

# **Tower Hamlets Centre for Mental Health Management of medical emergencies** –

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
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Target audience:	All staff

#### **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
				Version
				control added

#### 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.

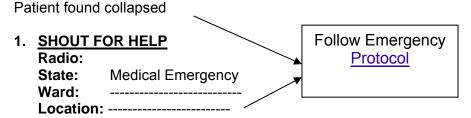
#### Raising the alarm / calling for help:

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.

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.

#### Responsibility of person finding the collapsed patient



#### 2. Pull alarm

#### 3. Dispatch attendee to

a) Call: 2-222

State Nature of emergency -----

Ward:

**Department:** Tower Hamlets Centre for Mental Health **Address:** Mile End Hospital, 275 Bancroft Road, E1 4DG

**STATE**: Basic Life Support commenced

b) Call 9-999

State Nature of emergency -----

Ward: Location: Address:

#### c) CALL RECEPTION

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

d) 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 maintain annual updates.

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 Emergency response bag 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.

**BRICK LANE Rapid Response team Member** is responsible for bringing the Green Emergency Bag and ward glucometer to any medical emergency on the **second floor** of Tower Hamlets Centre for Mental Health

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

**ROSE BANK Ward Rapid Response team Member** is responsible for bringing the Green Emergency Bag to any medical emergency to the following areas Rosebank and Millharbour wards

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

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

- Robinson ward
- Burdett house
- Management corridor
- Specialist Addictions Unit SAU

Laminate and place beside key telephone

IN CASE OF MEDICA Pull alarm Radio for RRT Ring 2222	L EMERGENCY	
State: Cardiac Arrest Dept: Floor: Address RING 9-999 State:		
Nature of emergency: Dept:	Cardiac Arrest	_
Floor: Building: Site: INFORM RECEPTION		- -

Laminate and place next to key telephones

Me	Medical Emergency Procedure for SAU						
SHOUT FOR HELP Ring 9-999 State: Ambulance Nature of emergency: Dept: Floor: Building: Address	Commence Basic Life Support  Cardiac Arrest						
Ring 2222							
State: Cardiac Arrest Dept: Floor: Building: Address							

#### **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 opposite Globe Ward.

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

# 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 0207.377 7000 ASAP

If equipment malfunctions during use, complete incident form.

Inform Resuscitation Service 027 3777000 and 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.

#### **RESUSCITATION EQUIPMENT REPLACEMENTS**

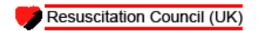
Equipment will be replaced from the emergency store cupboard following emergency calls.

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

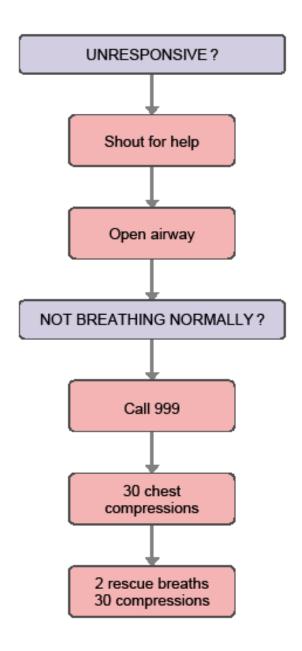
Ward	 	 	 	 	 	 
Date	 	 	 	 	 	 
Person (please	ting	 	 	 	 	 

ITEM	QUANTITY
	_
	_





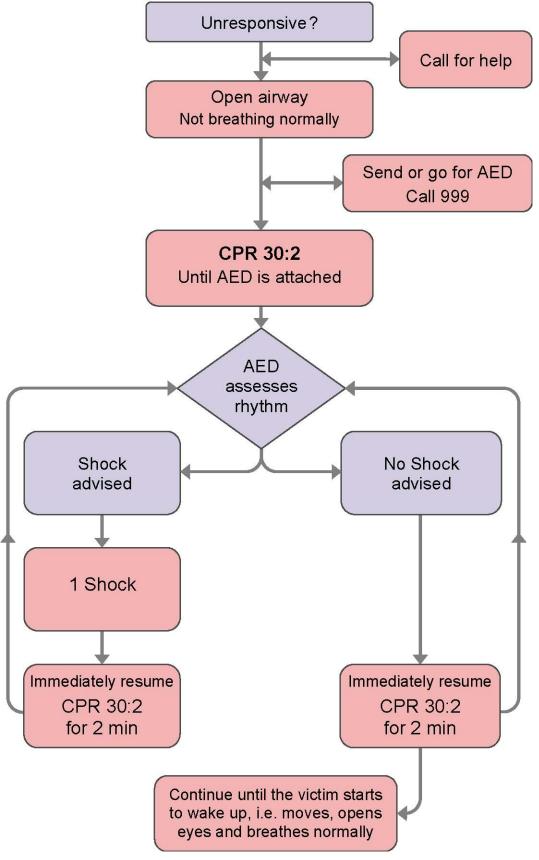
#### Adult Basic Life Support



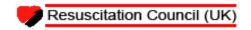




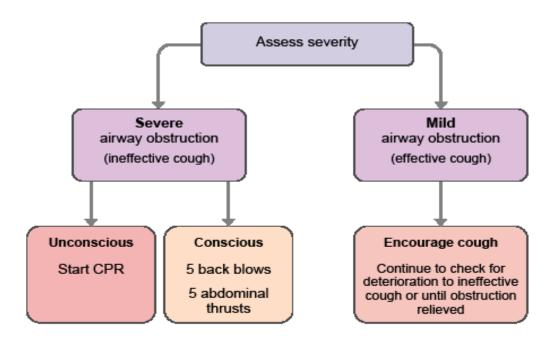
#### **AED Algorithm**







#### Adult Choking Treatment Algorithm





#### Resuscitation

#### **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

#### Adrenaline<sup>2</sup>

#### When skills and equipment available:

- Establish airway
- High flow oxygen
- IV fluid challenge<sup>3</sup>
- Chlorphenamine
- Hydrocortisone

#### Monitor:

- Pulse oximetry
- ECG
- Blood pressure

#### 1 Life-threatening problems:

swelling, hoarseness, stridor Airway:

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

#### 3 IV fluid challenge:

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

Stop IV colloid if this might be the cause of anaphylaxis

#### Titrate: Adults 50 micrograms; Children 1 microgram/kg

4 Chlorphenamine 5 Hydrocortisone (IM or slow IV) (IM or slow IV) Adult or child more than 12 years 10 mg 200 mg Child 6 - 12 years 100 mg 5 mg Child 6 months to 6 years 2.5 mg 50 mg Child less than 6 months 250 micrograms/kg 25 mg

#### **Record and Audit Form**

Patient Identifier		Details	
Hospital Number		Date	
D.O.B.		e of arrest	
Gender		Ward/Dept	
False Alarm Yes / N			
Time ambulance ca	alled (24 hour clock)	Time ambulance on scene (2	4 hour clock)
Patient transferred	to		
Was arrest witness	ed? Yes / No	CPR initiated at time of arrest?	Yes / No
By whom? (name &	designation)	Time CPR started (24 hour cloc	ck)
AED used? Yes /	No P	atient for resuscitation? Yes / No	
		Presenting History	
Nature of event (p	lease circle)		
Cardiac	Neurological	Anaphylaxis	
Respiratory	Trauma	Other (specify)	
Any problems end	countered during a	arrest/resuscitation (e.g. staff/eq	uipment availability)
the event This con	npleted form must b	Officer at Newham University Hos e photocopied. The original must les esuscitation Officer at Newham Uni	be placed in the
	completing this for		
(Print)			
Signature Date		Designation	

<b>EMERGENCY RESPONSE GR</b>	RAB BAG	G CON	TENT	LIST			
DATE							
ITEM:	QTY:						
AED							
Oxygen CD Cylinder	1						
Spare battery and pads kept in							
Resucitation store opposite Globe							
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	1						
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						
Amiodarone PFS 300mg	1						
Salbutamol Nebules 5mg/5ml	2						
Glucogel	2						
Anaphylaxis kit	1						
SIGNATURE	'						

**Ward Emergency Kits** 

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



### MANAGEMENT OF A MEDICAL EMERGENCY

#### **PATIENT IS**

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

#### **CALL FOR HELP AND STAY WITH THE PATIENT**

1<sup>st</sup> Staff Member
Open Airway
Not Breathing normally

2<sup>nd</sup> Staff Member

Call 2222

Duty Doctor and DSN

Call 999

3<sup>rd</sup> Staff Member or Rapid Response

Get Crash Trolley

Defibrillator (AED)

#### GET OXYGEN / SUCTION / DYNAMAP AND GLUCOMETER

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

#### **CPR if Necessary**

30 Chest Compressions
2 Rescue Breaths
DSN commence AED

Rapid Response Team

Designate staff to meet Crash

Team/Ambulance