TTL TIP 4

Get your CODE RED right

Early haemorrhage control saves lives. Delays increase mortality.

Patients with active traumatic bleeding who may require immediate surgery should trigger a **Code Red Adult Major Trauma Call** (typically via 2222). Purpose of Code Red

Code Red exists to **reduce time to definitive care**. Code Red should be activated based on **risk**, not diagnostic certainty.

Indications for Activation

- **Massive Haemorrhage Protocol activation**
- Blood already being given by prehospital team prior to arrival
- **Hypovolaemic shock**, typically:
  - Systolic BP < 90 mmHg
  - Heart rate > 120 bpm
  - Poor or transient response to resuscitation
- **Traumatic cardiac arrest**
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What Code Red Delivers

- **Senior decision-makers**, and more importantly gets them in the room to make decisions (not on the end of a phone in another place).
- **Theatre coordination**, facilitating early access to emergency surgery
- Early/immediate blood product availability
- **System-wide alignment**, enabling parallel resuscitation, transfusion, and operative preparation

Practical Points

Specify required specialties

Do not assume automatic attendance. Request specific surgical specialties early. Senior involvement reduces delays to operative intervention.

Activate early

Over-triage is preferable to under-triage. Under-calling trauma teams is associated with worse outcomes than early over-activation.

Maintain clinical leadership

Code Red facilitates capacity; it does not replace decision-making. Prioritise haemorrhage control over diagnostic completeness in unstable patients.

Key Messages

- **Active bleeding with potential need for immediate surgery warrants Code Red**
- **Physiology should drive activation**
- **Early senior involvement improves outcomes**
- **It is acceptable to stand teams down; it is not acceptable to call late**

Code Red	• Activation of massive transfusion protocol • Hypovolaemic shock (systolic BP <90, HR >120) **and** unresponsive to resuscitation • Traumatic cardiac arrest	Code Amber Polytrauma/Blunt team plus Consultant Anaesthetist (called in) The following consultants are called in depending on perceived injuries: • On call general surgical consultant • On call hepatobiliary Consultant • On call vascular registrar and consultant • On call orthopaedic registrar and consultant • On call ENT registrar and consultant • On call maxillofacial registrar and consultant • On call IR consultant • On call cardiothoracic registrar and consultant • On call intensive care consultant • Any other specialty team as deemed necessary by the TTL • Emergency theatres put on standby • IR team put on standby • Hybrid theatre on standby All consultants must attend within 30 minutes