**Trauma Service Guidelines**

**Title:** Trauma OPSTAT

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## Introduction

The purpose of this guideline is **to enable the immediate transfer of an exsanguinating patient to the operating theatre for urgent life saving surgery.**

This includes any trauma patient with, **acute life threatening haemorrhage requiring immediate lifesaving surgery**, which may include but is not exclusive to:

- penetrating injuries
- major hypotensive blunt chest
- abdominal trauma.

This guideline outlines the roles and responsibilities of the Emergency Department (ED), Operating Suite, and the Transfusion Laboratory staff.

## Initiation of OPSTAT

Most exsanguinating trauma cases will have had a Trauma Team Activation (TTA) initiated prior to, or as soon as, it is known that a patient fitting the existing Trauma Team Activation Criteria is either bound for or has arrived.

If prior to the patient's arrival and/or during the resuscitation process (at any time) it becomes clear that the patient has a life-threatening injury and is in need of immediate surgical intervention, a **TRAUMA OPSTAT** must be initiated.

This can also occur, if required, without prior TTA. An exsanguinating patient may be transferred to the Operating Suite from the Ambulance bay or helipad bypassing assessment in the Emergency Department.

The **decision to initiate an OPSTAT** is made by the Trauma/ Unit Surgeon or Registrar in consultation with the Emergency Department Trauma Team Leader (Consultant or Registrar).

Activation of an OPSTAT **will ensure early** notification to:

- Transfusion laboratory, enabling the preparation of the massive exsanguination pack (MEP).
- Consultant surgeon if they are not present in the organisation
- Operating suite floor coordinator
- Anaesthetic consultant in charge of the operating suite

Once the OPSTAT has been initiated, the Anaesthetic Consultant in charge of the operating suite is responsible for the coordination of the transfer. They should contact the Trauma Team Leader # 24891 and notify them of the operating room number.

When this call is made immediate preparation for transfer should be facilitated by the ED Trauma Team.

If the trauma team has not heard from the Anaesthetic Consultant in charge witin 2 minutes, please contact #6311

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## Emergency Department

When Ambulance Victoria notify ED that a patient with an urgent life-threatening injury is being transported to RMH the appropriate Trauma Team Activation is initiated (trauma call or alert).

- During resuscitation if it is evident that patient requires immediate surgical intervention:
  - The ED Trauma Team Leader (TTL) in consultation with Surgeon (even if that person is not present in the hospital) decide to activate Trauma OPSTAT
  - Trauma OPSTAT is activated ( Via symphony or Lanpage)
  - ED immediately prepares patient for transfer: – resuscitation team and equipment to move with patient and await call from Anaesthetist in charge re location
  - **If ED TTL does not receive communication from Anaesthesia within 2 minutes call #6311**
  - ED receives call from Anaesthetist and transfers patient to correct operating suite

(ED team to hand over to OR team and Anaesthetist and remain until no longer required as stated by the Anaesthetist or Surgeon)

### Once TRAUMA OPSTAT is activated (by ED)

## Operating Suite/Anesthesia

### Anaesthetist in charge #6311

- Receives TRAUMA OPSTAT page
- Liaises with operating room floor coordinator regarding theatre availability
- Organises anaesthetist for the case
- Anaesthetist in charge to call ED Consultant # 24891 **(within 2 minutes),** with the theatre number

### Floor Coordinator RN # 6312

- Receives the TRAUMA OPSTAT page
- Liaise with Anaesthetist in charge re available theatre space. If all theatres are in use assess which session can be interrupted.
- Notify the theatre staff and consultant that the current session will be halted and that the theatre will be utilised for an OPSTAT
- Organise appropriate scrub staff to set up emergency trolley and contact CSSD # 6187 if extra instruments are required (they will receive Trauma OPSTAT)
- Inform and discuss with technician in charge and Recovery ANUM so appropriate support staff can be organised
- If required call on-call staff to support other urgent theatres
- Set theatre doors to open and have a staff member available to direct trauma team to correct theatre.

## Contact Numbers

The numbers with a # symbol can be dialled by pressing the hash and then the number, all # numbers below receive all Trauma Team Activations and Trauma OPSTAT's

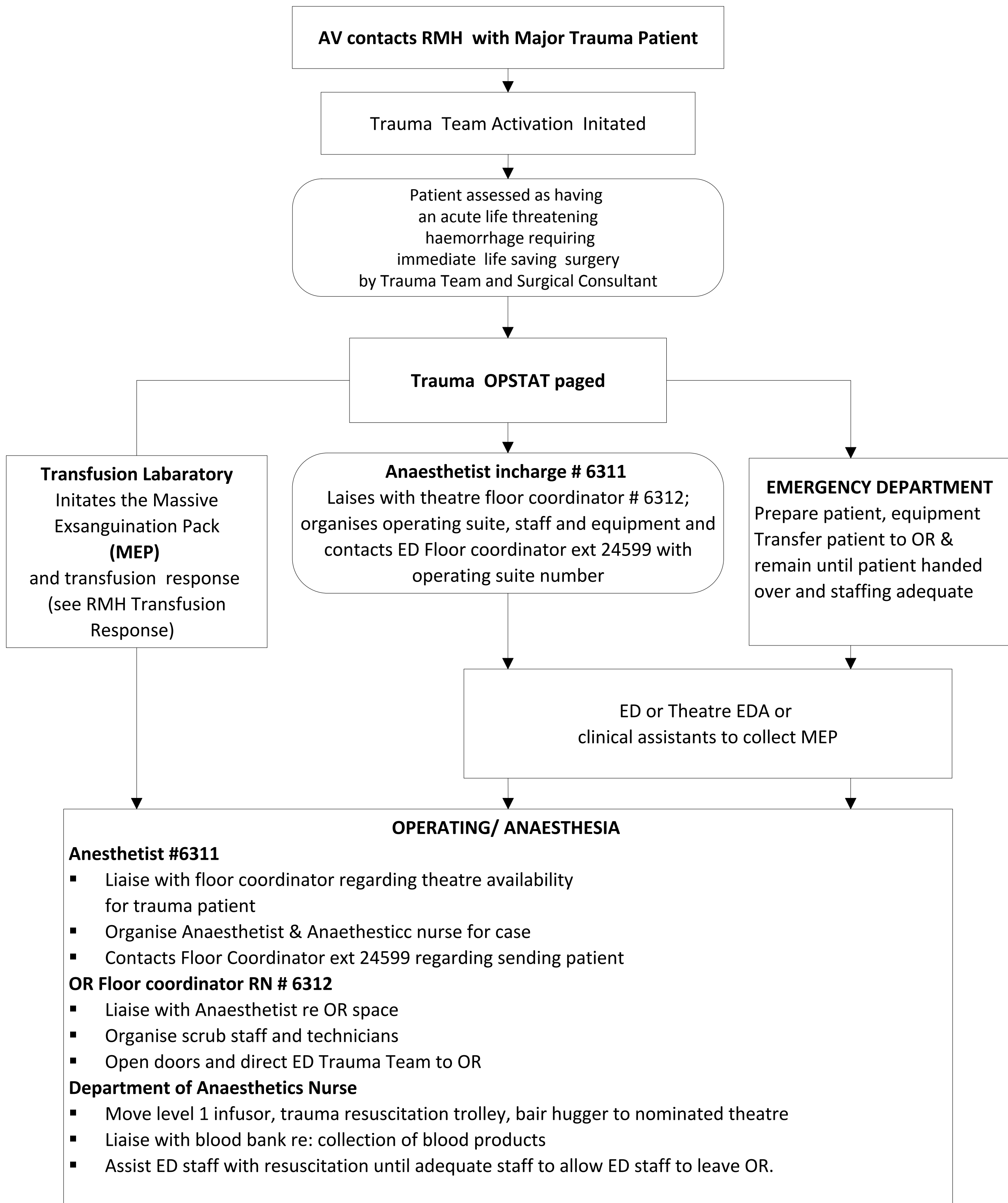
- **Emergency Department**
  - ED Doctor in Charge - Dial **ext 24891**
  - ED Nursing floor Coordinator (Nurse) - Dial **ext 24599**
- **Department of Anaesthesia (DA)/Operating Suite**
  - Consultant Anaesthetist (Doctor)- Dial **#6311**
  - Theatre Floor Coordinator (Nurse) -Dial **#6312**
  - CSSD in charge - Dial **# 6187**
- **Transfusion Laboratory** – Dial- **ext 27275 or 27276**
- **Trauma Registrar**- Dial **#6450**

## Mechanism of Initiating Trauma OPSTATs

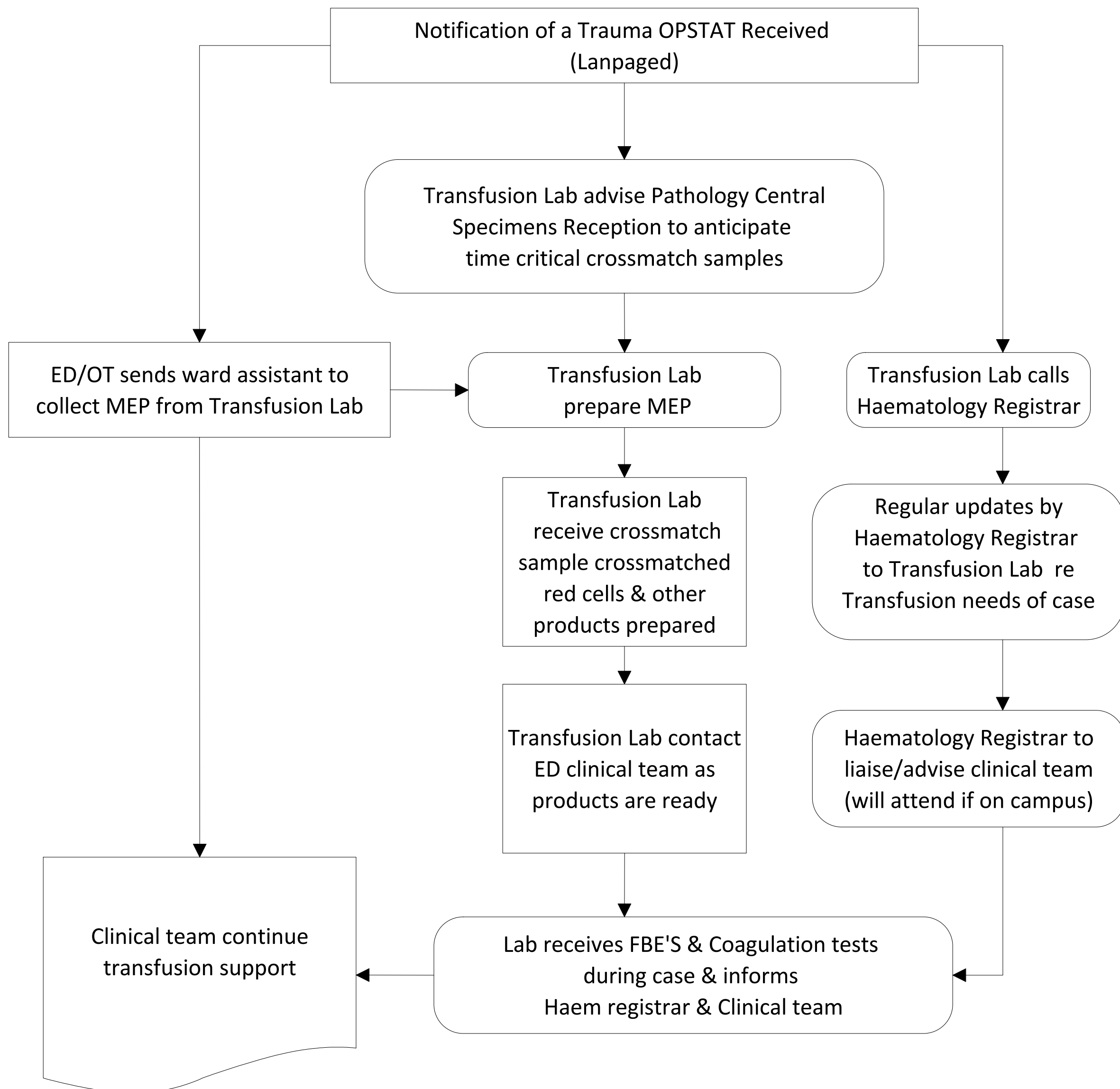
- Via Symphony Patients Expects ( completed by ED Medical, Nursing or Clerks)
- Switchboard or page **944** (manually typing the message)

**Definition: A patient with an acute life threatening haemorrhage requiring IMMEDIATE LIFE SAVING SURGERY**

*E.g.: Penetrating trauma, major hypotensive blunt chest/ abdo trauma or bleeding emergency surgery case ( vascular, general surgery, obstetrics, cardiothoracics)*



## RMH Transfusion Laboratory Response




**Massive Exsanguination Pack (MEP)**
**Commence documentation on massive transfusion chart**

- 4 Units O Rh (D) Negative red cells= 4 bags
- 4 units FFP = 2 bags
- 4 units platelets = 1 pooled bag
- Massive Transfusion Fluid Balance Sheet