

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

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| SECTION I: | PATIENT FOCUSED FUNCTIONS |
| CHAPTER 2: | Provision of Care, Treatment and Services |
| PROCEDURE 2.41: | Medical Emergency |
| REVISED: | 6/12/18;10/29/18 |
| Governing Body Approval: | 8/25/16 (<i>New</i>), 12/13/2018 |

PURPOSE: The patient can expect the prompt provision of competent care during a medical emergency.

SCOPE: All CVH Staff

DEFINITIONS: Sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

POLICY:

In a Medical Emergency, the emergency response should be initiated person on the scene in order to preserve life and prevent deterioration before more definitive treatment can be given.

The closest Emergency Cart/Bag and AED shall be brought to the scene.

All Clinical Staff shall maintain competence in Basic Life Support and respond to all medical emergencies, real or mock, as available.

Mock Medical Emergencies shall be conducted quarterly on each shift, in all Divisions. Occurrence of a "true" Medical Emergency will eliminate the need for a "mock" Medical Emergency.

PROCEDURE:

1. The first person on the scene obtains help by shouting out loud, "Medical Emergency" and the specific location.
2. Initiates CPR, if indicated.
 - A. Middletown Campus: Staff activates the Emergency Communication Center by calling **999** via landline, or **(860) 262-2333** from a cell phone.
 - B. BHSAS Campus: Call **911** and activate overhead page by dialing 60, announce the medical emergency and location, 3 times. Use handheld radio to notify Capital Region APO.

3. The first clinical staff member on the scene assesses the patient's general appearance, the level of responsiveness, and checks airway, breathing, circulation and mentally notes time.
4. The staff member does not move the patient unless there is imminent risk to safety. Every effort is made to remain with the patient until additional help arrives.
5. The first RN responder assumes charge until a physician responds and lets staff know he/she is in charge. The Charge Nurse directs a staff member to provide the following information to the Emergency Communication Center stating, for example:
 - a. Situation: "I am calling about John Doe on Woodward 1N to report a medical emergency."
 - b. Background: "John Doe is not talking clearly, has left-sided weakness and possibly is unable to swallow."
 - c. Assessment: "I believe the patient may be having a stroke."
 - d. Recommendation: "Please dispatch an ambulance."
6. The Charge Nurse directs a member of the nursing staff to prepare emergency cart for use, i.e., plug in suction, secure Emergency Cart and AED and pulse oximeter.

I. Roles and Responsibilities during a Medical Emergency

1. Team Leader: Physician or designee
 - a. Delegates tasks as needed.
 - b. Orders all medications.
 - c. Coaches rescuers as needed.
 - d. The person in this role transfers leadership to paramedics, emergency medical technicians, medical response technicians when they arrive on scene.
2. RN In Charge
 - a. Assumes charge until physician arrives and then transfers responsibility.
 - b. Designates responsibility for needed roles/tasks.
3. Medication Administration: Licensed Personnel (RN, LPN, MD, DO, APRN, PA)
 - a. Receives and records orders from the physician.
 - b. Prepares and administers medications as ordered.
 - c. Takes the patient's vital signs.
4. Recorder: Medical Licensed personnel or designated staff
 - a. Utilizes [CVH-346](#) Emergency Medical Patient Record to record the time sequences related to when the emergency was discovered, condition of the patient, interventions provided, including vital signs and medications administered, when the ambulance arrived, and when the event ended. Also utilizes [Nursing Form 12.2.1a Medical Emergency Monitor](#) to record events.

5. Runner: Designated staff
 - a. Bring any requested equipment or materials to the site of the emergency.
 - b. Provide back up assistance to rescuers, recorder or traffic manager positions as needed or requested.
6. Traffic Manager: Designated staff, public safety personnel if available
 - a. Control access to emergency site.
 - b. Ensure patients and bystanders are moved to another area.
 - c. Maintain clear access for emergency personnel as they arrive at the scene.
7. Rescuers: CPR certified staff
 - a. Provide direct care to the victim.
8. Communications: A designated staff member
 - a. Remains posted at phone to handle in-outgoing calls.
9. Nursing Supervisor:
 - a. Responds to all medical emergencies and assures that enough personnel are available to assume roles designated above.
 - b. May assume any of the above roles or serve as back up.
 - c. Assures De-briefing occurs and Medical Emergency Monitor Form is completed.

II. Following the Medical Emergency

1. The Charge Nurse directs a member of the nursing staff to obtain the patient's medical record and have readily available the patient's name, age, vital signs, current meds, and known allergies.
2. The Charge Nurse assigns a nurse to assist the physician in completing the Interagency Referral Form (W-10), Emergency Medical Patient Record (CVH-346) and Patient Data for Evaluation/Admission to Another Hospital (CVH-344), all of which will accompany patient to the referral facility along with a copy of the Medication Administration Record (MAR) The W-10, CVH-344 and CVH-346 must be copied and placed in the Consultation Section of the patient's medical record.
3. The Charge Nurse/designee assures that involved staff debriefs as soon as possible after the incident and reviews the process of the Medical Emergency. This involves all staff present at the emergency whether or not they are assigned to the location of the emergency.
4. The Charge Nurse, once the medical emergency is over, and the event is debriefed, ensures that the completed Medical Emergency Monitor Form is submitted to the Division's Chief of Patient Care Services for analysis and reporting purposes by the end of the shift. Participants in the medical emergency identify any deficiencies or areas that need improvement and take appropriate action.
5. The Charge Nurse documents the medical emergency in the Integrated Progress Notes of the patient's medical record.

6. The Charge Nurse/designee documents the event on the Unit 24-Hour Report and Incident Report (Include action taken, persons notified, and disposition).
7. The Charge Nurse/designee debriefs patients at a community meeting, ensuring that the traumatic nature of the event is adequately discussed for the community as a whole as well as for individual patients.