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GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department Medical Education Service – Department of Emergency Medicine - Action points for Administrators and Duty Medical Officers to improve the quality of trauma care services in Medical Colleges – approved - Orders issued.

HEALTH AND FAMILY WELFARE (B) DEPARTMENT

G.O(Rt.)No.623/2019/H&FWD. Dated, Thiruvananthapuram, 09.03.2019.

Read:- Letter No.CA/3/2019/JDME(M) dated 23.01.2019 from the Director of Medical Education.

ORDER

Trauma care scenario is undergoing a major revival over the past few decades. The state as well as central governments are initiating programmes to improve medical care given to trauma victims. This is also in line with the World Health Organization's initiative to improve trauma care services in all major health care institutions on a global basis. As part of the programme to upgrade Government Medical Colleges to Level 1 Trauma Care Centres, the existing scenario in Casualty management in these institutions needs to be revamped and streamlined. It is beyond doubt that trauma victims should be seen by the appropriate specialist/sub specialist at the earliest possible time so as to ensure that the best treatment is offered to them without undue delay. Also, timely apprisal and intervention by the appropriate specialist/sub specialist is necessary to mitigate the chances for lacunae in care and subsequent dangers of litigation. Hence as recommended by the Director of Medical Education, Government are pleased to issue the following guidelines to address the needs of various trauma victims and to improve the quality of trauma care services in all Government Medical Colleges of the State.

Receiving patients in the Casualty

A Head Nurse, who will be designated as 'Nurse Coordinator' will coordinate the functions of the Emergency Department. Triage Nurse and the Interns will receive the patient first and then send them to the resuscitation area/green area/appropriate department, after assessing the type of injury. The patient will be seen by the doctors in the Emergency Medicine Department and then appropriate assessment done based on the ATLS guidelines and institutional protocols. It should also be noted that basic assessment as per the ATLS protocols is to be learned and practiced by all Departments taking part in emergency services.

Mandatory requirements to be done in the Emergency Medicine Department

1. Documentation at first level as well as every subsequent consultation.
2. Initial survey and resuscitation to be done from the first level itself.
3. Appropriate consultations (in the emergency room as appropriate)
4. Necessary investigations (if needed to be accompanied by intern or JR)
5. Training of Residents and Faculty for management as per protocol.
6. A Trauma Ward for surgical specialties to be opened in all hospitals and managed by all the Specialties involved in Trauma Care.
7. All Specialty and sub specialty Departments shall provide duty rosters to the HoD, Emergency Medicine Department and Nurse Coordinator on a monthly basis with contact details.
8. Each centre should have at least two resuscitation bays and more bays to be started depending on availability of space.
9. BLS training to be mandatorily imparted to all staff who has a presence in the casualty and ACLS and ATLS to all doctors including interns.
10. Training of Nurses along with nursing interns to function as triage nurses or nurse coordinators to be arranged.
11. Frequent shifting of nurses from Emergency Department and Emergency Theatre is to be discouraged. Only emergency trained nurse shall be required to work in the Emergency Department and Emergency Theatre for atleast three years before effecting any shift, and that too in a phased manner at two monthly intervals. This is to make the emergency work as a specialty to improve the quality of service given.

Interdepartmental Consultations

It is mandatory that the department attending the patient should do the initial resuscitation as well as documentation before sending for any investigation or consultation. When patients are sent for investigations, due attention should be paid to the patient's vitals and a junior doctor can be instructed to accompany the patient to the investigation room or admitting ward if the patient is clinically unstable. Also, after initial reception and resuscitation, based on the nature of injuries, consultation/admission should be sent to the appropriate specialist/sub specialist Departments from the Emergency Department itself so that delay in treatment can be avoided. When consultations are made between departments, it should be ensured that the patient is attended to without undue delay, the proper recordings are made in

the Casualty ticket and that the resuscitation is continued while the patient is being assessed. When the sub specialists need to be contacted, they can be informed by the emergency nurse/triage nurse over phone or Call book kept in the Emergency Department also. However, in case of dire emergencies, they should be contacted over their mobile numbers, which should be provided to the Emergency Nurse coordinator along with the duty roster.

Department protocols

General Surgery: Emergency Physician will function as the Captain of the trauma team. Consultation of patients with isolated brain, scalp, chest and abdomen injuries should be sent to General Surgery Department first. The patients with isolated burn injuries should be seen by General Surgery Department and Plastic Surgery Department.

ENT/OMFS: The patients with isolated maxillofacial bony injuries should be seen by ENT/OMFS department. The patients with isolated facial soft tissue injures should be seen by OMFS department.

Orthopaedics: The patients with isolated bone and joint injuries should be seen by Orthopaedics department. The patients with isolated tendon injuries should be seen by Orthopaedics department in consultation with Plastic Surgery Department.

Polytrauma: The patients with polytrauma in the form of abdomen and chest injuries or head injuries, but without bone, joint or tendon injuries should be seen by General Surgery department first. The patients with polytrauma in the form of bone, joint or tendon injuries with head injury should be seen by Orthopaedics department first. The patients with polytrauma in the form of bone, joint or tendon injuries with abdominal and chest injury should be seen by General Surgery department first.

Admission Protocols

1. Head injury cases requiring no neurosurgical intervention will be managed by department of General Surgery who will carry out the necessary neurosurgery consultation
2. Head injury associated with trauma to chest/abdomen will be admitted in General Surgery who will seek necessary consultant advice from Neurosurgery department
3. Head injury cases requiring neurosurgical intervention will be managed directly by Neurosurgery department. Bed service may be provided by the basic admitting unit if specifically solicited.

4. Head injury cases if associated with injury to thoraco lumbar spine, pelvis, thigh bones or type 2 or type 3 compound fracture of long bones are to be admitted in Orthopaedics and consultation sought from Neurosurgery. Admission to be done after ruling out chest/abdominal trauma by Emergency Medicine Department.
5. Power to admit into any Specialty as appropriate vests with Emergency Medicine unit.
6. Appropriate interdepartment transfers shall be sought for, if found necessary, in the best interest of the patient
7. At any point of time, the doctors taking duty in the casualty department should not engage in verbal confrontation over issues of treating/ admitting the patients. It is better to err towards admitting the patient rather than creating confusion and delay in treatment.
8. Before admission, if necessary, patient can be observed for 6 hours in the casualty by the emergency physician and then sent for admission to the corresponding specialties.
9. A trauma ward for surgical specialties needs to be opened in all hospitals, managed by appropriate specialties admitting the patients.
10. The Principals of Medical Colleges shall, in consultation with HoDs of various Departments, post Junior Residents from various specialties to Emergency Medicine Department under the administrative control of HoD, Emergency Medicine Department. They shall be rotated every two months.
11. In those centres facing acute shortage of staff, suitable arrangements can be made after discussion in CCM meeting at Principal and Superintendent's level with proper written directions/circular justifying the need for deviation from the standard protocol till such time the deficiencies are rectified.
12. Retriage needs to be done in green area.
13. Call can be raised by emergency physician or Senior Resident which must necessarily be honoured, by all specialists promptly

Consultations from the Ward

After admission in the ward, if the patient is diagnosed with major injury involving another department, then the particular department should be consulted. If the injury is of an urgent nature necessitating emergency Intervention, the concerned specialist/sub specialist should be contacted over their mobile phone numbers. Such emergency consultations should be attended to by the duty resident/medical officer without undue delay.

Interdepartmental Takeovers

If any Intervention is Indicated, the later department should ensure that the patient is taken over by them without delay and appropriate treatment ensured. It is only good clinical practice that the operating department itself undertake the postoperative care and subsequent treatment of the patient. Once a patient has been taken over, the second department should complete all aspects of further treatment of the patient including the discharge, treatment certificate etc. However, it is noted that some of the sub specialty departments do not have sufficient beds of their own in the wards and ICUs. In this context, the patients can be shifted back to the empty beds of the parent department's wards or ICUs but under the care of the subspecialty itself. Subsequent treatment and discharge should be carried out by the second department itself.

(By order of the Governor)

MANU.B
Additional Secretary

To

The Director of Medical Education, Thiruvananthapuram. (She is directed to publish in the Website of DME also).

The Principals of all Government Medical Colleges. (through DME).
The Superintendents of all Government Medical Colleges. (through DME).
The Principal Accountant General (Audit), Kerala, Thiruvananthapuram
The Accountant General (A&E), Kerala, Thiruvananthapuram
Information & Public Relations Department (Web & New Media).
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Section Officer