

Trauma overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

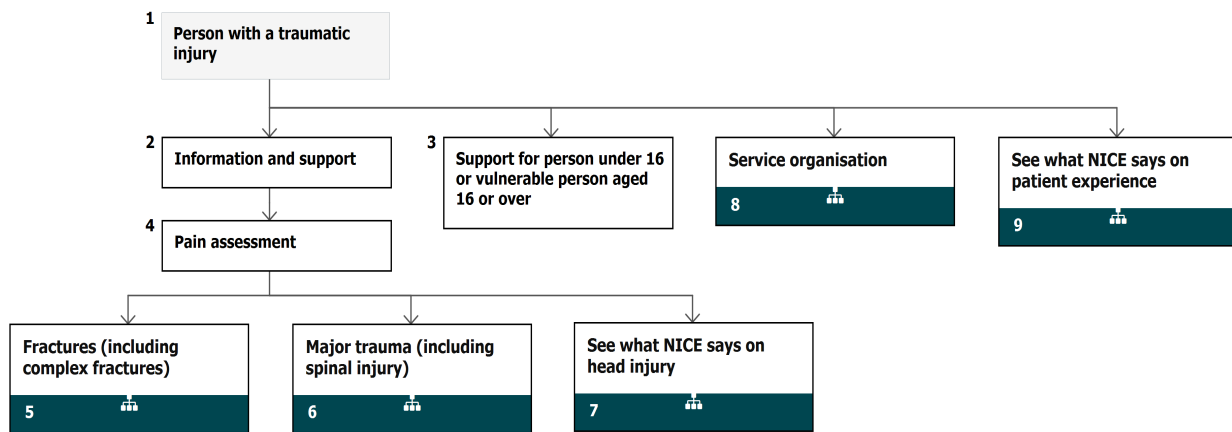
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<http://pathways.nice.org.uk/pathways/trauma>

Pathway last updated: 31 July 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.

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1 Person with a traumatic injury

No additional information

2 Information and support

Explain to patients, family members and carers what is wrong, what is happening and why it is happening. Provide:

- information on known injuries.
- details of immediate investigations and treatment, and if possible include time schedules
- information about expected outcomes of treatment, including time to returning to usual activities and the likelihood of permanent effects on quality of life, such as pain, loss of function or psychological effects.

Provide information at each stage of management (including the results of imaging) in face-to-face consultations.

Document all key communications with patients, family members and carers about the management plan.

When communicating with patients, family members or carers:

- manage expectations and avoid misinformation
- answer questions and provide information honestly, within the limits of your knowledge
- **do not speculate** and avoid being overly optimistic or pessimistic when discussing information on further investigations, diagnosis or prognosis
- ask if there are any other questions.

The trauma team structure should include a clear point of contact for providing information to patients, family members and carers.

If possible, ask the patient if they want someone (family member, carer or friend) with them.

3 Support for person under 16 or vulnerable person aged 16 or over

Allocate a dedicated member of staff to contact the next of kin and provide support for unaccompanied children and vulnerable young people and adults.

Contact the mental health team as soon as possible for patients who have a pre-existing psychological or psychiatric condition that might have contributed to their injury, or a mental health problem that might affect their wellbeing or care in hospital.

For a child or vulnerable young person or adult with a traumatic injury, enable their family members and carers to remain within eyesight if appropriate.

Work with family members and carers to provide information and support. Take into account the age, developmental stage and cognitive function of the child or vulnerable young person or adult.

Person under 16

Include siblings of the injured child when offering support to family members and carers.

Address issues of non-accidental injury before discharge in people with femoral fractures. This is particularly important for people who are not walking or talking. For more information, see what NICE says on [when to suspect child maltreatment](#).

See what NICE says on [domestic violence and abuse](#).

4 Pain assessment

See what NICE says on [patient experience](#) for advice on assessing pain in adults.

Assess pain regularly in people with a traumatic injury using a pain assessment scale suitable for the person's age and developmental stage and cognitive function.

Continue to assess pain in hospital using the same pain assessment scale that was used in the pre-hospital setting.

5 Fractures (including complex fractures)

[See Trauma / Fractures](#)

6 Major trauma (including spinal injury)

[See Trauma / Major trauma](#)

7 See what NICE says on head injury

[See Head injury](#)

8 Service organisation

[See Trauma / Major trauma service organisation](#)

9 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

ASIA

American Spinal Injury Association

BIS

Bispectral Index

Delayed primary amputation

amputation when there is time to delay decision but reconstructive surgery is not involved in the decision

EEG

electroencephalography

eFAST

extended focused assessment with sonography for trauma

FAST

focused assessment with sonography for trauma

RSI

rapid sequence induction

TARN

trauma audit and research network

MRC

Medical Research Council

MTC

major trauma centre

MTCs

major trauma centres

NSAIDs

non-steroidal anti-inflammatory drugs

PACS

picture archiving and communication system

Sources

[Spinal injury: assessment and initial management](#) (2016) NICE guideline NG41

[Major trauma: service delivery](#) (2016) NICE guideline NG40

[Major trauma: assessment and initial management](#) (2016) NICE guideline NG39

[Fractures \(non-complex\): assessment and management](#) (2016) NICE guideline NG38

[Fractures \(complex\): assessment and management](#) (2016) NICE guideline NG37

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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