

## Wolfson House

# 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
Circulated to:	Matrons
Date issued:	10.08.2012
Review date:	10.08.2015
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	Amiodarone removed from stock list 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 extreme respiratory distress. 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**

Patient found collapsed

**1. CALL FOR HELP**

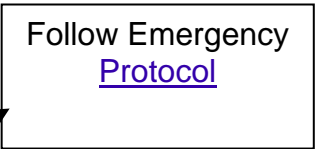
**Alarm:** Pull the alarm

**Radio:**

**State:** Medical Emergency

**Ward:** -----

**Location:** -----



**2. DISPATCH ATTENDEE TO CALL 9999**

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

**Ward**

**Department:** Wolfson House

**Address:** 311-315 Green Lanes, London, N4 2ES

**STATE:** Basic Life Support commenced

**3. Inform reception:** Ambulance has been called to

**Location:**

**Ward:**

**State:** Please facilitate their arrival

**Instruct reception** to call and bleep the duty doctor

## **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 annual update.

***Medical Emergency PROCEDURE for Ground floor and sixth floor  
Wolfson House***

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**

All wards in Wolfson House have a fully functioning emergency kit in each treatment room. 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.

**Woodberry Ward** rapid response team member is responsible for bringing the green emergency bag to any medical emergency on the fifth and sixth floor. The emergency trolley includes AED, suction, oxygen, blood pressure machine The team member should also collect the Glucometer.

**Butterfield ward** rapid response team member is responsible for bringing the green emergency bag to any medical emergency on the Butterfield ward and the ground floor. The emergency trolley includes AED, suction, oxygen, blood pressure machine The team member should also collect the Glucometer

Laminate and display on ground floor and sixth floor.

**Shout for help**

**Alarm: Pull alarm**

**If a radio is available**

State: Medical Emergency

Location -----

**Commence Basic Life Support**

**Despatch a member of staff (or RRT on arrival) if available to**

**Ring 9-999**

State: **Ambulance**

Nature of emergency: **Cardiac Arrest**

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

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

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

Address \_\_\_\_\_

Laminate and place beside key telephone

**IN CASE OF MEDICAL EMERGENCY**

**Pull alarm**

**Radio for RRT**

**Ring 9-999**

State:

Nature of emergency: **Cardiac Arrest**

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

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

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

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

## **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 Clissold ward.

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

## MEDICAL EMERGENCY GREEN BAG CONTENT LIST

DATE													
ITEM:	QTY:												
AED													
Defibrillator Pads	1 sets												
Spare Battery(kept on Clissold ward)	1												
Oxygen CD Cylinder	1												
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 Guedal airway size 3 Guedal airway size 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	2												
IV Dressing	2												
Micropore tape	1												
Blood giving set	2												
10ml syringe	4												
Saline 0.9% 1 Litre	1												
Saline 9% 10ml Flush	4												
Tuff Cut Shears	1												
Ligature Cutters(in office)	1												
Gauze Swabs pkts of 10	1												
Medium Wound Dressing	1												
Blood Pressure Monitor	1												
Blood Glucose Monitor(kept in treatment room)	1												
Finger Tip Pulse Oximeter	1												
Stethoscope	1												
<b>Anaphylaxis Kit</b>	01												
<b>Adrenaline PFS 1:10,000</b>	4												
<b>Non Cardiac Drug Kit</b>													
<b>Salbutamol Nebules 5mg/5ml</b>	2												
<b>Glucocogel</b>	1												
Non sterile gloves and aprons	4 each												
Goggles	6												
<b>SIGNATURE</b>													

**Ward Emergency Kits**

<b>DATE</b>											
<b>ITEM</b>											
Oxygen CD Cylinder	1										
Bag Valve Mask	1										
Rebreathe Mask	1										
Hand held suction or suction machine											
PPE/ Gloves/aprons/Goggles	6 each										
<b>Signature</b>											

# MAINTENANCE AND REPLACEMENT OF USED OR EXPIRED RESUSCITATION EQUIPMENT

## DISPOSABLE EQUIPMENT

**ALL EQUIPMENT IS DISPOSABLE, ONCE ONLY USE**  
All replacement equipment is stored in Clissold 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 ,  
0208510 5555 ASAP

If equipment malfunctions during use,  
complete incident form  
Inform Resuscitation Lead Deborah Wallis  
02085105555

## 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.



## 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>	<b>2<sup>nd</sup> Staff Member</b>	<b>3<sup>rd</sup> Staff Member or Rapid Response</b>
Open Airway Not Breathing normally? Radio for emergency medical response	Call 9-999 Call reception on Emergency line Request Duty Doctor	Get Crash Bag Defibrillator (AED)(in crash bag) Get glucometer

### GET OXYGEN / SUCTION / DYNAMAP (in crash bag)

<b>1<sup>st</sup> Staff Member</b>
Record Vital Signs
Start Oxygen 100%

<b>CPR if Necessary</b>
30 Chest Compressions 2 Rescue Breaths(using bag valve mask attached to oxygen)
DSN commence AED

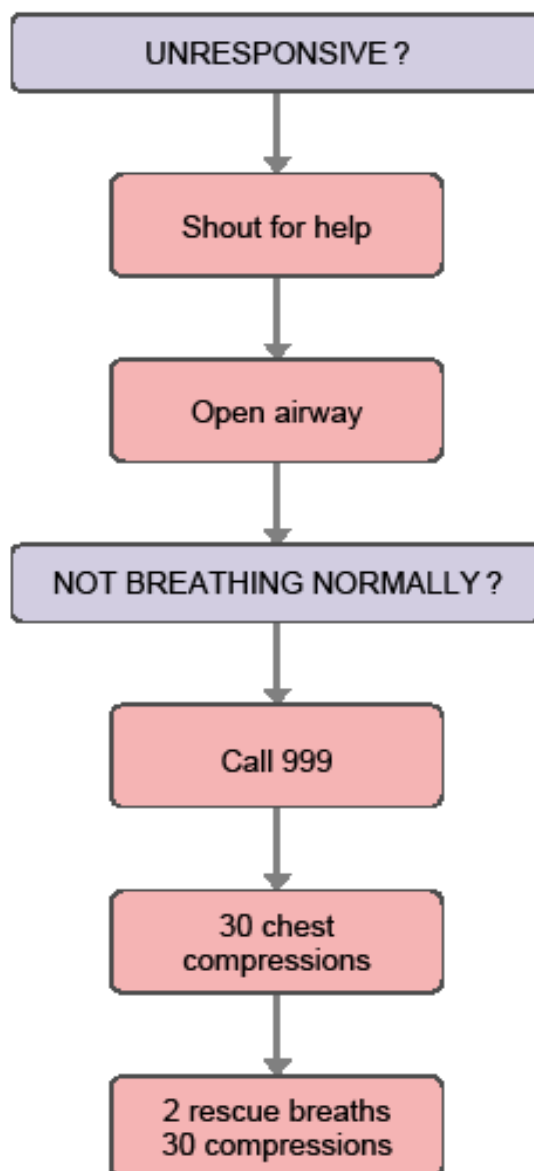
<b>Rapid Response Team</b>
Designate staff to meet Crash Team/Ambulance

**YOUR NEAREST EMERGENCY BAG IS:**

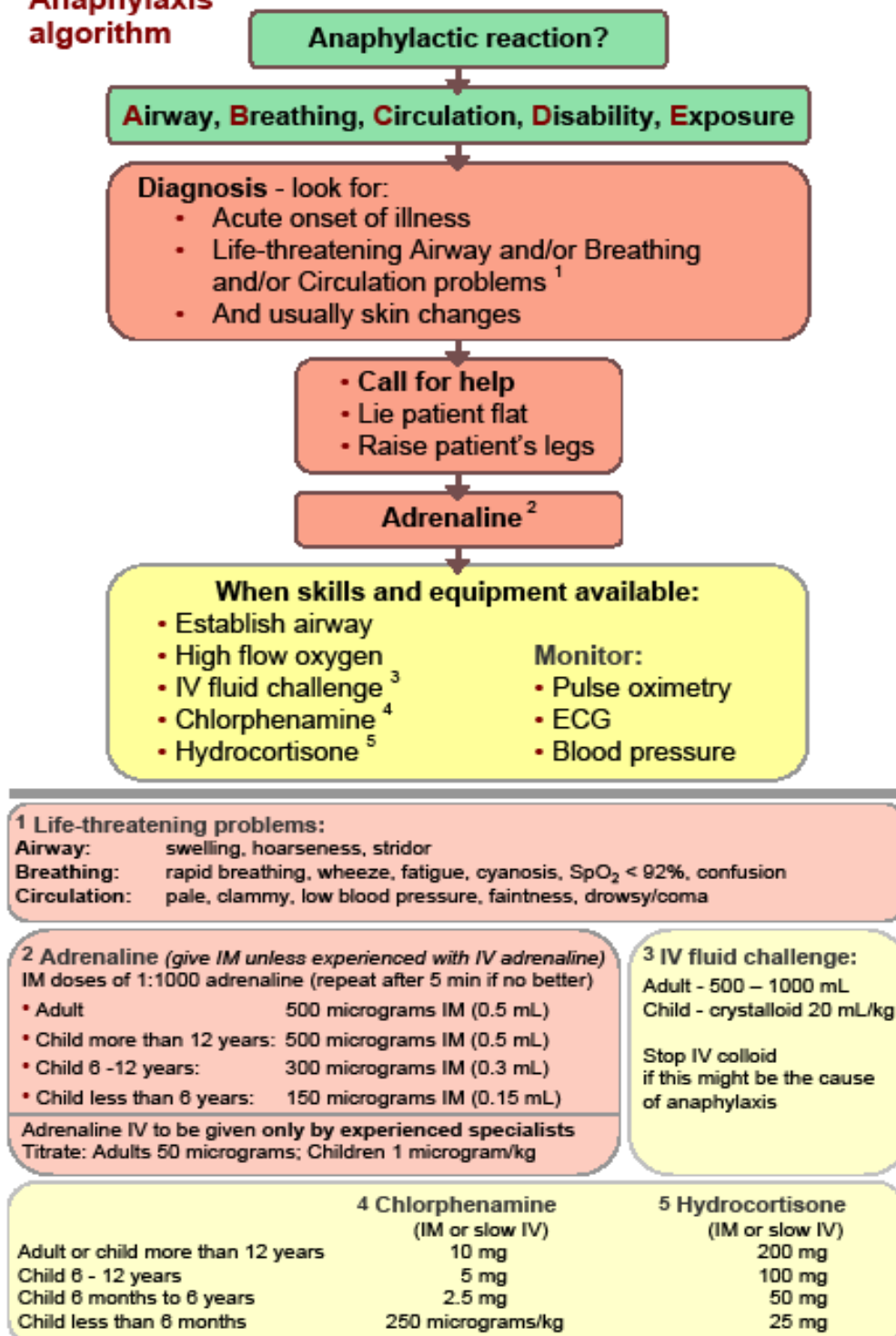
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### Adult Basic Life Support



## 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

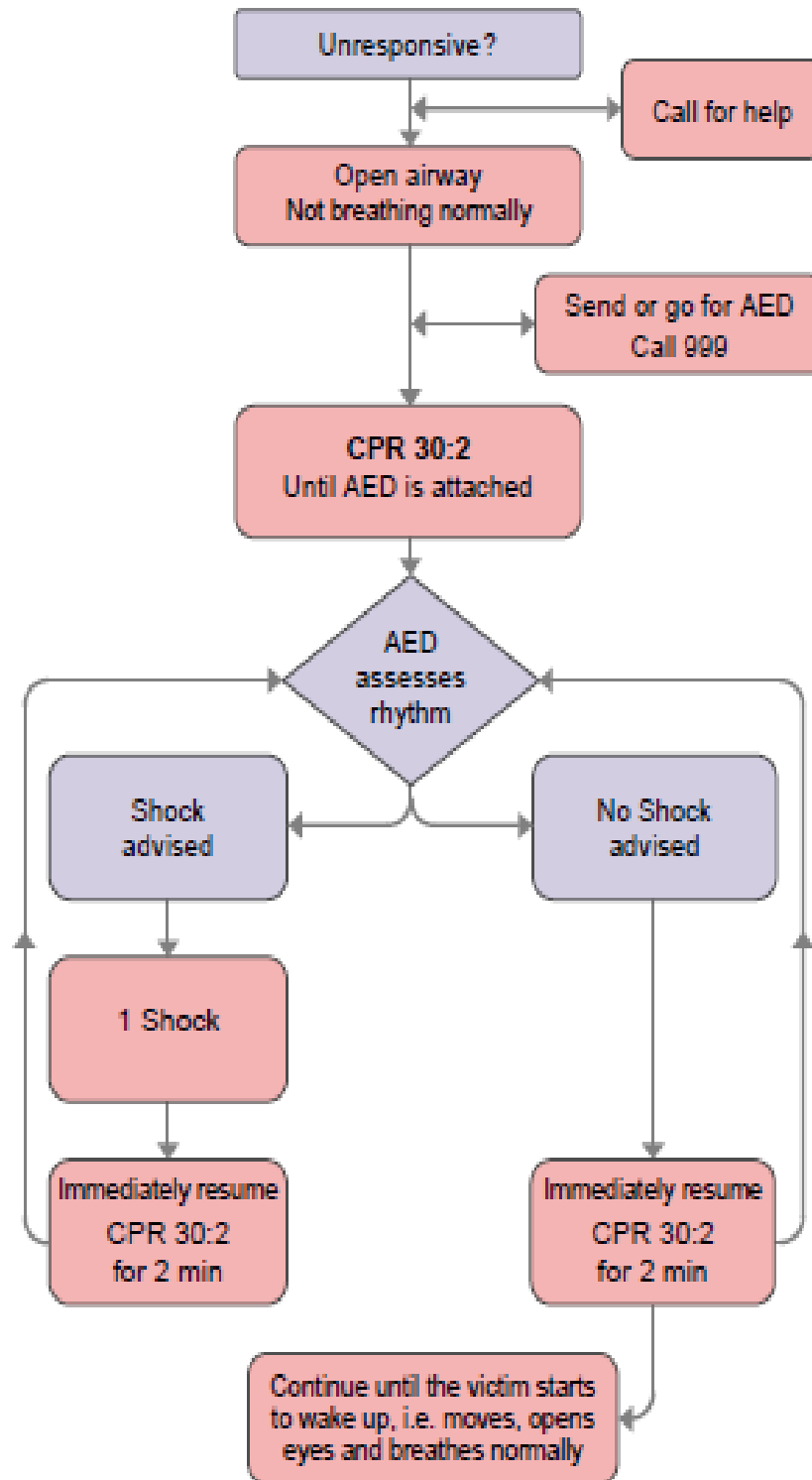
**3 IV fluid challenge:**  
 Adult - 500 – 1000 mL  
 Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

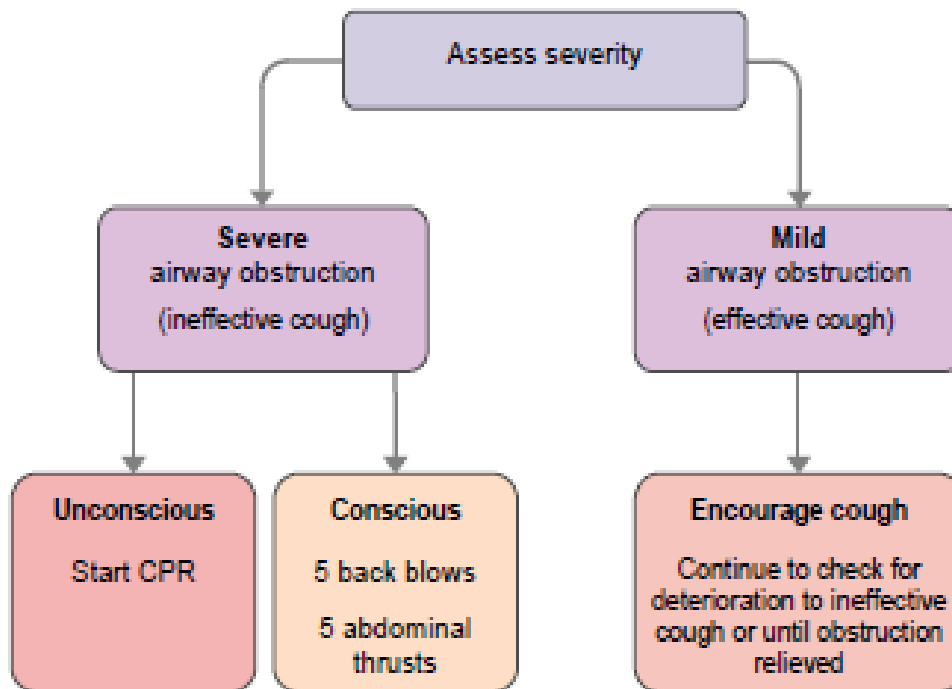
	<b>4 Chlorphenamine</b> (IM or slow IV)	<b>5 Hydrocortisone</b> (IM or slow IV)
Adult or child more than 12 years	10 mg	200 mg
Child 6 - 12 years	5 mg	100 mg
Child 6 months to 6 years	2.5 mg	50 mg
Child less than 6 months	250 micrograms/kg	25 mg

See also: ► [Anaphylactic reactions – Initial treatment](#)

### AED Algorithm



### Adult Choking Treatment Algorithm



## 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>		
Cardiac	Neurological	Anaphylaxis
Respiratory	Trauma	Other (specify)

<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** .....

**Date** .....