Major Trauma Network
By Alistair Beavan

Case 1
Trauma Alert by Land

- 27
- Motorbike vs Car
- No radial pulse
- Abdo bruises
- Open right knee fracture
- GCS 14
- Bp 68
- IV access
- Request massive transfusion
Primary Survey

A – Patent speaking in sentences

B – RR 20
b/l Air entry
trachea central

C – HR 90
weak radial
tender abdomen
IV access x2
bloods taken

D – GCS 15/15
oriented in time

FAST +ve for free fluid
Advanced Directive

Advance Decision to Refuse Specified Medical Treatment

1. I, ___ (print or type full name), born ___ complete this document to set forth my treatment instructions in case of my incapacity. The refusal of specified treatment(s) contained herein continues to apply to that/those treatment(s) even if those medically responsible for my welfare and/or any other persons believe that my life is at risk.

2. I am one of Jehovah’s Witnesses with firm religious conviction. With full realization of the implications of this position I direct that NO TRANSFUSIONS OF BLOOD or primary blood components (red cells, white cells, plasma or platelets) be administered to me in any circumstances. I also refuse to predonate my blood for later infusion.

3. Regarding minor fractions of blood (for example: albumin, coagulation factors, immunoglobulins): [Initial one of the three choices below.]
   (a) ___ I refuse all
   (b) ___ I accept all
   (c) ___ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

4. Regarding autologous procedures (involving my own blood, for example: haemodilution, heart bypass, dialysis, intraoperative and postoperative blood salvage): [Initial one of the three choices below.]
   (a) ___ I refuse all such procedures or therapies
   (b) ___ I am prepared to accept any such procedure
   (c) ___ I want to qualify either (4a) or (4b) above and my treatment choices are as follows:

5. Regarding other welfare instructions (such as current medications, allergies, and medical problems):

6. I consent to my relevant medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah’s Witnesses.

7. ___

8. STATEMENT OF WITNESSES: The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

   Signature of witness
   Name
   Signature of witness
   Name
   Address
   Address
   Telephone
   Telephone
   Mobile
   Mobile

9. EMERGENCY CONTACT:

10. GENERAL PRACTITIONER CONTACT DETAILS: A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below:

Name
Address
Telephone
Mobile

Advance Decision to Refuse Specified Medical Treatment (signature & donation marks)
Results: 4

   PMID: 21088815 [PubMed - indexed for MEDLINE]
   Related citations

2. [Surgical emergency in patients with polytrauma without the possibility of transfusion for religious reasons](https://www.ncbi.nlm.nih.gov/pubmed/17162322)
   Zarzosa Hernández G, Pereda R, Losada M, Diéguez B.
   PMID: 17162322 [PubMed - indexed for MEDLINE]
   Free Article
   Related citations

   Murphy DP, O'Donnell T, McDonnell J, McElwain JP.
   PMID: 12817434 [PubMed - indexed for MEDLINE]
   Related citations

   Kirchgesser G, Dittmer H.
   PMID: 1643992 [PubMed - indexed for MEDLINE]
   Related citations
## ED Treatment

### DRUGS

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### VASCULAR ACCESS 1

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**Observations**

- **Acne**
- **120**