

Blue call meets all code black criteria:

- Requires intubation + GCS $\leq$ 8
- Clinical suspicion of significant head injury
- Pupil changes suggesting impending herniation

A Code Black Call can also be activated, at the discretion of the TTL, if a CT head scan reveals acute haematoma with mass effect

Consider whether code red also required

## PAEDIATRIC CODE BLACK ALERT

### On receipt of BLUE call take the following actions...

ED CONSULTANT/TTL/NIC TO PUT OUT PAEDIATRIC CODE BLACK WHICH CALLS THE FOLLOWING TEAM MEMBERS:

1. PAEDIATRIC ANAESTHETIC REG (45661) (CONTACT PAEDIATRIC ANAESTHETIC CONSULTANT) AND ODP/AP (45664)
2. PAEDIATRIC THEATRE NURSE CO-ORDINATOR (45663)
3. NEUROSURGICAL REG (45687) (CONTACT NEUROSURGICAL CONSULTANT)
4. TRAUMA REG (45690)
5. PAEDIATRIC REG (b1052) AND SHO (b1051)
6. ORTHO REG (45674)
7. PAEDIATRIC ED NIC (45730) & REG (1151)
8. PAEDIATRIC SURGICAL REG (45668) (INFORM PAEDIATRIC SURGICAL CONSULTANT)
9. PCCU REG (45667) (INFORM PCCU CONSULTANT & NIC)
10. ED RADIOGRAPHER (b1608)

PAEDIATRIC THEATRE NURSE CO-ORDINATOR TO LIASE WITH COUNTERPART ON 4<sup>TH</sup> FLOOR TO DETERMINE THEATRE AVAILABILITY

IF CODE RED ANTICIPATED, TRAUMA AND PAEDIATRIC SURGICAL CONSULTANTS TO BE PRESENT

### On arrival

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- Handover
- Primary survey
- Manage airway
- Seek and treat other injuries
- CT head +/- further imaging

#### IMMEDIATE RESPONSE:

1. RECEIVE PATIENT IN RESUS BAY 8
2. PREPARE 3ML/KG OF 3% SALINE (OR 5% SALINE) (MAX DOSE 350 MLS AS PER ADULT PROTOCOL)
3. IMMEDIATE NEUROSURGICAL ASSESSMENT
4. PREPARE FOR TRANSFER & DECISION REGARDING TRANSFER TO THEATRES OR CT
5. THEATRE COORDINATORS TO CONFIRM THEATRE LOCATION

### Disposition

1. THEATRE ALLOCATION TO BE CONVEYED TO ED CONSULTANT/TTL AND TO NEUROSURGEON
2. SAFE TRANSFER TO THEATRE USING STOPP TOOL

#### Please Note

- Time-critical surgery should be carried out at the MTC
- Decisions regarding the ongoing management of the neurosurgical patient post-op rest jointly with the Consultant for Neurosurgery and the Consultant for PCCU