

Trauma call criteria met on 'Ambulance pre-arrival notification'

Penetrating mechanism	(1)	<input type="checkbox"/>
Systolic BP \leq 90 mmHg	(1)	<input type="checkbox"/>
Pulse rate \geq 120	(1)	<input type="checkbox"/>
Positive trauma E-FAST ultrasound	(1)	<input type="checkbox"/>
Score		<input type="checkbox"/>

Score 2, 3 or 4

Score 0 or 1

1. ED charge nurse or specialist organises trauma Code Crimson call that includes ETA.
2. ED charge nurse ensures the following teams are contacted with ETA:
 - a. anaesthetist
 - b. operating room nursing coordinator
 - c. blood bank
 - d. radiology registrar.
3. Surgical registrar contacts on-call surgical consultant.
4. If ED specialist is not in hospital, the charge nurse contacts them.

If patient meets trauma call criteria, make trauma call with ETA.

Note: BP = blood pressure; E-FAST = extended focused assessment with sonography for trauma; ED = emergency department; ETA = estimated time of arrival.



Trauma team leader and ED charge nurse

1. Ensure that Code Crimson has been activated and that the additional teams are contacted:
 - a. anaesthetist
 - b. nursing coordinator
 - c. blood bank
 - d. radiology registrar.
2. Check the on-call surgical registrar has contacted the on-call surgical consultant, stating only:
Trauma Code Crimson in emergency department departing now or in X minutes
3. Allocate roles to the trauma team before the patient arrives and give a pre-arrival briefing. Everyone wears personal protection.
4. Set up resuscitation room appropriately.
 - a. Rapid infuser is primed and ready for use.
 - b. Ultrasound machine is at bedside.
 - c. Pelvic binder is on trauma bed.
 - d. Tranexamic acid is available.
 - e. Blood products group O neg RBC and thawed plasma are available.
5. Resuscitate and manage as needed.
6. Liaise with inpatient specialty services as needed.

Note: ED = emergency department; RBC = red blood cell.

ED registrar, ICU registrar and surgical registrar

1. Attend resuscitation room as soon as possible.
2. Surgical registrar contacts the on-call surgical consultant.

Emergency medicine specialist present in ED

Yes

Trauma team leader allocates roles to you.

Emphasise:

- teamwork
- early blood samples to the blood bank/laboratory
- early use of blood and blood products
- early surgical and radiological intervention
- avoiding hypothermia, acidosis and coagulopathy.

No

1. Ensure trauma Code Crimson has been activated.
2. Decide who is going to be the trauma team leader.
3. Liaise closely with the ED charge nurse.
4. Ensure that the emergency medicine specialist, surgical and anaesthetic consultants, ICU consultant, operating room nursing coordinator, blood bank and radiology registrars have been contacted.
5. Allocate and perform team roles.
6. Follow trauma team leader.

Note: ED = emergency department; ICU = intensive care unit.



Emergency medicine specialist



1. Attend the trauma patient in the resuscitation room.
2. Along with the ED charge nurse ensure all additional teams have been contacted.
3. If you are the trauma team leader follow the action card for trauma team leader and ED charge nurse.
4. If you have come in from home and are not the trauma team leader:
 - a. introduce yourself to the trauma team leader
 - b. help with ongoing resuscitation and decision-making for this patient
 - c. liaise closely with the trauma team leader, surgical and anaesthetic consultants to facilitate optimal management of the patient.
5. Key to optimal patient care and outcome is optimal teamwork.

Emphasise:

- teamwork
- early surgical and radiological intervention
- early use of blood and blood products
- avoiding hypothermia, acidosis and coagulopathy.

Note: ED = emergency department.



Senior surgeon



1. Attend the trauma patient in the resuscitation room.
2. Introduce yourself to the trauma team leader.
3. In conjunction with the trauma team leader:
 - a. confirm surgical diagnosis to team
 - b. indicate surgical action and urgency.
4. Key to optimal patient care and outcome is optimal teamwork.

Emphasise:

- teamwork
- early surgical and radiological intervention
- early use of blood and blood products
- avoiding hypothermia, acidosis and coagulopathy.



Anaesthetic consultant



1. Attend the trauma patient in the resuscitation room.
2. Introduce yourself to the trauma team leader.
3. Assist with:
 - a. airway management
 - b. intravenous access
 - c. resuscitation.
4. Expedite patient transfer to the operating room or the interventional radiology.
5. Key to optimal patient care and outcome is optimal teamwork.

Emphasise:

- teamwork
- early surgical and radiological intervention
- early use of blood and blood products
- avoiding hypothermia, acidosis and coagulopathy.

Radiology registrar



1. Liaise with CT medical radiation technologist to facilitate urgent trauma CT imaging.
 - a. There may only be a very narrow window of opportunity to get CT imaging on these patients.
2. Contact the on-call interventional radiologist to let them know a trauma Code Crimson has been activated.
3. Communicate any imaging results early to the trauma team leader.
4. Communicate again with the trauma team leader if there are interpretive or management changes after interventional radiology imaging review.

Emphasise:

- teamwork
- early surgical and radiological intervention
- early use of blood and blood products
- avoiding hypothermia, acidosis and coagulopathy.

Note: CT = computerised tomography.



Blood bank



1. Send 2 units of O negative red cells and 2 units of thawed plasma to the resuscitation area.
2. Start to thaw the first box of the Code Crimson Massive Transfusion Protocol (MTP).
 - a. Do not send the first box to the resuscitation room unless MTP is activated by the trauma team leader.
3. Facilitate early availability of blood and blood products as per Code Crimson MTP.

Emphasise:

- teamwork
- early surgical and radiological intervention
- early use of blood and blood products
- avoiding hypothermia, acidosis and coagulopathy.

Note: MTP = massive transfusion protocol.



Operating room nursing coordinator



1. Review procedures in operating rooms and facilitate early access as required.
2. Liaise closely with anaesthetic consultant/coordinator to facilitate staffing and access.



Emergency department health care assistant or orderly



1. You are an integral part of the trauma team.
2. Deliver blood samples to blood bank/laboratory.
3. Retrieve blood and blood products for the blood bank.
4. Deliver the blood and blood products to the resuscitation room.
5. Facilitate transfers to radiology or operating room as requested.