

City & Hackney Centre for Mental health Medical Emergency Local Protocol

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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	Version control added

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 and acute respiratory distress. This list is not exhaustive. All clinical staff allocated to work in City and Hackney Centre for Mental Health should be familiar with the process for summoning an emergency and location of the nearest emergency trolley.

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 or using the emergency alarm system. (PIN POINT system) and dialling 2222.

The emergency 2222 number is used to call for immediate assistance from the psychiatric rapid response team and the Homerton hospital's Medical Emergency response Team. It is essential that the exact location of the emergency is stated i.e. Cardiac arrest, Bevan Ward, City and Hackney Centre for Mental Health, 2nd Floor.

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 following the attached protocol

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. This will be determined by the DSN in charge of the situation.

In particular:

Gardner ward RRT staff member is responsible for bringing the heart start defibrillator and emergency trolley to any medical emergency in the hospital except the floor containing Bevan, Brett, Connolly and Joshua wards. This includes non ward areas such as reception, Home Treatment Team, Life Skills therapy department and SAU.

The emergency trolley includes AED, suction, oxygen, blood pressure machine and glucometers.

Bevan ward RRT staff member is responsible for bringing the defibrillator and emergency trolley to any medical emergency on the floor covering Bevan, Brett, Connolly and Joshua wards.

Ruth Seifert ward: staff are responsible for manning the link corridor entrance to swipe Homerton staff through and give directions to the site of the emergency.

The security guards are responsible for staying by the reception to direct members from the Homerton Cardiac arrest teams who enter from that direction.

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 duty senior nurses should as soon as possible after taking up post have attended the Immediate Life Support training for DSN's. This should be updated 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 Homerton hospital staff, as outlined above.

A member of staff may be requested by the Cardiac Arrest team to collect the nearest ECG machine.

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.

The DSN will also

Report the incident to the on call manager if appropriate.

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

The Cardiac Arrest Team:

Within 3 minutes the team called will arrive at the incident and immediately take control. They will require as much relevant information as possible provided by a staff member who knows the person and somebody who witnessed the incident.

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.

Any equipment that is found to be absent, non-functional or expired must be replaced and/or reported to DSN so alternative provision is available

YOUR NEAREST CRASH TROLLEY IS :

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To be laminated and placed in all offices

IN CASE OF MEDICAL EMERGENCY

Pull alarm

Ring 2 222

State:

Nature of emergency: **Cardiac Arrest**

Dept: _____

Floor: _____

Building: _____

Site: _____

COMMUNITY SITES ALL OTHER AREAS

Dial 9-999

COMMENCE BASIC LIFE SUPPORT

City and Hackney Centre for Mental Health Resuscitation Equipment Check list

Date Checked							
Equipment							
DRAWER ONE:							
ET tubes - 7.0 x 1							
9.0 x 1							
8.0 x 1							
Catheter Mount (ET Adaptor Set)							
Laryngoscope							
Gum elastic bougie							
Magill forceps							
5cm bandage							
20ml syringe							
Oral airways –							
Size 3							
Size 4							
Size 2							
12g Medicut (for cricothyroidotomy)							
Ambu bag and size 5 facemask							
Size 4 mask							
Yankauer sucker							
Suction catheters 12g x 2							
14g x 2							
DRAWER TWO							
Cannulae							
16g x 2 (grey)							
18g x 2 (green)							
20g x 2 (pink)							
Long central line 16g x 2							
Syringe x 2 each – 2ml, 5ml and 10ml							
Semipermeable dressing x 2 eg IV3000 1-hand							
Gauze packets x 2							
Tray containing: sterets x 5							
green needles x 5							
1” tape							
Blood Gas Syringes x 2							
DRAWER THREE							
Blood giving set x 1							
500mls 0.9% Sodium Chloride							
3 way tap with extension tubing x 2							
DRAWER FOUR							
6 pairs disposable gloves							
6 pairs goggles							
6 aprons							
Anaphylaxis pack							
Hand Held suction							
Top of Trolley							
Brown Non Cardiac Drug Box							
Blue drug box							
Oxygen(½ full) oxygen mask attached							
Wards with AED							
Check green light on AED							
Pads x2 packs in date							
ECG Electrodes x6							
Signed							
Comments							

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

1 st Staff Member
Open Airway Not Breathing normally SHOUT FOR HELP

2 nd Staff Member
Call 2222 Duty Doctor and DSN

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

GET OXYGEN / SUCTION / DYNAMAP AND GLUCOMETER

1 st 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

YOUR NEAREST CRASH TROLLEY IS :

MAINTENANCE AND REPLACEMENT OF USED OR EXPIRED RESUSCITATION EQUIPMENT

DISPOSABLE EQUIPMENT

ALL EQUIPMENT IS DISPOSABLE, ONCE ONLY USE
All replacement equipment is stored in Ruth Seifert ward. 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 HUH, 0208 510 7590 ASAP

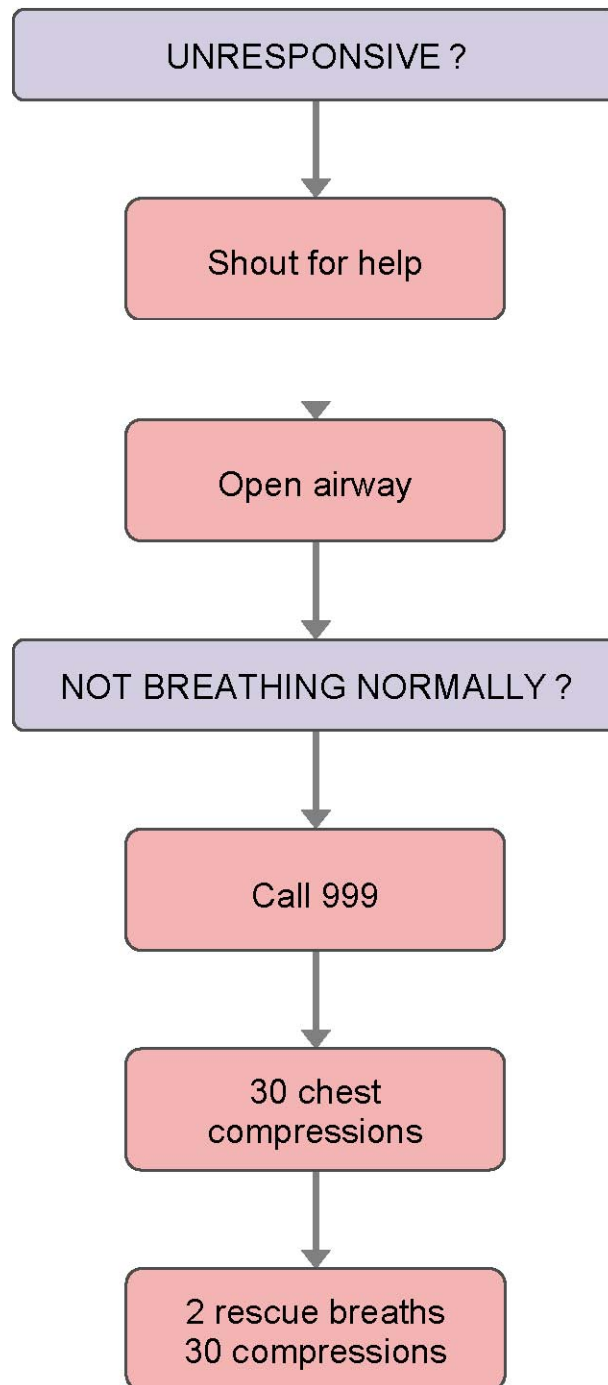
If equipment malfunctions during use, complete incident form. Inform Resuscitation Lead Deborah Wallis. If out of hours contact the DSN.

DRUG & FLUID REPLACEMENT

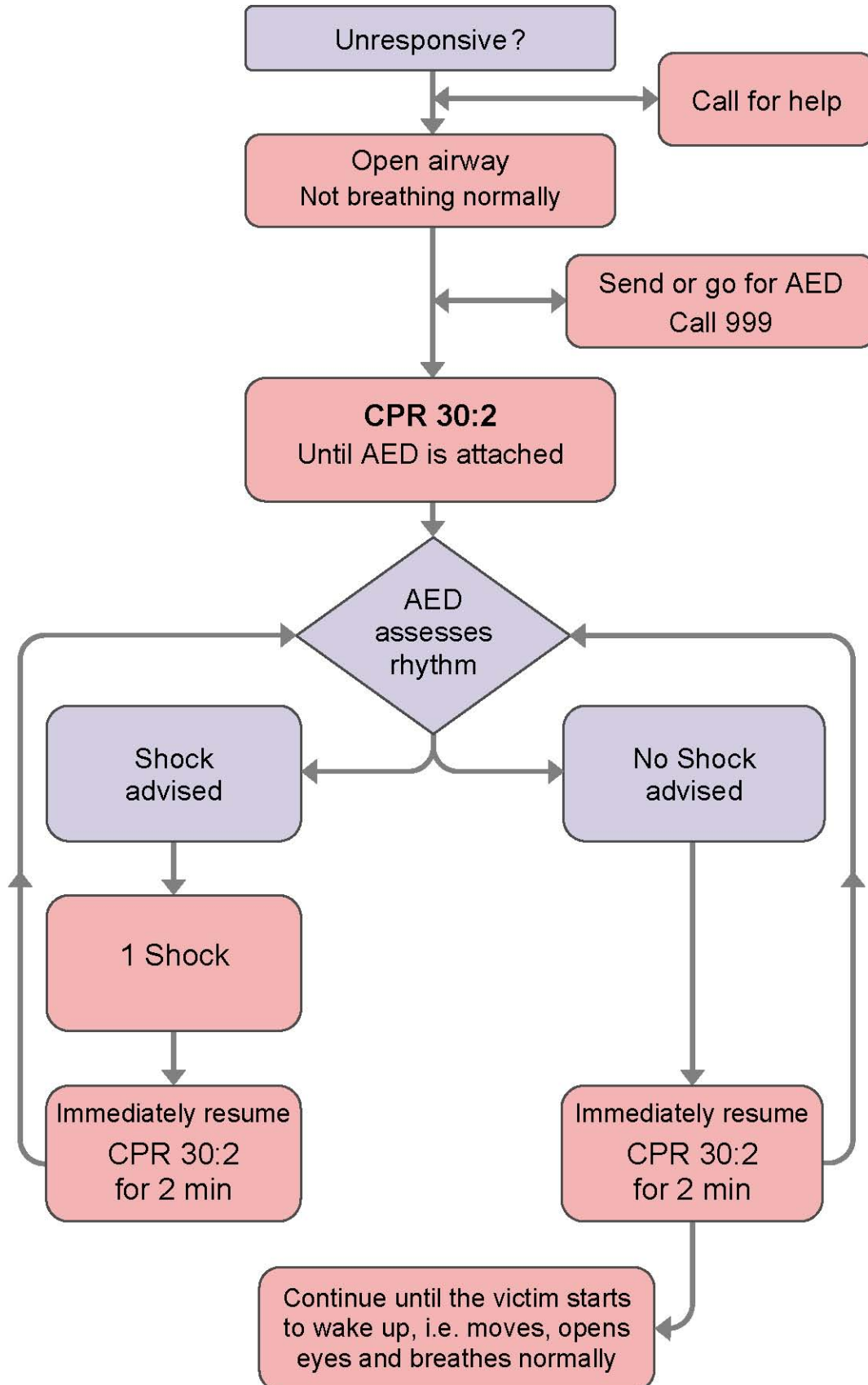
Take to pharmacy any used or expired drug bricks or boxes and IV fluids, for replacement. Pharmacy

If out of hours contact the DSN.

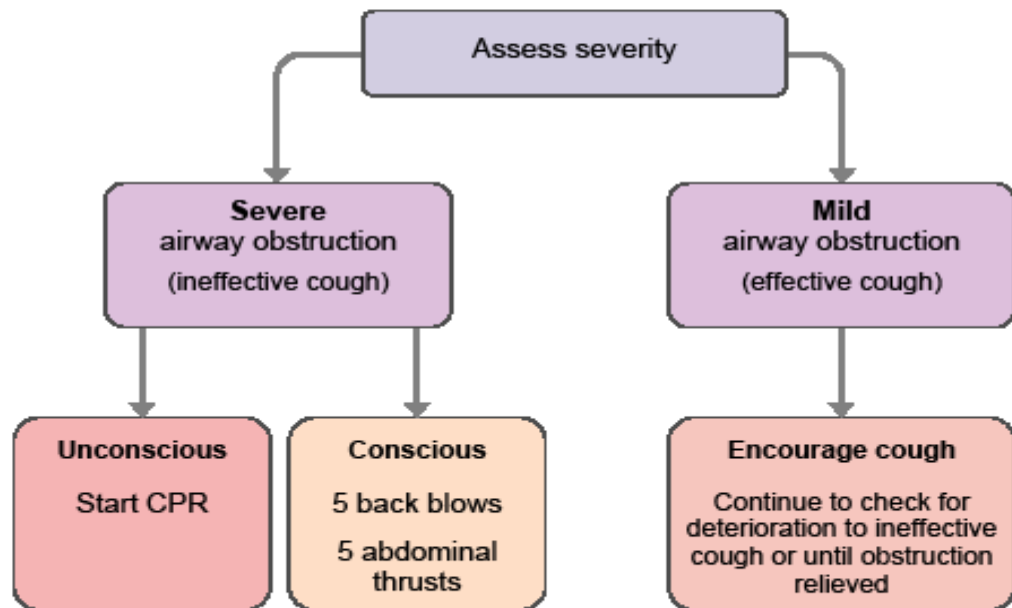
Adult Basic Life Support



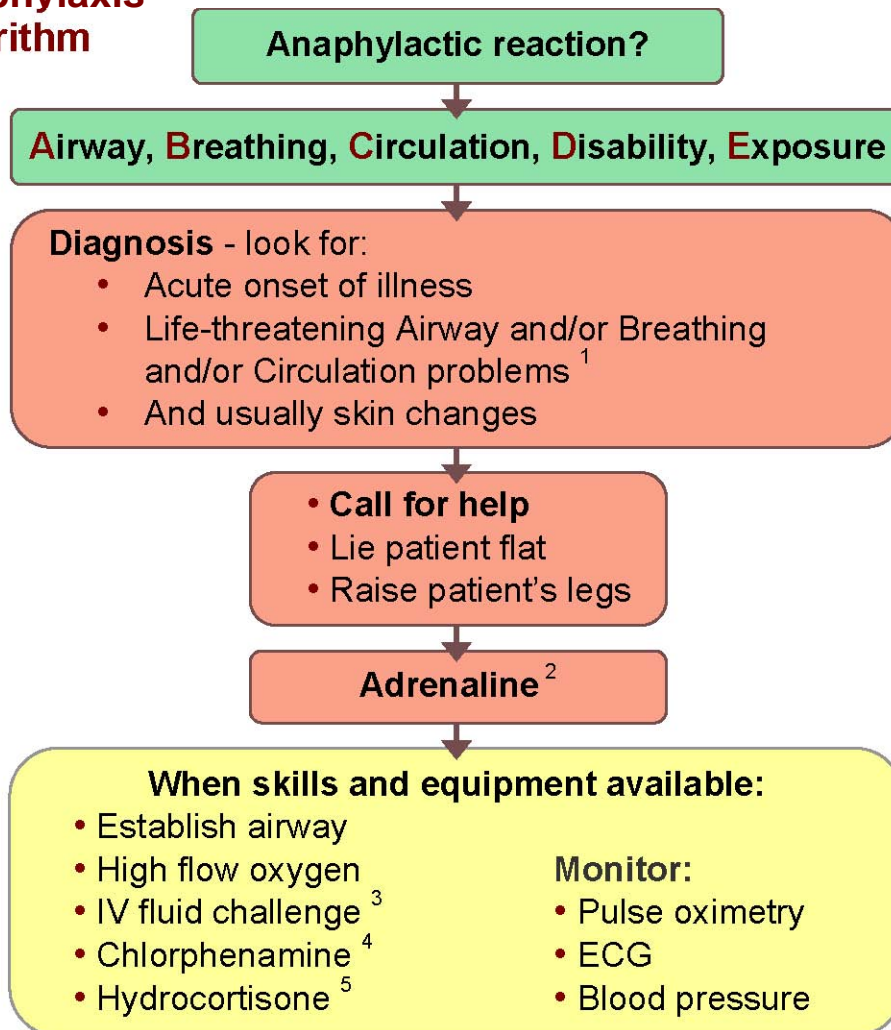
AED Algorithm



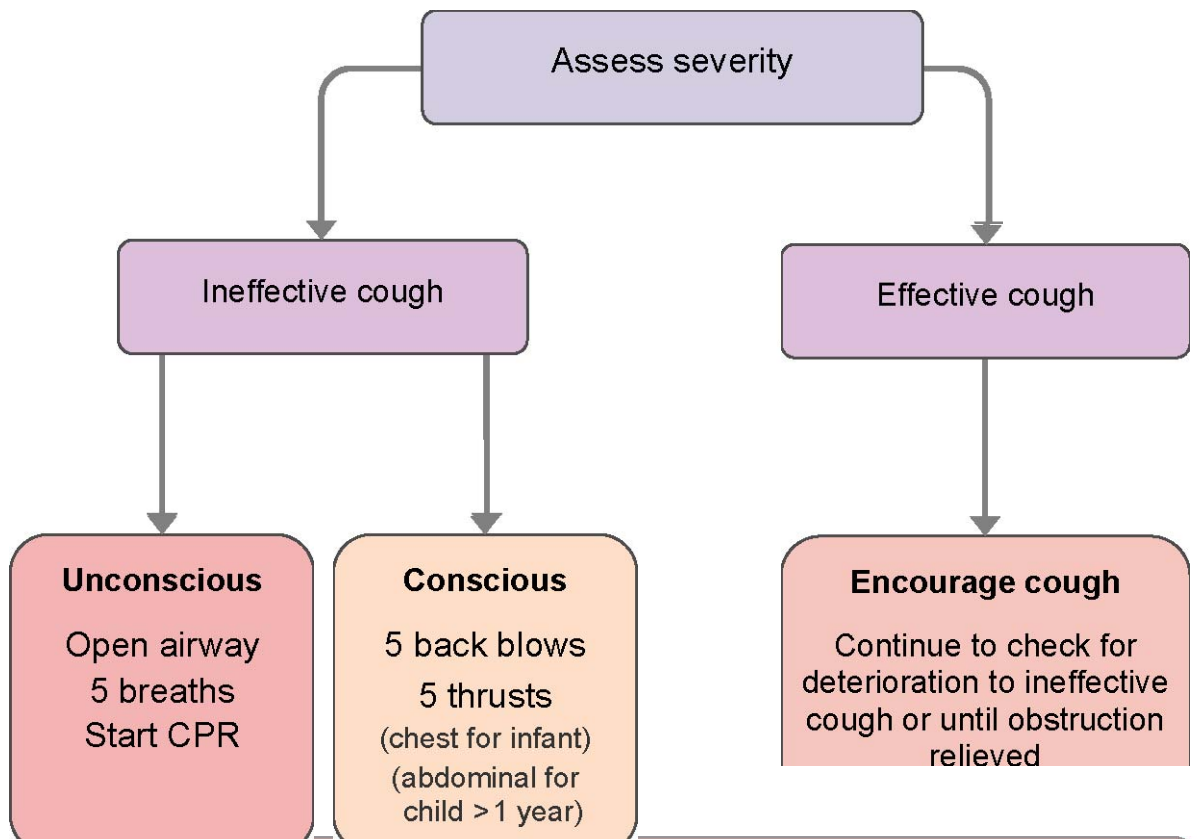
Adult Choking Treatment Algorithm



Anaphylaxis algorithm



Paediatric Choking Treatment Algorithm



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