

# Clinical Practice Guidelines for Advanced Paramedic Practitioners (Urgent and Emergency Care)

## 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](http://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

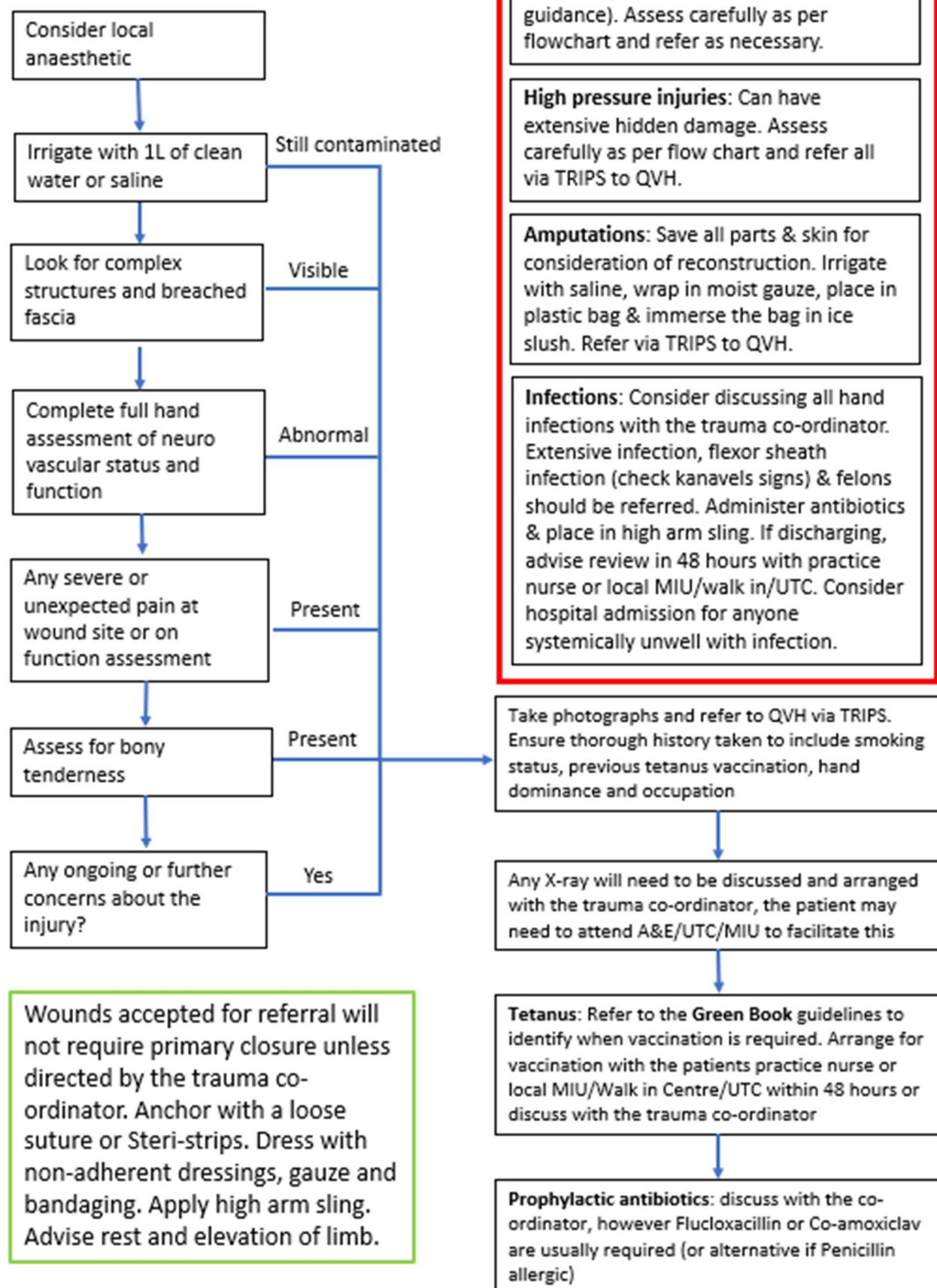
- **Does the patient have an individualised treatment plan, and can it be safely followed?**
- If you have a wound that may require specialist plastics or maxillo-facial input, and X-ray is not required, send a telemedicine referral to QVH via the link above. **You must then speak to the Trauma Coordinator 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)
<ul style="list-style-type: none"><li>• Wounds that may require an Xray (e.g. bony involvement or possible foreign bodies) – consider whether there could be an underlying fracture, such as in a crush injury.</li><li>• Paediatrics and young people</li><li>• Electrical burns (require an ECG)</li></ul>	<ul style="list-style-type: none"><li>• Signs of systemic infection requiring in-hospital management, including Toxic Shock Syndrome post burns.</li><li>• Chemical burns (require extensive irrigation)</li><li>• Hidden Maxillo-facial Injuries<ul style="list-style-type: none"><li>• Inability to close/open jaw</li><li>• Sublingual or palate bruising</li><li>• Missing teeth</li><li>• Jaw misalignment</li><li>• Facial / cranial neurology</li><li>• Diplopia</li><li>• Eye injuries / changes to vision</li></ul></li></ul>

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## HAND TRAUMA FLOWCHART



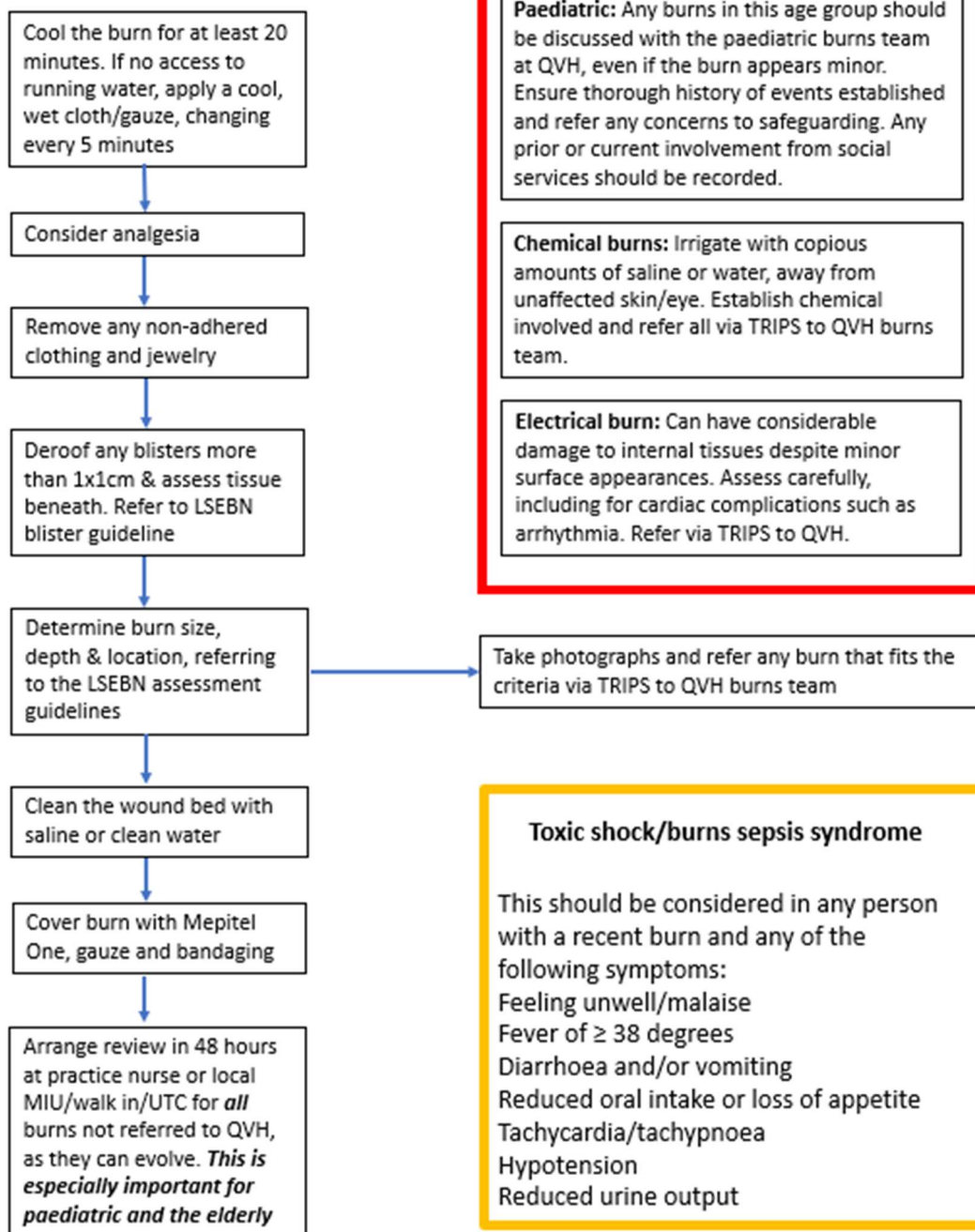
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## Burns Inclusion Criteria:

- 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 arrhythmia

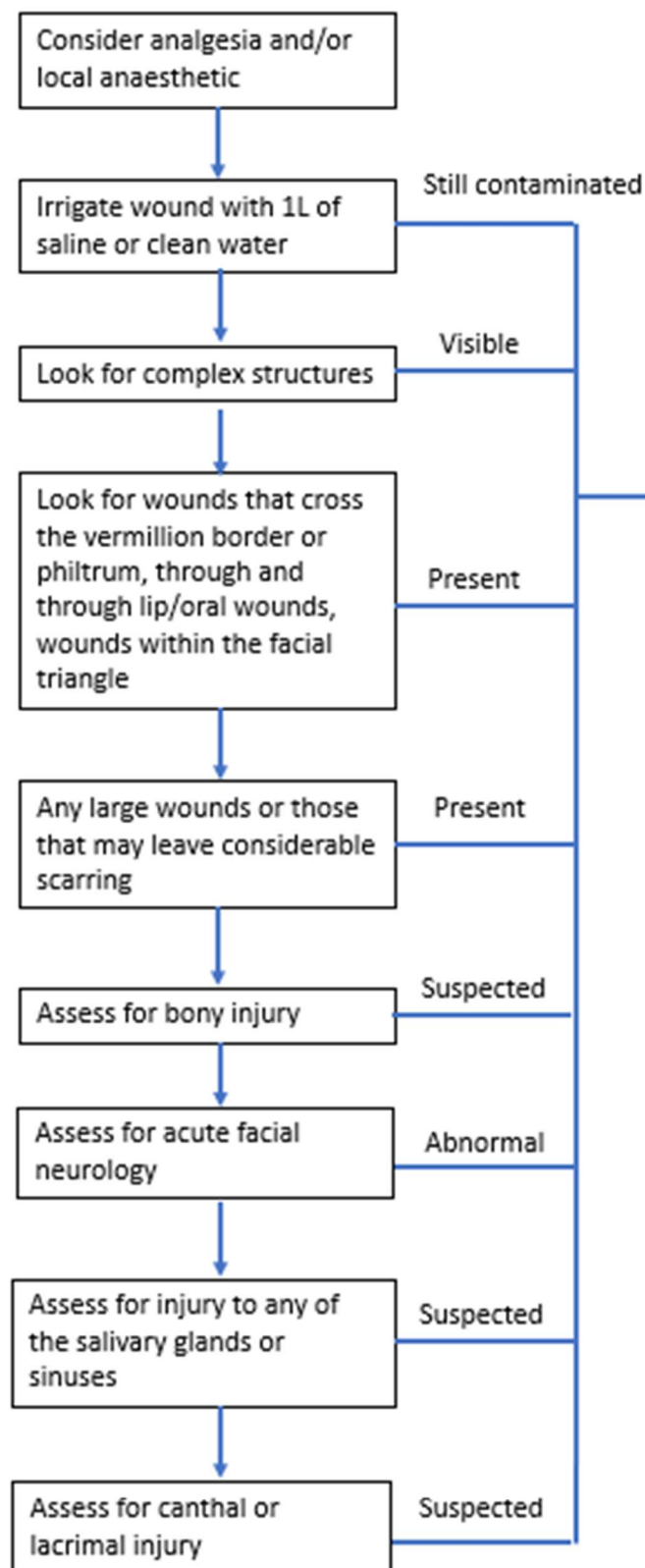
## BURNS FLOWCHART



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## MAXILLOFACIAL WOUND FLOWCHART



Wounds accepted for referral will not require primary closure unless directed by the trauma coordinator. Anchor if required with a loose suture or Steri-strips. Dress with non-adherent dressings.

### Special circumstances

**Bites:** Most animal and human bites to the face require antibiotics (refer to NICE guidance). Bites should not routinely receive primary closure and pose a greater cosmetic risk. Assess carefully as per the flow chart and refer via TRIPS to QVH as necessary.

**Paediatric and young people:** Good cosmetic outcome is especially important in children and those aged under 65. Assess carefully as per the flowchart and refer via TRIPS to QVH.

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

Any Xray required will need to be discussed with the trauma co-ordinator, patients may need to attend A&E. Facial trauma with teeth unaccounted for will likely require a chest Xray

**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 co-ordinator, however a referral to GP may be required

### Maxillofacial fractures

Not all facial fractures require immediate Max-Facs input and may instead be initially managed in A&E. Signs of more complex/significant fractures for Max-Facs referral include: Inability to open/close jaw fully; Sublingual or palate bruising/hematoma; Missing teeth; Teeth/jaw malalignment; Facial neurology; Diplopia; Enophthalmos or Hypoglobus; Orbital emphysema; Abnormal vision; Abnormal eye movements