

# TRAUMA: CODE CRIMSON - CHW

## PROCEDURE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

#### Trauma Code Crimson:

- Is activated when a patient with a potential acute life-threatening haemorrhage is requiring transfer to theatre for possible immediate life-saving surgery
- Is to be activated within 5 minutes of the Primary Trauma Survey
- Can **only** be activated by the *Surgical Registrar/Consultant* and/or the *ED Fellow/Consultant*
- Can **only** be overturned by the Consultant Surgeon on-call

This document describes the steps involved to coordinate a "Code Crimson".

#### Ideal Call sequence is:

1. Trauma Attend: Expected Time of Arrival (ETA) in "x" minutes
2. Trauma Attend call when patient arrives. Patient review by Trauma Team
3. Activate Trauma Code Crimson within **5** minutes

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure & Guideline Committee	Original endorsed by SMG December 2006
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This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

## CHANGE SUMMARY

- Due for mandatory review: After-hours protocol deleted because operating theatres are open 24 hours.

## READ ACKNOWLEDGEMENT

- Local manager in clinical areas are to determine which staff are to read and acknowledge the document.

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## “Trauma Code Crimson”

### What is Trauma Code Crimson?

Trauma Code Crimson is:

- Is a term used to activate the process for urgent transfer of a Trauma patient to Operating Theatres from Emergency Department
- Activated to transfer a patient with a potential acute life threatening haemorrhage to theatre for possible immediate life saving surgery

### Aim

- To enable the **immediate** transfer of a paediatric trauma patient requiring urgent life saving surgery secondary to bleeding from the *Emergency Department* (ED) to the *Operating Suite*
- Ideally, the Trauma Attend team is present when the patient arrives in ED. The patient is then immediately reviewed by the Trauma Team and Trauma Code Crimson is initiated.

### Activation

Presently there is a two tier page system used:

- **Trauma Attend** plus expected time of arrival (ETA) of the patient.
  - Trauma team must attend immediately
- **Trauma Consult**
  - Surgical Reg calls within 15min; Attends within 30min

A third page will be used to *activate* Trauma Code Crimson

- **Trauma Code Crimson** (*extreme* Surgical Emergency)
  - To be activated within 5min of Primary Trauma Survey

Trauma Code Crimson can **only** be *activated* by the *Surgical Registrar/Consultant* and/or the *ED Fellow/Consultant* (**present in hospital**)

A Trauma Code Crimson can **only** be *overturned* by the Consultant Surgeon on-call

### What are the Criteria for Activation?

Trauma with major blood loss (unstable after half blood volume resuscitation) from

- Blunt chest/abdominal trauma
- Penetrating trauma to chest/abdomen

## Protocol

1. Activator initiates Trauma Code Crimson by contacting Switchboard (444).
2. Switch:
  - i. Notifies On-Call Surgical Consultant
  - ii. Notifies Anaesthetic Consultant
  - iii. Activates "Trauma Code Crimson" call (group trauma page)
3. [Emergency Department Management](#) is initiated.
4. [Blood Bank procedures](#) are initiated.
5. After review, the patient is immediately [transferred to the Operating Suite](#). ED staff [handover](#) to the Operating Theatre Team.
6. At the same time, the Operating Theatre Nursing Floor Manager/Team Leader and Duty Anaesthetist coordinate mobilisation of the trauma theatre and theatre staff after receiving the group trauma page.

Refer to Trauma [Code Crimson Flowchart](#) for further information

## Emergency Department Management

- Airway access
- IV access
- Patient to receive Medical Record Number
- Send blood for urgent cross match and activate the [Massive Transfusion Protocol](#).
- +/- portable Chest X-Ray (if time prior to transfer to Operating Suite)

## Blood bank\*

- Receives blood for cross match from the ED nurse
- ED nurse to collect x 2 units **O negative** Blood: can be immediately or prior to patient arrival.
- Blood bank is also notified to prepare group specific blood and inform Operating Suite when ready

\* Switch calls and notifies on call Haematologist of Trauma code crimson.

## Transfer of Patient to Operating Suite

- Immediate transfer of patient to trauma anaesthetic bay (OR6 if available), Operating Suite

**Note:** **Lift key available** for ED staff to override lift if necessary (Key located in ED).

## Staff Present

- Surgical Registrar/Consultant; ED Medical Officer; Anaesthetic Registrar/Consultant; Radiographer, Social Worker; Porter; +/- Trauma CNC.

## Roles and Responsibilities

- Surgical registrar and Consultant – Control of bleeding and vascular access if needed.
- Anaesthetic registrar and Consultant – Airway and fluid management.
- PICU & ED registrar/Fellow – Assist in airway and circulatory management until patient arrives in Operating Theatres.
- Porter- Transfer of patient to from Emergency to Theatres.

## ED Handover to Operating Suite

- On arrival of the Operating Suite staff; ED staff will handover the patient.
- OT team includes:
  - Anaesthetic Registrar/Consultant
  - Surgical Registrar/Consultant
  - OT Nursing team
  - +/- Trauma CNC

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# TRAUMA CODE CRIMSON FLOWCHART

## Definition:

- A patient with potential acute life threatening haemorrhage requiring transfer to theatre for possible immediate life saving surgery.

## Criteria for Trauma Code Crimson

- **Trauma with Major Blood Loss\***
  - Hypotensive blunt chest/abdomen trauma
  - Penetrating chest/abdomen trauma
- **A Code Crimson can only be activated by the Surgical Registrar/Consultant and/or the ED Fellow/Consultant**
- **A Code Crimson can only be overturned by the Consultant Surgeon on-call**

