

TRAUMA: CODE CRIMSON - CHW

PROCEDURE[®]

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
- *Please note that Code Crimson can be activated pre-hospital by Ambulance retrieval services. For more information please refer to the following link.*

https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/382917/Trauma-Code-Crimson-Pathway-Final-20170919.pdf

- 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.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
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Team Leader:	Clinical Nurse Consultant Surgical/Trauma	Area/Dept: Surgical Ward

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Page 1 of 6

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This Policy/Procedure may be varied, withdrawn or replaced at any time.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

- Added Pre-Hospital Code crimson activation link
- Change of emergency number

READ ACKNOWLEDGEMENT

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

TABLE OF CONTENTS

“Trauma Code Crimson”	3
What is Trauma Code Crimson?	3
Aim.....	3
Activation.....	3
What are the Criteria for Activation?	3
Protocol	4
Emergency Department Management	4
Blood bank*	4
Transfer of Patient to Operating Suite	4
Staff Present	5
Roles and Responsibilities	5
ED Handover to Operating Suite	5
TRAUMA CODE CRIMSON FLOWCHART	6
Definition:	6
Criteria for Trauma Code Crimson.....	6

“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 (2222).
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 2units **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 hand-over 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**

