

Vermont Psychiatric Care Hospital Procedure

Emergency Medical Response

Revised: X

Date: 04/07/14

PLEASE NOTE: Emergency medical treatment for a patient who has a legally binding Advance Directive shall be conducted according to the patient's wishes. If the patient requires emergency ambulance transport to another hospital, a copy of the Advance Directive should be provided to the ambulance staff, with communication regarding the limits of treatment determined by the patient. (See Advance Directives Policy and Procedure)

- I. Medical Emergency Procedure: Please note:** Though this emergency response is specific to the care and treatment of inpatients of the Vermont Psychiatric Care Hospital (VPCH), the same response sequence shall be activated and provided for any employee, hospital visitor, or other individual who experiences a medical emergency at VPCH.
- A. When any of the following signs of a deterioration in a patient's condition occur, seek further assistance:**
- Not breathing
 - Sudden collapse
 - No pulse
 - Shortness of breath and air hunger or rapid breathing
 - Bluish color of skin, lips, and fingernails (cyanosis), confusion
 - Low blood oxygen levels
 - Discomfort, pressure, heaviness, or pain in the chest arm, radiating to back, jaw, throat or below the breastbone
 - Dizziness, anxiety, fainting, blackouts, confusion, progressive or sudden loss of consciousness
 - Myoclonus – clonic spasms
 - Rapid or irregular heartbeats
 - Sweating, nausea, vomiting
 - Fever, pallor, or flushing
 - Loss of sensation in a part of the body
 - Fullness, indigestion, or choking feeling
 - Hyperreflexia
 - Muscle rigidity
 - Sudden onset weakness, fatigue, or sleepiness
 - Difficulty swallowing
 - Change in motor activity – excessive movement / agitation or immobility
 - New tremor
 - Incontinence, diarrhea
 - Polyuria
 - Polydipsia

- B. When a warning sign is encountered, staff shall immediately:
- summon assistance from other members of the nursing and medical staff.
 - assess the individual and initiate the necessary treatment actions.
- C. When a medical emergency is encountered, staff shall immediately:
- summon assistance from other members of the nursing and medical staff
 - call the Emergency Telephone Number (6777), identify self and location of emergency.
 - assess the individual and initiate the necessary treatment actions.
- D. Admissions staff actions in response to a 6777/Medical Emergency call:
- Contact the on-duty physician and Supervising Nurse
 - The attending physician or designee shall direct the management of the medical emergency.
 - When instructed by a physician, or a nurse designated by a physician, contact and request ambulance services.
 - Complete an Emergency Response Reporting Form and document the event in the Admission Log.
- E. Licensed clinical staff (MD/RN) shall assess the individual in order to determine the immediate needs for care, shall provide the appropriate medical care available in this setting, and determine if transport to another treatment setting is required. If treatment in another setting is required, a physician will determine the need for ambulance services and will direct an RN to call Admissions for assistance in arranging transportation.
- F. In the event that cardiac/respiratory arrest has occurred, any staff member certified in cardio-pulmonary resuscitation (CPR) shall institute Basic Life Support (BLS) procedures and utilize an Automatic External Defibrillator (AED) as indicated by the individual's condition. Measures used by hospital staff to resuscitate shall be limited to Basic Life Support (BLS).
- Definition: Basic Life Support (BLS) means Cardio-Pulmonary Resuscitation (CPR) plus Automatic External Defibrillator (AED)**
- If a patient has a properly executed Do Not Resuscitate Order, these procedures (CPR and/or AED) shall not be undertaken.
- G. Emergency response (ambulance services) staff shall enter through the Admission area. A staff member shall be deployed to meet the emergency response team and accompany the team to the individual requiring emergency medical treatment and care.
- H. When a VPCH patient experiences a medical emergency, a physician or registered nurse shall notify the patient's family, guardian, significant other, or other designated personal representative identified by the patient "to be notified in case of emergency" as soon as practicable following the acute medical emergency.

- I. When a medical emergency is encountered in the yard, staff shall immediately use a radio to contact admissions. Staff should call the emergency using the following dialogue “*staff name* calling admissions for medical emergency at *location*.” Admissions staff will repeat the nature and location of the emergency on the radio to confirm receipt of transmission.

II. Medical Emergency Equipment:

- A. An Emergency Cart is located in a secure area on the unit.
- B. The Emergency Cart shall be locked at all times to ensure the integrity of its contents. The lock shall be checked and documented daily, and the contents shall be checked and documented monthly by nursing staff.
- C. The expiration dates of all supplies in the Emergency Cart shall be checked monthly. Any item with an expiration date of less than one month shall be replaced.
- D. An Automatic External Defibrillator (AED) is available on the unit.

III. Medical Emergency Training and Improvement:

- A. Basic Life Support: VPCH employees who are expected to provide Basic Life Support (BLS) shall recertify in BLS no less frequently than every two years.
- B. The hospital will develop scenarios for simulated medical emergencies (such as cardiac arrest or seizures) and will schedule, implement, and oversee these "medical emergency drills" in various locations throughout the hospital (including inpatient unit).
- C. The Quality Committee will then review and evaluate staff responses during the drill, and will make recommendations to the VPCH Leadership Team as needed to improve the capacity of treatment staff to respond effectively in emergency situations.

Approved by	Signature	Date
Frank Reed, Commissioner of DMH		11/29/16