



Georgia Department of Behavioral Health
& Developmental Disabilities

Policy # 03-206- CS

Page 1 of 6

Chapter: Hospital Operations

Subject: Medical Emergency Respiratory Support for Central State Hospital

Applicability: State Hospitals, state-operated Crisis Stabilization Programs, and group homes operating beds that are part of the hospital bed count

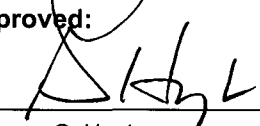
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References: Official Code of Georgia Annotated (O.C.G.A.) 31-11-53.1 and DHR Rules and Regulations 290-5-30

Approved:


Gregory C. Hoyt

Date

Director, Hospital Operations

Attachments:

A: Emergency Cart and AED Locations for Central State Hospital

B: Emergency Cart/Equipment Inspection Check for Central State Hospital

C: Medical Emergency Flow Sheet


Pat Miller, Acting Chief of Staff

Date


Frank E. Shelp, M.D., M.P.H., Commissioner

Date

MEDICAL EMERGENCY RESPIRATORY SUPPORT for Central State Hospital

POLICY

State Hospitals shall provide prompt assessment and implementation of respiratory support during medical emergencies that jeopardize the individual's oxygen supply. The respiratory support systems shall address airway patency and include oxygen delivery devices as appropriate.

INTRODUCTION

When individual consumers experience an emergent medical condition involving respiratory distress, respiratory de-compensation, and/or airway obstruction, staff working in DBHDD State Hospitals, state-operated Crisis Stabilization Programs (CSP), and group homes operating beds that are part of the hospital bed count shall immediately notify Emergency Medical Services (EMS) and shall provide timely Basic Life Support (BLS) and Basic First Aid (BFA) in accordance with DBHDD Policy 03-205-CS Medical Emergency Response System for Central State Hospital. As clinically indicated, a physician may order ventilation support and/or oxygen administration.

Respiratory support equipment and supplies (e.g., oxygen, suction machine, and airways) are stored with the Emergency Carts and shall be available on living units and in, or proximate to, areas of the hospital buildings and grounds where individual consumers gather. **Emergency Cart and AED Locations for Central State Hospital** are identified in **Attachment A**. Respiratory support equipment shall be checked and maintained so that it is readily accessible and available for use at the scene of a medical emergency in a timely manner. The number of locked doors between the area of potential use and the respiratory support equipment should be minimized, and must be master keyed so that any available staff can access the equipment. Hospitals shall routinely evaluate the presence and operability of respiratory support equipment.

DBHDD	SUBJECT: Medical Emergency Respiratory Support for Central State Hospital	Policy: 03-206-CS
		Page 2 of 6

Only staff members who are trained and competent to provide respiratory support shall do so. Based on job functions, staff shall have applicable training, certification, and re-certification in accordance with DBHDD Policy #03-203, Cardio-Pulmonary Resuscitation, Automated External Defibrillator and First Aid Certification Requirements. At regular intervals, hospitals shall evaluate respiratory support during evaluation(s) of the Medical Emergency Response System and shall utilize performance improvement processes to resolve identified improvement opportunities.

When staff, volunteers, or visitors experience a medical emergency, staff shall immediately notify EMS, specifying that the individual is not a consumer residing in the hospital. On site staff shall provide BLS and BFA as indicated until EMS arrives. When cardio-pulmonary resuscitation is required, staff shall implement respiratory support as indicated.

DEFINITIONS

- A. Advanced Practice Registered Nurse (APRN): An RN licensed by the Georgia Board of Nursing and determined to have met the educational, practice, and/or certification requirements to engage in advanced nursing practice. Both a Clinical Nurse Specialist and Nurse Practitioner are considered APRNs.
- B. Basic First Aid (BFA): The provision of immediate care to an injured or acutely ill person. BFA is the temporary assistance that is rendered until medical/nursing personnel arrive on the scene.
- C. Basic Life Support (BLS): A group of actions and interventions used to resuscitate, treat, and stabilize individuals experiencing cardiac or respiratory arrest. BLS actions and interventions include recognition of a cardiac or respiratory emergency or stroke, activation of the Medical Emergency Response System (MERS), cardiopulmonary resuscitation (CPR), use of an Automated External Defibrillator (AED), and relief of foreign-body airway obstruction.
- D. Code Blue: The hospital's Medical Emergency Response System (MERS) that provides an organized response to a medical emergency that includes rapid deployment of hospital personnel and equipment to the location of the emergency and activation of the community EMS system.
- E. Emergency Cart: A cart with multiple drawers and storage areas containing emergency medical supplies, small equipment, oxygen, suction, AED, medication, and other emergency equipment that is stored in a centrally located area immediately accessible to staff. Emergency Medications shall be kept in locked drawers, and/or in a separate locked box located in or on the cart. If a bag is used to transport emergency equipment to designated locations, it shall be supplied and maintained consistent with cart requirements.
- F. Emergency Medical Services (EMS): The planned configuration of community resources and personnel designed to respond to medical emergencies and provide immediate care to persons who are experiencing an unexpected illness or injury. Personnel from fire departments or paramedic units are referred to collectively in this policy as EMS. EMS is accessed by calling 911.
- G. Emergent Medical Condition: A physical status or situation in which the absence of immediate medical attention could result in serious jeopardy to the health of the individual, serious

DBHDD	SUBJECT: Medical Emergency Respiratory Support for Central State Hospital	Policy: 03-206-CS
		Page 3 of 6

impairment of bodily function(s), serious dysfunction of any body organ or part, or death. A physician must respond within 15 minutes. Some examples include but are not limited to:

1. Unexpected loss of consciousness.
2. Obvious severe bleeding from any site.
3. Absence of pulse, respirations, or blood pressure (except where a "Do Not Resuscitate" order has been entered in the medical record).
4. Unusual, repetitive, or prolonged seizure activity.
5. Choking not relieved by the Heimlich maneuver.
6. Respiratory distress.
7. Anaphylactic reaction.

- H. Medical Emergency Response System: A system to organize, train, equip, and provide immediate on-site response, assessment, and initial care of individual consumers who have an emergent medical condition pending the arrival of Emergency Medical Services (EMS) and transfer to an acute care hospital as applicable.
- I. Medical Officer of the Day (MOD)/On-Call Physician: The psychiatrist or Primary Care Physician (PCP) who provides on-site coverage for psychiatric and medical matters for a designated time period.
- J. Nurse Manager or Supervisor (NM/S): The senior on-site Registered Nurse (RN) who shall respond to medical emergencies within 15 minutes.
- K. Nursing Staff: Nursing staff consists of RNs, Licensed Practical Nurses (LPN), Health Services Technicians (HST), Forensic Services Technicians (FST), and Certified Nursing Assistants (CNA).
- L. Oxygen Delivery System: Devices that deliver oxygen through the upper airways to the lungs at concentrations above that of ambient air. These devices supply all or some of the individual's needs for inspired air.
- M. Personal Protective Equipment (PPE): Items such as gowns, masks, gloves, and/or goggles worn when there is a risk of exposure to blood or bodily fluids and/or when the individual involved is suspected to have, or is diagnosed with, an infectious disease. PPE required by Standard Precautions shall be worn at all times.
- N. Primary Care Physician (PCP): The on-site medical staff physician who is responsible to perform admission and annual health assessments, preventive health screenings, as well as to identify and manage risk factors for medical complications, and provide ongoing medical care, including responding to changes in an individual's physical status. Consistent with Medical Staff By-Laws, privileges may be granted to an appropriately trained and qualified professional to provide specified services.
- O. Pulse Oximeter: A medical device that indirectly measures the oxygen saturation of an individual's blood (as opposed to measuring oxygen saturation directly through a blood sample).

PROCEDURES

- A. When individual consumers experience acute respiratory distress, the RN or LPN shall determine the individual's status, noting appearance, behavior, respiratory rate and quality,

DBHDD	SUBJECT: Medical Emergency Respiratory Support for Central State Hospital	Policy: 03-206-CS
		Page 4 of 6

oxygen saturation, and lung sounds. The RN or LPN shall notify the physician of the observation findings.

1. If the individual is not breathing or does not respond to existing treatment orders, supportive measures, or inhalers, the Medical Emergency Response System shall be activated. As clinically indicated, rescue breathing or respiratory support shall be initiated by a staff member commensurate with his/her training and competence.
 2. If the individual's airway is obstructed, staff shall attempt to relieve the obstruction in accordance with BLS guidelines and/or use suction to remove excess secretions.
 3. Not all conditions requiring respiratory interventions are considered emergent medical conditions that require activation of the Medical Emergency Response System, such as conscious choking (relieved by the Heimlich maneuver) and wheezing/labored breathing (improved with aerosol treatments or inhalers).
- B. As clinically indicated, a physician or other staff with delineated privileges to do so, may order ventilation support and/or oxygen administration (e.g., type of oxygen delivery device, percent/flow rate of oxygen). In a medical emergency, pending arrival of a physician, designated trained and competent staff may initiate these supports within their scope of practice and based on generally accepted practice standards.
- C. The type of respiratory support is determined by the individual's level of consciousness and clinical status. Respiratory support may involve supplemental oxygen, airway maintenance, and/or suctioning. Pulse oximeter readings may be utilized to determine oxygen saturation. Respiratory support shall follow the American Heart Association or American Red Cross guidelines for Cardiopulmonary Resuscitation (CPR)/Foreign Body Airway Obstruction (FBAO), and generally accepted practice standards.
- D. Trained and competent physicians, RNs, LPNs, and certified or registered respiratory therapists may deliver supplemental oxygen utilizing a nasal cannula, simple oxygen mask, or bag valve mask (Ambu bag) ventilation.
1. If the individual is awake with spontaneous breathing, supplemental oxygen may be delivered via nasal cannula or mask.
 2. If the individual is unresponsive or in respiratory failure, rescue breathing using bag valve mask ventilation and supplemental oxygen is provided until EMS arrives.
 3. The prongs of a nasal cannula are inserted into the nares with the curved side inward toward the back of nares. The tubing is placed around/over the individual's ears and connected to an oxygen delivery system.
 4. A simple oxygen mask is positioned over the nose and mouth, secured with an elastic strap to ensure a seal, and connected to an oxygen delivery system.
 5. A bag valve mask (Ambu bag) can deliver 100 percent oxygen or ambient air. The staff member shall select the size of the mask that will best fit the individual's face. The staff member must support the individual's jaw and hold the mask snugly over his/her face, covering the nose and chin.

DBHDD	SUBJECT: Medical Emergency Respiratory Support for Central State Hospital	Policy: 03-206-CS
		Page 5 of 6

- E. Trained and competent physicians, advanced practice nurses, and respiratory therapists may insert an oropharyngeal tube in order to ensure airway patency if the individual is unconscious.
1. The appropriate size airway is selected after measuring the flange at corner of the mouth to tip at jaw angle.
 2. If an airway is inserted, staff shall observe the individual's respirations and suction secretions to maintain patency as required.
- F. Trained and competent physicians, RNs, LPNs, and certified or registered respiratory therapists may suction secretions from the individual's airway to improve oxygenation, decrease the rate and labor of respirations, and clear/maintain patency of the airway. To suction, staff shall:
1. Plug in the suction machine (if not battery operated); attach a rigid wide-bore Yankauer (tonsil tip) for adult oral insertion or an appropriate size catheter for nasal insertion (typically 14 French for adults and 18 French for children and small adults).
 2. Adjust the suction to 80 - 120 mm Hg.
 3. Insert the catheter with the suction off. Do not occlude the port during insertion.
 4. Turn suction machine on and apply suction for 5-10 second intervals only.
 5. Monitor the individual's heart rate for signs of bradycardia associated with vagal nerve stimulation when using suction.
 6. Intermittently occlude the side of the catheter while withdrawing the suction tube. Do not continuously occlude throughout withdrawal. Reapply an oxygen delivery device as ordered.
- G. After use, the pressure in the oxygen tank shall be checked. If the psi is below 500, the Nurse Manager/Supervisor or designee shall remove that tank from the area, ensure a new tank is placed on the emergency cart, and ensure a new auxiliary/back up tank is available if indicated. After hours, the Nurse Supervisor (Administrator) must be contacted to place a new tank on the cart. An RN, LPN, or designated staff shall replenish other respiratory support equipment and supplies used during the Code Blue in accordance with DBHDD Policy 03-205-CS Medical Emergency Response System for Central State Hospital.
- H. The presence and functionality of respiratory support equipment, including oxygen and the suction machine, is checked according to procedures established for checking all medical emergency equipment and at intervals described in Policy 03-205-CS, Medical Emergency Response System for Central State Hospital.
1. The pressure in the oxygen tank on the cart and the operability of the flow meter must be checked. The tank should be replaced if the pressure is below 500 psi. In addition, the full auxiliary/back-up tank should be checked to ensure the seal is intact/not broken. The tank should be replaced if the seal is not intact.
 2. If the suction machine is battery operated, check to see that the indicator light is on. Turn the machine on briefly and occlude the end of the tube to check the vacuum/suction capability. To perform a vacuum check, push the regulator in to the high vacuum position, and use occlusion to check the suction capacity. If the unit stops or slows during the testing time, notify the Nurse Manager/Supervisor who will report the malfunction to the Biomedical Engineer and obtain a replacement.

DBHDD	SUBJECT: Medical Emergency Respiratory Support for Central State Hospital	Policy: 03-206-CS
		Page 6 of 6

3. The Nurse Manager/Supervisor shall be notified immediately if there are any problems with respiratory support equipment.
4. The oxygen and suction machine checks shall be documented on the **Emergency Cart/Equipment Inspection Check for Central State Hospital (Attachment B)**.
 - I. Safety and operability of the oxygen delivery equipment and suction machine shall be ascertained prior to making the equipment available for use, and at intervals recommended by the manufacturer by Biomedical Equipment Management. Biomedical Equipment Management ensures that all biomedical equipment included in the program is inspected/tested at required intervals and at least annually.
 - J. If respiratory support is used during a medical emergency, specific information relative to the devices and interventions used shall be documented on the **Medical Emergency Flow Sheet (Attachment C)**, and all documentation requirements associated with Policy 03-205-CS, Medical Emergency Response System for Central State Hospital shall be followed.

TRAINING, DRILLS, AND PERFORMANCE IMPROVEMENT REQUIREMENTS

- A. All aspects of DBHDD Policy #03-203, Cardio-Pulmonary Resuscitation, Automated External Defibrillator and First Aid Certification Requirements shall be followed. Training content and certification shall be commensurate with AHA or ARC requirements.
- B. During orientation and annually thereafter, RNs, LPNs, and respiratory care professionals as required, shall demonstrate competency in suctioning, oxygen administration, as well as other non-invasive respiratory support activities.
- C. Medical Emergency Response System drills shall include simulated use of respiratory support procedures.
- D. Following an actual medical emergency or drill that requires respiratory support, if a staff member does not perform to the required level of competency, re-training may be implemented. Pending re-training and achievement of the specific competency, the staff member shall not provide respiratory support procedures.
- E. Respiratory support shall be evaluated as a part of the performance improvement processes described in Policy 03-205-CS Medical Emergency Response System for Central State Hospital..

REFERENCES

DBHDD Policy #03-203, Cardio-Pulmonary Resuscitation (CPR), Automated External Defibrillator (AED), and First Aid Certification Requirements
DBHDD Policy 03-205-CS, Medical Emergency Response System for Central State Hospital.

Potentially applicable documents, references, or associated policies/procedures:
Suction Machine Manufacturer's Instruction Guide

EMERGENCY CART AND AED LOCATIONS FOR CENTRAL STATE HOSPITAL

Locations of Emergency Medical Equipment			
Service Area	Location	Crash Cart/AED	AED Only
Forensics	Cook Blue 1	H1105	
	Cook Blue 2	H1205	
	Cook Green 1	H2105	
	Cook Green 2	H2205	
	Cook Red 1	H3105	
	Cook Red 2	H3205	
	Cook Orange 1	H4105	
	Cook Orange 2	H4205	
	Cook Medical Clinic	S154	
	Cook Active Treatment Mall	Rm 1-11 – Kidd Building	
DDS – Allen Bldg.	Allen Building (Phoenix Center)	Allen Bldg. 307 W	
	Supplies located in Allen Bldg. Clinic 146W	Allen Bldg. 146 W	
DDS Houses	Broad 11	Dining Area	
	Broad 15	Chart Room	
	Supplies located in Allen Bldg. 146W	Rm 146W	
Boland Building	Piedmont Hall 1 South	Rm 162 SE	
	Piedmont Hall 1 North	Rm 120 SE	
	Piedmont Hall 2 East	Rm 120 S	
	Pecan Manor 4	Rm 119 NW	
	Pecan Manor 5 East	Rm 119 N	
	Pecan Manor 5 West	Rm 151 N	
	PSC (Program Service Center) 6 S	RM 121NE	
	Supplies located in Boland 3 clinic	RM 108SW	
Craig Center	Craig 1	Rm 120 NW	
	Craig 2	Rm 127 NW	
	Craig 3	Rm 161 NE	
	Craig 4	Rm 119 NE	
	Craig 5	Rm 120 SE	
	Craig 6	Rm 162 SE	
	Craig 7	Rm 144 SW	
	Supplies located in Craig Nursing Over-House Office	Rm 101 SW	
EWAC	EWAC	Rm 126	
	Supplies located in Allen Bldg 146W	Rm 146W	
Other	OHIS	Rm 1-058	
	NDI	Rm 102	
	Auditorium		Entrance hall on right
	Cafeteria		one in each dining room
	Radiology- Kidd Building	2-116	
	Police Department-Kidd Building		Patrol Car
	Dental Clinic	Rm 110	
	Central Laundry		Rm 119
	Powell 1 Center		Rm 117C –Nursing Office
	Nurse Administrator's Office – mobile crash cart	Rm 106C – Craig Center	

EMERGENCY CART/EQUIPMENT INSPECTION CHECK FOR CENTRAL STATE HOSPITAL

Location of Cart: _____ Month: _____ Year: _____

Write lock #'s in designated boxes & initials in other boxes to indicate checks done. Describe discrepancies in "comments". Sign back of form. D=Day E=Evening N=Night

Date	Cart lock #; lock intact; Indicate in second column new lock number if lock is changed. Note on back of page reason for lock change. No supplies expired		AED Green(✓)appears, pads & batteries not expired.			Primary Oxytote with flow meter and tubing to ambu: > 500 PSI			Auxiliary Oxytote: full with black seal intact			Pulse oximeter battery check OK			Suction tubing intact; vacuum/battery OK **Vacuum Check** 11-7 Wed			Cardiac back board and Ambu-bag present not expired			Drug Kit- expiration dates checked.			
	Lock #	New Lock#	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
1																								
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EMERGENCY CART/EQUIPMENT INSPECTION CHECK FOR CENTRAL STATE HOSPITAL

* **Zoll:** If red (X) appears, unplug electrodes, re-insert electrodes, and check for green (✓) to appear. If it doesn't appear, tag the AED as not working and notify supervisor/nurse administrator.

****Vacuum Check:** Unplug and run 15 mins. with regulator on high. If it stops or slows during testing, notify supervisor/nurse administrator.

Comments: Describe any discrepancies found during the inspection checks and what actions were taken to resolve the problem(s). Include date, time, and initials with each comment. Notify the Charge Nurse and Nurse Manager/Supervisor of all discrepancies. Notify the nurse administrator for assistance when crash cart lock is broken or crash cart has been used/compromised.

Initials Identification:

Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials

When this Inspection Check Sheet is completed, forward it to the Nurse Manager or Program Director/Coordinator of centralized program areas, and initiate a new Inspection Check Sheet.

Expiration Dates

AED Electrodes (Adult): _____

Ambu Bag (Adult): _____

AED Electrodes (Peds): _____

Ambu Bag (Peds): _____

AED Battery: _____

Pulse Oximeter Batteries: _____

MEDICAL EMERGENCY FLOW SHEET

Complete the form as the emergency proceeds. File original in the chart. Copy to Clinical Director, Nurse Executive, Risk Manager.

Individual Consumer Name _____

I. Medical emergency discovered by:

Name: _____ Title: _____ Date: _____ Time: _____ Location: _____

II. Condition of individual on discovery: (Check all that apply)

Responsive Yes No Breathing Yes No Pulse Yes No Arrest/Collapse Witnessed Yes No

III. Nature of the emergency:

- | | |
|--|--|
| <input type="checkbox"/> Cardio-pulmonary arrest (no breathing or pulse) | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Shock or very low blood pressure | <input type="checkbox"/> Obvious severe bleeding |
| <input type="checkbox"/> Severe respiratory distress | <input type="checkbox"/> Choking/foreign body airway obstruction |
| <input type="checkbox"/> Suspected heart attack | <input type="checkbox"/> Suspected stroke |
| <input type="checkbox"/> Serious bodily injuries/burns | <input type="checkbox"/> Drug overdose |
| <input type="checkbox"/> Significantly abnormal heart beats | <input type="checkbox"/> Severe allergic reaction |
| <input type="checkbox"/> Recurrence of ≥2 seizures within 30 minutes | <input type="checkbox"/> Significant head trauma |
| <input type="checkbox"/> Seizures lasting more than 5 minutes | |
| <input type="checkbox"/> Other, specify: _____ | |

IV. Code Blue activation:

Number dialed: _____ By whom: _____ Time: _____
 Other reporting method: _____ By whom: _____ Time: _____

V. Immediate first aid:

- | | | | | |
|---|---|--|---|----------------|
| <input type="checkbox"/> Managed bleeding | Site: _____ | <input type="checkbox"/> Applied pressure/dressing | <input type="checkbox"/> Elevated head | By whom: _____ |
| <input type="checkbox"/> Managed shock | <input type="checkbox"/> Limb elevated | <input type="checkbox"/> Kept warm | <input type="checkbox"/> Started IV | By whom: _____ |
| <input type="checkbox"/> Managed seizure | <input type="checkbox"/> Prevented injury | <input type="checkbox"/> Maintained airway | <input type="checkbox"/> Rolled to side | By whom: _____ |
| <input type="checkbox"/> Managed airway | <input type="checkbox"/> Performed abdominal thrusts for conscious choking victim | | | By whom: _____ |

VI. Personnel and equipment arrivals: Roles: BLST Leader (TL), Recorder (R), Other (O)

<u>Hospital personnel:</u>	<u>Role:</u>	<u>Notification *Time:</u>	<u>Arrival Time:</u>
MD notified name: _____	_____	_____	_____
2 nd MD arrived name: _____	_____	_____	_____
NM/S notified name: _____	_____	_____	_____
RN arrived name: _____	_____	_____	_____
LPN arrived name: _____	_____	_____	_____
Security/Police notified name: _____	_____	_____	_____

* Prior to documenting notification times, verify with the person who made notifications. Enter N/A if arrived without notification.

Outside responders: N/A EMS notified at: _____ (time) by: _____ (Staff Name/Title)

Responders arrived (Check below): Time: _____ Time: _____

Paramedic <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Rescue Squad/Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fire Department <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

Care transferred to EMS at: _____ (time) by: _____ (Staff Name/Title)
 Code Cancelled: Time: _____ Reason/By: _____ (Staff Name/Title)

VII. CPR: Performed by (Name/Title): _____ Time Initiated: _____

Airway/oxygen maintenance: Performed by (Name/Title): _____ Time: _____

Nasal cannula Simple mask Bag valve mask O2 Flow rate: _____

Oropharyngeal (airway) Small Medium Large _____

Suctioned: Yes No Time: _____ By whom: _____ Oral Nasal Catheter size: _____

Amount/type of secretions: _____

MEDICAL EMERGENCY FLOW SHEET

Circulation/cardiac interventions:

IV started: Yes No

Solution: D5W Normal Saline

Performed by (Name/Title):

Needle Type/Gauge: _____ Site: _____

Time:

AED Applied: Yes No Monitor/defibrillator

Shock advised: Yes No Explain intervention: _____

Performed by (Name/Title):

Time:

If yes, complete the following information:

Time of Shock

By Whom(Name/Title) :

Response to Shock:

Resumed CPR

Time:

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

CPR Stopped: Yes No **Time:** _____ **Name/Title of person authorizing termination:** _____

Why CPR terminated: Responsive to BLS/recovered Continuing CPR would be futile

Other (specify) _____ **Time Pronounced:** _____

VIII. Vital signs, observations, medications:

Enter the time vital signs or other assessment data taken or medications administered. Attach additional pages as necessary.

Time									
Respirations									
O2 sat									
Pulse									
BP									
Temp									
Blood sugar									
LOC									
Skin color									
Medication dose/route									
Medication dose/route									
Medication dose/route									

IX. Outcomes:

Disposition: Remained at facility Transport by ambulance Private vehicle transport Time of transport: _____

Transported to: _____ Condition at time of transport and response to treatment: _____

X. Family notification:

Family/other notified: Notified by whom/title: _____ Date: _____ Time: _____

Yes No Individual did not give prior permission If yes, person notified and response/comment: _____

RECORDER SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

TITLE: _____

BLST LEADER SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

TITLE: _____