**Paediatric Secondary Surveys in Major Trauma: Timing, Confidence and Documentation**

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**Objectives and background:**
Trauma is the leading cause of death in 10-16yr olds in the UK1, however paediatricians report lack of experience and confidence in caring for paediatric major trauma patients. TARN data demonstrates >50% of Paediatric Major Trauma Patients initially present to Trauma Units(TU) not Major Trauma Centres(MTC) highlighting that Paediatricians should be confident managing major trauma and documenting key findings. Previous audits have highlighted documentation on Secondary Surveys, a key assessment before admission to wards, does not meet agreed standards.

**Methods:**
We reviewed documentation for all paediatric major trauma admissions(<16yrs) to UHS via CED in 2021 to assess the timing and quality of secondary survey assessments against agreed standards. Additionally, anonymised questionnaires were sent to Wessex paediatric trainees, to gather qualitative data on early trauma management by paediatricians and explore issues around completion of secondary surveys.

**Results:**

Of 107 TARN-eligible patients reviewed, 77 met criteria for audit. 63 had notes available and 44 had no secondary survey documentation. Only 5 cases met all criteria regarding assessment, documentation and clarity of plan.

**36 questionnaire responses were received from trainees(8 SHO, 28 SpR). Feedback regarding secondary surveys was negative, with reports of anxiety, feeling ‘out of depth’, confused, and uncertain about relevant guidelines/documents.**

**Conclusions:
​**Our audit highlights room for improvement in both the timing and quality of documentation of secondary surveys. Missed/incomplete examinations, or inaccurate/incomplete documentation of secondary survey findings could negatively impact patient care by not identifying injuries and impact on handover of accurate information to inpatient teams. This potentially puts major trauma patients at risk and should be improved.

Our survey identified that paediatricians caring for trauma patients do not feel confident in their management. Improved access to training/resources would improve knowledge, skills and confidence with trauma management and key documentation, addressing all our study findings.

References:

1. Ward JL, Wolfe I, Viner RM. Cause-specific child and adolescent mortality in the UK and EU15+ countries. *Archives of Disease in Childhood*2020;**105:**1055-1060