

Procedure: CM Health Red Blanket

Background/ Overview

Often surgical control of bleeding is required for an optimal outcome in a trauma patient and personnel from Pre-Hospital, Emergency, Anaesthetic, Theatre and Surgical teams need to work expeditiously and as seamlessly as possible to ensure the time from injury to surgical control of haemorrhage is as short as possible.

Even when perfusion to vital organs can be maintained by resuscitation with fluid and blood products time is still critical as the more of this required the greater the chance of the patient developing a coagulopathy and other significant complications which will significantly worsen the patients prognosis.

New blood products, haemostatic agents and the massive transfusion protocol are all significant advances with respect to the prevention of the development of coagulopathy but none of these advances is anywhere near as important as rapid surgical control of haemorrhage.

The physical placement of a Red Blanket on the patient is to focus all staff on the fact that if this patient is not in the operating theatre having surgery then with each minute that this doesn't occur, the prognosis of the patient is worsening.



Important:

In these patients, time matters.

Purpose

The purpose of this procedure is to formalise the transfer to the operating theatres suite of the haemodynamically unstable patient who requires emergency surgery. This pathway will shorten the time from injury to surgical control, while optimising resuscitation opportunities in the appropriate departments until appropriate staffing levels are available in theatre.

Objectives

To make the transfer of patients into the theatre safe and for the risk benefit balance between decreasing time to theatre and ongoing resuscitation in Emergency Department (ED) to swing in favour of transfer to theatre.

Time in ED should be kept to a minimum. Even as resuscitation is continuing activity can occur to advance patient care, commentary for this is included within the enclosed operational documents.

Scope of Use

This procedure is applicable to CM Health (full-time, part-time and casual (temporary) including contractors, visiting health professionals and students working in any CM Health facility staff who are involved in providing care to a haemodynamically unstable patient from the emergency department requiring emergency surgery.

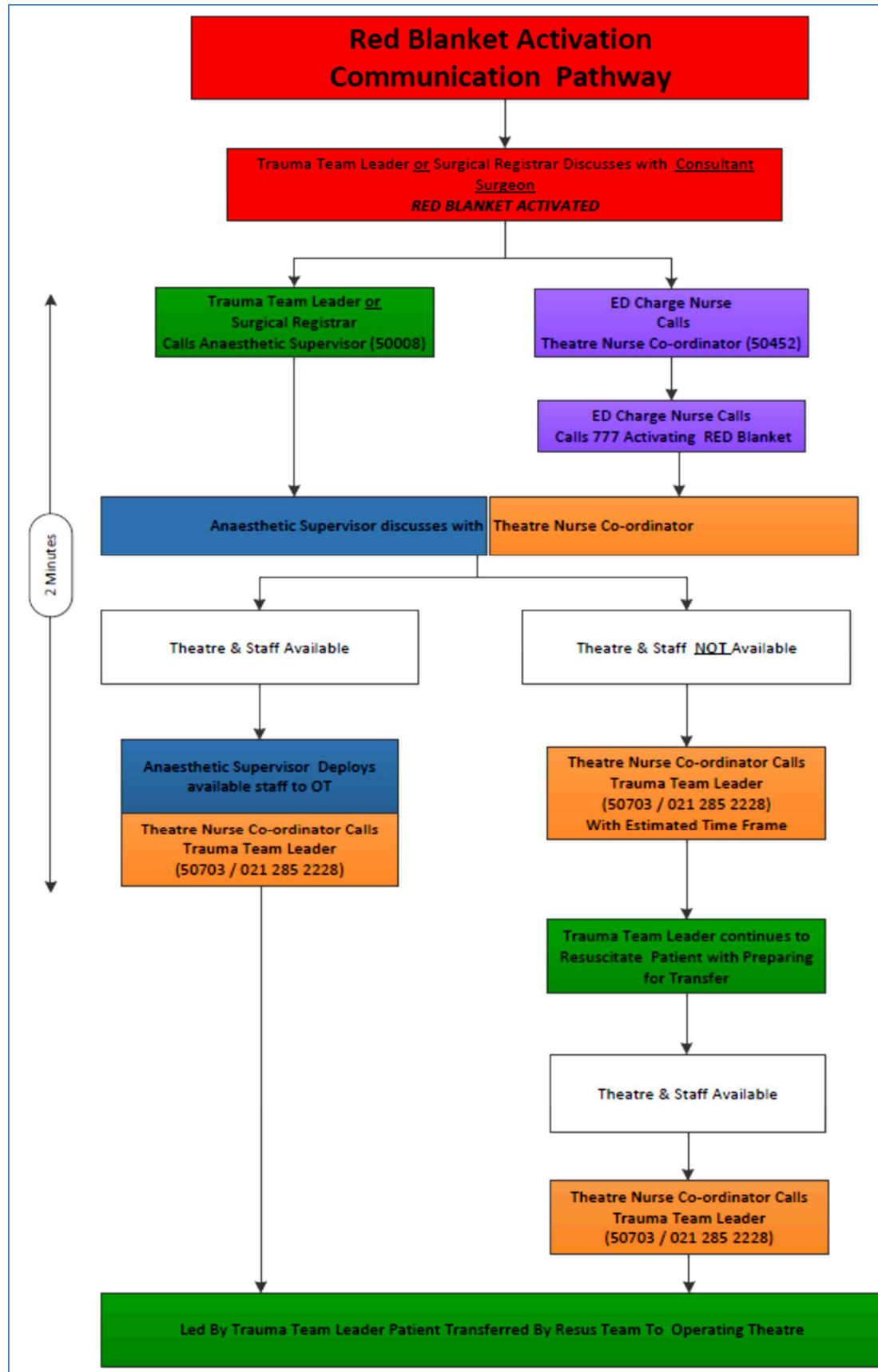
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Roles and Responsibilities

- ED Team continue to resuscitate the patient in ED and don't transfer to theatre until appropriate anaesthetic staff present in theatre.
- The Trauma team leader makes only one phone call to the theatre suite once activated and can then focus on their role in the resuscitation bay.
- Patients who have been transferred to radiology for investigation should proceed directly to OT without returning to ED if a theatre is available
- Anaesthetic supervisor (this may be the registrar after hours) is the final arbiter of when the patient should leave ED for theatre.
- Transfer from ED to Theatre should only take a few minutes.
- A Resuscitation team as determined by the Trauma Team Leader takes the patient to the OT. This may involve:
 - ED Orderly
 - ED Nurses
 - ED Medical Staff
 - Surgical Registrar
 - ICU Registrar
 - ICU Consultant
 - Anaesthetic staff

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RED BLANKET Activation Page & Useful Phone Numbers

Once a **Red Blanket** Activation **777** call is received; CMH Switchboard will send the following message to the Telecom Pagers and an SMS to DHB Cellular phones listed below.

“Red Blanket Activation -Patient in (TBA by caller) and will be transferred to Theatre”

Red Blanket Code Awareness Phone List			
	Cell phone	Quick dial	Pager
Anaesthetic Supervisor	021 689 120	50008	93 8725
Anaesthetic Technician Co-ordinator	021 686 657	50077	93 8576
Blood Bank	021 720 902	51661 Ext: 59151 /56899	NB: No Pager - a SMS Message is sent.
Duty Manager	021 463 392	50867	93 8458
ED Charge Nurse	021 284 8101	50704	93 8602
ED Charge Nurse Monitored	021 924 874	N/A	NB: No Pager - a SMS Message is sent
ED Charge Nurse Kidz First	021 714 001	50702	93 9007
ED Orderly Co-Ordinator	021 975 078	50868 Team Carry	NB: No Pager - a SMS Message is sent
ED FACEMs Supervisor	021 285 2228	50703	93 9078

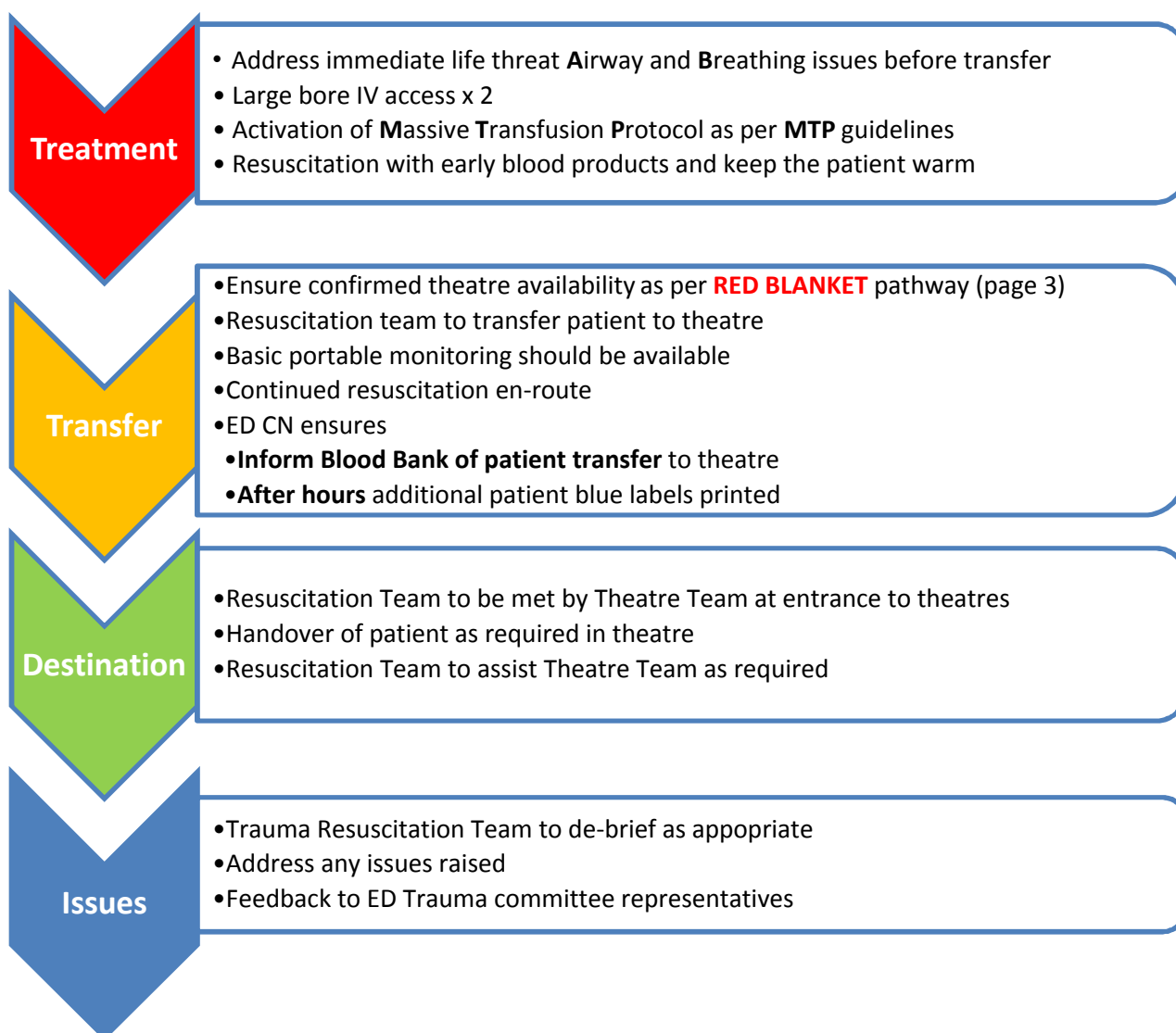
NB The ED FACEM numbers below aren't manned 24hours

ED FACEM Short Stay	021 2419 628	50226	93 8121
ED FACEM Kidz First	021 2429 906	50225	93 8961
ED FACEM Monitored	021 416 179	50283	93 9193
General Surgical Registrar	021 221 9817	50801	93 8416
ICU Registrars	021 784 163 021 984 328	50103 50590	93 8806 93 9098
Theatre Nurse Co-ordinator	021 222 0280	50452	93 8168
Theatre Orderly	021 643 410	51272	93 8373
Trauma Coordinator	021 418 270	50979	93 8822

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TRAUMA TEAM LEADER and Emergency Department
RED BLANKET GUIDE
(Consult Red Blanket Activation Pathway – page 3)

1. On confirmation of RED BLANKET activation **Trauma Team Leader** contacts **Anaesthetic Co-ordinator 50008**
2. **ED Charge Nurse** calls **Theatre Co-ordinator 50452** and **activates 777 RED BLANKET** Call
3. **Trauma Team Leader** to ready team and patient for transfer.
4. On confirmation of theatre availability do not delay transfer to theatre for non-essential treatment, investigation or monitoring.

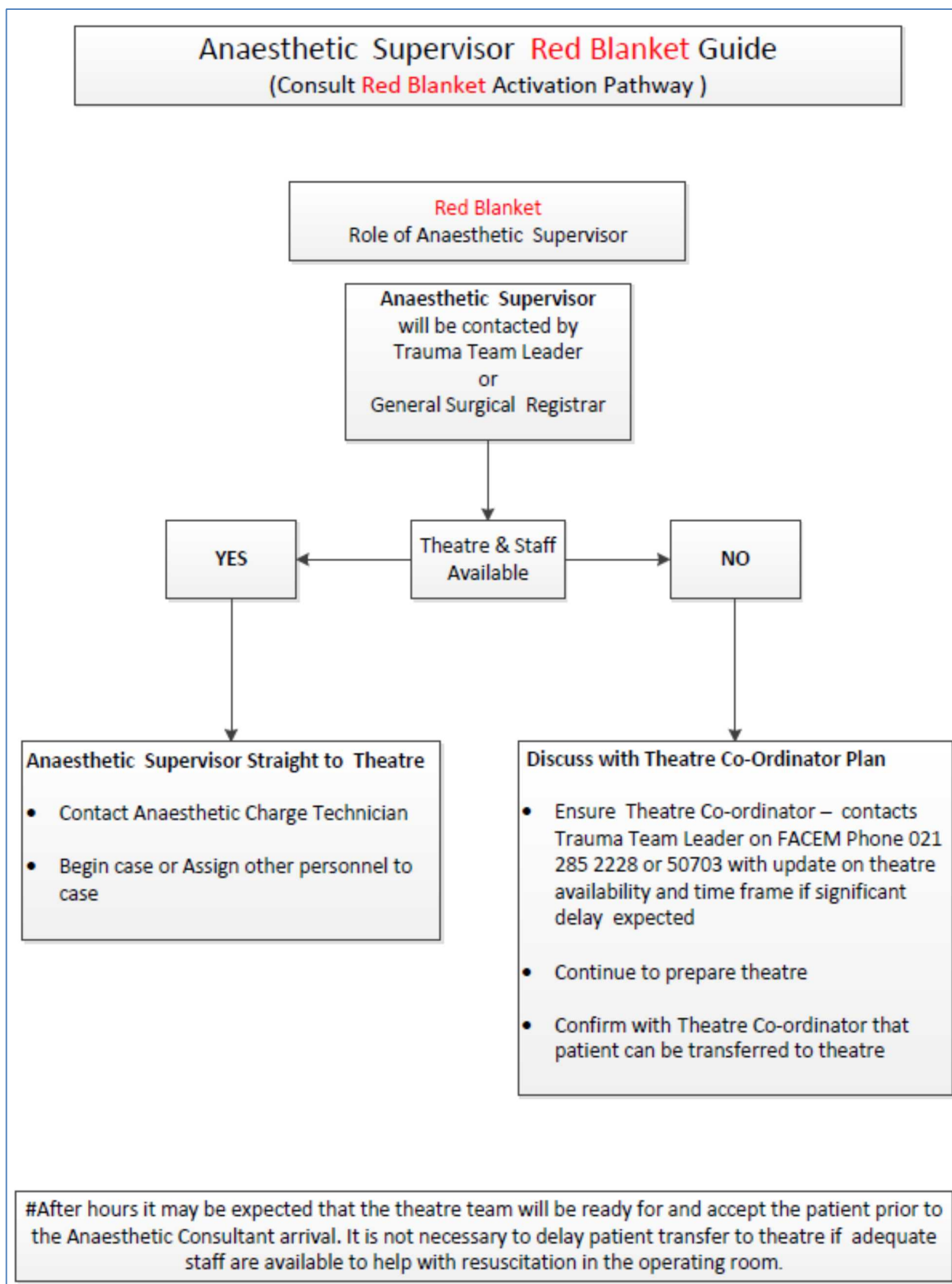


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THEATRE COORDINATOR and Operating Room
RED BLANKET GUIDE
(Consult Red Blanket Activation Pathway – page 3)

	Task	Completed (Tick)
1	On receiving either an activation call from Trauma Team Leader or 777 Red Blanket Pager alert Go to Theatre Central; Contact the Anaesthetic Supervisor 50008 en route	
2	Meet with Anaesthetic Supervisor & Charge Anaesthetic Tech Determine: <ul style="list-style-type: none"> Which theatre will be utilised Staffing allocation Contact Trauma Team Leader 50703 back + inform them of theatre availability If there is a delay – give estimation of theatre availability and return call to Trauma team leader ASAP .	
3	Allocate available Nursing & Health Care Assistant (HCA) staff <ul style="list-style-type: none"> Delegate Nursing roles – Scrub, Circulating and Anaesthetic. Delegate Nurse/HCA to push Trauma tower(s) to allocated theatre Delegate Theatre orderly to meet patient and resuscitation team at theatre lift and escort them to allocated theatre 	
4	Physically go to the allocated available theatre <ul style="list-style-type: none"> Turn the temperature up in the room & warm operating table Ensure 2 suction carousels are available 	
5	Support the Scrub Nurse & Circulating Nurse to prepare set up immediately <ul style="list-style-type: none"> Ensure 20 large swabs and surgical prep ready ASAP Ensure count done prior to patient arrival. 	
6	Liaise with Anaesthetist : <ul style="list-style-type: none"> Ensure Trauma Team Leader has been advised to transfer patient to OT Ensure Blood products are available from Blood Bank Ext 59151 	
7	Ensure Nursing Theatre Team further prepares the theatre : <ul style="list-style-type: none"> Sterile gowns and gloves are opened for surgeon/s Electric shaver ready or patient shaved at surgical site IDC trolley available Diathermy pad ready/ positioned on patient when able to. Consider safe positioning of patient & pressure points are protected. Ensure extra swabs are available in the theatre 	
8	Operating team prep & drape patient	
9	Record in Patient Records the Knife to Skin Time	

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References

1. Nunez et al. Early Prediction of Massive Transfusion in Trauma: Simple as ABC (Assessment of Blood Consumption)? J Trauma. 2009;66:346-352
2. Cotton et al. Multicentre validation of a simplified score to predict massive transfusion in trauma. J. Trauma 2010 Jul;69 Suppl 1:S33-9
3. Brockamp et al. Predicting on-going hemorrhage and transfusion requirement after severe trauma: a validation of six scoring systems and algorithms on the TraumaRegister DGU. Critical Care 2012, 16:R129.
4. CODE CRIMSON: A life saving measure to treat exsanguinating emergencies in trauma, Australian & New Zealand Journal of Surgery 2008:78, 523-525

Definitions/Description

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
ED	Emergency Department
CM Health	Counties Manukau Health
OT	Operating Theatre
ICU	Intensive Care Unit
FACEM	Fellow of the Australasian College for Emergency Medicine
MTP	Massive Transfusion Protocol
CN	Charge Nurse

Associated Documents

Other documents relevant to this procedure are listed below:

NZ Legislation / Standards	Health Practitioners Competency assurance act (2003) Health and Disability Services Act(2003) HDC Code of Health & Disability Services Consumers Rights Regulation,1996 Health and Disability Services (Safety) Act, 2001. Health & Safety in Employment Act 1992
CM Health Documents	Informed Consent (A5528) The Safe Management and Privacy of Health Information Policy (A5548) Tikanga Best Practice manual – Policy Procedure: Standard Precaution Standard precaution Manual
Other related documents	ADHB: Trauma code crimson

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