

## Trauma IR Pathway (In Hours)

### 1. Key Conditions / Procedures

Patients requiring arterial embolisation for traumatic injuries will have been admitted to LTHT (the trauma centre) and may require emergency IR intervention.

### 2. Admission

- Patient is already under the care of trauma ED consultant at LTHT and a trauma site specialty consultant with admitting rights
- Where applicable arrange admission to site specialty ward under the care of site specialty consultant
- Trauma team leader or other site specialty consultant to contact IR team and discuss the necessity for IR involvement

### 3. IR Procedure

- Plan to undertake procedure at appropriate time
- Patient to be accompanied by appropriately trained support staff who will remain with the patient during the procedure and escort patient following the procedure
- The patient must have a suitable ward to return to and bed availability will need to be confirmed prior to the commencement of the procedure
- On the rare occasion where it has been identified that the patient requires IR intervention as a lifesaving procedure prior to formal admittance to a site specialty bed, the procedure must not be delayed for a bed to be available (i.e. adopting the model that is in place for a patient that needs to go for immediate surgery in theatre 9). Post procedure this cohort of patients will be transferred to theatre recovery or back to a resuscitation bed in the Emergency Department.

### 4. Post-Operative

- Admit to critical care unit or appropriate ward following IR procedure under the care of the site specialty consultant.

### 5. Repatriation

LTHT is the Lancashire and South Cumbria Major Trauma Centre so patients will be admitted under the care of the appropriate site specialty consultants and will be repatriated to their local trust once clinically indicated.

NB This is a guideline – treatment decisions should always be made based on clinical presentation and expert assessment.