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Implementation process of the Hemorrhage Code (H Code) at the Hospital Municipal Moysés Deutsch, São Paulo, Brazil

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Introduction: The protocolized care for patients with severe hemorrhage has proven to be a determining factor in reducing morbidity and mortality among hospitalized patients. The primary mechanism leading to death in this population is the state of shock resulting from this situation. Based on this information and an existing protocol in a private hospital of the Einstein Network, the H code was adapted and implemented in the *Hospital Municipal Dr. Moysés Deutsch*, which is part of the secondary layer of healthcare in the Unified Health System of São Paulo. **Objective:** To describe the process of implementation, combined with the creation of a culture of protocolized care for patients with severe hemorrhage, and to present indicators that will demonstrate improvement in the accuracy rate of identifying and activating the hemorrhagic code and reducing catastrophic events related to failure or delay in identifying shock in the hospital. **Methods:** From a care model of one of the network's institutions, we will demonstrate the adaptation of the care flow for the patient with severe hemorrhage, called the Hemorrhagic Code, or H Code (Figure 1). We will describe the entire chain of code activation and the high-risk bleeding identification points for

hospitalized patients. Furthermore, we will present the reduction of catastrophic events related to the failure or delay in identifying patients in hemorrhagic shock and greater accuracy in activating the code. **Results:** Over 34 months of analysis (January 2021 to October 2023), there were 418 activations of the hemorrhagic code, with a complementary analysis of a total of 2,783 patient records. The accuracy percentage of code activation increased by 49%, the percentage of identification of hemorrhagic shock rose by 46%, the lethality of hemorrhagic shock in the institution decreased by 25%, and it was possible to eliminate the number of catastrophic adverse events related to the failure of activating the hemorrhagic code. **Conclusion:** The development and implementation of an institutional protocol for care, adapted and directed towards patients with life-threatening hemorrhage in a public hospital with limited resources, proved to be feasible and resulted in improved in-hospital outcomes.

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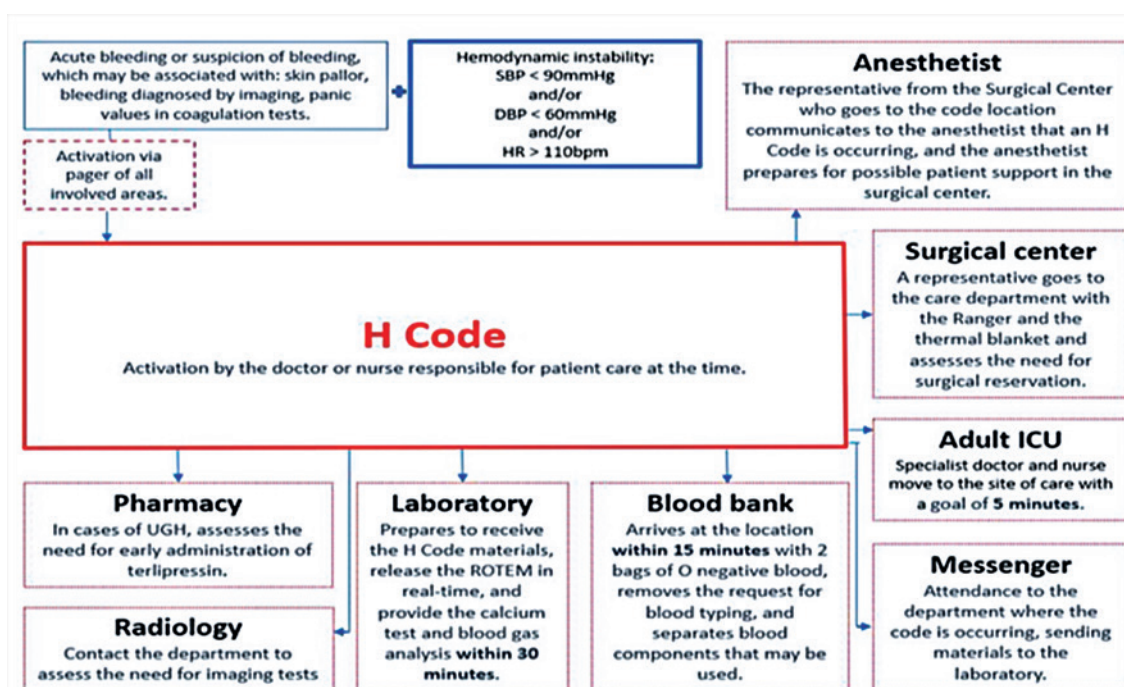


Figure 1. Activation by the doctor or nurse responsible for patient care at the time