



Code Crimson simulation training checklist

This document is for staff who manage critically bleeding trauma patients in tertiary trauma centres and smaller secondary hospitals. It is one of four resources to support the implementation of guidelines and standardise the management of critical bleeding. The resources are available online in editable or print formats here: www.hqsc.govt.nz/our-programmes/national-trauma-network/publications-and-resources/publication/4398.

Purpose

Simulation training creates an opportunity to understand and support system and process change, while considering site-specific challenges and human factors that can influence how the national best-practice critical haemorrhage bundle of care guidelines (www.hqsc.govt.nz/our-programmes/national-trauma-network/publications-and-resources/publication/4177) are applied within an organisation.

This checklist is intended to be used as a guide for running an in-situ simulation of a critically haemorrhaging trauma patient in an emergency department (ED). Some criteria may not be relevant at every locality depending on infrastructure.

Scenario

This simulation checklist reflects a trauma patient who is recognised either pre-hospital or on arrival to the ED as having life-threatening critical haemorrhage and the Code Crimson/local equivalent accelerated treatment pathway is activated.

Traumatic critical haemorrhage simulat	Comments			
Activation and preparation				
 Are pre-hospital 'Code Crimson' criteria met on ambulance pre-arrival notification? ABC Score greater than 2 HR ≥ 120 bpm 	Υ□	N 🗆	N/A 🗆	
 Systolic BP ≤ 90mmHg Penetrating injury (thoracic, abdominal or junctional) E-FAST scan positive 				
or				
Received pre-hospital blood products				
ED charge nurse or designated staff member activates trauma call and/or accelerated treatment pathway ('Code Crimson' or local equivalent)	Υ□	N□	N/A 🗆	
Trauma team roles are allocated before patient arrives (as follows)	Υ□	N 🗆	N/A 🗆	
Team leader:	Υ□	N 🗆	N/A 🗆	
 Ensures the following teams are contacted with ETA if not already notified: Anaesthetist Operating room nurse coordinator Blood bank Radiology registrar 				
Airway doctor:	Υ□	N 🗆	N/A 🗆	
Makes airway management plan				
Airway nurse/anaesthetic technician:	Y 🗆	N 🗆	N/A 🗆	
Sets up airway equipment				
Checks suction				
Procedure doctor:	Υ□	N 🗆	N/A 🗆	
Ultrasound machine at bedside				

				
Procedure nurse:	Υ□	N 🗆	N/A 🗆	
 Venous access and blood sampling supplies prepared for trauma bloods 				
 Fluid warmer primed and ready for use 				
 Rapid infuser primed and ready for use or pressure bags available at bedside 				
Pelvic binder on trauma bed				
Surgical registrar:	Υ□	Ν 🗆	N/A 🗆	
Contacts on-call surgical consultant if not already notified in trauma call				
ED charge nurse or ED registrar:	Υ□	N 🗆	N/A 🗆	
 Contacts on-call ED consultant if not already on site 				
ICU registrar:	Υ□	N 🗆	N/A 🗆	
Contacts on-call ICU consultant				
Staff:	Υ□	N 🗆	N/A 🗆	
Don appropriate PPE				
<u>STOP</u>	Υ□	N 🗆	N/A 🗆	
Team briefing of roles and				
responsibilities				
Review airway checklist				
• All team members aware goal is to				
All team members aware goal is to move patient from ED to site of				
• All team members aware goal is to				
All team members aware goal is to move patient from ED to site of definitive haemorrhage control				
All team members aware goal is to move patient from ED to site of definitive haemorrhage control within 30 minutes	Y 🗆	N 🗆	N/A 🗆	
 All team members aware goal is to move patient from ED to site of definitive haemorrhage control within 30 minutes Time of ED arrival: Take handover from ambulance personnel Confirm if TXA has been administered 	Y 🗆 Y 🗆	N 🗆	N/A 🗆	
All team members aware goal is to move patient from ED to site of definitive haemorrhage control within 30 minutes Time of ED arrival: Take handover from ambulance personnel			N/A 🗆	
 All team members aware goal is to move patient from ED to site of definitive haemorrhage control within 30 minutes Time of ED arrival: Take handover from ambulance personnel Confirm if TXA has been administered 				
 All team members aware goal is to move patient from ED to site of definitive haemorrhage control within 30 minutes Time of ED arrival: Take handover from ambulance personnel Confirm if TXA has been administered pre-hospital 	Υ□	N 🗆	N/A 🗆	

Activate Code Crimson/accelerated treatment pathway if the patient meets criteria and it has not already been activated	Υ□	N 🗆	N/A 🗆	
Blood bank notified of need for emergency blood units	Υ□	N 🗆	N/A 🗆	
Obtain at least two points of IV access	Υ□	N 🗆	N/A 🗆	
 Take initial bloods for: Full blood count including platelet count Coagulation screen Dilute thrombin clotting time (dTCT) if on a direct oral anticoagulant Arterial or venous blood gas for lactate Crossmatch sample 	Y□	N	N/A 🗆	
Initiate secondary survey	Υ□	N 🗆	N/A 🗆	
Perform bedside E-FAST	Υ□	N 🗆	N/A 🗆	
Temperature measured within 15 minutes of arrival	Υ□	N 🗆	N/A 🗆	
Actively warm the patient	Υ□	N 🗆	N/A 🗆	
Actively warm IV fluids/blood products	Υ□	N 🗆	N/A 🗆	
 Give 2 g dose of TXA within 3 hours of injury If 1 g TXA given pre-hospital, consider additional 1 g IV bolus 	Υ□	N 🗆	N/A 🗆	
Emergency blood units arrive at the bedside within 10 minutes	Υ□	N 🗆	N/A 🗆	
Pre-transfusion bedside patient and product identification check is performed before administration of any component	Υ□	N 🗆	N/A 🗆	

— — — — — — — — — —	V□		N/A 🗆	
Team leader/designated staff member ('MTP guardian') rings blood bank and states they are activating the MTP	Υ□	N□	IN/A ∟	
Team leader or designated staff member/MTP guardian calls for each box as required	Υ□	N 🗆	N/A 🗆	
Limit or stop crystalloid fluids	Υ□	N 🗆	N/A 🗆	
Consider reversal of anticoagulant drugs if indicated	Υ□	N 🗆	N/A 🗆	
Senior surgeon confirms plan for destination of definitive haemorrhage control	Υ□	N□	N/A 🗆	
Interventional radiologist consulted for options if IR service available	Υ□	N 🗆	N/A 🗆	
Senior anaesthetist/intensivist communicates plan for operating room availability and transfer	Υ□	N 🗆	N/A 🗆	
ED charge nurse or primary nurse provides brief handover to operating room nursing staff	Υ□	N 🗆	N/A 🗆	
Patient begins movement from ED to area for definitive haemorrhage control within 30 minutes	Υ□	N 🗆	N/A 🗆	

Abbreviations: ABC = assessment of blood consumption; BP = blood pressure; bpm = beats per minute; dTCT = dilute thrombin clotting time; ED = emergency department; E-FAST = extended focused assessment with sonography for trauma; ETA = estimated time of arrival; HR = heart rate; ICU = intensive care unit; IR = interventional radiology; IV = intravenous; MTP = massive transfusion protocol; PPE = personal protective equipment; TXA = tranexamic acid.

Providers are free to edit and adapt this document as needed, including addition of provider logo.

If you have any suggested changes or areas for improvement you would like considered for inclusion in the national best practice critical bleeding bundle of care, please email <u>help@majortrauma.nz</u>.

Published in January 2022 by the Health Quality & Safety Commission, PO Box 25496, Wellington 6146, tel 04 901 6040, email <u>info@hqsc.govt.nz</u>.

