

Introduction to the Paediatric Major Trauma Service

Family information leaflet

You are receiving this information because your child may have suffered an injury or injuries from trauma that need specialist care. St George's is a Major Trauma Centre which means that there is a specialist consultant-led trauma team available 24/7 to ensure your child's needs are met. For this reason, your child may have been brought to St George's rather than your local hospital.

Supporting you through a trauma admission

Here is a description of some areas in the hospital where your child may be cared for following their trauma and some of the people you may meet.

Emergency Department (ED)

You will already have experienced this part of your child's trauma admission before you receive this leaflet. ED can be overwhelming and confusing as the team needs to act quickly to ensure your child is as safe as possible.

ED will activate the Trauma Team involvement and provide immediate care to ensure your child is safe and stable. There will be lots of people present initially while we work to establish your child's care needs.

The ED team includes ED consultants, ED doctors, ED nurses, paediatric surgeons, paediatricians, trauma doctors, major trauma nurse practitioners, anaesthetic doctors and radiographers.

Their main goals include managing life threatening injuries, making plans for injuries, performing urgent scans and x-rays, referrals to relevant teams of doctors.

Paediatric Intensive Care Unit (PICU)

Your child may not need intensive care but we have the facilities and specialists available if required.

The PICU team includes PICU consultants, PICU doctors, PICU nurses, major trauma nurse practitioners, pain nurse specialists, physiotherapists, occupational therapists, speech and language therapists, dietitians, radiographers, doctors from other specialties, clinical psychologists and family liaison nurses.

Their work includes management of the most serious injuries, breathing support and chest management, 1:1 nursing care, pain management, therapy assessment and early intervention.

Paediatric Wards

The team here includes consultants, junior doctors, nurses, major trauma nurse practitioners, pain nurse specialists, physiotherapists, occupational therapists, speech and language therapists, play specialists, discharge coordinators and clinical psychologists.

Your child may come here for pre- and post-operative care, acute rehabilitation, pain management, preparation to go home or transfer to a local hospital or specialist rehabilitation centre.

Community

Resources in the community include local hospital consultants, district nurses, GPs, community physiotherapists, community occupational therapists, speech and language therapists, social services, portage teams (who support with special educational needs or disabilities), Children's Brain Injury Trusts.

They can support your child with continuing outpatient care, specialist continuing rehabilitation, going back to nursery, school / education, college or apprenticeships.

What is a Multidisciplinary Team (MDT)?

You might hear the term MDT in reference to meetings and updates. This means that several professionals from different specialties will come together and discuss your child's plans of care and progress in recovery. These professionals can include any of those mentioned in this document. Sometimes these meetings will be appropriate for you to attend as well but we will always communicate outcomes of these meetings with you and your child. Our MDT works closely together to ensure every aspect of your child's care needs is met.

Major Trauma Nurse Practitioners

We are a team of specialist nurses with backgrounds in emergency medicine and intensive care. We are involved from arrival to the emergency department, through to discharge from St George's hospital. We work closely with the different teams involved in your child's care to coordinate their input.

A major trauma nurse practitioner will visit you and your child after admission. We will make sure all areas of your child's care needs have plans in place and that they are actioned. This will involve speaking to you as the child's main caregiver and other professionals within St George's hospital. We may also need to speak to your GP, professionals in other hospitals, the health visitor, or social workers. We will update you at various points in your

child's journey and may contact you after discharge to see how your child is progressing at home.

Our service hours are

Monday to Friday 7.30am to 5.30pm

Saturday and Sunday 7.30am to 3.30pm

Contact us on 020 8725 2363 or email major.traumanurses@nhs.net

Paediatric Acute Pain Team

The team consists of a Specialist Pain Nurse and Paediatric Consultant Anaesthetists.

We will perform a review following admission and ensure your child is receiving optimal analgesia to control their pain levels from any injuries they have sustained. Their analgesia plan will be a combination of regular analgesia which will be spaced out through the day and night, and additional “break-through” analgesia (pain killers) which can be given as needed by the nursing staff. Your child may require a combination of pain medicines and these can be adjusted depending on how well they work.

We will continue to review your child regularly and adjust their analgesia as needed. We will involve you in decisions and aim to give your child a choice about their medicines and analgesia plan as much as possible.

Physiotherapy

If required, your child may be seen by a physiotherapist on the intensive care unit and / or the ward. The physiotherapist will work with you and your child to assess respiratory needs, muscle strength and changes in whole body movements at different stages of their recovery through observation, play and assessment.

Following these assessments, physiotherapy intervention may be needed. This may include an exercise program or positioning management and therapy sessions to improve and optimise your child's gross motor skills. Physiotherapists will work with you and your child to create therapy goals and will provide advice / exercise programmes for you to practise with your child whilst in hospital. Therapy sessions in the hospital may take place on the ward, in the playroom or in a therapy gym. These sessions may be joint with occupational therapy or speech therapy.

The physiotherapy team may use specialist equipment to help your child move and play. This could include a walking frame or crutches or aids to help with muscle tightness. Every child and their recovery journey are different. It can be difficult to predict the outcome of their recovery immediately after their injury. Early assessment and intervention from a physiotherapist can help encourage optimum recovery.

When you leave the hospital, your child may be referred to local community or outpatient services or they may need inpatient rehabilitation at a specialist unit to continue their progress.

Speech and Language Therapy

Speech and Language Therapists (SLTs) specialise in assessing and treating difficulties with communication and swallowing. Children and young people may experience challenges with speaking, understanding language, reading or writing which can affect their ability to express themselves or engage with others following a traumatic injury. Additionally, neurological trauma can disrupt the muscles and coordination needed for safe swallowing which can impact on eating and drinking and nutrition.

Following an assessment, SLTs may make recommendations or suggest interventions to support your child's recovery. This could include changes to eating and drinking or additional communication strategies such as visual aids. All strategies and interventions suggested will be tailored to your child's specific needs and in collaboration with the whole family unit and care team.

Occupational Therapy

Occupational therapists (OT) support children to enhance their independence with everyday tasks from both a physical and cognitive perspective. After a traumatic injury, the OT team plays an important role in promoting independence, health and well-being in children and young adults.

During their admission, your child may be reviewed by OT on the Paediatric Intensive Care Unit (PICU) and / or on the wards. The OT team monitors your child's ability to engage in everyday tasks at different stages of their recovery through observation, play and assessment. If your child has had a head injury, the OT team will carry out cognitive assessments to ensure we can start early rehabilitation if necessary.

Interventions used by OT may include exercise / stretch programmes, splinting for limbs, provision of specialist seating, cognitive reviews and functional review of your child's ability to complete activities of daily living. Onward referrals may be made when nearing discharge to community therapy teams for any continuing needs.

Clinical Psychology

Clinical Psychologists support children, young people and families following a traumatic incident. They focus on the emotional impact of what has happened which can include, providing information and strategies to support with trauma responses (flashbacks, nightmares, anxiety) as well as panic or mood difficulties. The psychologist can offer support to children and families during the inpatient admission. Following discharge, they can think with you about whether continuing support is needed and how to access this.

Emotional Impact of Trauma

Below is some information on how trauma may affect your child, with some guidance on expected reactions. It is also important to remember that the following information can also apply to siblings and other children within your family.

It is important to note that following a traumatic incident, it is *normal* to experience strong emotional, physical, and behavioural reactions.

Common Reactions

When children experience a traumatic event, it is normal that they and their caregivers feel stressed, upset or frightened.

Feelings may include:

- Numb and shocked
- Anxious, nervous, or frightened
- Angry, irritable or bad tempered
- Fearful that something dreadful will happen
- Tense, uptight or on edge
- Unable to concentrate or sit still
- Regret, shame or bitterness
- Confused.

Thinking in particular ways:

- Worry constantly
- Blame themselves
- Unable to think clearly
- Forget things easily
- Have racing thoughts.

Experiencing things such as:

- Flashbacks and becoming very upset when a memory unexpectedly pops into their mind
- Unsettled or changed sleep habits e.g., nightmares, night terrors, bedwetting, feeling exhausted
- Feeling that it's all happening again
- Changes in behaviour, e.g. seeming younger, being clingy, temporary loss of abilities like toilet training or feeding
- Guilt or belief what happened to them was because they were 'misbehaving'.

Physical reactions might include:

- Tiredness
- Restlessness and jumpiness

- Sweating
- Feeling sick or changes in appetite
- Headaches and other physical symptoms
- Muscle tension
- Changes in breathing .

Coping mechanisms can look like:

- Avoiding anything that might trigger a memory, e.g. noises or smells or reluctance to try new things
- Not wanting to talk or think about the event
- Repeatedly talking about, playing or drawing the event.

How to help your child

- Allow your child to talk to you about feelings and memories as and when they are ready. If this is difficult, ask another trusted adult such as a relative to help. Try to minimise 'forced' conversations.
- You can help your child understand what has happened by giving a truthful explanation that is suitable for their age. This can help with feelings of confusion, anger, sadness, and fear. It can also help to correct and prevent misunderstanding that might lead the child to feel, for example, that they are to blame. Honest conversations can help to reassure your child that they don't need to feel frightened all the time, whilst acknowledging that bad things can happen.
- Help your child see the hospital staff as helpers. Remind them the staff have a lot of experience helping children feel better. Encourage your child to be involved, asking staff questions if they have any.
- It might be hard for your child to verbalise how they are feeling. It can be helpful for you to explore and name some of the emotions that they might be experiencing.
- In the event of a death, particularly a traumatic one, it can be very hard for a child to grasp the reality of the event. It is important to be patient, honest and simple when responding to questions about a death. It can be frustrating if your child seems to accept a death but then repeatedly asks when the person is coming back. It is important to remain patient and clear when answering these questions. For example, it is better to say that someone has died, rather than that they have gone away.

For parents

- It is normal to feel guilt or feelings of responsibility or to experience intrusive thoughts and flashbacks to the event or the subsequent course of treatment.
- Try your best to get some sleep when you can and eat and drink regularly. Not looking after yourself will make it hard for you to help your child.
- Family, friends, staff and volunteers in the hospital will want to help. Help is available to you and if there is anything you need, let them know.

- Talk to people you trust. You can choose how much information to share with them but managing alone is often challenging.
- Try to reduce pressure on yourself by not taking on extra responsibilities for the time being.

If you have any concerns about your child's emotional wellbeing following discharge from the hospital, we advise speaking to your GP, who can signpost you to the most appropriate service.

What facilities are there at St George's?

Accommodation

If you are the parent of a child admitted to the ward and wish to stay with them, we can accommodate one parent to stay overnight.

Family accommodation can also be provided but there is sometimes a waiting list for this facility at **the Ronald McDonald House**. Please speak to the ward or unit manager if you have any questions about this.

The Pelican Hotel offers onsite accommodation to patients' family members.

Contact number 020 8767 9767

Alternative accommodation nearby

Premier Inn Tooting 0.8 miles from St George's Hospital.

(five minutes drive, 18 minutes walking) Contact number 0333 033 8101

Travelodge Balham 1.7 miles from St George's Hospital.

(40 minutes walking, 11 minutes driving. By train – 13 minutes walking to Tooting Broadway Underground station, travel two stops on Northern line to Balham, walk three minutes to hotel) Contact number 0871 984 6269

Travelodge Wimbledon 1.9 miles from St George's Hospital.

15 minutes driving, by bus – six minutes walking to 493 bus route *Alexandra Road / Wimbledon Stop A* travel nine stops to St George's Hospital.

Contact number 0871 984 6196

Nearby Transport links

Nearest underground station – **Tooting Broadway**, northern line (13 minute walk away or via 493 or G1 bus route from outside hospital).

Car Parking

Concessionary permits are available for one visitor per patient. For more information, see the car parking sheet in your information pack or speak to hospital security. If you need a permit, please ask the major trauma nurses or ward manager to complete your form in the pack.

Useful sources of information

Coping after Trauma:

The Southwest London & Surrey Trauma Network website www.swlandstn.com

[For Children & Teens | Patient Centered Care and Trauma Informed Care for Pediatric Patients - HEALTHCARE TOOLBOX](#)

Resources to help children and teens cope with illness, injury and medical treatment (English and Spanish translations).

MindEd for families - for trauma and coping

https://mindedforfamilies.org.uk/Content/trauma_and_coping

'What to do when you worry too much: A kid's guide to overcoming anxiety'
Dawn Huebner (paperback) (What to do guides for kids)

Mindfulness and meditation such as:

www.calm.com

www.mindfulnessforteens.com

[Headspace](#)

Advice following head injury

For advice on concussion following a brain injury, along with how to contact the 'Brain Injury Community Service' for further support and advice go to:

[Contact our Virtual Acquired Brain Injury team | The Children's Trust](#)

[Mild head injury and concussion | Headway headway.org.uk](#)

Advice following spinal injury

[Services for Children and Young People | Back Up \(backuptrust.org.uk\)](#)

Contact us

The Major Trauma Nurse Practitioners are contactable on: 020 8725 2363

Email: Major.traumanurses@nhs.net

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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