



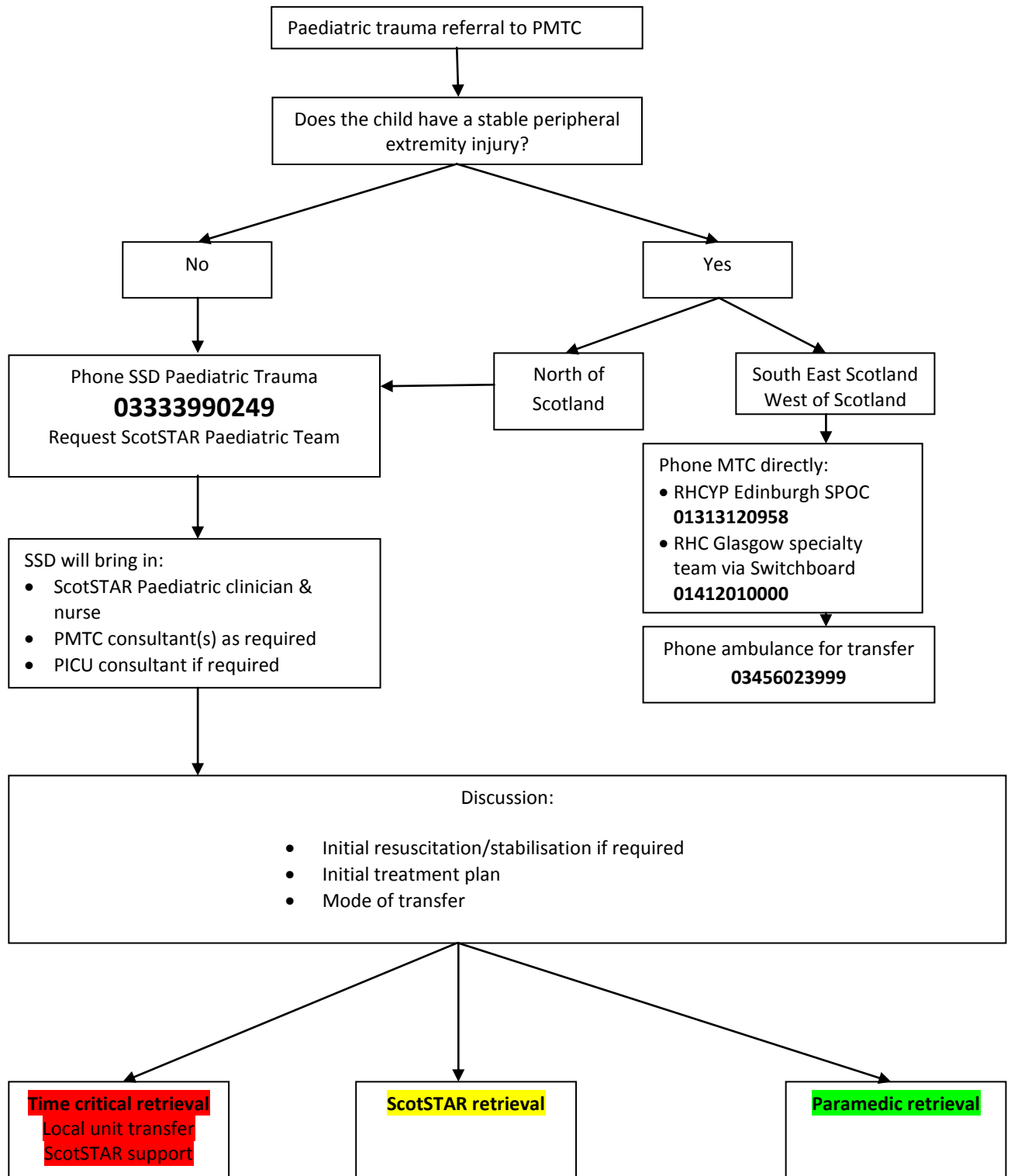
**Referral to Paediatric Major Trauma  
Centres (PMTc) in Scotland:  
ScotSTAR as the Single Point of Contact  
(SPoC) Operational Plan**



**Definitions of transfers to PMTC**

<b>Primary</b>	<p>Paediatric patients who are transported to PMTC from scene via Scottish Ambulance Service (SAS) or a pre-hospital medical team.</p>
<b>Modified Primary</b>	<p>Paediatric patients who are <u>identified on-scene</u> to have injuries likely to require PMTC care however, due to the nature of their injuries, distance or logistical factors, are transferred to a Paediatric Trauma Unit (TU), Local Emergency Hospital (LEH) or community hospital.</p> <p>These patients will have the paediatric retrieval team mobilised before arrival at the receiving unit to assist with initial resuscitation and onward rapid transfer to PMTC.</p>
<b>Secondary</b>	<p>Paediatric patients who are seen and assessed at TU/LEH but require ongoing care that can only be provided at a PMTC.</p> <p>These patients may be <b>stable, unstable</b> or <b>time-critical</b>.</p> <p>Secondary transfers or interfacility-transfers (IFT) will be classified as per the Intensive Care Society guidelines on transfer of critically ill patients:<sup>1</sup></p> <ul style="list-style-type: none"> <li>• IFT level 1 – a facility is unable to provide immediate life-saving interventions such as resuscitation and requires the clinical assistance of the ambulance service in addition to a transport resource</li> <li>• IFT level 2 – a transfer is required for immediate (time-critical) life, limb or sight saving intervention in another facility</li> <li>• IFT level 3 – patients who do not need immediate time critical intervention but require transfer to a level of care unavailable in the current facility (no time response defined)</li> <li>• IFT level 4 – patients who do not fit any of the above descriptions (no time response defined)</li> </ul>
<b>Tertiary</b>	<p>Paediatric patients who are assessed at a PMTC but require ongoing specialist care that can only be provided in PMTC in another region.</p> <p>These can be minimised by initially involving ScotSTAR as SPOC, avoiding</p>

	<p>transfers to a place that cannot provide definitive care. The Intensive Care Society guidelines on interfacility transfers would apply for these patients also.</p> <p>Paediatric patients who have had treatment at a PMTC and require transfer to another PMTC in another region for rehabilitation that is closer to their residence are not considered in this document as they would be classed as repatriations.</p>
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## **Proposed Pathway for ScotSTAR as Single Point of Contact (SPOC) – Secondary Transfers**

### ***Paediatric Patients Referred to PMTC (except for stable, peripheral extremity injury)***

1. All paediatric trauma patients who need transfer to PMTC (with the exception of stable, single-limb injury patients) will be phoned to SSD and ScotSTAR Paediatric Team.
  2. The ScotSTAR Paediatric consultant and nurse will be added to the call.  
If the ScotSTAR Paediatric consultant is unable to take the call, SSD will refer it to Paediatric Head of Service (if available on base) or the appropriate PICU clinician, as is current policy.
  3. Depending on the nature of the injury and the location, the following will also be added to the call:
    - a. PMTC receiving consultant(s)
    - b. PICU receiving consultant if required
 Any additional staff can be brought into the call as required.
  4. If **time-critical patient**, (IFT level 1), SSD would assist in organising urgent transfer and the referring centre would be expected to bring the patient.
    - a. ScotSTAR/PICU/specialist advice to stabilise the patient
    - b. Referring centre clinician can come off the call to continue to treat and transfer the patient
    - c. ScotSTAR would be ongoing SPOC if advice required during transfer.
  5. If **unstable patient** (IFT level 2) , discussion regarding following points:
    - a. Location of patient and resources available locally, which would help decide if the transfer should be time-critical or able to be stabilised locally whilst awaiting ScotSTAR.
    - b. Initial resuscitation and stabilisation advice given
    - c. Retrieval arranged with ScotSTAR if not time critical
  6. If **stable patient** (some IFT level 3 & 4, excluding stable, single specialty pathology), discussion regarding the following points:
    - a. Treatment plan by the team during the call
    - b. Appropriate mode of transfer, depending on location and resources available
- This allows prompt multi-disciplinary discussion, formation of an appropriate plan for the patient and ensures a safe transfer. Involving all relevant individuals on the conference call is an efficient way of exchanging information.
  - The ScotSTAR clinicians are used to managing such calls and will ensure that pertinent points are covered quickly with all relevant participants.
  - This system is flexible enough to take into account local variations in each region regarding who is involved in the call conference and policy. It is also able to address any issues that require inter-regional consideration, for example if a PICU is full and cannot accept a patient.
  - As this is a national system, inter-regional referrals for definitive care can be accessed in the same manner as referral to local PMTC and will not cause confusion.

***Stable Paediatric Patients with Peripheral Extremity Injury***

Stable paediatric patients with a peripheral extremity injury are excluded from the pathway above, as they do not require ScotSTAR input. These are patients who require ongoing management in a PMTC as the TU/LEH is unable to provide definitive care requiring a scheduled response transfer.

These patients will be referred directly to their closest paediatric MTC and a road ambulance would be phoned after this discussion. The referring clinician will phone for a road ambulance transfer, using the Scottish Ambulance Service NOW criteria (**N**ow; **O**ne or two hours; **W**ithin four hours). As these referrals are stable and do not require the input of ScotSTAR or SSD, this avoids making unnecessary demands on these services and they can be arranged directly.

Stable paediatric patients with a peripheral extremity injury in the North of Scotland will be referred to the SSD and Paediatric ScotSTAR pathway. Whilst these patients will not require ScotSTAR retrieval, the retrieval logistics and distances involved in secondary retrieval in this region benefit from this process. The SSD desk will assist the referring unit in organising the transfer for this cohort of patients.

## **References**

1. <https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/ICSGuidelines.aspx>
2. Scottish Ambulance Service Inter-hospital transfer booking guide, November 2020

## ***Version History***

Version 1 – 11/10/20

Version 2 – 13/11/20

Version 3 – 10/12/20

Version 4 – 06/01/21

Version 5 – 26/01/21

Version 6 – 18/03/21

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## ***Consulted***

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