For urgent referrals for an unstable or polytrauma patient, please contact the St Mary’s TTL on 07884238391

For isolated injuries requiring urgent transfer, contact the on-call orthopaedic registrar directly via switchboard

**NWLTN PELVIC TRAUMA MDT REFERRAL FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Details** | *First name*: Click or tap here to enter text.  *DOB*: Click or tap to enter a date.  *NHSN*: Click or tap here to enter text. | | *Surname*: Click or tap here to enter text.  *Age*: Click or tap here to enter text.  *Imperial MRN*: Click or tap here to enter text. | | |
| Referring hospital: | | Choose an item. | | | |
| Responsible consultant: | | Click or tap here to enter text. | | | |
| Name of T&O ST3+ discussed with: | | Click or tap here to enter text. | | | |
| Correspondence emails: | | Click or tap here to enter text. | | | |
| Patient’s current location/ward: | | Click or tap here to enter text. | | | |
| Date of referral: | | Click or tap to enter a date. | | | |
| **Clinical Details** | |  | | | |
| Date of injury: | | Click or tap to enter a date. | | | |
| Mechanism of injury: | | Choose an item. | | | |
| Incident details: | | Click or tap here to enter text. | | | |
| Reports of scans: | | Click or tap here to enter text. | | | |
| Associated injuries: | | Click or tap here to enter text. | | | |
| Question to MDT: | | Click or tap here to enter text. | | | |
| **Examination & Initial management** | | *Please ensure patient is managed in accordance with BOAST guidelines* | | | |
| Confirm patient is HD stable?: | | Choose an item. | | | |
| Interventions to date: | | Trauma Call  Binder  Catheter  Theatre/MUA  Blood products | | | |
| Neurovascular status including sciatic: | | Click or tap here to enter text. | | | |
| Suspicion of urological/bowel injury: | | Click or tap here to enter text. | | | |
| PR/PV/perineal/external genital exam: | | Click or tap here to enter text. | | | |
| Current GCS: | | Choose an item. | | | |
| Current VTE prophylaxis: | | Click or tap here to enter text. | | | |
| **Past Medical History** | |  | | | |
| Allergies: | | Choose an item. | | | |
| Regular anticoagulants: | | Click or tap here to enter text. | | | |
| Other relevant medications: | | Click or tap here to enter text. | | | |
| BMI: | | Click or tap here to enter text. | | | |
| Relevant medical & surgical history: | | Click or tap here to enter text. | | | |
| Metalwork/implants: | | Click or tap here to enter text. | | | |
| **Social History** | |  | | | |
| Occupation: | | Click or tap here to enter text. | | | |
| Pre-injury function: | | Mobility: Choose an item. | | | ECOG: Choose an item. |
| Frailty: | | AMTS: Choose an item. | | | CFS: Choose an item. |
| Living situation: | | Click or tap here to enter text. | | | |
| Carers: | | Click or tap here to enter text. | | | |
| Smoking/alcohol: | | Click or tap here to enter text. | | | |
| **Investigations:** | | *Patients with no images transferred will not be discussed* | | | |
| What images have been transferred: | | Click or tap here to enter text. | | | |
| Relevant bloods: | | Click or tap here to enter text. | | | |
| ECG: | | Click or tap here to enter text. | | | |
| Covid status & date: | | Click or tap here to enter text. | | | |
| MRSA status & date: | | Click or tap here to enter text. | | | |
| **Referral Triage** | | *Please leave all sections below blank for SMH team* | | | |
| Date: | | Click or tap to enter a date. | | | |
| Outcome: | | Choose an item. | | | |
| Provisional advice/notes: | | Click or tap here to enter text. | | | |
| **MDT** | |  | | | |
| Date: | | Click or tap to enter a date. | | | |
| Consultants present: | | Lewis  Daurka  Jordan  Dick  Amiras | | | |
| Classification: | | Young-Burgess: Choose an item.  Judet-Letournel: Choose an item.  Denis sacral: Choose an item.  Lehmann sacral: Choose an item. | | | Side: Choose an item.  FFP: Choose an item.  Roy-Camille: Choose an item.  AO sacral: Choose an item. |
| Discussion: | | Click or tap here to enter text. | | | |
| **Plan** | |  | | | |
| Weight-bearing status: | | L: Choose an item. R: Choose an item. | | | *Duration*: Choose an item. |
| Thromboprophylaxis: | | Choose an item. | | | *Duration*: Choose an item. |
| Further imaging: | | Choose an item. | | | *Timeframe*: Choose an item. |
| Outcome: | | Choose an item. | | | *Timeframe*: Choose an item. |
| Referrals: | | Local FLS  Anaesthetics  Orthogeriatrics | | | |
| **Re-discussion** | |  | | | |
| Date: | | Click or tap to enter a date. | | | |
| Discussion: | | Click or tap here to enter text. | | | |
| Outcome: | | Click or tap here to enter text. | | | |
| **Outcomes** | |  | | | |
| CIE group: | | Op  Non-op  Fragility | | | |
| ePROMS: | | SF-36  EQ-5D + 120 day outcome  OHS | | 12 week Click or tap to enter a date.  16 week Click or tap to enter a date.  26 week Click or tap to enter a date. | |

**Once completed, please return this form to both** [**imperial.pelvis@nhs.net**](mailto:imperial.pelvis@nhs.net) **AND** [**corrine.morris@nhs.net**](mailto:corrine.morris@nhs.net)

To avoid delay in MDT discussion, please ensure all relevant images have been transferred via IEP to Imperial, including the original reports.

MDT discussions take place on Tuesday mornings, and we aim to communicate outcomes to referring teams using the NHS emails provided on the same day. Referrals received after midday on Monday may not be reviewed on the following day.

Given the volume of tertiary referrals, we do not discuss stable (incomplete, undisplaced and unilateral) LC1-type fragility fractures in the elderly. Advice to weight-bear should be sought from your local orthopaedic service in the first instance, and only referred onwards should they have concerns regarding instability or difficulty mobilising.

Please note that we also do not discuss isolated sacral insufficiency fractures, sacral pressure sores/OM, pelvic sarcomas or MUO, revision arthroplasty or coccydynia/coccygeal fractures.