

## Newham Centre for Mental Health Medical Emergency Protocol

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

Version:	02
Ratified by:	Matrons borough lead nurse
Date ratified:	12/11/2012
Name of originator/author:	Physical health lead
Name of responsible committee/individual:	Local effectiveness committee
Circulated to:	Matrons
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Target audience:	All staff

### Version Control Summary

Version	Date	Author	Status	Comment
01	12.02.2011	Physical Health Lead	Final	New Protocol
02	12.11.2012	Physical Health Lead	Final	Willow suite removed from Protocol Version control added Amiodarone removed from

				stock list
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This protocol should be read in conjunction with the trust wide CPR policy:

**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, unexplained fit, ligature incident and extensive trauma. 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.

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.

**Step 1**

**Responsibility of person finding the collapsed patient**

Patient found collapsed

**1. Call for help**

**Pull alarm**

**2. Dispatch attendee to**

**a) Call 2-222**

**State Nature of emergency:** -----

**Ward:**

**Location:**

**b) Call 9-999**

**State Nature of emergency:** -----

**Ward:**

**Location:**

**Address:**

**Location:** Newham Centre for Mental Health, / Acute Day Hospital or Coborn Unit

**Address:** Newham Centre for Mental Health, Cherry Tree Way.

**State:** Basic Life Support commenced

**3. 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.

All DSNs should receive Immediate Life Support Training (ILS) as soon as possible after taking up post and update annually.

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 "Clissold ward"

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.

#### **RAPID RESPONSE TEAMS WITH CARDIAC EMERGENCY RESPONSES**

Rapid response members on the following wards are required to take the AED and cardiac arrest trolley to the site of emergency and 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.

**CRYSTAL Ward Rapid Response team Member** is responsible for bringing the Emergency Trolley to any medical emergency. to the following areas:

- Crystal Ward
- Jade Ward

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

**IVORY Ward Rapid Response team Member** is responsible for bringing the Emergency Trolley to any medical emergency to the following areas:

- Ruby Ward
- Ivory
- Management offices

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

**EMERALD Ward Rapid Response team Member** is responsible for bringing the Emergency Trolley to any medical emergency to the following areas:

- Emerald Ward
- Topaz Ward

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

**OPAL Ward Rapid Response team Member** is responsible for bringing the Emergency Trolley to any medical emergency to the following areas:

- Opal Ward
- Sapphire Ward

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

**COBURN Acute Ward Rapid Response team Member** is responsible for bringing the Emergency Trolley to any medical emergency to the following areas:  
All areas within Coburn Unit

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

**ACUTE DAY HOSPITAL Rapid Response team Member** is responsible for bringing the Emergency Trolley to any medical emergency. to the following areas:

- All areas within Acute Day Hospital and Home Treatment Team.

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

Laminate and keep by phone

**IN CASE OF MEDICAL EMERGENCY**

**Pull alarm**

**Ring 2222**

Nature of emergency: **Cardiac Arrest**

Dept: \_\_\_\_\_

Floor: \_\_\_\_\_

Building: \_\_\_\_\_

Site: \_\_\_\_\_

**RING 9-999**

State:

Nature of emergency: **Cardiac Arrest**

Dept: \_\_\_\_\_

Floor: \_\_\_\_\_

Building: \_\_\_\_\_

Site: \_\_\_\_\_

**INFORM RECEPTION**

**Newham Community Mental Health Sites**

**Ring 9-999**

State: **Ambulance**

Nature of emergency: **Cardiac Arrest**

- Dept: \_\_\_\_\_
- Floor: \_\_\_\_\_
- Building: \_\_\_\_\_
- Site: \_\_\_\_\_

**COMMENCE BASIC LIFE SUPPORT**

**COMMUNITY SITES ALL AREAS**

## 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.
- The Datix report should contain details as per attached audit form
- Assurance Department must be informed of outcome. (admission/discharge/death)
- The resuscitation officer will assist the ward in summarising and reviewing the event

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 resuscitation equipment must be checked on a daily basis by a registered member of staff who will check – initial – sign that:

- a) All equipment is present.
- b) Suction equipment is clean, functioning and left on charge when not in use.
- 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 items marked with a red asterisk \* on the checklist are disposable items and must be replaced if used. These items can be obtained from the Resuscitation Equipment Central Store Cupboard in Ruby ward.

Any equipment that is found to be absent, non-functional or expired must be replaced and/or reported immediately and an alternative interim measure found. The DSN should be informed

# MAINTENANCE AND REPLACEMENT OF USED OR EXPIRED RESUSCITATION EQUIPMENT

## DISPOSABLE EQUIPMENT

### **ALL EQUIPMENT IS DISPOSABLE, ONCE ONLY USE**

All replacement equipment is stored near front reception. You need to ask for the key from them.

Sign out any equipment taken.

## MEDICAL DEVICES, DEFIB & SUCTION

Report any malfunction or maintenance problems to Clinical Engineering at RLH, Ext: 14-7106. ASAP

If equipment malfunctions during use, complete incident form.  
Inform Physical Health Lead 07940237087If out of hours contact the DSN

## DRUG & FLUID REPLACEMENT

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 medical response kit Newham Centre for Mental Health

Emergency medical response kit Newham Centre for Mental Health										
DATE										
ITEM:	QTY:									
<b>Top of Trolley</b>										
AED	1									
Defibrillator Pads	1 sets									
Spare Battery kept in emergency cupboard)	1									
Bag Valve Mask (Adult) with tubing	1									
Sharps bin										
Box of gloves										
<b>Side of Trolley</b>										
Oxygen CD Cylinder ¾ full	1									
<b>Drawer 1</b>										
Non Re-breath O2 Mask (Adult)	2									
Guedel Airways size 2,	2									
Guedel Airways size 3	2									
Guedel Airways size 4	2									
Ligature cutter <u>Kept in office</u>	1									
<b>Drawer 2</b>										
Green venflon 18g	2									
Grey venflon 16G,	2									
Orange venflon 14G	2									
Micropore tape	1									
IV Dressings	2									
10ml syringe	4									
3 way taps with extension	2									
Gauze swabs	6 packs									
Sterets	10									
Green needle	4									
0.9% n saline for intravenous infusion (5ml)	4									
Goggles	6									
Aprons	6									
<b>Drawer 3</b>										
Defibrillator pack containing Razors x 2 Tuff cut scissors Gauze	1									
Large wound dressing	1									
<b>Bottom Drawer</b>										
<b>Anaphylaxis kit</b>	1									
<b>Adrenaline 1:10000</b>	4									
<b>Non Cardiac Drug Box (sealed)</b>	1									
<b>0.9% Normal Saline 1 litre</b>	1									
<b>Blood giving set</b>	1									
<b>SIGNATURE</b>										
<b>Comments</b>										



### Ward Emergency Kits

<b>DATE</b>				
<b>ITEM</b>				
Oxygen CD Cylinder	1			
Bag Valve Mask	1			
Rebreathe Mask	1			
Hand Held Suction				
PPE/ Gloves/aprons/Goggles	6 each			
<b>Signature</b>				



## Resuscitation Record and Audit Form

**Patient Identifier**

**Details**

Hospital Number	
D.O.B.	
Gender	

Date	
Time of arrest	
Ward/Dept	

False Alarm    Yes / No
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<b>Time ambulance called (24 hour clock)</b>	<b>Time ambulance on scene (24 hour clock)</b>
<b>Patient transferred to....</b>	

<b>Was arrest witnessed?</b> Yes / No	<b>CPR initiated at time of arrest?</b> Yes / No
<b>By whom? (name &amp; designation)</b>	<b>Time CPR started (24 hour clock)</b>
<b>AED used?</b> Yes / No	<b>Patient for resuscitation?</b> Yes / No

<b>Presenting History</b>
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<b>Nature of event (please circle)</b>		
<b>Cardiac</b>	<b>Neurological</b>	<b>Anaphylaxis</b>
<b>Respiratory</b>	<b>Trauma</b>	<b>Other (specify)</b>

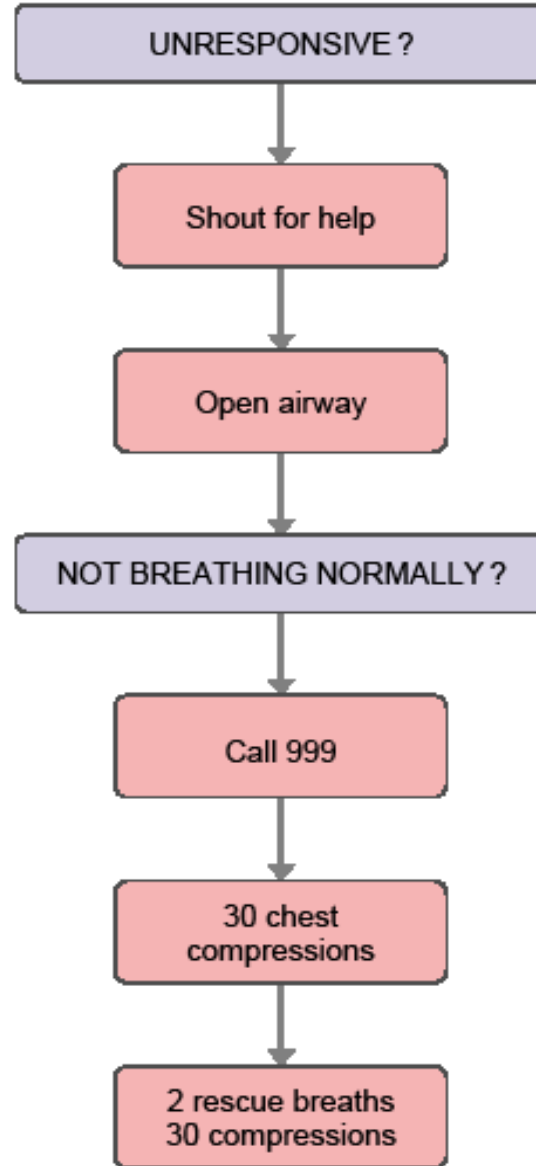
<b>Any problems encountered during arrest/resuscitation (e.g. staff/equipment availability)</b>
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*Following the arrest, the Resuscitation Officer at Newham University Hospital must be advised of the event. This completed form must be photocopied. The original must be placed in the patient's notes and the copy sent to Resuscitation Officer at Newham University Hospital*

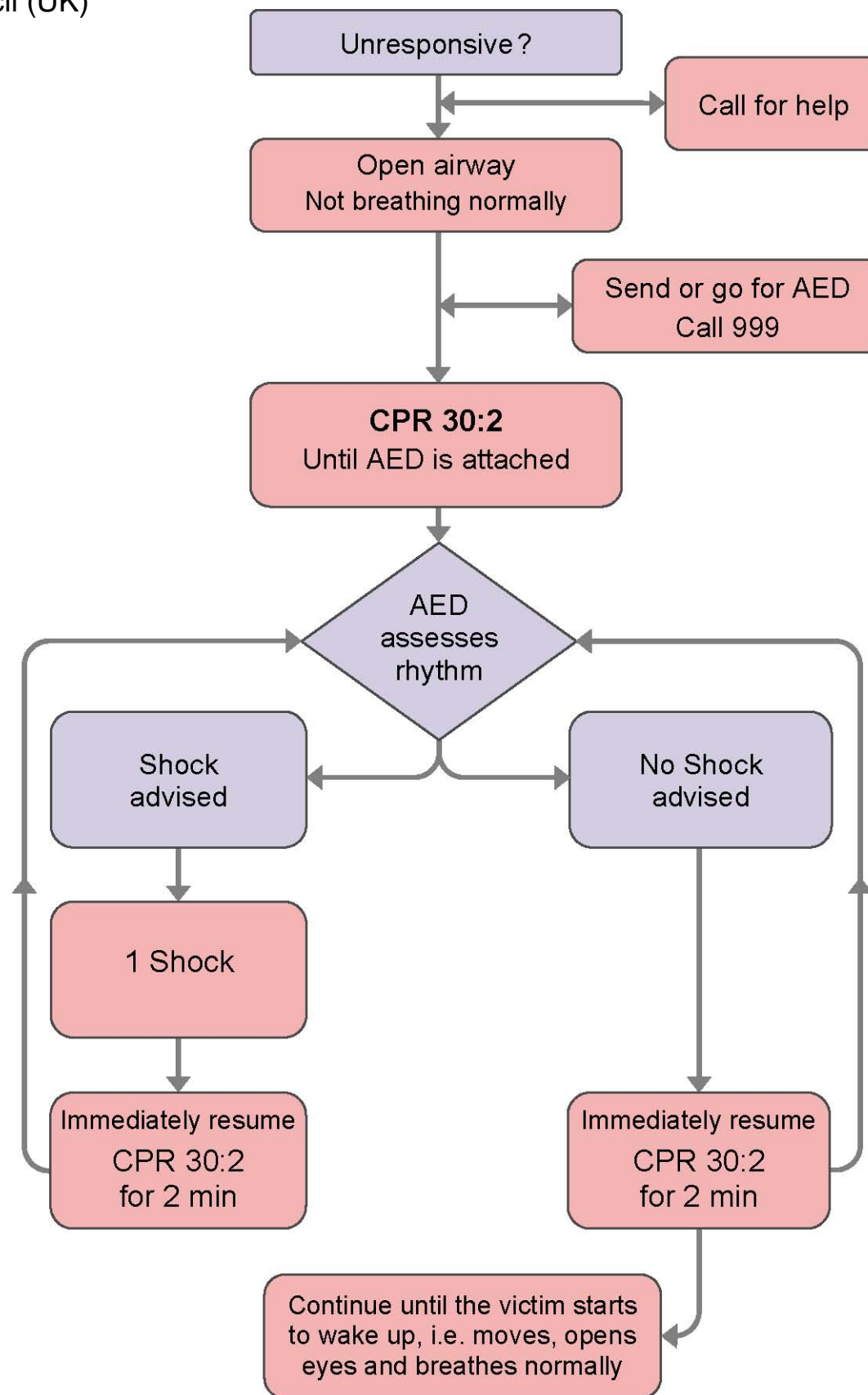
**Name of person completing this form (Print).....**

**Signature..... Designation .....**

Adult Basic Life Support



**AED Algorithm**



# 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

<b>1<sup>st</sup> Staff Member</b> Open Airway Not Breathing normally	<b>2<sup>nd</sup> Staff Member</b> Call 2222 Duty Doctor and DSN Call 999 INFORM RECEPTION	<b>3<sup>rd</sup> Staff Member or Rapid Response</b> Get Crash Trolley Defibrillator (AED)
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## GET OXYGEN / SUCTION / DYNAMAP AND GLUCOMETER

<b>1<sup>st</sup> Staff Member</b>
Record Vital Signs
Start Oxygen

## CPR if Necessary

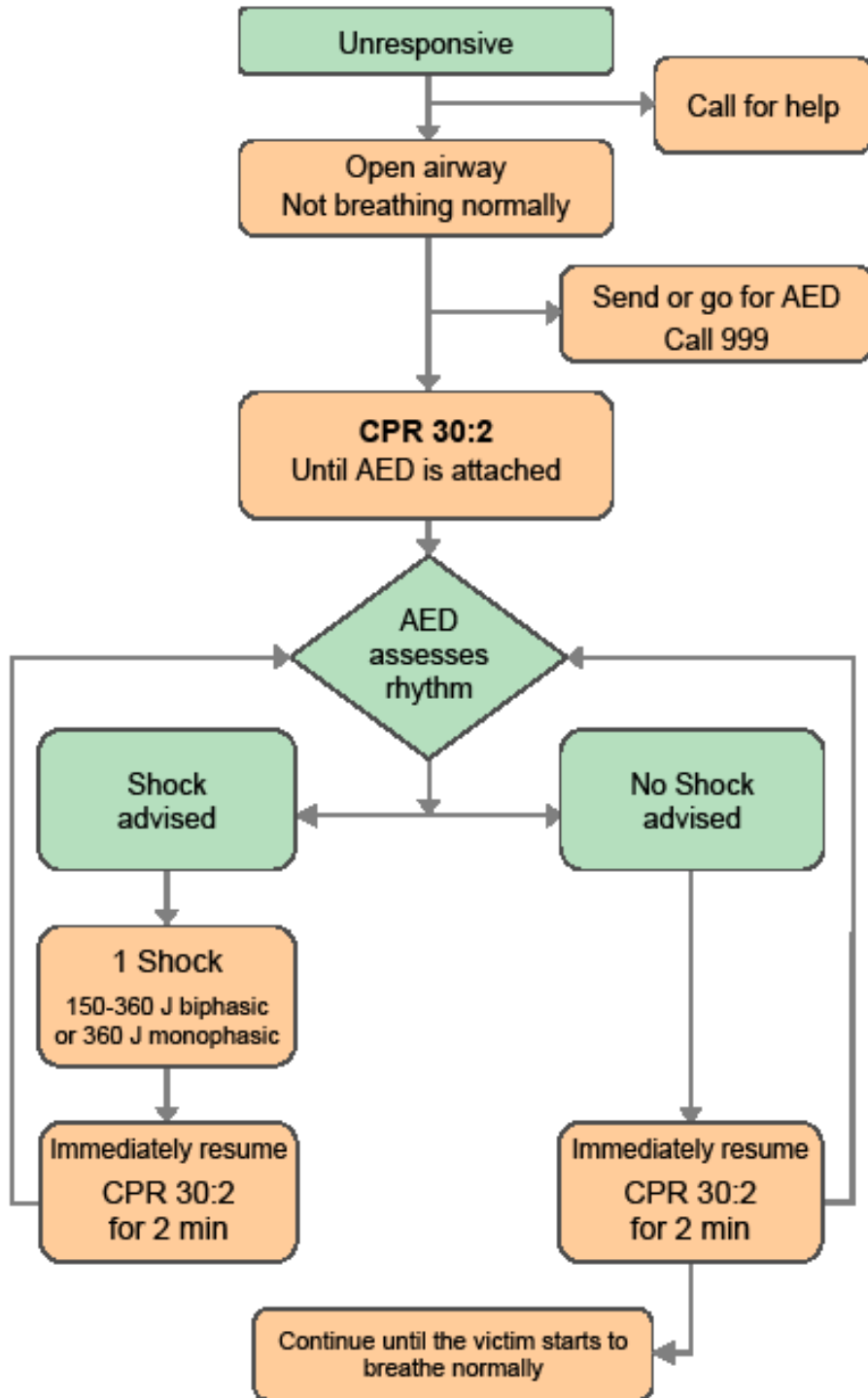
30 Chest Compressions
2 Rescue Breaths via bag valve mask
DSN commence AED

## Rapid Response Team

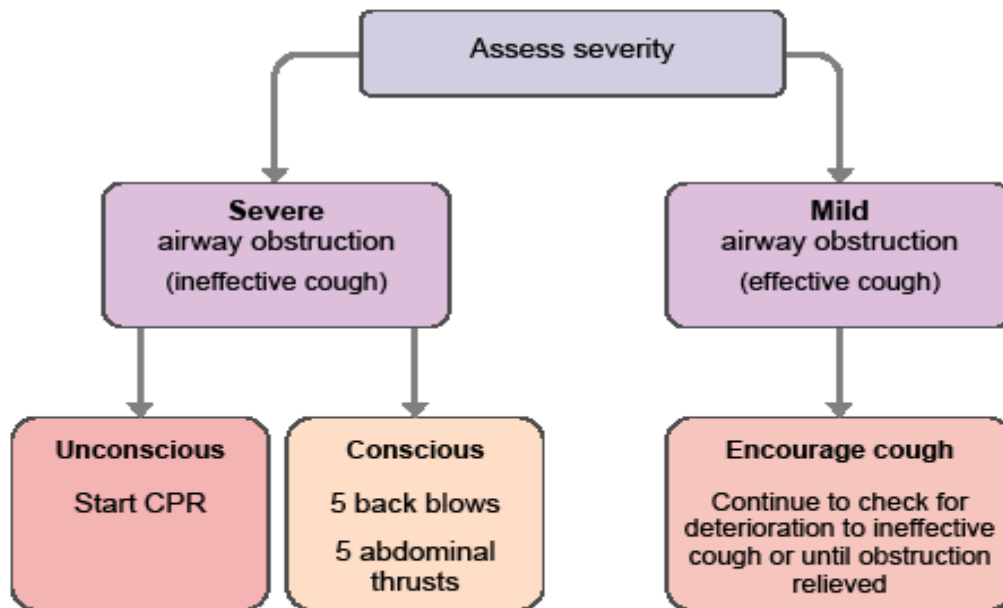
Designate staff to meet Crash Team/Ambulance
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**YOUR NEAREST CRASH TROLLEY IS: TREATMENT ROOM .....**

### AED Algorithm

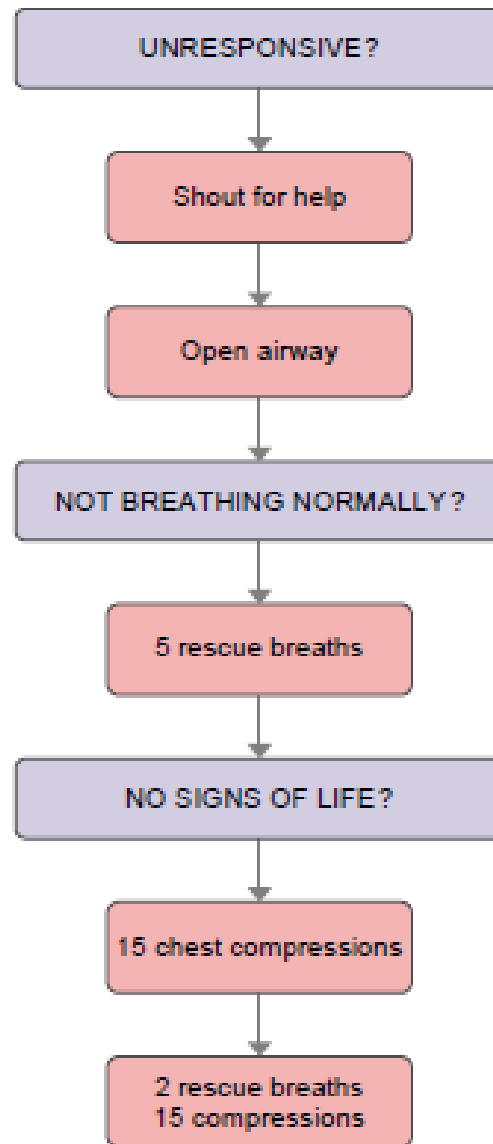


### Adult Choking Treatment Algorithm





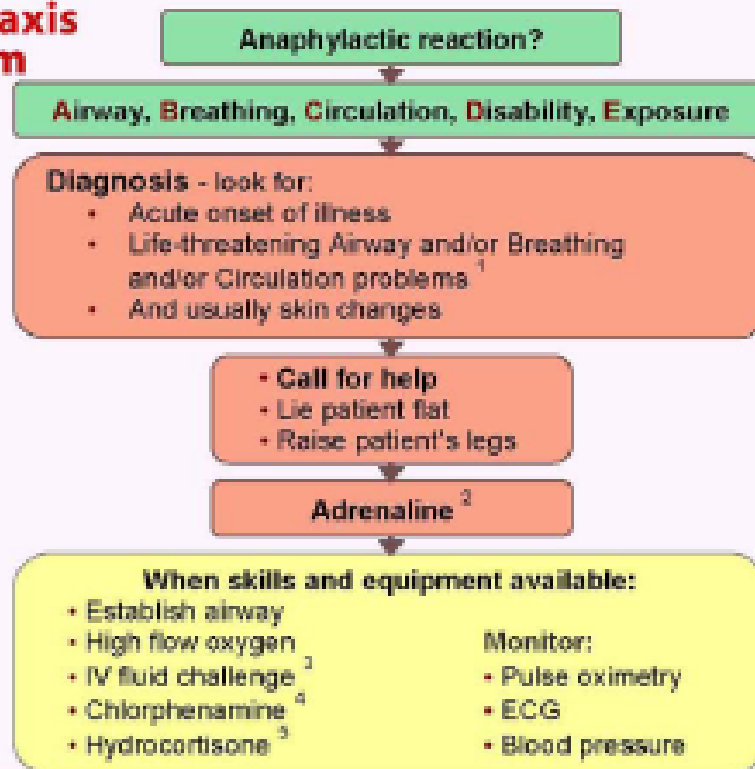
**Paediatric Basic Life Support  
(Healthcare professionals with a duty to respond)**



**Call resuscitation team**



# Anaphylaxis algorithm



**1 Life-threatening problems:**  
**Airway:** swelling, hoarseness, stridor  
**Breathing:** rapid breathing, wheeze, fatigue, cyanosis, SpO<sub>2</sub> < 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)  
 Adult or child more than 12 years 10 mg  
 Child 6 - 12 years 5 mg  
 Child 8 months to 6 years 2.5 mg  
 Child less than 6 months 250 micrograms/kg

**5 Hydrocortisone**  
 (IM or slow IV)  
 Adult 200 mg  
 Child 100 mg  
 50 mg  
 25 mg

March 2008