# Trauma ‘Code Crimson’ Pathway

## Criteria for Activation

**Persistent haemodynamic instability despite standard trauma care (see below), assessed as being secondary to ongoing haemorrhage in blunt or penetrating trauma, which is unresponsive to intravenous fluids and or blood transfusion.**

Clinical examples of potential injuries meeting the above criteria:

|  |  |
| --- | --- |
| Blunt trauma | Penetrating trauma |
| * Abdominal trauma with grossly positive E-FAST * Uncontrolled maxillo-facial haemorrhage * Gross pelvic disruption * Massive haemothorax * Traumatic amputation | * Penetrating trauma to chest/abdomen * Junctional penetrating trauma * Pericardial tamponade on E-FAST * Penetrating neck wounds with hard signs of vascular injury |

## Standard trauma care

Clinical issues to address irrespective of pre-hospital activation of trauma ‘Code Crimson’:

1. **Airway:** Patent and protected – patient alert or endotracheal tube insitu (confirmed with continuous waveform capnography)
2. **Breathing:** Significant pneumothorax excluded with pre-hospital ultrasound or definitive thoracic decompression performed (surgical thoracostomy)
3. **Circulation:** Pelvic binder in place, long bone fractures appropriately splinted and external haemorrhage treated (where feasible)

# Trauma Centre ED Response to Pre-hospital Activation of Trauma ‘Code Crimson’

**Trauma ‘Code Crimson’ activated by pre-hospital medical retrieval team**

**ED to confirm “pre-hospital activation of trauma ‘Code Crimson’ ”**

**Document pre-hospital notification from retrieval team in IMIST format**

**Activate trauma team – for example, “Trauma Attend”**

Notify Surgical Consultant / Fellow on for Trauma via phone – immediate response required

Notify other relevant subspecialty surgical Consultant / Fellow

Notify Radiographer – to be present in resuscitation room

**Confirm Operating Theatre / Interventional Radiology room and staff availability**

Mobilise additional theatre / radiology team if necessary

**Mobilise**

**Notify blood bank – activate Massive Transfusion Protocol**

2 units uncrossmatched Red Blood Cells to be available immediately in ED and or helipad

Blood Bank to thaw and supply uncrossmatched Fresh Frozen Plasma

**ED fluid warmer and or rapid infuser primed with blood**

**Trauma Team reception of patient in ED**

Handover and initial assessment (primary survey)

**Rapid decision (<10 minutes) for disposition**

Surgical Consultant or Fellow +/- Trauma Consultant to decide:

Operating Theatre / Interventional Radiology / Computer Tomography