



MTC Shared Learning

Situation

Code Red

Background

Code Red has been established in the ED shortly after LGI was designated a Major Trauma Centre. Regular simulation and other departmental activities have highlighted that there is a lack of awareness and clarity on what Code Red is. It is often confused with the Major Haemorrhage Pathway (MHP) and there is uncertainty when Code Red should be activated.

Assessment

Code red is a checklist of interventions that need to be completed in order to prepare for receiving a critically injured patient that is experiencing a significant haemorrhage. It ideally must be completed before a patient arrives however can be activated once a need for it is identified. By preparing these interventions it will help you in managing a patient that is bleeding.

MHP is a pathway we activate to obtain blood products from blood bank for a patient with a potential life threatening bleed. We usually get 4 units of Red Blood Cells (RBC) and 4 units of FFP (or 20ml/kg for a child). The aim is to deliver a 1:1:1 transfusion (RBC: FFP: PLT).

MHP is one of the actions that is completed as part of Code Red. Please remember activating MHP **DOES NOT** mean you have activated Code Red.

Recommendation

Code Red should be **ACTIVATED** in the following situations:

- 1 **ALL post traumatic cardiac arrest**
- 2 **Significant mechanism of injury**
e.g. RTC, Pedestrian vs. Car, fall from > 20 feet, penetrating injury etc.

AND

- **Haemodynamically compromised**
i.e. systolic blood pressure < 90 or heart rate > 100

OR

- **Injuries compatible with exsanguinating haemorrhage**
e.g. pelvic fractures, penetrating trauma or amputation etc.

If the patient meets any of the above criteria then inform the ED Consultant, the trauma team leader must **DESIGNATE** a trauma team member responsible for ensuring the code red checklist is completed.

Then **PREPARE** for receiving a critically unwell by completing the Code Red checklist

STAFF

- **Trauma Team** present
- Inform **blood bank**
- Member of team designated as **runner**
- Request **reception staff** to attend resus
- Consider requesting **radiology staff** to attend
- Inform **Interventional Radiology consultant**
- Inform **Radiology SpR** and **CT staff**
- Inform **theatres**

STUFF

- Request **4 units of RBC and FFP** or 20ml/kg in child
- **Bair Hugger** on trauma board
- **Massive transfusion trolley** in bay
- **Level 1 rapid infuser** primed with saline
- **Arterial line** equipment readily available
- Consider preparing **TXA infusion**
- **Thoracotomy trolley** in bay