



ACI NSW Agency
for Clinical
Innovation

ITIM NSW Institute of
Trauma and Injury
Management

GUIDE

Trauma 'Code Crimson' Pathway Implementation

NSW Institute of Trauma and Injury Management



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1. Introduction

This document should assist NSW local health districts to implement the Trauma 'Code Crimson' Pathway, a statewide guideline developed by the NSW Institute of Trauma and Injury Management (ITIM), a network within the Agency for Clinical Innovation (ACI).

2. Purpose

The Trauma 'Code Crimson' Pathway seeks to enhance the current management of a patient with life-threatening traumatic haemorrhage by recommending that pre-hospital medical retrieval teams initiate 'Code Crimson' activation, thereby further reducing the time to definitive intervention in these patients.

This clinical guideline therefore aims to standardise the:

- pre-hospital identification of a trauma 'Code Crimson'.
- activation of a Trauma 'Code Crimson' Pathway by pre-hospital medical retrieval teams and the subsequent notification to a receiving trauma centre.
- procedures instituted by trauma centres following activation of the Trauma 'Code Crimson' Pathway.

The ITIM Trauma 'Code Crimson' Pathway is located on the ITIM website:

<https://www.aci.health.nsw.gov.au/networks/itim/clinical/trauma-guidelines/Guidelines/trauma-code-crimson-pathway>

3. Suggested Implementation Plan

Identify implementation team members:

The implementation team is responsible for introducing and implementing the guideline. Consider engaging the following services and staff members on the team:

Service	Role
Trauma Service	Director / Clinical Nurse Consultant / Specialist
Emergency Department	Director / Nurse Manager
Operating Theatres	Director of Anaesthetics and Surgery / Nurse Manager / CNC
Interventional Radiology	Director / Nurse Manager
Intensive Care	Director / Nurse Manager / Clinical Nurse Consultant
Pathology	Director / Responsible for provision of urgent blood products

Identify staff members potentially affected by the new guideline:

Other services and staff members who would benefit from targeted education include:

Service	Role
Trauma Service	Registrar/ Data Manager / Trauma Case Manager
Emergency Department	Clinical Nurse Educator & Specialist / Registered Nurses / Doctors
Operating Theatres	Clinical Nurse Educator & Specialist / Registered Nurses / Surgeons / Anaesthetists
Interventional Radiology	Clinical Nurse Educator & Specialist / Registered Nurses
Intensive Care	Clinical Nurse Educator & Specialist / Registered Nurses / Doctors
Wardspersons	Responsible for transport of patients especially from Helipad
Security staff	Responsible for Helipad access
Administration staff	Responsible for patient admissions
Patient Flow	Manager, particularly in charge of emergency / operating theatre / interventional radiology / intensive care
Switchboard operators	Receive request for 'Code Crimson' activation page

Review and update existing policies, procedures, and guidelines:

Review local policies, procedures, and guidelines related to the assessment and management of patients with traumatic haemorrhage:

- Where your LHD has an existing 'Code Crimson' guideline or procedure, ITIM recommends adapting it to bring it in line with the statewide guideline.
- Provide updated references to the new guideline for any LHD documents that refer to the assessment and management of patients with traumatic haemorrhage.

Provide education to affected staff:

ITIM has developed a generic educational PowerPoint for use when rolling out the new guideline. It is available on the [ITIM website](#); please feel free to adapt it as required.

Evaluate patients meeting the criteria:

ITIM will conduct an evaluation of the Trauma 'Code Crimson' Pathway at a statewide level in conjunction with the retrieval services.

In addition to this, as each LHD may adopt a slightly different approach, ITIM recommends including patients who meet the criteria set out in the Trauma 'Code Crimson' Pathway in your LHD's usual review processes.

A sample clinical review tool is available for download on the [ITIM website](#).

ITIM recommends providing reports on these reviews to your LHD's Executive Sponsor and Clinical Quality Committee.

Feedback and review:

ITIM will evaluate the implementation and use of the guideline 12 months after dissemination to the LHDs. Please provide comments and suggestions for guideline modifications via the Feedback Register on the ITIM website.

If you have specific questions regarding the guideline, please refer to the Frequently Asked Questions page on the [ITIM website](#), or contact:

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