



TRAUMA CALL SAFETY CHECKLIST

Before patient arrives

- Team leader identified?
- Trauma call **x2222** (state adult or paediatric and amber or red):
RED CALL (if consultant not in dept and required)
- Airway trolley accessible:
- Large bore iv access trolley accessible:
- Difficult airway trolley accessible:
- Procedure trolley available:
- Level 1 infuser available (staff able to prepare if needed):
- Resus room keys available:
- Oxylog checked and available:
- Pelvic binders available:
- USS in position and ON:
- Trauma transfer mattress prepared and on trolley:

ATTENDING TEAM

- Consultant signs trauma chart on arrival:
- All team members use appropriate ID sticker:
- Team members sign trauma chart:
- Team leader briefs team:
- Runner identified:
- Scribe identified:
- Team roles identified:



Support for relatives identified:

PATIENT ARRIVAL / INITIAL ASSESSMENT

Receive handover in silence whenever possible

Massive transfusion (if needed)

Identify team member to liaise with transfusion

Contact blood bank on **x23398**

Ensure sample taken and hand-delivered to lab (blood bank staff to check labelling)

Tranexamic acid given if needed (*not just massive transfusion*)

Trauma CT - inform CT of decision on **x23617**

Is there a need to pre-alert theatres? **X28198**

All bloods (FBC, U&Es, G&S / x-match, clotting, LFTs, amylase) sent

Patient name / allergy band on

Before patient or member of team leaves Resuscitation Room

Patient clearly identified

Porter notified in timely way to avoid clinical staff portering

All Attending specialities, clearly document involvement incl time in time out

All blood fated

Blood bank informed if O -ve used

Have any equipment problems been identified that need to be addressed?

Brief critique, learning points communicated.

(email any issues to jonathan.jones@leedsth.nhs.uk, complete IR1 if indicated)