

Telemedicine (TRIPS) Referrals - Maxillo-Facial, Burns and Hand Injuries

Telemedicine referrals can be made by Advanced Paramedic Practitioners to Queen Victoria Hospital (QVH) in East Grinstead for complex wounds, burns and injuries to hands or maxilla-facial areas via TRIPS (Telemedicine Referral Image Portal System).

To access TRIPS, you will need to be a registered user. Only NHS employees with a valid NHS e-mail address can access this site. You will require an @nhs.net e-mail address or an address ending @secamb.nhs.uk to register. APPs must not use personal mobile phones or devices to take photographs, and photos must NEVER be saved or stored. Referrals should only be made using a trust iPad, and photos only taken when the portal prompts you.

Referrals can be made here: www.trips.nhs.uk

Once Telemedicine images have been sent, please contact the on-call (24-hours) Trauma Coordinator on:

01342 414 000

Assessment

- Assess any wound using aseptic non-touch technique (ANTT), exploring the wound for depth, type of wound, foreign bodies, haemorrhage, damage to underlying structures, distal circulation, distal sensation, and distal function.
- Consider exploring wound under local anaesthesia.
- Some wounds will require an X-ray prior to referral.
- Consider need for antibiotic therapy see infected wounds Clinical Practice Guideline (CPG).

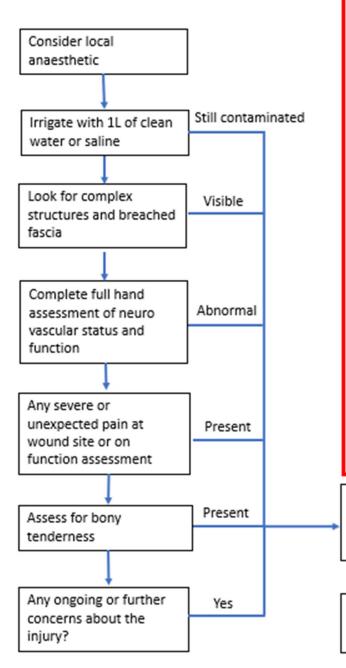
Management

- Does the patient have an individualised treatment plan, and can it be safely followed?
- If you have a wound that may require specialist plastics or maxillo-facial input, and X-ray is not required, send a telemedicine referral to QVH via the link above. You must then speak to the Trauma Coordinator to discuss the case.
- They will advise on further management and whether the referral is accepted or not.
- Consider need for cosmetic outcome (especially in paediatrics).
- If any red flags (below are present, have an early discussion with the Trauma Coordinator at QVH to decide if signposting to ED/UTC/MIU is required.

CAUTIONS (including) RED FLAGS (including) Signs of systemic infection requiring in-hospital Wounds that may require an Xray (e.g. bony involvement or possible foreign bodies) management, including Toxic Shock Syndrome consider whether there could be an underlying post burns. fracture, such as in a crush injury. Chemical burns (require extensive irrigation) Paediatrics and young people Hidden Maxillo-facial Injuries Electrical burns (require an ECG) Inability to close/open jaw Sublingual or palate bruising Missing teeth Jaw misalignment Facial / cranial neurology Diplopia Eye injuries / changes to vision



HAND TRAUMA FLOWCHART



Wounds accepted for referral will not require primary closure unless directed by the trauma coordinator. Anchor with a loose suture or Steri-strips. Dress with non-adherent dressings, gauze and bandaging. Apply high arm sling. Advise rest and elevation of limb.

Special Circumstances

Bites: Most animal and human bites to hands require antibiotics (refer to NICE guidance). Assess carefully as per flowchart and refer as necessary.

High pressure injuries: Can have extensive hidden damage. Assess carefully as per flow chart and refer all via TRIPS to QVH.

Amputations: Save all parts & skin for consideration of reconstruction. Irrigate with saline, wrap in moist gauze, place in plastic bag & immerse the bag in ice slush. Refer via TRIPS to QVH.

Infections: Consider discussing all hand infections with the trauma co-ordinator. Extensive infection, flexor sheath infection (check kanavels signs) & felons should be referred. Administer antibiotics & place in high arm sling. If discharging, advise review in 48 hours with practice nurse or local MIU/walk in/UTC. Consider hospital admission for anyone systemically unwell with infection.

Take photographs and refer to QVH via TRIPS. Ensure thorough history taken to include smoking status, previous tetanus vaccination, hand dominance and occupation

Any X-ray will need to be discussed and arranged with the trauma co-ordinator, the patient may need to attend A&E/UTC/MIU to facilitate this

Tetanus: Refer to the Green Book guidelines to identify when vaccination is required. Arrange for vaccination with the patients practice nurse or local MIU/Walk in Centre/UTC within 48 hours or discuss with the trauma co-ordinator

Prophylactic antibiotics: discuss with the coordinator, however Flucloxacillin or Co-amoxiclav are usually required (or alternative if Penicillin allergic)



Burns Inclusion Criteria:

- Age of patient >18 Months old
- Size of Burn <4%
- Area affected Not involving face or perineum
- Depth Not restricting circulation
- Medical Problems Minor or none (including cause of burn (MI, CVA, fall)
- No smoke inhalation
- No cardiac arrythmia

especially important for

paediatric and the elderly

BURNS FLOWCHART Special circumstances Paediatric: Any burns in this age group should Cool the burn for at least 20 be discussed with the paediatric burns team minutes. If no access to at QVH, even if the burn appears minor. running water, apply a cool, Ensure thorough history of events established wet cloth/gauze, changing and refer any concerns to safeguarding. Any every 5 minutes prior or current involvement from social services should be recorded. Consider analgesia Chemical burns: Irrigate with copious amounts of saline or water, away from unaffected skin/eye. Establish chemical involved and refer all via TRIPS to QVH burns Remove any non-adhered clothing and jewelry team. Electrical burn: Can have considerable Deroof any blisters more damage to internal tissues despite minor than 1x1cm & assess tissue surface appearances. Assess carefully, including for cardiac complications such as beneath. Refer to LSEBN arrhythmia. Refer via TRIPS to QVH. blister guideline Determine burn size, depth & location, referring Take photographs and refer any burn that fits the to the LSEBN assessment criteria via TRIPS to QVH burns team guidelines Clean the wound bed with Toxic shock/burns sepsis syndrome saline or clean water This should be considered in any person Cover burn with Mepitel with a recent burn and any of the One, gauze and bandaging following symptoms: Feeling unwell/malaise Fever of ≥ 38 degrees Arrange review in 48 hours Diarrhoea and/or vomiting at practice nurse or local Reduced oral intake or loss of appetite MIU/walk in/UTC for all burns not referred to QVH, Tachycardia/tachypnoea as they can evolve. This is Hypotension

Reduced urine output



