



Rescue: Extreme Medics

Press Pack

Tx: 28th March, 9pm



Following an elite network of clinicians. If the patient can't make it to the emergency room in time, the Scottish Trauma Network brings the hospital direct to the hillside, saving lives like never before.

A brand-new network now serves the entire population of Scotland, spread over 30,000 square miles of land bringing the hospital to the wilderness, as they provide a lifeline for over 5.4 million people.

Scotland has some of the most challenging geography in Europe, which means that emergency medicine works under a completely different set of pressures to the rest of the UK. This is medical intervention at its extreme best, and quite unlike anything you've ever seen before.

In the Ambulance control centre in Glasgow specialist clinicians are monitoring almost 5,000 999 calls across Scotland daily, to identify patients in greatest need of trauma team interventions. Able to task a limited number of assets its vital that they send resources to patients at greatest risk.



Major Trauma Network Facts

- Trauma remains the fourth leading cause of death in western countries and is the leading cause of death in people under 40. In Scotland around 4000 people are seriously injured each year. Out of these around 800-1000 are being defined as a 'major trauma'. Additionally, it's estimated 100 cases of major trauma a year happen to under 16s.
- The Scottish Trauma Network (STN) was founded in the summer of 2017. The network works across five facets of trauma care: Prevention, Pre-hospital, Acute, Rehabilitation and Major Incident Planning.
- The STN works collaboratively with hospitals across Scotland and the Scottish Ambulance Service. It also has access to Scotland's four major trauma centres: Aberdeen Royal Infirmary (North), Ninewells Hospital (EAST), Royal Infirmary of Edinburgh (SOUTH EAST), and Queen Elizabeth University Hospital (WEST).
 - The North of Scotland Trauma Network includes the Major Trauma Centre at Aberdeen Royal Infirmary and connects five health boards- NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland and NHS Western Isles.
 - The East of Scotland Trauma Network includes the Major Trauma Centre at Ninewells Hospital in Dundee and covers Tayside and North Fife.
 - The South East of Scotland Trauma Network includes the Major Trauma Centre at the Royal Infirmary of Edinburgh, and covers NHS Borders, NHS Fife, NHS Forth Valley and NHS Lothian.
 - The West of Scotland Trauma Network includes the Major Trauma Centre at the Queen Elizabeth University Hospital in Glasgow and covers NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Lanarkshire, NHS Greater Glasgow and Clyde and NHS Highland (Argyll and Bute)
- The Major Trauma Desk is based in Glasgow's Ambulance Control Centre. The Trauma Desk monitors all incoming 999 calls to identify patients who have suffered major trauma and dispatch the appropriate teams.
- The Emergency Medical Retrieval Service (EMRS) Trauma Team are the team that attends to major trauma calls, they have two bases: one in the West of Scotland (Glasgow Airport) and the other in the North (Aberdeen Airport).
 - EMRS are experts in pre-hospital critical care, they have 27 retrieval consultants, six retrieval practitioners and two registrars. The service undertakes 1000 retrievals missions a year working collaboratively with the Scottish Ambulance Service. The team is ready to respond by helicopter or fast response vehicle within minutes of activation.
 - EMRS are equipped to provide; emergency anaesthesia, advanced analgesia and sedation, chest injury management, blood transfusion and surgical cricothyroidotomy.

Facts found on EMRS and Scottish Trauma Network Website

NIALL MCMAHON



Tell me a little about yourself:

Live and work in Glasgow having grown up in Ayr and gone to Glasgow University. Have wife, 18month daughter and black Labrador

Describe your role – what’s involved in a typical day, if such a thing exists?

Standard things will be getting ready to go i.e. get dressed and pack the car. We also have equipment checks to do and will try and do daily training if time allows. We follow up every patient our service has had contact with and where applicable feedback to other clinicians involved in their initial care. The unpredictable nature of our work is we have zero control over our clinical work - so will be waiting for phone to ring or radio to go

What motivated you to get into this side of medicine and what are the things you love most about your job?

The challenge of delivering critical care in unusual places and the unpredictability of the work. No two jobs are the same. Also, the opportunity to work as part of an elite team that’s constantly looking to improve and do the best for individual patients, even if it’s difficult or hasn’t been done before. Lastly there are some days / flights where it’s a pretty cool ‘commute’

What are the biggest challenges in your job?

Often the weather / environment and not getting too warm or cold. Mostly it’s arriving to work as a team with people you’ve never met before who’re often stressed then deliver high acuity clinical care under time pressure and without all the backup you’d find in hospital. Simply it can be trying to reassure patients / families / staff that you’re here to help them.

Fatigue and sleep deprivation can occur - I’ve been awake for 22 hours due a retrieval once but luckily that’s not common



How do you cope with the demands of your job mentally, physically and emotionally?

Exercise is a big thing for me personally. Not ultra-marathons but some form of exercise to decompress / relax / sleep better. A bit of strength and fitness helps with demands of the job too. We have an established system of debrief and peer support that can help with mental and emotional challenges. Simply reminding myself we don't do a 'normal' job and acknowledging that can be helpful. Enjoying time off with travel, sport or family time

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

1. That it's not as simple as just sending an ambulance and getting to the nearest hospital quickly 2. That a lot of thought and detail goes into what may be needed for each job or patient 3. There's a reason why the ambulance service might phone you back for more details - please don't get frustrated by this and 4. For the most seriously injured patients we really can bring the hospital and lifesaving treatments to the scene

If you weren't in medicine, what do you think you'd be doing?

Worryingly, I don't have an idea

What is the Scottish Trauma Network to you? Why is it so important?

It's a massive step forward in improving the care of trauma patients, across the country and 24/7. It's been done with the patients in mind not the clinicians or the services that contribute and it involves truly joined up expertise



DR JAMES HALE



Tell me a little about yourself:

I am an anaesthetic and pre-hospital emergency medicine trainee who works primarily in Scotland. I live in Edinburgh with my wife and 3 children.

Describe your role – what’s involved in a typical day, if such a thing exists?

Turn up at 7am - get changed - do the morning checks to get online. The day can be very variable but generally involves responding to jobs, checking equipment and undertaking training. There is also generally some time spent doing service improvement projects. I’m on-call from 6pm but usually remain on base overnight as my home is too far away to meet response timelines.

What motivated you to get into this side of medicine and what are the things you love most about your job?

I love an emergency.

There is a lot of immediate gratification in this job, results are quick and you don’t have to wait a long time for things to happen.

I like being outside.

What are the biggest challenges in your job?

Lots of quiet time in-between jobs - can be difficult to maintain motivation for training.

How do you cope with the demands of your job mentally, physically and emotionally?

Supportive family, I generally don’t struggle with the mental/emotional side of the job.

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

How complicated the system is in Scotland. How important clear communication to the call handler is when they dial 999. Why patients must be taken quite far away from home sometimes.

If you weren’t in medicine, what do you think you’d be doing?

Probably some sort of physics/mathematics.

What is the Scottish Trauma Network to you? Why is it so important?

Trauma networks are documented to improve survival in trauma patients. I think the network in Scotland has a long way to go but I’m proud to be part of the group of clinicians contributing/developing it.



DR JASMINE MEDHORA



Tell me a little about yourself:

I was born in India and grew up in London. I moved to Aberdeen in 2016 and currently I am a registrar in Emergency Medicine and Intensive Care Medicine in Aberdeen. I love reading and baking. And I am a particularly keen Harry Potter Fan!

Describe your role – what’s involved in a typical day, if such a thing exists?

I start the day by walking my dogs if the weather is nice. If the weather is not that great, I feed the dogs and leave the walking to my boyfriend!

Whichever specialty I am in, the shift starts with handover from the night team. Then I’ll start seeing patients either on a ward round or in the Emergency Department (ED) this is based on urgency of patient presentation.

At some point I’ll get lunch and do admin at the same time or I’ll try and listen to a bit of a podcast during the break - usually Off Menu with James Acaster and Ed Gamble because it is very funny.

After lunch I’ll continue to see patients until the afternoon/evening handover.

After work I’ll hang out with our spaniels and aim to cook dinner without including pizza as the main part of the meal!

How long have you worked in your role?

I have worked in Emergency Medicine for the last 4 years and I began to dual train in Intensive Care Medicine last year. Before moving to Aberdeen, I did my Foundation training in London for two years.

What motivated you to get into this side of medicine and what are the things you love most about your job?

I ended up in Emergency Medicine unexpectedly but fortunately. I wanted to do surgical training and my mentor suggested an Emergency Medicine job to give me more clinical exposure. I worked in the Royal Free ED which was busy but the team spirit was so positive and I was really inspired by two female registrars I worked with, Talia and Kat, and this made me think perhaps Emergency Medicine was for me.

I really enjoy the variety which Emergency Medicine brings and I know that even with the various changes in the NHS, that variety will always be there. I get that same variety in intensive Care Medicine which is why I enjoy working in both specialties.



What are the biggest challenges in your job?

The biggest challenge is trying to get everything that is expected of me as a doctor done whilst also working clinically. There is lots of additional training, admin and projects that we have to pursue as well as working with patients and it can be difficult to achieve everything to a high standard. As my focus must always be on delivering patient care to a high standard, some of the other tasks can fall to the side a little.

How do you cope with the demands of your job mentally, physically and emotionally?

Having a partner who understands the demands of my job and is able to look out for me is invaluable. My boyfriend also has a busy job and so we try and support each other and make sure we take plenty of trips to wild parts of Scotland to recuperate.

I try to exercise regularly by swimming and doing yoga. I've signed up for a sponsored swimming challenge so I think that will help my fitness even though my breaststroke is a bit sketchy!

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

I hope viewers will learn a bit more about how the Emergency Department team works and how trauma patients are managed. I hope they will get to see the personalities of the people that make up the healthcare teams because this is part of the reason that working in a team is so rewarding.

If you weren't in medicine, what do you think you'd be doing?

I think I would have done English Literature if I had not done Medicine. So perhaps a creative career stemming from that degree.

What is the Scottish Trauma Network to you? Why is it so important?

The Scottish Trauma Network is about working together to deliver high quality care to trauma patients. I think the Network reminds us that it is not one single person or team that makes patient care high quality, it is a number of teams across hospitals and across the country.



ROBIN MAYHEW



Describe your role – what’s involved in a typical day, if such a thing exists?

My role as an Advanced Retrieval Practitioner varies daily. A typical day will consist of start of shift duties including equipment checks, getting a handover from the previous shift, following up patients from the previous day to see how they are getting on and if we could improve somehow. Some training along with our heli-med colleagues, general base duties and admin if no calls happen. Other than that, providing cover for primary or secondary retrievals. All the time a tiny coffee in my hand.

What motivated you to get into this side of medicine and what are the things you love most about your job?

I enjoy the variety and challenge of providing critical care in the pre hospital, rural and remote environment attending the sickest, most unwell patients in Scotland. I love the difference we can make in a patients’ care and having positive outcomes from terrible incidents can be very rewarding.

What are the biggest challenges in your job?

Some of the biggest challenges faced by us are posed by the weather conditions in Scotland. We can sometimes struggle to get to a scene if the weather is poor and working outside in these conditions can be tough.

How do you cope with the demands of your job mentally, physically and emotionally?

I enjoy my time off, and I feel supported by my colleagues. I Spend time with my family, time in the outdoors and time watching mediocre rugby.

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

I would like people to know that there is a government funded pre hospital trauma service in Scotland alongside a funded air ambulance service. This service is solely to provide equity of care to the rural and island communities, and to allow advanced critical care services to be delivered in the pre hospital environment.

If you weren’t in medicine, what do you think you’d be doing?

I’d like to think I would be somewhere in the mountains, spending my time skiing and climbing while drinking tiny coffees.



What is the Scottish Trauma Network to you? Why is it so important?

The trauma network means that we can deliver a patient to the right place, with the right specialties, without the need for every patient to be admitted to the local ED. This negates the need for secondary transfers, reduces mortality and improves patient care. Trauma networks around the world have proved the value of having specialised major trauma centres, with trauma units and local ED's feeding into the MTC. The network provides a joined-up approach to trauma care, making equity of care achievable no matter where you live.



DR VINCE CHOUDERY



Tell me a little about yourself:

I am a middle-aged Glaswegian husband and father of 2 teenagers.

Describe your role – what’s involved in a typical day, if such a thing exists?

I am a paediatric emergency medicine consultant and clinical lead for the paediatric emergency department at the children’s hospital. This means I see children up to the age of 16 that have had accidents or who are ill. They will come by ambulance or their parents will be concerned and bring them up or will be referred as an emergency after seeing their GPs or contacting NHS 24.

That means I get to see a wide range of illness and injury in the paediatric population from very badly injured or ill to those children with a relatively minor illness or injury who need checked over and reassured.

As clinical lead I have to be involved in the management of the department representing the department at hospital meetings.

My typical day will usually start with arriving at work 20 minutes before my shift starts, grabbing a coffee and scanning my emails for anything urgent. We usually have some sort of handover as shifts change and then just start seeing patients. I am usually involved in seeing the sickest patients when on shift and supervising all the junior doctors on shift when they have questions or want a senior review of the children they are seeing.

What motivated you to get into this side of medicine and what are the things you love most about your job?

I have always been drawn to the emergency aspects of medicine. I like the unpredictability of each day, it's always an adventure. I feel I can, on occasion, make a big difference to people’s lives. That gives me a lot of satisfaction. And especially kids, I was initially apprehensive of treating children but have grown to love it, I don’t know any other job



where you can do something serious for someone's health then play a game or kick a ball about with them.

What are the biggest challenges in your job?

Dealing with really sick and injured children who die suddenly. It's terrible.

How do you cope with the demands of your job mentally, physically and emotionally?

I sleep a lot after a long shift. I talk a lot about difficult things at work to my wife friends and colleagues, I try and exercise regularly, meditate and do Pilates. I get loads from spending time with my kids

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

That we have a great trauma service in Scotland with teams of dedicated professionals who will come together and help in any way they can.

If you weren't in medicine, what do you think you'd be doing?

I had always wanted to make furniture

What is the Scottish Trauma Network to you? Why is it so important?

Centralisation of expertise is always the best for the patient. The Trauma network means that those in most need get to the place where the expertise is.

DR ROLAND ARMES



Tell me a little about yourself:

Brought up in Edinburgh, studied Medicine at Cambridge, always wanted to work in Emergency Medicine.

Describe your role – what’s involved in a typical day, if such a thing exists?

Leading the ED team during a shift responding to the needs of all unscheduled patients attending. Alternatively, treating emergency (usually divers) and elective Hyperbaric patients.

What motivated you to get into this side of medicine and what are the things you love most about your job?

Teamwork, camaraderie, never knowing what will come through the door next.

What are the biggest challenges in your job?

Service demand and time pressure to treat patients safely and adequately.

How do you cope with the demands of your job mentally, physically and emotionally?

Spend time with family and friends between shifts, activities and hobbies.

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

That it is intense; involves many people from many disciplines working together; has an emotional effect on staff.

If you weren’t in medicine, what do you think you’d be doing?

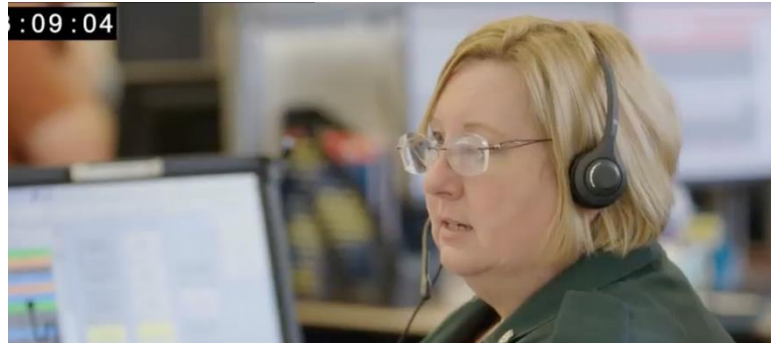
I would be working in a bike shop (with a coffee bar).

What is the Scottish Trauma Network to you? Why is it so important?

One of the most important projects that I have been involved in. Improving the speed and ensuring equity of care for injured patients.



KIRSTEEN CAMPBELL



Tell me a little about yourself:

I am 53 years old, born on the Hebridean island of Islay, raised in Bishopton, and I now live in Paisley. I am single and have no children, but am a happy cat owner.

Describe your role – what’s involved in a typical day, if such a thing exists?

My shifts are 12 hours, either 0700-1900, or 1900-0700. SSD covers bookings for patients from all over Scotland coming to more senior or specialist hospitals for treatment on a routine, or emergency basis. We look at these jobs throughout the day, interspersed with whatever trauma jobs come in, which can be at any time.

How long have you worked in your role?

I have worked on SSD for 6 years and in the control room for 17 years this month.

What motivated you to get into this side of medicine and what are the things you love most about your job?

In 2003 my late mother was terminally ill with lung cancer, and an ambulance arrived to take her to the Beatson, where she passed away a few days later. I will never forget the crew who looked after her. They were superb and so kind. On visiting my mother, she said ‘do you not fancy answering their phones?’. I was unhappy and ready for a change. So later I applied and got a call taker position in ambulance control. I always knew I didn’t want to go out on the road and was happy in the control room.

What are the biggest challenges in your job?

Probably the shift work is the hardest as it is very tiring, and on a busy day, it can be very stressful. Also reacting to an incident at 2am as you would at 2pm. You never know what or when something will happen.

How do you cope with the demands of your job mentally, physically and emotionally?

I am proud to be a controller on the desk. I know each day the teams on duty are superb, be it trauma, neonatal or paediatric. Whoever we may move, I know they are in good hands and well taken care of. Of course, there are some extremely sad jobs we deal with. But we discuss them during a debrief, we can leave the desk for a walk, and there is always someone making tea and coffee. We have a good support system with counsellors if the situation is more severe. I also keep my life calm and get plenty of rest. On days off I see family, go out for lunch, go for drives, bingo. Anything to combat the previous shifts, and to wind down.



What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

I hope viewers see the bigger picture to incidents. There are highly trained teams ready to go when something happens. For patients on the worst time in their life, they will be help available.

What is the Scottish Trauma Network to you? Why is it so important?

Scottish patients should realise how widespread the trauma support is. When something happens, we will have doctors, ambulances and air support to get them to the most appropriate care they may need. Be it Aberdeen down to Glasgow.



EMMA FRASER

Tell me a little about yourself:

I'm Emma! 29, originally from Fort William but now live in Aberdeenshire.

Describe your role – what's involved in a typical day, if such a thing exists?

Staff nurse within the emergency department, working 12 hour shifts both day and nightshift working as part of the multidisciplinary team to look after medical and trauma patients. No day is ever the same in the ED, but we do often see the same types of presentations in patients

How long have you worked in your role?

Been in the emergency department for over 4 years now.

Where have you worked previously?

Prior to that worked in the respiratory ward for just over 2 years.

What motivated you to get into this side of medicine and what are the things you love most about your job?

Always liked the idea of working in the emergency department firstly for the variety and also for the trauma side of patients who need critical care to save their life.

What are the biggest challenges in your job?

Lately how busy the department is and not feeling like you always have the time to give patients the care they need/deserve.

Ambulance stacking which causes stress for us and our SAS colleagues

Dealing with potentially violent and aggressive patients

How do you cope with the demands of your job mentally, physically and emotionally?

Get plenty of rest on days off, lots of cuddles from my puppy!

Speak to my fiancé who's also is a paramedic so understands the demands of the job!

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

Understand how busy the emergency department can be and how to use the emergency department appropriately. Get an insight into our job roles and all of the skills this entails.

What is the Scottish Trauma Network to you? Why is it so important?

The collaboration of all MDT members to provide immediate and lifesaving care to trauma patients in the northeast of Scotland.

JIM HENDERSON



Tell me a little about yourself:

Describe your role – what’s involved in a typical day, if such a thing exists?

A typical day, first thing is to check the helicopter and ensure stock levels are correct, then we have an aviation brief with the pilot and the team so we have an understanding of any issues that may arise and could affect any flights we do.

What motivated you to get into this side of medicine and what are the things you love most about your job?

I’ve always thought it was an interesting side to the ambulance service.

What are the biggest challenges in your job?

The biggest challenges tend to be things we have not planned for, weather changes and the general geography of Scotland.

How do you cope with the demands of your job mentally, physically and emotionally?

We debrief every job we attend, which allows us to discuss all aspects of the job

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

Hopefully they will see that the network is there for the population of Scotland wherever they are.

What is the Scottish Trauma Network to you? Why is it so important?

The trauma network is important as it brings together all aspects of care which any patient involved in trauma may need to prevent further injury and aid their recovery.



ALISTAIR MADDOCK

Tell me a little about yourself:

I work as a consultant anaesthetist at the West of Scotland Major Trauma Centre. I live in Shawlands with my partner and our two rescue cats Gilbert and George.

Describe your role – what’s involved in a typical day, if such a thing exists?

Most days at work for me involve being the anaesthetist for some sort of theatre list. The types of surgery performed in our department are very different and I tend to work flexibly as needed. One day I might be looking after people having major cancer surgery; the next I might be in a trauma theatre as patients have injuries repaired by orthopaedic, plastic and other surgeons. I also have semi-regular slots covering a spinal list, with surgery mostly for slipped discs and other back and neck problems, and also a service where specialist radiologists use microwaves or freezing to kill off cancerous tumours in the liver or kidney using a CT scanner to guide them. It’s very varied.

I also spend around three days a month working as an air ambulance doctor at the Emergency Medical Retrieval Service, based at Glasgow Airport. We respond to calls from all over Scotland, both flying and driving to incident scenes, and helping our remote and rural colleagues in hospitals and GP surgeries by retrieving patients from them.

How long have you worked in your role?

I’ve been a consultant at the QEUH for about two-and-a-half years and have worked on the air ambulance since 2014.

What motivated you to get into this side of medicine and what are the things you love most about your job?

I think I got into anaesthetics because it’s an interesting mix of the sciences - physics, physiology, pharmacology etc - applied to looking after a variety of patients in a variety of places. In anaesthesia you get to work in operating theatres, intensive care units, emergency departments and other places, seeing and helping patients with lots of different conditions. It’s very satisfying to help people through surgery - which can be a very stressful time - and make it as pain-free and otherwise comfortable for them as possible.

Becoming an air ambulance doctor was a natural step for me as it combined a lot of the bits of non-anaesthetic specialties - particularly emergency medicine and intensive care - which I really enjoyed doing when I was a junior doctor. We are very privileged in that we usually have a lot of time and other resources to concentrate on one patient in front of us and try to make them better. In addition, doing a job where you get to travel around Scotland’s beautiful scenery by air is really incredible.

What are the biggest challenges in your job?

I often meet patients who are going through a very difficult time - sometimes literally the worst day of their life. Finding ways to help them through those experiences can be difficult but reassurance, helping them understand what’s happening, and relieving pain and anxiety go a long way. In the emergency and trauma environment, things can change very quickly and you have to think on your feet, make plans for lots of eventualities, and be prepared to change your mind at any point.

How do you cope with the demands of your job mentally, physically and emotionally?



I have a supportive partner and colleagues with whom I can share the demands and difficulties of the job. I try to make sure I have a healthy life outside work on my days off and do other things to get away from it all. I do yoga, play cricket when the Glasgow summer weather allows it, and am a basketball official over the winter months.

What do you hope viewers will learn about trauma care and what do you hope they will take away from watching the show?

I mainly hope that people will get a wee bit of an insight into how they'd be looked after if they were unlucky enough to sustain major injuries. The NHS is always there to help pick up the pieces and the workings of the Major Trauma Centre are a great example of the Health Service in action - lots of overlapping teams working together to make people better wherever possible.

If you weren't in medicine, what do you think you'd be doing?

I like to think I'd be living abroad doing something with the language skills I had at school which have sadly faded as I've not really got any use for them anymore. That being said, in the last few years I've decided I quite fancy an alternative career as a train driver in another life, so maybe you'd just find me on the Cathcart Circle.

What is the Scottish Trauma Network to you? Why is it so important?

The Scottish Trauma Network is a system to help people recover as well as possible from any injuries they sustain. It's not just about helicopters and emergency surgery - the other end, with therapies and rehabilitation to get people back as close to their baseline as possible, is probably even more important. Although it's taken a bit longer to set up the STN than in other countries, we should be proud we've taken this step to maximise people's chances of recovery and to get patients to the right hospital with the right expertise for whatever injuries they've sustained.

PATIENT BIOGS

EPISODE 1

EUAN



In episode one, a trauma team based in Glasgow are tasked by helicopter to a remote part of Skye, as a distressing call comes in from a man trapped under a 650kg all-terrain vehicle, *"I'm underneath my quad bike and I've lost my arm"*, says Euan Lindsay to the call handler.

With Euan losing consciousness whilst speaking to the 999 call handler, the retrieval team face the daunting task of locating Euan patient before it's too late.

Arriving by helicopter from Glasgow, the trauma team work alongside the Coastguard, Fire and Rescue Service and RLNI in order to free Euan and bring him back to the Major Trauma Centre in Glasgow's Queen Elizabeth Hospital.

CRAIG



In Aberdeen Royal Infirmary the hospital trauma team assemble to treat a 51-year-old cyclist who has had a head on collision with a digger bucket in a small farming area of rural Aberdeenshire. For Registrar Jasmine, who has previously worked in London, this case brings a whole new set of challenges as she tries to get to grips with the unique rural incidents that she is faced with in Aberdeen.

EPISODE 2:
IAIN



The North trauma team and Air Ambulance are dispatched to 55-year-old Iain who has crashed his plane minutes take-off and fallen 100 ft from the sky. 60 miles from the nearest major trauma centre in Aberdeen, Amateur pilot Iain has a significant head injury and multiple serious injuries.

As trauma consultant Catharina Hartman prepares the team for the patient's arrival, she contemplates what condition the patient might be in - "100 feet that's around 10 stories. So, if you were to fall that height from a building, well no one could survive that".

Lucky to be alive he is taken to Aberdeen Royal Infirmary, however as the team begin to assess the extent of his injuries serious concern is raised about the significance of his spinal injury and whether Iain will ever walk again.

MAX



In the west the trauma team and Air Ambulance are dispatched to 41-year-old max who has been crushed under a dumper truck whilst at work in rural Dumfriesshire 60 miles southwest of the nearest major trauma centre. Clinician Julie, on the trauma desk in Glasgow is concerned about the patient rapidly deteriorating and so tasks the trauma team by helicopter to the patient. Dr Neil McMahan, the consultant on the retrieval team, job is to “bring the hospital to the patient” as the team urgently need to realign Max’s leg in the middle of the field before rushing him to the Major Trauma Centre at Glasgow Queen Elizabeth Hospital.

On route to the patient Dr Neil has serious concerns about what lays ahead “crushed by a dumper truck doesn’t make you think of minor injuries. several tonnes of agricultural equipment that’s not compatible with life”.