



## Trauma Team Activation

### ED response

The ED Consultant and senior nurse will act on pre-hospital information as follows:

- **Trauma call**

- For all patients activating the major trauma triage tool.
- Any patient with multiple injuries and / or abnormal physiology or conscious level or where the information is unclear.

Ask switchboard (2222) for a trauma call (stating adult or paediatric). On receipt of a trauma call speciality doctors are expected to attend resus immediately. If they are unable to do so it is their responsibility to ensure that a suitably senior replacement does so. Speciality doctors should not ring the Emergency Department for further information.

- **Activate Code Red**

Code red is a checklist of interventions that need to be completed to prepare for receiving a critically injured patient that is experiencing a significant haemorrhage. It allows the mobilisation of senior medical staff and advanced equipment to enable stabilisation of an unstable trauma patient. It ideally must be completed before a patient arrives however can be activated once a need for it is identified. Completion of the checklist should be allocated to a trauma team member.

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.

**Advice for ED Staff:** If in any doubt as to what level of trauma call to make **err on the side of caution**. It is safer and easier to scale down a response than to scale up. All patients who may be at risk of major trauma must be initially assessed in the resuscitation room.