Newham Centre for Mental Health
Medical Emergency Protocol

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>Willow suite removed from Protocol Version control added Amiodarone removed from</td>
</tr>
</tbody>
</table>
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 07940237087. 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.
<table>
<thead>
<tr>
<th>ITEM:</th>
<th>QTY:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top of Trolley</strong></td>
<td></td>
</tr>
<tr>
<td>AED</td>
<td>1</td>
</tr>
<tr>
<td>Defibrillator Pads</td>
<td>1 sets</td>
</tr>
<tr>
<td>Spare Battery kept in emergency cupboard</td>
<td>1</td>
</tr>
<tr>
<td>Bag Valve Mask (Adult) with tubing</td>
<td>1</td>
</tr>
<tr>
<td>Sharps bin</td>
<td></td>
</tr>
<tr>
<td>Box of gloves</td>
<td></td>
</tr>
<tr>
<td><strong>Side of Trolley</strong></td>
<td></td>
</tr>
<tr>
<td>Oxygen CD Cylinder ¾ full</td>
<td>1</td>
</tr>
<tr>
<td>Drawer 1</td>
<td>1</td>
</tr>
<tr>
<td>Non Re-breath O2 Mask (Adult)</td>
<td>2</td>
</tr>
<tr>
<td>Guedel Airways size 2</td>
<td>2</td>
</tr>
<tr>
<td>Guedel Airways size 3</td>
<td>2</td>
</tr>
<tr>
<td>Guedel Airways size 4</td>
<td>2</td>
</tr>
<tr>
<td>Ligature cutter Kept in office</td>
<td>1</td>
</tr>
<tr>
<td><strong>Drawer 2</strong></td>
<td></td>
</tr>
<tr>
<td>Green venflon 18g</td>
<td>2</td>
</tr>
<tr>
<td>Grey venflon 16G</td>
<td>2</td>
</tr>
<tr>
<td>Orange venflon 14G</td>
<td>2</td>
</tr>
<tr>
<td>Micropore tape</td>
<td>1</td>
</tr>
<tr>
<td>IV Dressings</td>
<td>2</td>
</tr>
<tr>
<td>10ml syringe</td>
<td>4</td>
</tr>
<tr>
<td>3 way taps with extension</td>
<td>2</td>
</tr>
<tr>
<td>Gauze swabs</td>
<td>6 packs</td>
</tr>
<tr>
<td>Sterets</td>
<td>10</td>
</tr>
<tr>
<td>Green needle</td>
<td>4</td>
</tr>
<tr>
<td>0.9% n saline for intravenous infusion (5ml)</td>
<td>4</td>
</tr>
<tr>
<td>Goggles</td>
<td>6</td>
</tr>
<tr>
<td>Aprons</td>
<td>6</td>
</tr>
<tr>
<td><strong>Drawer 3</strong></td>
<td></td>
</tr>
<tr>
<td>Defibrillator pack containing Razors x 2</td>
<td>1</td>
</tr>
<tr>
<td>Tuff cut scissors</td>
<td></td>
</tr>
<tr>
<td>Gauze</td>
<td>1</td>
</tr>
<tr>
<td>Large wound dressing</td>
<td>1</td>
</tr>
<tr>
<td><strong>Bottom Drawer</strong></td>
<td>1</td>
</tr>
<tr>
<td>Anaphylaxis kit</td>
<td>1</td>
</tr>
<tr>
<td>Adrenaline 1:10000</td>
<td>4</td>
</tr>
<tr>
<td>Non Cardiac Drug Box (sealed)</td>
<td>1</td>
</tr>
<tr>
<td>0.9% Normal Saline 1 litre</td>
<td>1</td>
</tr>
<tr>
<td>Blood giving set</td>
<td>1</td>
</tr>
</tbody>
</table>

**SIGNATURE**

Comments
## Ward Emergency Kits

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oxygen CD Cylinder</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Bag Valve Mask</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rebreathe Mask</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Hand Held Suction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PPE/ Gloves/aprons/Goggles</td>
<td>6 each</td>
</tr>
<tr>
<td></td>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 7
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>
</tr>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
# 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>
<tr>
<td>By whom? (name &amp; designation)</td>
<td>Time CPR started (24 hour clock)</td>
</tr>
</tbody>
</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  ........................................

11
Adult Basic Life Support

1. **UNRESPONSIVE?**
   - Shout for help
   - Open airway

2. **NOT BREATHING NORMALLY?**
   - Call 999
   - 30 chest compressions
   - 2 rescue breaths
   - 30 compressions
AED Algorithm

Resuscitation Council (UK)

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

1 Shock

Immediately resume CPR 30:2 for 2 min

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

No Shock advised

Immediately resume CPR 30:2 for 2 min
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 2222</td>
<td>Get Crash Trolley</td>
</tr>
<tr>
<td>Not Breathing</td>
<td>Duty Doctor and DSN</td>
<td>Defibrillator (AED)</td>
</tr>
<tr>
<td>normally</td>
<td>Call 999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INFORM RECEPTION</td>
<td></td>
</tr>
</tbody>
</table>

GET OXYGEN / SUCTION / DYNAMAP AND GLUCOMETER

<table>
<thead>
<tr>
<th>1st Staff Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record Vital Signs</td>
</tr>
<tr>
<td>Start Oxygen</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</td>
</tr>
<tr>
<td>DSN commence AED</td>
</tr>
</tbody>
</table>

Rapid Response Team

| Designate staff to meet Crash |
| Team/Ambulance               |

YOUR NEAREST CRASH TROLLEY IS: TREATMENT ROOM .............................................................................
AED Algorithm

1. **Unresponsive**
   - **Call for help**
   
2. **Open airway**
   - Not breathing normally
   
3. **CPR 30:2**
   - Until AED is attached
   
4. **AED assesses rhythm**
   - **Shock advised**
   - **No Shock advised**

5. **Shock advised**
   - **1 Shock**
     - 150-360 J biphasic or 360 J monophasic
   - **Immediately resume CPR 30:2 for 2 min**

6. **No Shock advised**
   - **Immediately resume CPR 30:2 for 2 min**
   
7. Continue until the victim starts to breathe normally
Adult Choking Treatment Algorithm

Assess severity

Severe airway obstruction (ineffective cough)
- Unconscious: Start CPR
- Conscious: 5 back blows, 5 abdominal thrusts

Mild airway obstruction (effective cough)
- Encourage cough
  - Continue to check for deterioration to ineffective cough or until obstruction relieved
Paediatric Basic Life Support
(Healthcare professionals with a duty to respond)

UNRESPONSIVE?

Shout for help

Open airway

NOT BREATHING NORMALLY?

5 rescue breaths

NO SIGNS OF LIFE?

15 chest compressions

2 rescue breaths
15 compressions

Call resuscitation team
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: 200 mg
   - Child: 100 mg
   - Child: 50 mg
   - Child: 25 mg