

Major Trauma Summary

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Trauma Co-ord Signed: S Davies

Data Co-ord Signed: A Chesworth



Name: David WOZNY		Age: 45	NHS Number: 606 488 1291	Arrival date: 31/07/2015			
Patient identifiers		Personnel involved		Initial timing	Indicators of severity		
Date of Birth:	10/10/1969	1* Amb Service:	NWAA	Time of 999:	10:49	Reported Triage Level:	
Pre-hospital ID:	14626323	2* Transfer:	No Transfer	First at scene:		Trauma Desk Called?	Yes
Emergency ID:	15A71298			Left scene:	11:38	Trauma Call?	Yes
Hospital ID:	D87050	2* Amb Service:		At 1* Hospital:	N/A	Direct to Resus Room?	Yes
Home postcode:	ST5 3SA	Pre-Hospital Dr:	NWAA Dr	Left 1* Hospital:	N/A	Glasgow Coma Score:	E1V2M6
Scene location:	Stapley	TTL Emergency Dr:	R Hall	Trauma Call:	11:42	Injury Severity Score:	38
Date discharged:	25/09/2015	TRA Anaesthetist:	A James	At RSUH ED:	11:50	Clinical Frailty Scale:	
Destination:	Rehab: Haywood Haywood Hospital Broadfield Ward	Admitting Surgeon:	Price	Left RSUH ED:	12:46	Days in Critical Care:	46
		Rehab Consultant:	Ball	Direct Arrival:	N/A	Days in Hospital:	57

PRESENTATION
 Helmeted cyclist in collision with a car. Reduced LOC at scene, agitated. RIGHT chest injury evident - needle thorocostomy undertaken by NWAA Dr. Brought directly to RSUH. GCS 8/15 on arrival - E1V2M5, immediate RSI & ventilation undertaken prior to CT imaging. Taken to the operating theatre for emergency neurosurgery. Post operatively admitted to ICU.

POST INJURY
 Fit and well

PERSONAL CIRCUMSTANCES
 Lives in Newcastle under Lyme

Region	Anatomical injuries	Consultant	Operations and specific procedures (with dates)
Head	Right pneumocranium [140682.3]. Fracture RIGHT parieto temporal skull [150402.2]. Large 1.88 x 8.5cm RIGHT temporal extradural haematoma [140636.5]. 7mm LEFT temporal subdural haematoma [140652.4]. 1cm contusion RIGHT midbrain [140204.5]. Small traumatic subarachnoid haemorrhage RIGHT precentral sulcus [140693.2]. Multiple small contusions: Both frontal lobes & LEFT temporal lobe [140622.3]. Base of skull fracture: RIGHT greater wind of sphenoid, extending into LEFT middle cranial fossa & both superior orbital walls [150206.4].	Price	31/07/2015: Evacuation RIGHT extradural haematoma & insetion of ICP bolt (removed 15/08/2015).
Face/Neck	RIGHT zygoma fracture [251800.1]. Multiple fractures to both orbits: lateral and medial walls [251205.2].		Conservative management
Chest	Moderate RIGHT anterior pneumothorax [442202.2]. Extensive RIGHT lung contusions: upper, mid & lower lobes [441408.3]. Fracture RIGHT 4th rib [440201.1]. Right middle lobe lung lacerations [441430.3].		Conservative management
Abdomen			
Spine			
Pelvis			
Limbs			
External	Scalp laceration [910600.1].		

READ CODE
S AND A

08 OCT 2015

FILE ACTION

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	11/09/2015: Self ventilating - requiring regular suction	
Circulation	10/08/2015: 154/70mmHg Dobutamine infusion Pulse 100. 13/08/2015: 126/60mmHg 03/09/2015: 119/71 mmHg pulse 82, unsupported.	
Neurology	Traumatic brain injury 10/08/2015: E1VtM1 ICP 7 13/08/2015: E1VtM1-alfentanyl & midazolam. 19/08/2015: E1VtM1 - midazolam & alfentanyl infusions. 03/09/2015: Improving neurology E4VtM6 08/09/2015: E4V4M5 11/09/2015: E4V4M5	Maintainence of neuro parameters. 200ml 2.7% hypertonic saline administered. Taken to theatre for emergency neurosurgery
Metabolism	10/08/2015: Feed stopped due to potential ilius. 03/09/2015: NG feeding-good absorption.	
Host Defence	13/08/2015: Patient septic-screen requested. 19/08/2015: Patient commenced on aztronom for E Coli. 03/09/2015: Staph Aureus and pseudomonas in sputum. UTI.	

Pathway location	Start date	Progress notes
Scene	Stapley	31/07/2015
En route	NWAA	31/07/2015
Emergency Department		31/07/2015
Operating Theatre		31/07/2015 Evacuation of EDH. Remained ventilated post operatively.
Intensive Care Unit		31/07/2015 25/08/2015: Self ventilating via tracheostomy mask. Off sedation. E4VtM3 - possible "locked in syndrome".
Acute Ward	Ward 228	14/09/2015 Sloe neurological recovery. He can sit with the asistance of two people. Requires a hoist. On a pureed diet which he is tierating. Both ankle splinted to prevent foot drop. Sometimes doubly incontinent. Transferred to Broadfield Ward at the haywood Hospital on 25/09/2015 for specialised neurological rehabilitation.
Discharge Location	Broadfield Ward	25/09/2015 RSUH neurosurgical and ophthalmic OP reviews arranged.

Performance Issues	TRIID? <input checked="" type="checkbox"/>	DATIX? <input type="checkbox"/>	Description of organisational problems and interventions
NWAA does not currently allow their Drs to undertaken RSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Complete TRID, Inform Trauma Network. Take as evidence to meeting with NWAA arranged for 20/08/2015

MAJOR TRAUMA - REHABILITATION PRESCRIPTION
CORE INFORMATION



NHS Number: 606 488 1291	Date of Injury: 31/07/2015	Date of Admission: 31/07/2015
Patient Name: David WOZNY Date of Birth: 10/10/1969 Hospital ID: D87050 Address: Post Code:	MTC: Royal Stoke UH (01782 674486) Current Location: Ward 228 Next of Kin: Partner Name: Ruth Contact Number: 07932400610 GP Name: Dr. H Van Der Linden	FILE ACTION 08 OCT 2015
Rehab Consultant: Dr A Ball	Rehab Co-ord: Trudi Massey	
TARN minimum dataset Rehabilitation prescription completed: Yes Physical factors affecting activities or participation: Yes Cognitive factors affecting activities or participation: Yes Psychosocial factors affecting activities or participation: No		Rehab Complexity Scale - Extended: refer to UKROC for guidance Care: 2 Therapy disciplines: 3 Risk: 3 Therapy intensity: 3 Nursing: 2 Equipment: 2 Medical: 2 Total: 15/24

Initial GCS: 7/15

Mechanism:

Helmeted cyclist in collision with a car. Reduced LOC at scene, agitated. RIGHT chest injury evident - needle thorostomy undertaken by NWA Dr. Brought directly to RSUH. GCS 8/15 on arrival - E1V2M5, immediate RSI & ventilation undertaken prior to CT imaging. Taken to the operating theatre for emergency neurosurgery. Post operatively admitted to ICU.

List of injuries:

Right pneumocranium [140682.3]. Fracture RIGHT parieto temporal skull [150402.2]. Large 1.88 x 8.5cm RIGHT temporal extradural haematoma [140636.5]. 7mm LEFT temporal subdural haematoma [140652.4]. 1cm contusion RIGHT midbrain [140204.5]. Small traumatic subarachnoid haemorrhage RIGHT precentral sulcus [140693.2]. Multiple small contusions: Both frontal lobes & LEFT temporal lobe [140622.3]. Base of skull fracture: RIGHT greater wing of sphenoid, extending into LEFT middle cranial fossa & both superior orbital walls [150206.4].
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Interventions:

31/07/2015: Evacuation RIGHT extradural haematoma & insetion of ICP bolt (removed 15/08/2015).

Conservative management

Conservative management

Current GCS: 14/15 (e4v4m6)

Progress:

03.08.15 Intubated, sedated and ventilated. Having active cooling for pyrexia and on iv antibiotics. Prophylactic phenytoin commenced. Intracranial pressure monitoring in place- currently ICP 14. For sedation hold once cooling suspended; has had very brief period of sedation hold and was observed moving limbs.

10.08.15: poor chest - on 100% oxygen and nursed prone to assist with respiration. Remains intubated and sedated. ICP is stable and inotropes have been stopped but altered respiratory pattern continues. For review once chest improved. Sedation hold was attempted but HR increased. CT Chest and Abdo shows ileus.

18/08/15 Respiratory function continues to be poor, requiring 80% O2 on a few occasions with increased RR. Sedation has been increased to allow management of chest. Chest gradually improved over the next few days. Tracheostomy inserted 21/08/15.

Reviewed by trauma rehab team, patient is now having trache mask trials, breathing spontaneously on 30% FIO2. Sedation has been stopped for 48 hours now, GCS is E4, VT, M3. Not obeying commands. Inflammatory markers are increased. Possibly for an MRI brain in the near future when patient becomes more stable. Plan as of the 25/08/15 is to continue with the ventilatory weaning.

03/09/15 Patient continues to be weaned from the ventilator. Tolerating the TM well. sitting out in chair, neurology is improving. E4, VT, M6. Flickers of activities in left upper limb and lower limb. Plantar grade is being maintained at feet and ankles with pillow supports.

14.09.15: increased secretions requiring regular suctioning. Mini-trache removed by patient but still requiring frequent suctioning by physio and nursing staff. 16.09.15: transferred to ward 228. Coughing spontaneously but not effectively clearing secretions. Yankeur suction frequently and cough assist used twice daily. Requires SALT assessment.

14.09.15: seen by Dr Singh, SpR. Mini trachi decannulated 2 days ago. Coughing out spontaneously and regularly but still very chesty. Regular input from the respiratory physios. SALT assessment showed pharyngeal secretions that were hard to clear.

Currently on enteral feed 75 mls/hr. Planned transfer to ward 228.

21.09.15: Awaiting SALT review of swallow to determine definitive feeding regimen. Remains confused. Complex rehabilitation needs identified.

23.9.2015 Swallow assessment performed, evidence of high risk of aspiration at present, commenced on strict oral trials - to be reviewed daily. 25.09.15: oral trials successful. Reviewed on ward round and doctors satisfied with progress. No evidence of aspiration.

Pre-injury/illness information

Past History: Fit and well

Family Support: Lives with partner, Ruth and her and her 16 year old son
Has a 10 year old daughter who stays alternate weekends.
Mother and sister nearby.

Housing:

Work: IT Consultant

Leisure: Cycling, running, gym.

Rehabilitation Goals

Medical stability	(achieved)
Assessment of neurological status	(achieved)
Definitive plan for anti-epileptic medication	(achieved)
Maintenance of limb range of motion	(achieved)
Trach mask trial	(achieved)
Full ventilatory wean	(achieved)
To sit out for 6 hours	
Cognitive assessment	
To have independent sitting balance for 3 minutes	
To transfer to chair with assistance/aid	
Continence plan - begin toileting	

Therapy Plans: Upper limb washing and dressing assessment - neglect on left side. PTA score 3/7. Orientation work continues.
Bilateral foot splints worn 3hrs on/off