

CODE RED TRAUMA – MAJOR HAEMORRHAGE

TRAUMA TEAM LEADER MUST DECLARE **CODE RED** if:

- Systolic BP <90, poor response to initial fluid resuscitation, or Suspected active haemorrhage

Take baseline blood samples prior to transfusion for:

- FBC, G&S, clotting screen & fibrinogen and Near patient testing – ABG AND ROTEM

Nominate a member of team (Communication Lead) to call the lab on Ext, 61108 to ACTIVATE CODE RED TRAUMA

- State patient unique identifier & CODE RED TRAUMA and patient date of birth if known
- Request EITHER **CODE RED PACK A** (4 units RBC, 4 units FFP) OR **4 Red-Cell & Plasma* (RC&Plasma) units** (a maximum of 4 RC&Plasma units can be given to a patient e.g. 2 units Prehospital + 2 units in ED/theatres)

IF PATIENT IS STILL BLEEDING REQUEST:

- **CODE RED PACK B** (6 units RBC, 6 units FFP, 2 cryoprecipitate, 1 pool platelets)
- Determine the time when products will be available from the lab, and send porter to collect ASAP
- **Take RBC and RC&Plasma from RESUS fridge**
- **Use gr O NEG RBC units in females or O POS RBC units in males**
- **RC&Plasma units are all gr O NEG**

Use group specific blood as soon as possible

- Check if bolus dose of **Tranexamic acid (TxA)** has been given by HEMS team.
- If not give **SINGLE** bolus of 1g IV TxA over 10 min (within 3 hours of massive haemorrhage)

IF BLEEDING CONTINUES:

- Anticipate on-going requirement for pack B until bleeding controlled
- Request early, don't wait until previous pack finished.
- **Use ROTEM/Lab tests as soon as available to fine-tune resuscitation**
- Give in 250ml aliquots at a time until haemorrhage control
- No crystalloid / colloid until bleeding controlled and base deficit corrected
- Keep K⁺ less than 5.8, keep Ca⁺⁺ > 1.0
- Directed team communication:
 - Blood (review situation and future need)
 - Acid/base: pH / lactate improving?
 - Surgical progress
 - Temperature
 - Electrolytes (K⁺)

ONCE BLEEDING CONTROLLED

Clinical resuscitation continues until caught up on deficit.
Avoid crystalloids.
Consider noradrenaline infusion once blood loss controlled AND fully caught up.
Once bleeding is controlled, **step down Code Red**, return unused products to transfusion and phone blood bank to inform.

Lab tests: **repeat FBC and Clotting** and administer:

- Platelets: if count <100x10⁹/l
- Cryoprecipitate: if Fg <1.5g/l
- FFP: to maintain PT/APTT ratio <1.2x normal

*RC&Plasma is contraindicated in children <1yr old.

Trauma Reg: 45690, ITU Reg:45715, Theatre 12: 40364, Resus:40869, Haemophilia Reg bleep 1155, Cons Trauma Anaes 1495