SCOTTISH TRAUMA NETWORK NORTH

Pre-Transfer Stabilisation of the Critically Injured Child

DOCUMENTATION AND COMMUNICATION

Update caregivers on patient status, plan and transport arrangements

Documentation photocopied (medical & nursing notes, investigations, drug Kardex)

Relevant radiology discussed with receiving hospital

Transfer letter including contact details of referring hospital team

Non-accidental injury and safeguarding concerns considered (see NoS CP Triage Tool)

AIRWAY

Appropriate anaesthetic input

ETT positioned and secured:

- Cuff inflated & pressure checked
- Consider need for OG/NG
- OG IF HEAD INJURY

Position(s) confirmed by CXR

Consider C-spine immobilisation in trauma

BREATHING

Continuous SpO_2 / $ETCO_2$ monitoring

Aim SpO_2 within normal range

Aim $ETCO_2$ within normal range

Post-intubation blood gas

Regular suction of ETT

CIRCULATION

2 X IV access (IO if unsuccessful)

Maintenance fluids per retrieval team input

ECG & BP monitoring

MAP for age specific target

Vasoactive drugs:

- Consider fluid loss/haemorrhage if signs of hypovolaemia
- Discuss access & monitoring with ScotSTAR & PICU

DISABILITY

Maintain & monitor normoglycaemia

Neuroprotection

Secondary survey & imaging

Regular pupillary assessment

EXPOSURE

Maintain normothermia

Strict temperature control in neonate/ infant

DRUGS

Sedative & muscle relaxant prepared

Emergency drugs prepared

ScotSTAR Paediatric Drug Calculator: snprs.scot.nhs.uk