Queen's Trauma Service

The TANQ

Trauma Aggregated News, Queens

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THE TANQ—Trauma Aggregated News, Queens V1 I6 11/01/2016

Points of Interest:

- ED
- TARN
- TQuINS
- Governance
- Training

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As the Ambulance bays get more and more utilised with elderly and the venerable, we need to do our best to keep an eye on them, keep them warm and keep them safe.

Cold weather can be a worry for those of us in later life. As we get older, our bodies respond differently and this can leave us more vulnerable in cold weather.

But with a little preparation, and by following some simple suggestions, we can help ourselves to stay healthy, safe and as comfortable as possible in winter. More suggestions can be found in the Winter Wrapped Up guide.

Keeping warm both inside and outside your home can help reduce your risk of serious health problems that are more common in the colder months.

Getting ready for the cold weather – which can start as early as October – means that you're more likely to keep warm and well.

TARN
THE TRAUMA AUDIT & RESEARCH NETWORK

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Monthly Breakdown 2016

Month	Total	Home	Admit	To Theatres	Admit Other	DID	Did Not Wait
Jan	21	6	11	2	1	1	0
Feb	20	12	5	1	2	0	0
March	37	21	11	0	3	0	2
April	43	17	22	0	3	0	1
May	26	15	10	1	0	0	0
June	33	19	11	1	1	0	1
July	40	21	14	1	1	0	1
August	27	16	11	0	0	0	1
September	29	11	16	1	1	0	0
October	32	17	15	0	0	0	0
November	32	19	12	1	2	0	0
December	27 / 120	10 / 91	12 / 14	0	1 / 7	0 / 0	3 / 8
TOTALS	367	185	149	8	15	1	9

TARN DATA

Jan - November 2015	Uploaded to TARN	Approved by TARN	Rejected by TARN	Filtered at BHRUT (incorrect coding)	Traumatic patients NOT FOR TARN	Still Pending upload
	634	381 / 66	152	907	1679	342

The TARN Dashboard

Data Monitoring

	2012 - 2013	2014	2015
Hospital Data Completeness	20.9%	31.2%	50.5%
Hospital Data Accreditation	71.8%	76.2%	80.8%

Awaiting financial year update

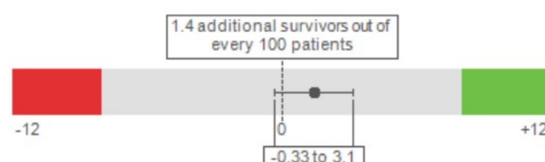
Cases submitted and eligible for Rate of Survival calculation:

Year	Total cases	Eligible cases
2012	107	89
2013	116	100
2014	188	174
2015	225	212

The TARN Dashboard shows the progress the team have made in the recent months, with a focus on the Second Quarter (July—September 2015)

Rate of Survival at this Hospital

Between January 1st 2012 and September 30th 2015



Rate of Survival at this Hospital: Yearly Figures

Rate of Survival Breakdown at this Hospital

Survival band %	Number in group	Expected survivors	Actual survivors	Difference*	Adjusted difference**
95 - 100	405	399	399	-0.1	-0.1
90 - 95	71	66	66	-0.1	0.0
80 - 90	45	38	38	-2.0	-0.1
65 - 80	30	22	25	9.5	0.4
45 - 65	15	8	11	17.2	0.4
25 - 45	5	1	4	44.2	0.7
0 - 25	4	0	1	8.7	0.1
Total	575	537	544	1.2	1.4

Unexpected deaths in minor/moderate injury
Usually due to poor management of co-morbidity and/or complications

Unexpected survivors with more serious injury
Usually indicates good initial resusitation and the treatment of head injury in Neurological Centres

Paediatric Trauma Presentation

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THE INFANT WITH A MASS ON THE HEAD

Dr Saany Bilquis Paediatric ED SHO

Patient Details:

Status: Presented at the MDM: Infant with a head mass?

Profile: Name: H.K, DN: 60093929 Age: 8 Months, Sex: Male, Ethnic group : Pakistani Asian

History:
FIRST PRESENTATION
20/12/15 @ 11:18 Site : KGH
Presenting complaint: Swelling on the left side of head, No H/O trauma, **Birth History:** Uneventful, Immunization: up to date, Lives with parents and siblings, No involvement with social services

Report: Head: soft swelling on the left parietal region, 7 cm, non tender. No bruises seen.
Diagnosis: Mass on scalp ? Cause ? Cyst:

Management: Booked for U/S within 24 hours Discharged Home
SECOND PESENTATION:
20/12/2015 @ 16:57 Site : QH
Presenting complaint: Mass on head. Mother not happy with the outcome at KGH and keen for a cause to be found. Unwilling to wait for 24 hours for a scan.

Clinical examination: similar to KGH findings 7 cm boggy swelling to left parietal area No H/O trauma, Mum stated child is always with her child, never alone or with anyone else.

DIAGNOSIS & WORK UP:

1. Boggy swelling in an immobile child and no H/O trauma thus NAI needs to be excluded
2. Referred to paediatric registrar, Social services contacted,
3. CT Brain: fracture of the left parietal bone,
4. Child admitted to the ward for full child protection work-up

INVESTIGATION: CT head:

INDICATION:

Large boggy swelling on upper left-sided head. Fracture?

FINDINGS:

There is a non-depressed fracture through the left parietal bone associated with overlying soft tissue swelling/contusion within the soft tissues of the left parietal scalp. There is no intracranial haemorrhage, midline shift or features of raised intracranial pressure. No mass lesion or extra-axial collection. No

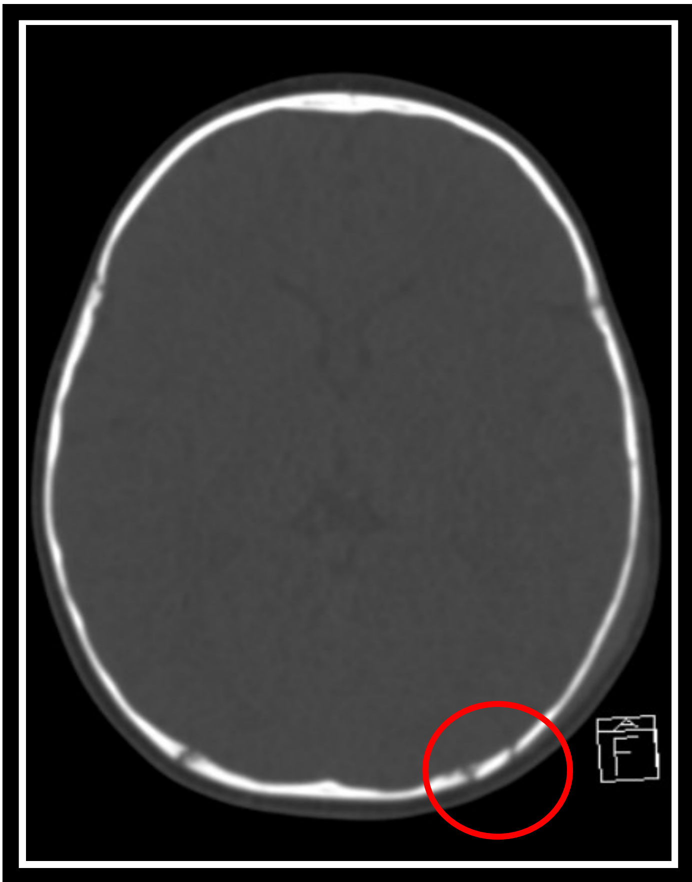
pneumocephalus.

IMPRESSION:

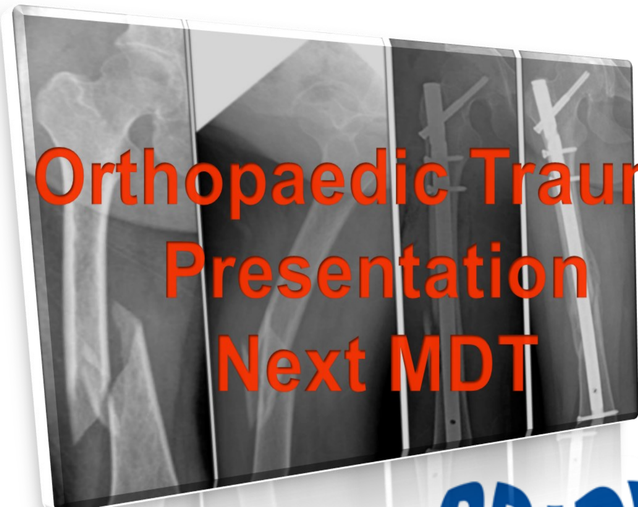
Non-depressed, linear skull fracture through the left parietal bone with overlying soft tissue swelling/scalp contusion. No intracranial haemorrhage.

OUTCOME:

1. Nil further injuries found in skeletal survey,
2. Parents arrested,
3. Child is currently discharged to foster career,
4. Siblings also placed to foster care

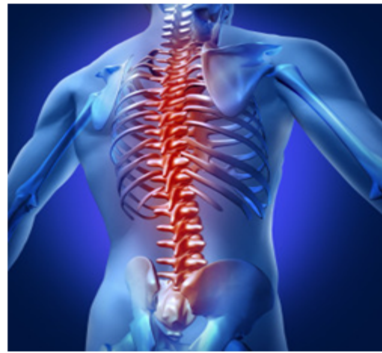


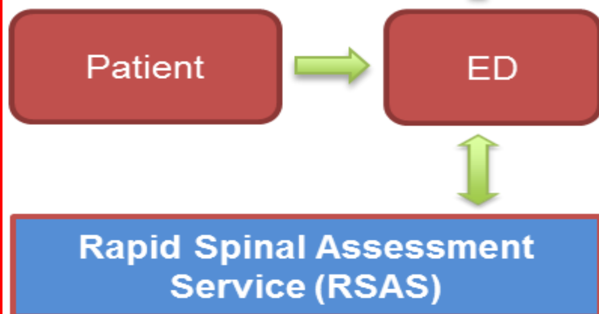
When managing a immobile child THINK the Unthinkable!



PRIDE

Acute spinal pathway





Over 75's with # & back pain, Direct medical referral whom will admit then D/W N/S.
65-75 YO Assess for Co-morbidity & General medical condition first.

Patient → ED

Rapid Spinal Assessment Service (RSAS)

ED to assess and organise Imaging (no need to ask N/S first. If Clinically well d/c with O/P MRI & virtual ward F/U

Pelvic fracture
Sacral fracture
Poly Trauma
refer to Orthopaedic

- Back pain alone no Neurology, Home GP F/U
- Trauma with + imaging and neurology, for Neurosurgeons
- Trauma with + imaging and NO neurology, refer to RSAS
- Proven disc with leg pain/arm pain long standing weakness, for Home, Neurosurgeons clinic or RSAS
- Proven disc with any Cauda Equin or Myelopathy symptoms or sighs, For Neurosurgeons
- Metastatic spine suspected for Oncology work up. If instability or compression suspected D/W Neurosurgery Reg on-call.

Mass casualty framework

1. THREATS

- Marauding Gunman
- Explosive / IED / Suicide Bomber
- Other – currently out of scope
  - -CBRN

2. TIMELINES

- Dec 8 - 1st Steering Group meeting
- Dec 15th – Workshop
- Jan 12th – 2nd Streeing group meeting with Subsections written
- Late January – pulling together of deaft
- Early Feb – Group review of draft+ consultation
- End Feb – Exercise Unified Response (Test)

3. CURRENT KEY WORKSTREAMS

- Adult Critical care
- Triage
- Transport
- Paediatrics
- Response – 24Hours and Recovery phase
- Trauma Unit Role

4. MTC 27 FEEDBACKS

- Preparing for order of magnitude > 7/7
- ED's overwhelmed at 15 minutes
- National Crisis at 1 hour
- TUs will see P1, P2, P3
- Medical Role for TUs
- Inter-hospital transfer will fail, triage is crucial at scene
- Long scene times
- Need wide understanding of DCS and DCR
- Likely to take 6 week Recovery period

BHR

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CASE STUDIES

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Case 1

Status: Discussed at the MDM: 11/01/2015

Profile: Patient A.G.G, DN: 60132563 , Age: 56, Sex: Male, Arrival time to Hospital 02:02 on the 13/12/2015

History: Assault Head Injury P/C: Collapse with Head injury

Management: Collared and blocks, scoop transfer, Venous gas @ 0230 - pH 7.251 (mixed acidosis), Lac 4.1, CT head, c-spine, chest, abdo and pelvis requested @ 0250

Secondary survey @ 12:20: No Acute concerns,

Follow up: Following discussion with NS Consultant@ 0045: GCS 15, no focal neurology, No neurosurgical intervention required, Not required to be admitted under neurosurgery as GCS 15, no neurology and mild TBI, Please repeat CT if deteriorates

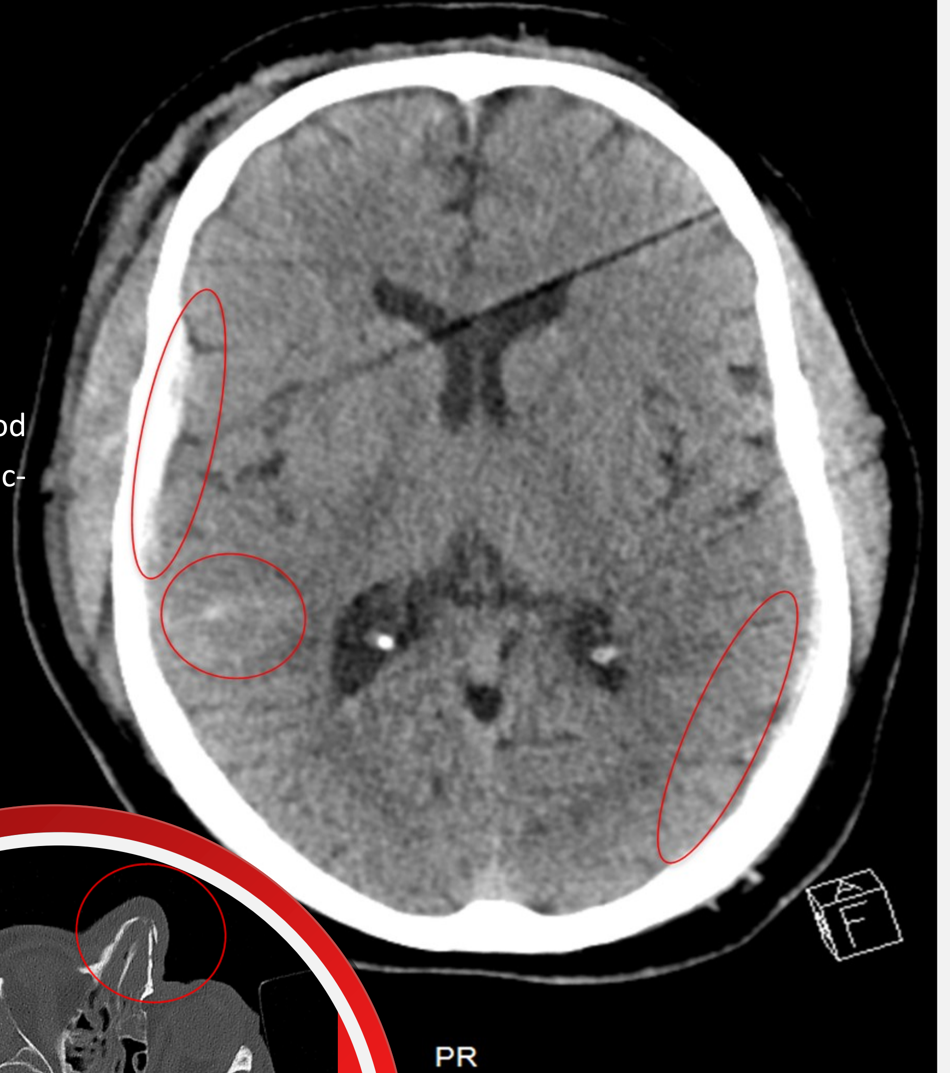
Management: Needs neuro-obs as increased chance of raised ICP, Accepted by surgeons, To be moved to ward on when CT report of chest, abdo, pelvis is back, Left department at 1238

Further investigations:

NA

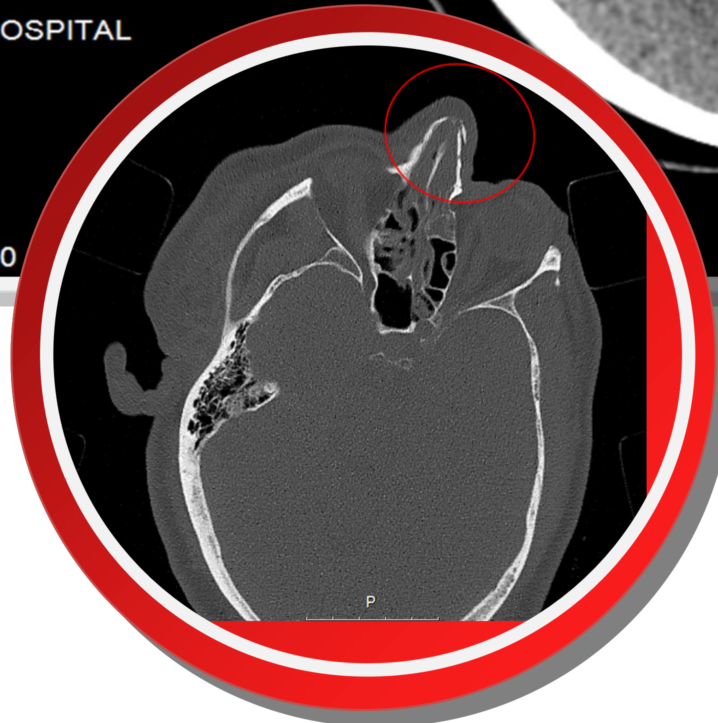
PEARL:

1. Communication breakdown between Tier 1's and NIC,
2. Trauma team fragmented with capable members not stepping up,
3. Team not familiar with environment



CT REPORT AT 07:07

1. Bilateral subdural haematomas
2. Small amount of subarachnoid blood around the right temporal lobe, likely, secondary to the head injury.
3. Nasal fracture.



Case 2

Status: Patient: K.R.G, DN: 00332999 / 60135061, Age: 96, Sex: M, Admission: 20/12/2015, R.I.P: 22/12/2015

MDM:
To be discussed at next MDT once post Mortem and coroners office have finished with.

Queen's Trauma Service

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