The Royal Melbourne Hospital

TRM08.06 TRAUMA OPSTAT EXSANGUINATING PATIENT

Trauma Service Guidelines
Title: **Trauma OPSTAT**
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See Also: **TRM08.01 Massive Blood Transfusion in Trauma**

Introduction

The purpose of this guideline is **to enable transfer of an injured trauma patient with life threatening haemorrhage to the operating theatre for immediate surgery.** This includes trauma patients with exsanguinating limb haemorrhage.

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

Trauma OPSTAT

A Trauma OPSTAT is a mechanism whereby patients with life threatening haemorrhage have access to immediate surgery, ideally witihin 15 mins from activation time.

It sets off the necessary response from ED, operating suite, anaesthetics and the transfusion laboratory.

Trauma OPSTAT is for exsanguinating patients requiring immediate surgery (< 15 minutes), which is distinct from other indications for urgent surgery (such as ischaemia, neurosurgical decompression) which, while still urgent, require a slightly different response and are beyond the scope of this document.

Activation of a Trauma OPSTAT

If prior to the patient's arrival, or at any time during the resuscitation process it becomes clear that the patient has life threatening injuries and is in need of immediate surgical intervention, a **TRAUMA OPSTAT** should be activated.

Most OPSTAT patients will have had a Trauma Team Activation (TTA), prior to arrival. If not, a Trauma Call must be activated at the same time as the OPSTAT; this should not delay the calling of the OPSTAT).

In very rare cases, Trauma OPSTAT patients are transferred to the operating suite from the ambulance bay or helipad bypassing assessment in the Emergency Department. These patients need to be registered on EMR by the ED clerks; in addition, the ED Doctor at Triage needs to admit the patient under Trauma Service in order for Theatre to be able to access their EMR.

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

Activation of an OPSTAT will ensure early notification of

- **Oncall trauma surgical consultant and/or fellow** telephoned by switchboard to inform them of the Trauma OPSTAT
- **Anaesthetic consultant in charge** of the operating suite
- **Operating suite floor coordinator**
- **Transfusion laboratory**, will enable preparation of the massive exsanguination pack (MEP) (if not already released) and continue to support transfusion, post ROTEM. Once the OPSTAT notification has been sent, the ED Trauma Team Leader will call #6311 to confirm the page has been received.

The Anaesthetic Consultant in charge of the operating suite is responsible for arranging a theatre and calling the Emergency Consultant in charge Ext 24890 to inform them of the theatre number.

Once theatre availability is confirmed, the ED Trauma team should prepare the patient for transfer, and transfer immediately when notified that theatre is ready.

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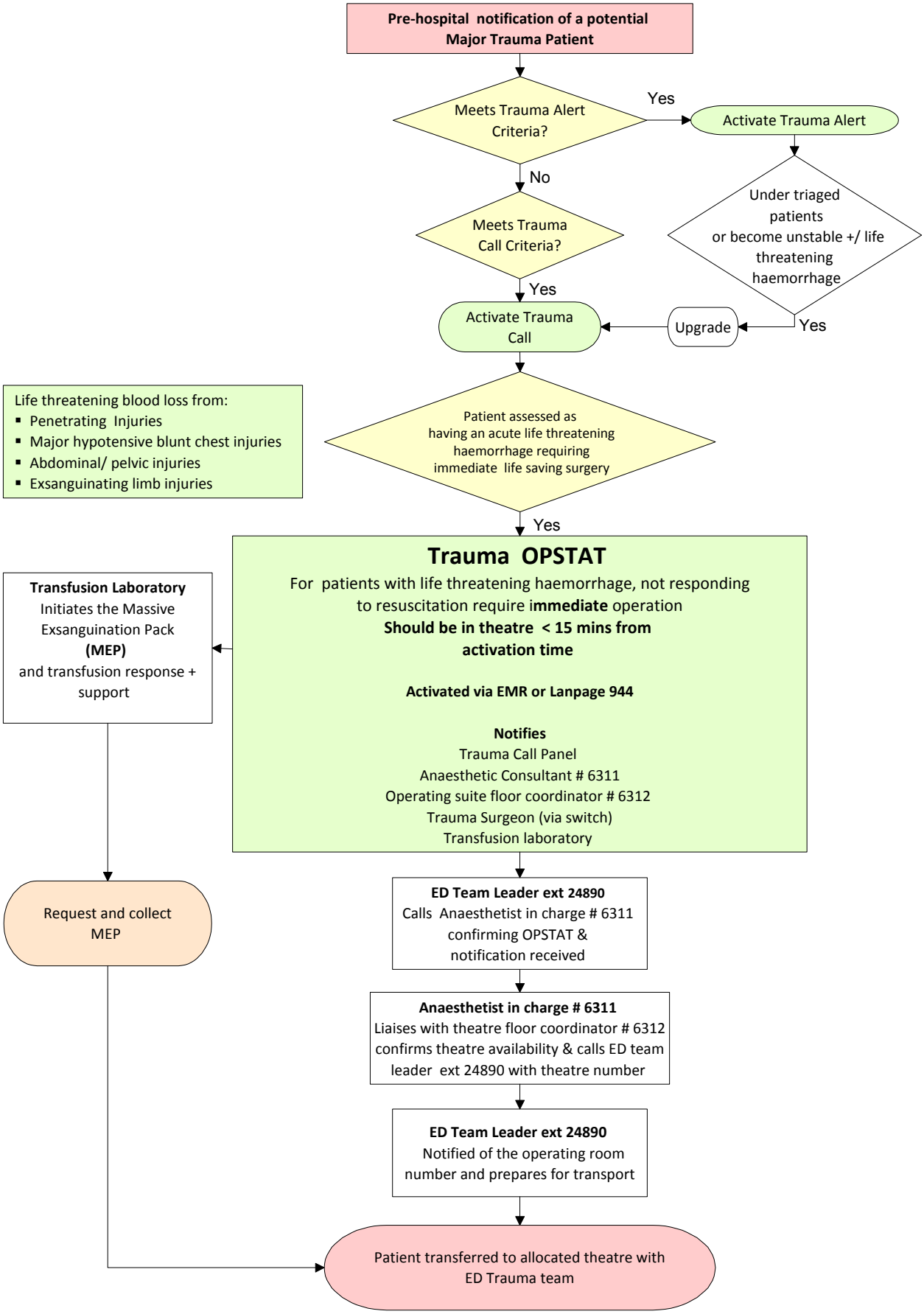
Emergency Department	Operating Suite/Anesthesia
• Trauma OPSTAT is activated via EMR (via Lanpage number 944 if EMR not available) • ED Trauma Team Leader to call #6311 to confirm page has been received • Page will go out, notifying the Trauma Call panel) and switchboard who telephone the on-call surgeon notifying them of the OPSTAT • ED prepares patient for transfer • Anaesthetist in-charge to call the ED Doctor in Charge on ext. 24890 confirm theatre number and availability • ED transfers patient to allocated operating suite • ED team remains with patient until they have handed over to the operating suite and anaesthetist	**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 # 24890 with the allocated theatre number and to give permission to transfer patient **Floor Coordinator RN # 6312** • Receives the TRAUMA OPSTAT page • Liaise with Anaesthetist in charge re available theatre space. If all theatres are in use, determine which session can be interrupted if necessary • Notify the theatre staff (including operating surgeon and anaesthetist) 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 emergency theatres • Set theatre doors to open and have a staff member available to direct trauma team to correct theatre.

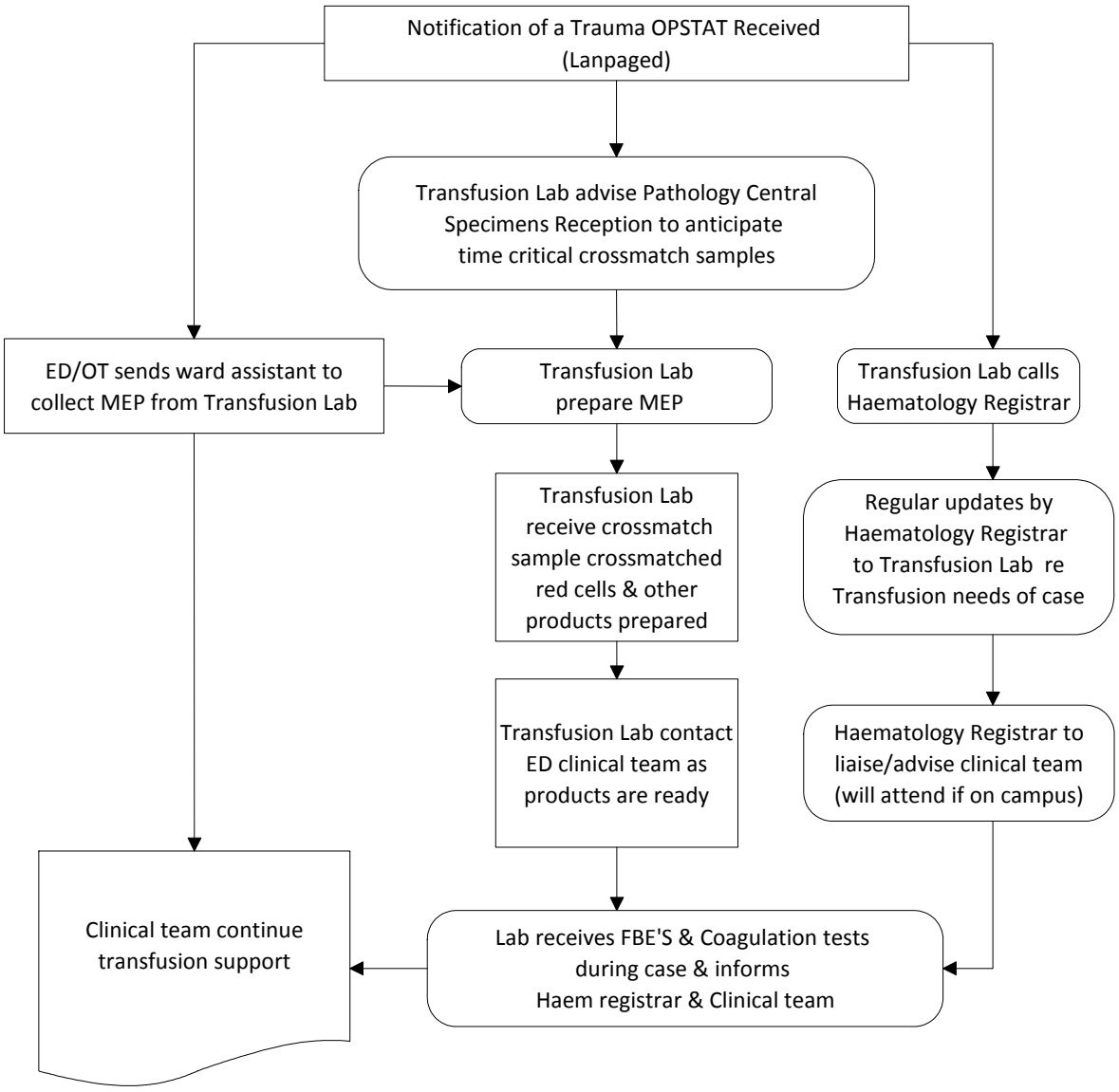
Contact Numbers

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	Operating Suite	Transfusion Laboratory	Trauma Registrar
ED Doctor in-charge Dial ext. 24890 ED Nursing Floor co-ordinator Dial ext. 24599	Consultant Anaesthetist Dial #6311 Theatre Floor Co-ordinator Dial #6312 CSSD in-charge Dial # 6187	Dial ext. 27275 or Dial ext. 27276	Dial #6450 Mobile 0439 882 612


Pre-hospital notification of a potential Major Trauma Patient
Meets Trauma Alert Criteria?
Yes
Activate Trauma Alert
No
Meets Trauma Call Criteria?
Under triaged patients or become unstable +/ life threatening haemorrhage
Yes
Activate Trauma Call
Upgrade
Yes
Life threatening blood loss from:
Penetrating Injuries
Major hypotensive blunt chest injuries
Abdominal/ pelvic injuries
Exsanguinating limb injuries
Patient assessed as having an acute life threatening haemorrhage requiring immediate life saving surgery
Yes
Trauma OPSTAT
For patients with life threatening haemorrhage, not responding to resuscitation require immediate operation
Should be in theatre < 15 mins from activation time
Activated via EMR or Lanpage 944
Notifies
Trauma Call Panel
Anaesthetic Consultant # 6311
Operating suite floor coordinator # 6312
Trauma Surgeon (via switch)
Transfusion laboratory
Transfusion Laboratory
Initiates the Massive Exsanguination Pack (MEP)
and transfusion response + support
Request and collect MEP
ED Team Leader ext 24890
Calls Anaesthetist in charge # 6311 confirming OPSTAT & notification received
Anaesthetist in charge # 6311
Liaises with theatre floor coordinator # 6312 confirms theatre availability & calls ED team leader ext 24890 with theatre number
ED Team Leader ext 24890
Notified of the operating room number and prepares for transport
Patient transferred to allocated theatre with ED Trauma team

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 Fresh Frozen Plasma (FFP) = 2 bags
- 4 units Platelets = 1 pooled bag
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