

Local Medical Emergency Protocol Forensics Centre for Mental Health

This protocol should be read in conjunction with the trust wide CPR policy -

Version:	02
Ratified by:	Matrons borough lead nurse
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Name of originator/author:	Physical health lead
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Version Control Summary

Version	Date	Author	Status	Comment
01	12.02.2011	Physical	Final	New Protocol
		Health Lead		
02	12.11.2012	Physical	Final	Amiodarone
		Health Lead		removed from
				stock list

Introduction:

The in-patient services sometimes have to deal with medical emergencies which require the immediate assistance of specialist staff. When an emergency occurs a co-ordinated rapid response is vital to maximise the potential for a positive outcome for the individual/'s involved. This protocol lays out the sequence of events and individuals roles when a medical emergency is identified.

Definition of a medical emergency:

This is any physical health emergency which the staff member or staff team involved feel unable to manage safely.

Examples are, suspected cardiac arrest, patient collapse, respiratory difficulties, unexplained fit, ligature incident and extensive trauma, choking. This list is not exhaustive.

Raising the alarm / calling for help:

When a staff member identifies a medical emergency the first step is to provide immediate emergency care to the individual and to call for assistance. This will usually be as simple as shouting for assistance and using the emergency alarm system.

The **radio** should be used immediately to alert rapid response teams and ensure the cardiac response team for that area bring the appropriate equipment

Unless unavoidable (to get assistance) a staff member has to stay with the individual at all times, providing emergency care and obtaining baseline observation levels.

Forensics Protocol

Responsibility of person finding the collapsed patient

Pa	tient found	collapsed	
1.	Call for H	elp	Follow Emergency
			Protocol
2.	Radio:		
۷.			
	State:	Medical Emergency	
	Ward:	3,	
	ward:		
	Location:		
	Pull alarm	n:	
	Dispatch	attendee to:	
	cpaton	utto::uoo to:	

3. Call 9-999

State Nature of emergency -----

Ward:

Location: Forensics Centre for Mental Health

Address: 12 Kenworthy Road, Homerton, London, E9 5TD

4. Call reception on Emergency phone

State: Please call duty doctor on mobile and page Doctor

Please inform the duty doctor to come to

Location:

State: type of emergency Cardiac Arrest/ Medical Emergency

4a Inform reception: Ambulance has been called to

Location: Ward:

State: Please facilitate their arrival

Role of the Duty Senior Nurse

The role of the DSN is to co-ordinate the response to the medical emergency taking on a clear leadership role.

The Duty Senior Nurse (DSN) will ensure that the emergency equipment is brought to the scene of the incident and that staff are in position to direct response teams including if required Ambulance staff.

The DSN will remain at the scene until the emergency has been fully dealt with unless called to deal with another emergency. At all times a member of staff who knows the patient must remain at the scene.

The DSN will ensure that the emergency equipment is returned to the wards and that any items used are restocked from the cupboard in the "dementia services"

The DSN will ensure that incident forms are completed as required and that a debrief is held for all staff involved in the incident.

Report the incident to the on call manager if appropriate.

Ensure the outcome is added to the original incident report when known

The role of the rapid response Team:

When called to a medical emergency each staff member or ward has a specific role to carry out.

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In particular:

RAPID RESPONSE WITH CARDIAC EMERGENCY RESPONSES

Rapid response members on the following wards are required to take the emergency response bag to the site of emergency The emergency response bag contains the AED and oxygen and any other items required to provide immediate emergency response. The RRT should ensure the staff member in charge is aware it has arrived. The equipment should be made ready. Oxygen turned on. AED Opened and ready for use.

Moorgate Ward Rapid Response team Member is responsible for bringing the Green Emergency Bag to any medical emergency to the following areas:

John Warburton Courtyard Sports Hall Piazza Field Management Offices

The emergency bag includes AED, suction, oxygen, blood pressure machine. The RRT should also take the ward glucometers.

LIMEHOUSE Ward Rapid Response team Member is responsible for bringing the Green Emergency Bag to any medical emergency to the following areas:

- Area outside of old reception
- Beaumont Garden Building
- Reception

The emergency trolley includes AED, suction, oxygen, blood pressure machine. The RRT should also take the ward glucometers.

Shoreditch ward rapid response team member is responsible for taking the Green Emergency bag and ward glucometer to any medical emergency in the following areas:

- Elizabeth Fry
- Beaumont Bldg Offices
- Post Offices
- Portakabin
- Basement

Morrison Ward rapid response team member is responsible for taking the green emergency bag and the ward glucometer to any medical emergency in the following areas:

- Oasis
- Whitbread
- Gym
- Education Centre
- Whitbread Garden
- Courtyard

Laminate and place beside key telephone

IN CASE OF MEDICA Pull alarm Radio for RRT RING 9-999 State:	L EMERGENCY
Nature of emergency: Dept:	Cardiac Arrest
Floor: Building: Site:	,
INFORM RECEPTION	

POST CARDIAC ARREST

For any Cardiac Arrest Call, including Medical Emergencies or even by accident:

- A Datix incident report must be completed and a copy sent to Resuscitation Officer.
- Information must include the attached cardiac arrest form details
- Assurance Department must be informed of outcome. (admission/discharge/death)

The senior person must document what has happened in the patients notes.

Equipment must be checked and immediately replaced and signed

EQUIPMENT

All ward staff must be familiar with the resuscitation equipment in their area. New members of staff and locum / agency staff must familiarise themselves with the resuscitation equipment and its location. All wards should have immediate and necessary equipment to deal with initial emergency until help arrives

All resuscitation equipment must be checked on a daily basis by a registered nurse who will check – initial – sign that:

- a) All equipment is present.
- b) Suction equipment is clean, functioning and left with tubing attached.
- c) The automated external defibrillator's indicator light is green and the defibrillation electrodes have not expired.
- d) Check expiry dates on perishable equipment as appropriate (i.e.) drugs, fluids.

Portable oxygen cylinders should be checked on a daily basis. Empty or near empty oxygen cylinders, must be replaced immediately.

All disposable items be obtained from the Resuscitation Equipment Central Store Cupboard in **Moorgate ward.**

Any equipment that is found to be absent, non-functional, or expired must be replaced and/or reported and alternative procedures in place.



MANAGEMENT OF A MEDICAL EMERGENCY

PATIENT IS

Unresponsive/Pale/Clammy/Severe Difficulty Breathing/Profuse Bleeding/Abnormal Vital Signs

CALL FOR HELP AND STAY WITH THE PATIENT

1st Staff Member
Open Airway
Not Breathing normally?
Radio for emergency
medical response

2nd Staff Member

Call 9-999

Call reception on

Emergency line

Request Duty Doctor

3rd Staff Member or Rapid Response Get Crash Bag Defibrillator (AED)

GET OXYGEN / SUCTION / DYNAMAP AND GLUCOMETER (in crash bag)

1 st Staff Member	
Record Vital Signs	
Start Oxygen 100%	

CPR if Necessary

30 Chest Compressions
2 Rescue Breaths via bag valve mask connected to oxygen @ 100%

DSN commence AED

Rapid Response Team

Designate staff to meet Crash

Team/Ambulance

YOUR NEAREST EMERGENCY BAG IS:

MAINTENANCE AND REPLACEMENT OF USED OR EXPIRED RESUSCITATION EQUIPMENT

DISPOSABLE EQUIPMENT

MEDICAL DEVICES, DEFIB & SUCTION

DRUG & FLUID REPLACEMENT

ALL EQUIPMENT IS DISPOSABLE, ONCE ONLY USE

All replacement equipment is stored on Moorgate ward.
You need to ask for the key from them.
Sign out any equipment taken.

Report any malfunction or maintenance problems to Clinical Engineering at Homerton Hospital 02085107935. ASAP

If equipment malfunctions during use, complete incident form.

Clinical Engineering IMMEDIATELY

If out of hours contact the DSN.

Take to pharmacy any used or expired drug bricks or boxes and IV fluids, for replacement.

Pharmacy Ext: --

If out of hours contact the DSN.

EMERGENCY RESPONSE GF	RAB BAG	G CON	TENT	LIST			
DATE							
ITEM:	QTY:						
AED							
Oxygen CD Cylinder	1						
Spare battery and pads kept in Moorgate							
Bag Valve Mask (Adult) with tubing	1						
Non Re-breath O2 Mask (Adult)	2						
Pocket Mask (Adult)	1						
Nebuliser Mask (Adult)	1						
Guedel Airways (size 2,3,4)	1 each						
Hand Held Manual Suction	1						
Green Venflon 18G,	2 each						
Grey Venflon 16g	2						
Orange venflon 14g	2						
3 way taps with extension	1						
IV Dressing	2						
Micropore tape	1						
Blood giving set	2						
10ml syringe	4						
Green needles	4						
Saline 0.9% 1 Litre	1						
Saline 0.9% 10ml Flush	4						
Tuff Cut Shears	1						
Ligature Cutters in office							
Magill Forceps							
Gauze Swabs pkts of 10	1						
Medium Wound Dressing	1						
Goggles/gloves/aprons	6						
Blood Pressure Monitor	1						
Blood Glucose Monitor + kit from treatment room	1						
Finger Tip Pulse Oximeter	1						
Stethoscope	1						
Adrenaline PFS 1:10,000	4						
Non cardiac drug pack							
Salbutamol Nebules 5mg/5ml	2						
Glucogel	2						
Anaphylaxis kit							
	1						
Comments/orders etc? SIGNATURE							

Ward Emergency Kits

Train Imorganity rate	-					
DATE						
ITEM						
Oxygen CD Cylinder	1					
Bag Valve Mask	1					
Rebreathe Mask	1					
Hand held suction or suction machine						
PPE/	6					
Gloves/aprons/Goggles	each					
Signature						

RESUSCITATION EQUIPMENT REPLACEMENTS

Equipment will be replaced from the emergency store cupboard following emergency calls.

Please complete this form and hand in to Duty Senior Nurse when requesting emergency equipment.

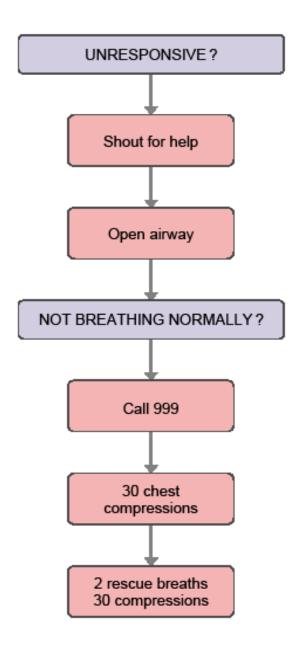
Ward	
Date	
Person requesting(please print)	

ITEM	QUANTITY





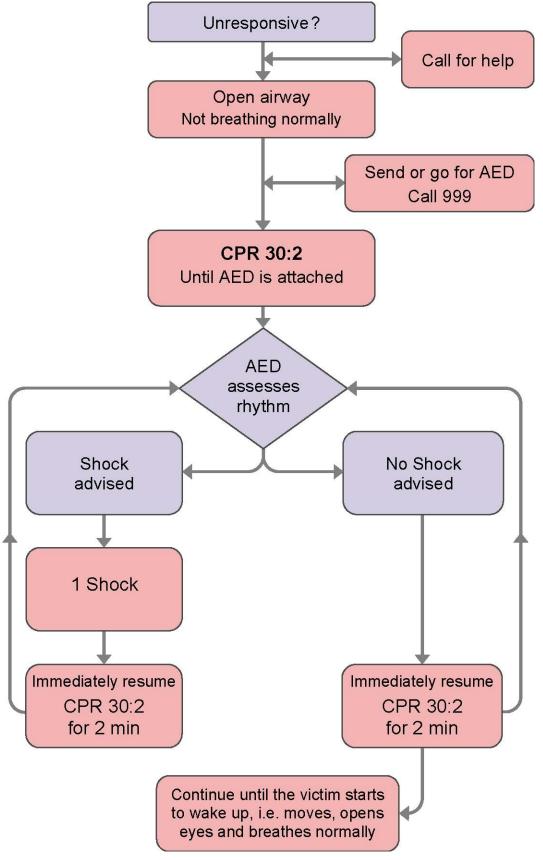
Adult Basic Life Support



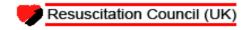




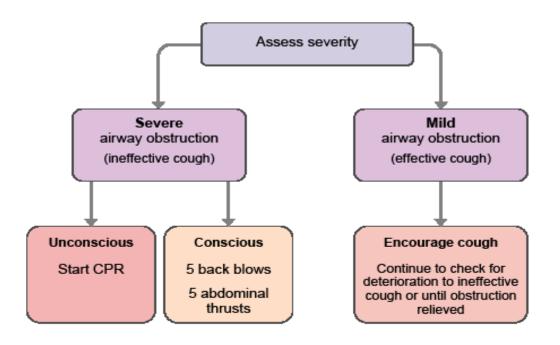
AED Algorithm







Adult Choking Treatment Algorithm





Anaphylaxis algorithm

Anaphylactic reaction?

Airway, Breathing, Circulation, Disability, Exposure

Diagnosis - look for:

- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems
- And usually skin changes
 - Call for help
 - · Lie patient flat
 - · Raise patient's legs

Adrenaline²

When skills and equipment available:

- Establish airway
- High flow oxygen
- IV fluid challenge³
- Chlorphenamine
- Hydrocortisone

Monitor:

- Pulse oximetry
- ECG
- Blood pressure

1 Life-threatening problems:

Airway: swelling, hoarseness, stridor

Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO₂ < 92%, confusion

Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

2 Adrenaline (give IM unless experienced with IV adrenaline) IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

Adult 500 micrograms IM (0.5 mL)

Child more than 12 years: 500 micrograms IM (0.5 mL)

Child 6 -12 years: 300 micrograms IM (0.3 mL)
Child less than 6 years: 150 micrograms IM (0.15 mL)

Adrenaline IV to be given **only by experienced specialists** Titrate: Adults 50 micrograms; Children 1 microgram/kg

3 IV fluid challenge:

Adult - 500 - 1000 mL Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

4 Chlorphenamine

(IM or slow IV) 10 mg 5 mg 2.5 mg

250 micrograms/kg

(IM or slow IV) 200 mg 100 mg 50 mg 25 mg

5 Hydrocortisone

Adult or child more than 12 years

Child 6 - 12 years
Child 6 months to 6 years
Child less than 6 months

Resuscitation Record and Audit Form

Patient Identifier			Details				
Hospital Number			Date				
D.O.B.			Time of arrest				
Gender			Ward/Dept				
False Alarm Yes /	No						
Time ambulance c	alled (24 hour clock)	Time	ambulance on scene	(24 hour clock)			
Patient transferred	l to						
Was arrest witness	sed? Yes / No	CPR initi	ated at time of arrest	? Yes / No			
By whom? (name a	& designation)	Time CF	R started (24 hour cl	ock)			
AED used? Yes /	No P	atient for re	suscitation? Yes /	No			
		Presenting	History				
Nature of event (please circle)						
Cardiac	Neurological	Anaphy	/laxis				
Respiratory	Trauma	Other (s	pecify)				
Any problems encountered during arrest/resuscitation (e.g. staff/equipment availability)							
Following the arro	st the Besussitation	Officer at N	lowbom University He	enital must be advised of			
Following the arrest, the Resuscitation Officer at Newham University Hospital must be advised of the event. This completed form must be photocopied. The original must be placed in the patient's notes and the copy sent to Resuscitation Officer at Newham University Hospital							
Name of person completing this form (Print)							
Signature		Designat	ion				