Activation Procedure for Resuscitation in the Emergency Department

Patient requiring resus identified by ED team and escalated to CiC/ Lead Registrar

CiC/ Lead Registrar decides on level of Resus Activation

NiC/ Resus Team Leader put out the appropriate activation

NOTE: If no Code is activated, it is the CiC/Lead Registrars responsibility to ensure that a named clinician is allocated to immediately assess the patient if unable to attend in person. Any delays in assessment should immediately be escalated to the CiC/Lead Registrar (night) by the Resus Nurse/paramedic.

Category A: Trauma Team Activation Triggers

Mechanism plus abnormal physiology or anatomy

Significant mechanism (see trauma alert triggers)

Abnormal physiology:

- Adults: confirmed SBP <90
- Child <6years: SBP <60
- Child >6 years: SBP <90
- HR < 50 OR > 120 for adults
- Airway compromise/obstruction pre-hospital intubation
- Head injury with GCS < 13
- Respiratory distress with a rate <10 or >30 or cyanosis
- Paeds: any patient with shock, respiratory distress, or reduced GCS
- Significant hypoxia on scene
- Transfer-in patients receiving blood/vasopressors to maintain vital signs

Anatomy:

- Airway compromise
- Flail chest
- Penetrating injury of head, neck or torso
- Severe pelvic injury
- Major crush injury to torso or upper thigh
- Limb amputation or >2 long bone fractures
- Gunshot wound/penetrating trauma (non-extremity) above knee/elbow
- Traumatic paraplegia or quadriplegia
- Burns >20% BSA or potential airway burns

Special circumstances – multiple patients

ED Consultant/ ECN/P discretion

Category A team activation procedure:

- Call switchboard for Trauma Activation
- Tannoy for ED Consultant/Lead Registrar (night) if not already there
- Tannoy for Resus – Allocated Doctor 1&2

Category A team membership:

- ED Consultant/Lead Registrar
- ANAESTHETICS/ITU
- Allocated ED Doctor 1&2
- Anaesthetic Consultant +/- Registrar
- Surgical Consultant or Senior Registrar
- Orthopaedic Consultant or Senior Registrar
- Paediatric Consultant or Senior Registrar (if Paediatric patient)
- Radiographer
- Porter
- Nurse/Paramedic Team Leader
- Scribe (matron or other)
- ED Resus Nurse
- Paeds Nurse (If paeds patient)

Category B: Trauma Team Alert (stand by) Triggers

Significant mechanism but normal physiology and anatomy

Mechanism of injury:

- High speed RTC >40mph
- Ejection from vehicle
- Death of occupant from same vehicle
- RTC rollover, extensive damage to vehicle or extrication time > 20 min
- Fall from horse
- Cycle collision >20mph (bike/motorcycle) or rider thrown
- Pedestrian vs vehicle >5mph impact
- Adult fall >15 feet or children >10 feet

Normal physiology:

- Pulse 50-120 bpm for adults
- Respirations 10-30 adults
- Adults: confirmed SBP >90
- Head injury with GCS >13

Anatomy:

- Penetrating injury to limb
- Single long bone fracture from significant trauma
- Potential spinal injury

Pregnant women > 20w GA with trauma MOI

All children with significant MOI should be assessed in the Resus 7 by the ED Trauma Team

ED Consultant ECN/P discretion

Category B team alert procedure:

- Call switchboard for Trauma Alert
- Tannoy for ED Consultant/Lead Registrar (night) if not already there
- Tannoy for Resus – Allocated Doctor 1&2
- Inform switchboard within 5 minutes to standdown or activate entire team as required

Category B team membership:

- ED Consultant/Lead Registrar
- Allocated ED Doctor 1&2
- ANAESTHETICS on standby
- Anaesthetic Registrar – on standby
- Surgical Registrar – on standby
- Orthopaedic Registrar – on standby
- Paediatric Registrar – on request
- Radiographer
- Porter

Patient is to be assessed by ED Team – all team members on standby to be given an update within 5 minutes – stand down if not needed/call specific Speciality required

Category C: ED Team Activation triggers

For critically ill patients:

- Out of hospital cardiac arrest.
- Post-ROSC for out of hospital cardiac arrest.
- NEWS or PEWS score ≥7.
- Airway threat: Obstructed airway, noisy breathing or stridor, problem with tracheostomy tube.
- Breathing compromise: Apnoea, any difficulty breathing, RR <8 or >25 in adults, RR <10 or >40 in paediatrics, oxygen saturation <89% despite high flow oxygen unless PMH of COPD.
- Circulation compromise: Cardiac arrest, HR <40 or >130 in adults, SBP <90 or >200 with symptoms (neurological change, chest pain or difficulty breathing) in adults, SBP <60 in paediatrics.
- Neurological compromise: Sudden deterioration in consciousness/collapse, patient cannot be roused, active seizure activity that does not spontaneously abort in 1 minute, sudden onset weakness face/arm/leg.

For trauma patients*:

- If there is no significant anatomic injury other than extremity fractures distal to the knee or elbow, or abrasions/lacerations or contusions but have the following concerning mechanism:
  - Rollover.
  - Death of an occupant of car.
  - Prolonged extrication.
  - Auto deformity >20 inches or intrusion to space occupied by passenger.
  - Consider risk based on age >70 / <5 or known cardiac, respiratory, metabolic disease or drug/alcohol influence.
  - Adults fall <15 feet or children <10 feet.

Or ED Consultant ECN/P discretion

Category C team activation & membership:

NOTE: ED do not make use of 2222 calls, it is our job to assess and resuscitate pts.

BLEEP ED Consultant/Lead Registrar (night)
Tannoy for Resus – Allocated Doctor 1 & 2
BLEEP ANAESTHETICS/ITU **ONLY if REQUIRED**
BLEEP PAEDS early if required to attend
BLEEP Radiographer
BLEEP Porter

***Please note – if proceeding to intubation please inform ITU team of this course of action early on ***