Local Medical Emergency Protocol
Forensics Centre for Mental Health

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

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>12.02.2011</td>
<td>Physical Health Lead</td>
<td>Final</td>
<td>New Protocol</td>
</tr>
<tr>
<td>02</td>
<td>12.11.2012</td>
<td>Physical Health Lead</td>
<td>Final</td>
<td>Amiodarone removed from stock list</td>
</tr>
</tbody>
</table>
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
Patient found collapsed

1. Call for Help

2. Radio:
   - State: Medical Emergency
   - Ward: __________________________
   - Location: ------------------------
   - Dispatch attendee 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.

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:

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 MEDICAL EMERGENCY
Pull alarm
Radio for RRT
RING 9-999
State:
Nature of emergency: **Cardiac Arrest**
Dept: ______________
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

<table>
<thead>
<tr>
<th>1st Staff Member</th>
<th>2nd Staff Member</th>
<th>3rd Staff Member or Rapid Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Airway</td>
<td>Call 9-999</td>
<td>Get Crash Bag</td>
</tr>
<tr>
<td>Not Breathing normally?</td>
<td>Call reception on Emergency line</td>
<td>Defibrillator (AED)</td>
</tr>
<tr>
<td>Radio for emergency medical response</td>
<td>Request Duty Doctor</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1st Staff Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record Vital Signs</td>
</tr>
<tr>
<td>Start Oxygen 100%</td>
</tr>
</tbody>
</table>

CPR if Necessary

<table>
<thead>
<tr>
<th>30 Chest Compressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Rescue Breaths via bag valve mask connected to oxygen @ 100%</td>
</tr>
<tr>
<td>DSN commence AED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rapid Response Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designate staff to meet Crash Team/Ambulance</td>
</tr>
</tbody>
</table>

YOUR NEAREST EMERGENCY BAG IS: .................................................................................
MAINTENANCE AND REPLACEMENT OF USED OR EXPIRED RESUSCITATION EQUIPMENT

**DISPOSABLE EQUIPMENT**

**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.

**MEDICAL DEVICES, DEFIB & SUCTION**

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.

**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 RESPONSE GRAB BAG CONTENT LIST

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

Comments/orders etc?

SIGNATURE
## Ward Emergency Kits

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen CD Cylinder</td>
<td>1</td>
</tr>
<tr>
<td>Bag Valve Mask</td>
<td>1</td>
</tr>
<tr>
<td>Rebreathe Mask</td>
<td>1</td>
</tr>
<tr>
<td>Hand held suction or suction machine</td>
<td></td>
</tr>
<tr>
<td>PPE/ Gloves/aprons/Goggles</td>
<td>6 each</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
</table>
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)

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
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</tbody>
</table>
UNRESPONSIVE?

Shout for help

Open airway

NOT BREATHING NORMALLY?

Call 999

30 chest compressions

2 rescue breaths
30 compressions
AED Algorithm

Unresponsive?

Call for help

Open airway
Not breathing normally

Send or go for AED
Call 999

CPR 30:2
Until AED is attached

AED assesses rhythm

Shock advised

No Shock advised

1 Shock

Immediately resume CPR 30:2 for 2 min

Immediately resume CPR 30:2 for 2 min

Continue until the victim starts to wake up, i.e. moves, opens eyes and breathes normally
Adult Choking Treatment Algorithm

Assess severity

Severe
airway obstruction
(ineffective cough)

Mild
airway obstruction
(effective cough)

Unconscious
Start CPR

Conscious
5 back blows
5 abdominal thrusts

Encourage cough
Continue to check for
deterioration to ineffective
cough or until obstruction
relieved
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

When skills and equipment available:
- Establish airway
- High flow oxygen
- IV fluid challenge
- 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)
- Adult or child more than 12 years: 10 mg
- Child 6 - 12 years: 5 mg
- Child 6 months to 6 years: 2.5 mg
- Child less than 6 months: 250 micrograms/kg

5 Hydrocortisone (IM or slow IV)
- Adult or child more than 12 years: 200 mg
- Child 6 - 12 years: 100 mg
- Child 6 months to 6 years: 50 mg
- Child less than 6 months: 25 mg

See also: Anaphylactic reactions – Initial treatment
# Resuscitation Record and Audit Form

<table>
<thead>
<tr>
<th>Patient Identifier</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Number</td>
<td>Date</td>
</tr>
<tr>
<td>D.O.B.</td>
<td>Time of arrest</td>
</tr>
<tr>
<td>Gender</td>
<td>Ward/Dept</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>False Alarm</th>
<th>Yes / No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time ambulance called (24 hour clock)</th>
<th>Time ambulance on scene (24 hour clock)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient transferred to....</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was arrest witnessed?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR initiated at time of arrest?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By whom? (name &amp; designation)</th>
<th>Time CPR started (24 hour clock)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AED used?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient for resuscitation?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

## Presenting History

### Nature of event (please circle)

- Cardiac
- Neurological
- Anaphylaxis
- Respiratory
- Trauma
- Other (specify)

### Any problems encountered during arrest/resuscitation (e.g. staff/equipment availability)

*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  .....................................................