advisory Group on a retrospective basis.

- The NIMTN will monitor patient journeys and the use of network policy
- A timely transfer should ensure high standards are maintained including pre-checks, adequate equipment and a suitably trained senior person as per local hospital policy / trust trauma committee advice.
- This policy does not cover the transfer of a patient with 'mono-specialty' injuries. Such transfers should continue directly to an inpatient service as per existing policy.
- Should a major trauma patient be suitable for local clinical management then that practice should continue as per existing arrangements.
- All transfers should be multi system injury in the context of **Major** trauma
- Call and send should be activated within the first few hours of the patient journey.
- Acute trauma transfers should not be trolley wait patients in the RVH ED.



[†]If immediate patient stabilisation is required e.g. unsecured airway, uncontrolled external haemorrhage, cardiac arrest, then go directly to the nearest ED (not including LVH or Downe)