

National Institute for Health and Clinical Excellence

**Major Trauma
Scope Consultation Table
28th February 2013 – 28th March 2013**

Type (NB this is for internal purposes – remove before posting on web)

SH = Registered Stakeholders. These comments and responses will be posted on the NICE website after guideline development begins.

NICE = Comments from NICE. These are added to this table for convenience but will not be posted on the web.

Non Reg = Comments from organisations and people who have not registered as stakeholder. These are added for convenience but will not be posted on the web.

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	1	Aintree University Hospitals NHSFT	1	4.1.1	We note the remit to include “adults, young people and children suspected of major blood loss following trauma”. We understand the need to include this group, but not all major trauma patients suffer massive blood loss and we feel they should be included, for example, chest injuries including tension pneumothorax, aortic dissection and cardiac tamponade.	Thank you for your comment. The population groups specified in the scopes have now been amended to state: adults, young people and children with a suspected severe traumatic injury. The scope for this guideline now also states the key clinical issues identified by the developers s areas which would benefit from guidance, and these included; aspects of airway, breathing, exposure and circulation. The NICE head injury guideline will be cross referred to for disability relating to neurological assessment.
SH	2	Aintree University Hospitals NHSFT	2	4.3.1	We believe in the management of circulation, specific mention should be given to the use and compliance with a massive transfusion protocol.	Thank you for your comment. Section 4.3.1d includes the use of use of major haemorrhage protocols
SH	3	Aintree University Hospitals NHSFT	3	4.3.1	We believe the initial management of circulation should include the use of a pelvic binder, ideally pre-hospital.	Thank you for your comment. Pre-hospital control of uncontrollable haemorrhage, such as pelvic

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						binders, has been added to the scope for this guideline.
SH	4	Alder Hey Children's NHS Foundation Trust	1	General	Overall I was a little unclear about what the guideline is supposed to achieve. The assessment and management of major trauma resuscitation is a massive undertaking, and the scope of the guideline misses out a number of key clinical issues. If it is just limited to major trauma when there is major blood loss, and the management of this, then the scope is a little more understandable, but still missing some important points. The title would need to be changed to make this clear.	Thank you for your comment. We have amended the scope taking on board these comments. The primary focus of this guideline will be circulation and blood loss with additional areas on breathing, airways and exposure that were prioritised as part of scoping. The NICE head injury guideline will be cross referred to for disability relating to neurological assessment.
SH	5	Alder Hey Children's NHS Foundation Trust	2	Section 4.1.1	population covered - this needs to be clearer - it appears from this that it is only people with significant blood loss that will be covered, but the title remit in section 2 suggests it is major trauma resuscitation including blood loss, not limited to those with major blood loss.	Thank you for your comment. The population groups specified in the scopes have now been amended to state: adults, young people and children with a suspected severe traumatic injury. The primary focus of this guideline will be circulation and blood loss with additional areas on breathing, airways and exposure that were prioritised as part of scoping. The NICE head injury guideline will be cross referred to for disability relating to neurological assessment.
SH	6	Alder Hey Children's NHS Foundation Trust	3	Section 4.2	settings - will this include pre-hospital when some care may not be provided by NHS providers (charity air ambulances, St. John's etc)	Thank you for your comment. NICE guidance is directed to NHS providers but we hope that non-NHS providers will take guideline recommendations on board.

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SH	7	Alder Hey Children's NHS Foundation Trust	4	Section 4.3.1	<p>Please insert each new comment in a new row.</p> <p>circulation - should include use of haemostatic agents such Celox to control external bleeding as well as tourniquets. Evaluation of pelvic binders. Should also comment on use and timing of tranexamic acid. Is interventional radiology to be excluded?</p> <p>Massive haemorrhage protocols, use of shock packs/ratio of blood products and other products in massive haemorrhage.</p>	<p>Please respond to each comment</p> <p>Thank you for your comment. The developers have prioritised circulation with haemorrhagic control, including the management of shock. The following clinical issues have been added to the scope:</p> <ul style="list-style-type: none"> • Pneumatic compared with mechanical tourniquets • Haemostatic dressings • Haemostatic agents • Pelvic binders • Use of major haemorrhage protocols • Interventional radiology
SH	8	Alder Hey Children's NHS Foundation Trust	5	General	<p>Disability - a consideration of spinal protection/immobilisation methods such as spinal board, vac-mattresses, collars/bags/tape for c-spine immobilisation.</p>	<p>Thank you for your comment. The scope for this guideline will cover those who present with suspected severe traumatic injury, and will cross refer to the spinal injuries guideline as necessary.</p>
SH	9	Association of Anaesthetists of Great Britain and Ireland	1	general	<p>No mention of the effects of patient age and co-morbidities which should heighten the level of concern. Emphasis should be placed on how aggressive the management of these patients must be to improve their outcome.</p>	<p>Thank you for your comment. We agree that there are circumstances when it is important to identify specific populations. The multidisciplinary knowledge of the developers and GDG includes representatives who provide specific input around paediatric and trauma care. When developing the protocols for the review questions the GDG</p>

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						will identify subgroups that require specific attention, this may include age ranges of people with certain comorbidities.
SH	10	Association of Anaesthetists of Great Britain and Ireland	2	general	No mention of the effect of and management of anticoagulant therapy that the patient may be taking (including newer drugs that have no known pharmacological antidotes) in the context of major haemorrhage and severe injury. Anti-platelet therapy should also be raised as a concern.	Thank you for your comment. The developers have prioritised the following clinical area: circulation with haemorrhagic control, including the management of specific complications in hospital relating to anticoagulation reversal.
SH	11	Association of Anaesthetists of Great Britain and Ireland	3	4.3.1c	Use of major haemorrhage protocols in the context of haemostatic resuscitative measures. Rapid access to blood products and other related haemostatic treatments, including anti-fibrinolytics and concentrated factors.	Thank you for your comment. The use of major haemorrhage protocols has been included in the scope. Both clinical and cost effectiveness evidence is taken into consideration when reviewing the available evidence and making recommendations.
SH	12	Association of Anaesthetists of Great Britain and Ireland	4	4.5	Economic blood product usage demonstrated by adopting major haemorrhage protocols as well as other aspects of damage control resuscitation. Avoidance of blood product wastage.	Thank you for your comment. The use major haemorrhage protocol has been included in the scope. Both clinical and cost effectiveness evidence is taken into consideration when reviewing the available evidence and making recommendations.
SH	13	Association of Paediatric Anaesthetists of Great Britain and Ireland	1	General	In general I am happy with the scope and I agree with the aspiration that the whole pathway (from the site of the accident onwards) should be covered.	Thank you for your comment. The scope includes both the pre hospital and the ED setting. Please

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						<p>note the aim is to end the guideline when the patient has been stabilised and had their care transferred out of the ED. The definition of transfer includes :</p> <ul style="list-style-type: none"> • Admission to hospital/definitive care - surgery, ITU, ward, • At handover from trauma team leader to definitive care consultant • At transfer to a specialist unit. <p>The follow-up of major trauma is out of scope for this particular guideline. Rehabilitation services will be considered for inclusion in the service delivery guidance scope.</p>
SH	14	Association of Paediatric Anaesthetists of Great Britain and Ireland	2	General	<p>The scope should be more specific regarding burns patients; all patients with major burns are basically excluded. What about the patients that have suffered major injuries AND burns? They seem to be falling into a gap. These patients should be explicitly part of the trauma guidelines.</p>	<p>Thank you for your comment.</p> <p>We agree that patients with burns are an important group of the trauma population. Careful consideration was taken as to whether it was appropriate to cover the topic of 'burns' within the trauma suite of guidelines. It was agreed that this topic would be not be appropriate to include in the suite of trauma guidelines due to the very specific needs and management of burns patients.</p>

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SH	15	BFICM military	1	4.3.1a	Who should do rapid sequence induction should be considered	Thank you for your comment. The areas included in the scope have been prioritised by the developers based on the stakeholder consultation and workshop. Rapid sequence induction was discussed but this was considered one of the lower priority areas to include compared to those that have been included.
SH	16	BFICM military	2	4.3.1b	Management of rib fractures (analgesia especially)	Thank you for your comment. Fracture management is outside the scope of this guideline and will be considered in the two fracture (complex and non-complex) guidelines. This guideline includes life threatening chest trauma and the GDG may consider rib fractures in that context.
SH	17	BFICM military	3	4.3.1c	Use of novel haemostatic agents	Thank you for your comment. The control of external haemorrhage, includes the use of haemostatic dressings.
SH	18	BFICM military	4	General	There is an international evidence based guideline in development for the management of trauma related bleeding which is similar to the surviving sepsis guidance	Thank you for your comment. It is helpful to know of other guidelines currently in development.
SH	19	BFICM military	1	3.2	UK Defence multi-trauma treatment should be mentioned as an example of a whole systems approach to trauma management which has been recognised for its excellence by the CQC and the NAO. This includes follow up and rehabilitation.	Thank you for your comment. This section is intended as background information and scene setting for the scope and guideline. It is an overview of clinical practice and is

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					No single component in approach will be effective alone.	not intended to cover all variations in care. The developers and the GDG includes members with military experience who have knowledge of this system of trauma management. Rehabilitation services will be addressed in the trauma service delivery guidance.
SH	20	BFICM military	2	4.1.1	Major trauma does not exclusively involve major blood loss. This should therefore be reworded. It must also be remembered that not all hypotensive patients are hypovolaemic from blood loss, but may be functionally so due to neurological injury or extensive tissue loss.	Thank you for your comment. The population groups specified in the scopes have now been amended to state: adults, young people and children with a suspected severe traumatic injury.
SH	21	BFICM military	3	General	There needs to be guidance regarding Damage Control Resuscitation, Haemostatic Resuscitation and Damage Control Surgery.	Thank you for your comment. Haemorrhage control and damage control surgery are included in the scope.
SH	22	BFICM military	4	4.3.1a	This is too narrow and must include the difficult airway and its management with devices such as video-laryngoscopes and cricothyroidotomy.	Thank you for your comment. The areas included in the scope have been prioritised by the developers based on the stakeholder consultation and workshop and these included; aspects of airway, breathing, exposure and circulation. The NICE head injury guideline will be cross referred to for disability relating to neurological assessment. . When developing the clinical questions the GDG will take your comments into consideration.
SH	23	BFICM military	5	4.3.1c	There needs to be a recognition of the DMS	Thank you for your comment.

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					experience here, plus current research in this area, with near patient testing of coagulation, patient temperature control, the place of interventional radiology etc. Access needs to be stressed to be rapid and be backed up by appropriate equipment e.g. rapid infusers etc.	When developing the clinical questions for coagulation and the place of interventional radiology the GDG will take your comments into consideration. The GDG includes members with military experience and any relevant current research will be identified and included when considering recommendations for the guideline (please see NICE guidelines manual 2012 for details on the methods used to develop clinical guidelines). Temperature management has been included in the scope.
SH	24	BFICM military	6	4.3.1e	There is no place for an individual clinician and stress must be on the trained competent multidisciplinary team approach, with sufficient numbers of them available at the required levels to have any impact on major trauma outcomes. The integral and key role of ICM must be stressed.	Thank you for your comment. We agree and now refer to the multidisciplinary team in the scope and the composition and skills required of the multidisciplinary team.
SH	25	BFICM military	7	General	4.3.1.c) seems to be in conflict with 4.3.2.c) with the former making pronouncements on fluids and the latter not. I think I know what they are getting at with blood/ffp vs electrolyte solutions, but it is not clear.	Thank you for your comment. The developers have considered your points and amended these sections to prioritise circulation with haemorrhage control. The guideline will also cross-reference to the Intravenous fluids guideline where appropriate.
SH	26	BFICM military	8	General	Rehabilitation (+/- return to effective employment	Thank you for your comment.

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					as the population at risk is relatively young) is mentioned in current practice, but is not included in outcomes as it should be in my opinion.	Rehabilitation is an important outcome. The more inclusive outcome of 'return to normal activities' is used in preference to 'return to work' so that population groups not in work can be given equal consideration within NICE guidance. Return to normal activities has been included in the list of outcomes.
SH	27	BFICM military	9	4.4d	This needs to include ICU follow up clinics and perhaps outreach.	Thank you for your comment. The GDG will consider your comment when prioritising outcomes for each clinical question during the development of the guideline.
SH	28	BFICM military	10	4.4h	This is a strange measure to pick and I think will be meaningless in the face of such complex injuries and imperatives. Surgery is not the requirement in some cases, but it is an essential component in many. It should be stated from the outset that this should look at whole patient management by a multidisciplinary team. It is also a rather strange place to have this if it is a list of priorities. It would seem better to look at return of blood gases, temperature and coagulation to within normal limits. Maintaining temperature at levels above 36 degrees centigrade (for example) should be a clearly stated aim in the process.	Thank you for your comment. The outcomes listed are the key outcomes identified by the developers, based on the stakeholder comments and workshop. When the GDG develop the protocols for the review questions they will identify specific outcomes that are pertinent to that question. Temperature management has been included in the scope.
SH	29	BFICM military	11	4.4e	For ease of understanding this could better be phrased as morbidity/disability as the two are not necessarily synonymous for the general public who will also have access to these documents.	Thank you for your comment. Morbidity is often included as an outcome in scopes for clinical guidelines. The scopes are reviewed

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						by NICE for ease of understanding by the editorial team and the Patient and Public Involvement team.
SH	30	BFICM military	12	General	There should also be a review of the scoring systems applied to major trauma as in very serious trauma cases, such as military trauma, they underestimate the severity by a considerable margin. These are still NHS patients being treated in the NHS and cannot be excluded.	Thank you for your comment. It is expected that particular systems for assessing severity of major trauma will be included when searching for evidence around the clinical issues listed in the scope.
SH	31	Deltex Medical	1	General	We suggest that MTG3 (oesophageal Doppler monitoring for intraoperative fluid management in major and high risk surgery) should be taken into consideration when making any recommendation regarding major trauma.	Thank you for your comment. CardioQ-ODM (oesophageal Doppler monitor). NICE medical technologies guidance 3 (2011) has been included under related NICE guidance in the scope and will be referred to if appropriate.
SH	32	Department of Health	1	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation	Thank you for your comment.
SH	33	Greater Manchester Neurosciences Network	1	4.3.1a & 4.3.1b	The scope document makes no reference to best practice / management of tracheostomies for people who sustain neurological injury as a result of major trauma affecting airway and respiratory management	Thank you for your comment. Specific management of people with neurological injuries is outside the scope of this guideline but the NICE head injury guideline will be cross referred to.
SH	34	Greater Manchester Neurosciences Network	2	4.3.1d	The scope document does not clarify the extent to which rehabilitation should be addressed for people who have experienced major trauma	Thank you for your comment. We may include outcomes such as effective rehabilitation for specific questions if appropriate. However please note that follow-up of major trauma is out of scope for this particular guideline (4.3.2a).

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						Aspects of rehabilitation services will be addressed in the service delivery guidance.
SH	35	National Commissioning Board / NHS England	1	4.3.1a	Evidence-based guidance on the drugs and dosages to be used for induction of anaesthesia in major trauma (with and without head injury) would be very helpful indeed.	Thank you for your comment. Your points on drugs and dosages for the induction of anaesthesia in people with major trauma but without a head injury will be considered by the GDG when developing this guideline. The guideline will also cross-refer to the Head Injuries guideline where appropriate.
SH	36	National Commissioning Board / NHS England	2	4.3.1b	Evidence-base for size and position of chest drains	Thank you for your comment. Chest tube placement has now been added to the scope.
SH	37	National Commissioning Board / NHS England	3	4.3.1 b	Evidence-base for Chest x-ray (CXR) or Early CT without CXR	Thank you for your comment. Imaging assessment for chest trauma is part of the scope for this guideline and GDG will consider the point you raise when developing the clinical question for this area.
SH	38	National Commissioning Board / NHS England	4	4.3.1b	I would not spend time looking at the role of MRI in early management chest injuries. Immediate access to MRI for this is near impossible, even in the best Major Trauma Centres in the world. Time better spent on other issues	Thank you for your comment. The GDG will consider your comment when developing this guideline.
SH	39	National Commissioning Board / NHS England	5	4.3.1c	Evidence-base for invasive monitoring (arterial or central lines) before definitive investigations such	Thank you for your comment. The areas included in the scope have

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					as CT scan	been prioritised by the developers based on the stakeholder consultation and workshop. Invasive monitoring was discussed but this was considered one of the lower priority areas to include compared to those that have been included.
SH	40	National Commissioning Board / NHS England	6	4.3.1c	Emergency room thoracotomy in blunt trauma	Thank you for your comment. This has now been added to the scope.
SH	41	National Commissioning Board / NHS England	7	4.3.1c	Blunt aortic injury: Endovascular (EVAR) versus Open repair	Thank you for your comment. Interventional radiology has been included in the scope.
SH	42	National Commissioning Board / NHS England	8	4.3.1c	Management of severe haemorrhage from pelvic fractures: Interventional radiology or surgical packing	Thank you for your comment. Management of pelvic fracture trauma will be reviewed in the complex fracture guideline. This guideline will cross-reference the complex fractures guideline where appropriate.
SH	43	National Commissioning Board / NHS England	9	4.3.1e	Trauma Teams. Evidence-base for two-tier trauma calls	Thank you for your comment. The composition of the multidisciplinary team has been included in the scope.
SH	44	National Commissioning Board / NHS England	10	4.5	In this group of patients, key outcome is return to work (and tax-paying status)	Thank you for your comment. Effective rehabilitation is an important outcome. The more inclusive outcome of 'return to normal activities' is used in preference to 'return to work' so that population groups not in work can be given equal consideration within

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						NICE guidance. Return to normal activities has been included in the list of outcomes.
SH	45	National Commissioning Board / NHS England	11	4.3.1b	Evidence-based guide for analgesia in severe chest trauma / multiple rib fractures	Thank you for your comment. The management of life threatening chest trauma has been included in the scope and the GDG will develop the clinical questions and the specific areas to be reviewed based on the stakeholder comments and workshop. Assessment and management of pain relief has also been added to the scope. The GDG will consider the point you raise when developing the clinical question for this area.
SH	46	National Commissioning Board / NHS England	12	General	Major Trauma in the elderly is more common than appreciated. General comments on this group should be included. Is there an evidence base for surgical – geriatric co-care in this patient group i.e., similar to orthogeriatric care for hip fracture patients?	Thank you for your comment. When developing the protocols for the review questions the GDG will identify subgroups that require specific attention, this may include age ranges of people with certain comorbidities.
SH	47	NHS Direct	1	General	No comments for this scope following consultation.	Thank you.
SH	48	Paediatric Intensive Care Society	1		There is insufficient focus on temperature control There is insufficient focus on the role of damage limitation resuscitation and damage limitation surgery	Thank you for your comment. The areas included in the scope have been prioritised by the developers based on the stakeholder consultation and workshop. Temperature management has been included in the scope.

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SH	49	Paediatric Intensive Care Society	2		There is no mention of limb fractures (inc pelvic girdle) that may present a source of haemorrhage. I recognise that it may be dealt with in the complex fracture section but I think it should be noted in the major trauma section also.	Please insert each new comment in a new row. Please respond to each comment Thank you for your comment. Management of limb and pelvic fracture trauma is outside the scope of this guideline. We will cross-reference with both the complex and non-complex fracture guidelines where appropriate
SH	50	Paediatric Intensive Care Society	3	3	Section 3 deals mainly with haemorrhage in major trauma, but there is mention of tension pneumothorax. I wonder if it should also include other major chest trauma eg flail segment and haemothorax	Thank you for your comment. Life threatening chest trauma is included in the scope and the GDG will further develop the review questions. The GDG will consider the point you raise when developing the clinical question for this area.
SH	51	Royal College of Nursing	1	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely. The draft scope seems comprehensive.	Thank you.
SH	52	Royal College of Nursing	2	4.1.1	Are only those with major blood loss to be included? If so, this should be the title.	Thank you for your comment. The population groups specified in the scopes have now been amended to state: adults, young people and children with a suspected severe traumatic injury. The scope for this guideline now also states the key clinical issues identified by the developer as areas which would benefit from guidance, and these included; aspects of airway, breathing, exposure and circulation. The NICE head injury guideline will be cross referred to for disability relating to neurological assessment.

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SH	53	Royal College of Nursing	3	4.3.1	Consideration of useful medication such as tranexamic acid would be useful.	Thank you for your comment. Haemostatic agents are being covered in this guideline.
SH	54	Royal College of Nursing	4	4.3.1	Some areas gauge fitness for non-emergency surgery using serum lactate levels as part of the overall assessment criteria. This may be a useful subsection within blood tests and parameters.	Thank you for your comment. This addition will be considered.
SH	55	Royal College of Nursing	5	4.3.1	There is no mention of pre-hospital triage, intervention or transport. Is this to be scoped separately? Integral part of trauma management.	Thank you for your comment. The initial airway stabilisation and breathing and ventilation management of patients in the pre-hospital setting is included in the scope. The transfer and destination of patients will be considered for inclusion in the service delivery guidance.
SH	56	Royal College of Nursing	6	4.3.1b	Why is tension pneumothorax the only life-threatening condition to be examined in 'Breathing'? This needs to include haemothorax and cardiac tamponade at least.	Thank you for your comment. The scope has been amended to cover all life threatening chest trauma. The GDG will further develop the review questions. The GDG will consider the point you raise when developing the clinical question for this area.
SH	57	Royal College of Nursing	7	4.3.1c	We welcome this; careful consideration should be given to the use of intraosseous access for specific clinical presentations.	Thank you for your comment. This has been included in the scope for this guideline.
SH	58	Royal College of Nursing	8	4.3.1e	There is no mention of rehab interventions – significant impact on outcome as stated earlier.	Thank you for your comment. We may include outcomes such as effective rehabilitation for specific

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SH	59	Royal College of Nursing	9	4.3.1f	This should include all members of the trauma team	Thank you for your comment. This has been changed to multidisciplinary team.
SH	60	Royal College of Nursing	10	4.3.1f	As above, it would be great to see consideration of the educational needs of the trauma team, e.g. Trauma Team Leaders' Course and Trauma Team Members' Course, focusing on non-technical skills and Human Factors as well as the technical skills involved in trauma resuscitation.	Thank you for your comment. The composition and the skills required of the multidisciplinary team has been included in the scope, it is anticipated that this will developed from the clinical evidence reviews. Once it is clear what procedures are to be recommended it will clearer who is needed and the skills that are required in these clinical situations.
SH	61	Royal College of Nursing	11	Throughout	Recurrent mention of blood loss, leading to assumption that this is primarily about blood loss management. This needs to be clear.	Thank you for your comment. The scope for this guideline now states the key clinical issues identified by the developers as areas which would benefit from guidance, and these included; aspects of airway, breathing, exposure and circulation.

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						The NICE head injury guideline will be cross referred to for disability relating to neurological assessment.
SH	62	Royal College of Nursing	12	General	Decision to transfer/Referral criteria to specialist care to be included.	<p>Thank you for your comment. The aim is to end the guideline when the patient has been stabilised had their care transferred out of the ED. The definition of transfer includes :</p> <ul style="list-style-type: none"> • Admission to hospital/definitive care - surgery, ITU, ward, • At handover from trauma team leader to definitive care consultant • At transfer to a specialist unit. <p>If appropriate this will include criteria to aid this decision.</p>
SH	63	Royal College of Nursing	13	General	One point that cross-cuts all the scope documents for the suite of trauma guidelines – there needs to be consistency on terminology – the scopes need to use the terms ‘major trauma centre’, and ‘trauma units’ as agreed in the National Trauma Networks. Also throughout the documents use the term ‘Emergency Department’ as this is the term currently favoured over ‘accident and emergency department’	Thank you for your comment. We agree and will produce a glossary of all relevant terminology to avoid confusion, when the guideline is produced.
SH	64	Royal College of Paediatrics and Child Health	1	4.3.1c	The role of FAST scan etc. needs to be included in this section.	Thank you for your comment. This has now been included in the scope.
SH	65	Royal College of	2	General	The different imaging requirements of children	Thank you for your comment. The

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		Paediatrics and Child Health			versus adults given the higher risk of radiation related issues in children needs to be addressed in this guideline, particularly in reference to abdominal and chest trauma imaging. The role of formal USS versus CT in children for abdominal trauma, limited if any role of FAST scan etc.	scope for major trauma covers imaging assessment for young people and children and specific consideration will be given to this issue.
SH	66	Royal College of Paediatrics and Child Health	3	4.3.1b	Specific considerations for imaging the paediatric patient with particular reference to minimising ionising radiation should be made.	Thank you for your comment. The scope for major trauma covers imaging assessment for young people and children and specific consideration will be given to this issue.

These organisations were approached but did not respond:

Association for Family Therapy and Systemic Practice in the UK
Association of British Insurers
Association of Paediatric Emergency Medicine
Barnsley Hospital NHS Foundation Trust
Brain Injury Rehabilitation Trust
British Association of Plastic Reconstructive and Aesthetic Surgeons
British Association of Skin Camouflage
British Dietetic Association
British Medical Association
British Medical Journal
British National Formulary
British Nuclear Cardiology Society

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British Orthopaedic Association - Patient Liaison group
British Orthopaedic Association
British Psychological Society
British Society for Children's Orthopaedic Surgery
British Society of Gastrointestinal and Abdominal Radiology
Cambridge University Hospitals NHS Foundation Trust
Capsulation PPS
Care Quality Commission (CQC)
Chartered Society of Physiotherapy
CIS' ters
Clarity Informatics Ltd
College of Emergency Medicine
Covidien Ltd.
Croydon Health Services NHS Trust
Department of Health, Social Services and Public Safety - Northern Ireland
Disaster Action
East and North Hertfordshire NHS Trust
East of England Trauma Network
Emergency Medicine Research in Sheffield
Faculty of Dental Surgery
Faculty of Intensive Care Medicine
Five Boroughs Partnership NHS Trust
Health Quality Improvement Partnership
Healthcare Improvement Scotland
Hiraeth Services Ltd

Johnson & Johnson Medical Ltd
Lancashire Teaching Hospitals NHS Trust

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Limbless Association
London Ambulance Service NHS Trust
Luton and Dunstable Hospital NHS Trust
Market Access & Reimbursement Solutions Ltd
MASCIP
Medicines and Healthcare products Regulatory Agency
Mental Health Providers Forum
Middlesex University
Midlands Centre for Spinal Injuries
Ministry of Defence
National Clinical Guideline Centre
National Collaborating Centre for Cancer
National Collaborating Centre for Mental Health
National Collaborating Centre for Women's and Children's Health
National Institute for Health Research Health Technology Assessment Programme
National Patient Safety Agency
National Treatment Agency for Substance Misuse
NHS Connecting for Health
NHS Direct
NHS Plus
NHS Sheffield
NICE TLOC GDG
North and East London Commissioning Support Unit
North of England Critical Care Network
Nottingham City Council
Nottingham Healthcare NHS Trust
Nottinghamshire Healthcare NHS Trust

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Plymouth Hospitals NHS Trust
Primary Care Rheumatology Society
Public Health Wales NHS Trust
Public Health Wales NHS Trust
Royal College of General Practitioners
Royal College of General Practitioners in Wales
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Pathologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Radiologists

Royal College of Surgeons of England
Royal Manchester Children's Hospital
Royal Pharmaceutical Society
Scottish Intercollegiate Guidelines Network
Sheffield Childrens Hospital
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
Society of British Neurological Surgeons
South East Coast Ambulance Service
South East Coast Ambulance Service NHS foundation Trust
South London & Maudsley NHS Trust
South West Public Health Observatory
South West Yorkshire Partnership NHS Foundation Trust
South Western Ambulance Service NHS Foundation Trust
Southport and Ormskirk Hospital NHS Trust

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Spinal Injuries Association
St John Ambulance
The Intensive Care Society
Trauma Audit & Research Network
University Hospitals Coventry and Warwickshire NHS Trust
Welsh Government
Wessex Trauma Network
Western Sussex Hospitals NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
York Hospitals NHS Foundation Trust

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