

Date: 29/08/2014

FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011932

With reference to your FOI request in connection with 'Adult trauma patients' please see response below.

1. Which hospital do you work at?
Dudley Group NHS Foundation Trust

2. Does your hospital accept or manage trauma patients?
YES

3. Is your hospital a designated major trauma centre?
NO we are a Trauma Unit

4. Approximately how many obtunded patients with head injury does your hospital manage in a year?
Unknown

5. Does your department have a written guideline for the management of potential cervical spine injuries in obtunded patients following trauma?
YES

6. What is your guideline taken from? (for example: BOA, BOAST 2, Local Guideline etc)
Local and BOA, BAAEM

7. Which form of immobilisation is used for the C-Spine before clearance?
Rigid collar only/Rigid collar and side support/and tapes

8. If you use a collar what type is normally used on your unit?
Ambu Perfit hard collar

9. Which of the following plain radiographs views are routinely requested in the unconscious trauma patient?
AP, Lateral and peg views

10. What is your unit's policy for discontinuation of cervical-spine immobilisation in obtunded patients?
Normal CT scan

11. Who has the ultimate responsibility for the interpretation of imaging (in particular CT)?
Consultant Radiologist

12. Which specialty ultimately responsible for clearing the cervical-spine (i.e making the decision to remove the cervical collar) in an obtunded patient?
Consultant Radiologist/T&O Consultant involved in discussion

13. Which grade of doctor is responsible for clearing the cervical spine (i.e making the decision to remove the cervical collar) in an obtunded patient?
As senior as possible, nearly always Consultant

14. In obtunded patients with a normal CT C-Spine, do you undertake MRI of the cervical spine routinely?
No

15. Are you aware of any cervical-spine injuries being missed in your hospital in the last 5 years following the discontinuation of cervical spine immobilisation?
No

16. If so how many?

17. Is there a mechanism in your hospital (e.g. audit process) whereby missed cases of cervical injuries in obtunded patient are collected, for example by examining readmission data?

Not formal, but anyone where a missed injury is subsequently identified of this severity would have an RCA/investigation completed

18. If you have such a mechanism in your hospital please describe it.

Alastair Marsh, T&O Consultant