“Adult Emergency Calls” include adult cardiac arrests, respiratory arrests and any other medical & surgical emergency for which a 2222 call is made to switchboard.

2222 calls must state “Adult Resuscitation team”.

The Resuscitation Team attends all calls for adults in the main precinct of the Trust, i.e. Bristol Royal Hospital for Children, Bristol Royal Infirmary, Bristol Dental Hospital, Bristol Eye Hospital, Bristol Haematology and Oncology Centre.

Calls for adults at St. Michael’s Hospital will be attended by the Obstetric Emergency Team for that hospital and, if required, the Resuscitation Team from the main University Hospitals Bristol (UHB) precinct. (See Appendix 1).

Response to acute emergencies within South Bristol Community Hospital is provided by the SHO on call, the Senior Nurses and South West Ambulance Service during the following hours: Monday to Friday - 09.00 to 17.00; Saturday, Sunday and Bank holidays - 09.00 to 13.00hrs

At all other times, there are no resident doctors on site & the SBCH is nurse led. During these times, concerns about patients must be referred to the Specialist Registrar on the Medical Admissions Unit at Bristol Royal Infirmary. (See Appendix 2)

**Attendance at adult emergency calls in the main UHB precinct :**

- Medical Registrar
- ITU Anaesthetic Registrar
- ITU F2
- ITU Senior Nurse
- Clinical Site Manager
- Resuscitation Officer (when available)

**Roles:**

**Medical Registrar** To assume responsibility for leading the Resuscitation Team, unless or until someone more senior or experienced in adult resuscitation is in attendance.

- To communicate the situation with the appropriate ITU Consultant using the SBAR Communication Tool (see Appendix 3).

*Minimum Resuscitation Training Requirement: ALS completed and in date*
ITU Anaesthetic Registrar

- To provide support with airway management and the use of appropriate anaesthetic agents for a rapid sequence induction as required.
- May take responsibility for leading the resuscitation team, if the most senior or experienced in adult resuscitation is not available to do this.

*Minimum Resuscitation Training Requirement: ALS completed and in date*

Anaesthetic F2

- To provide necessary support; particularly in terms of practical procedures, e.g. chest compressions, intravenous/intra osseous access.

*Minimum Resuscitation Training Requirement: ILS completed and in date*

ITU Senior Nurse

- To provide necessary support, e.g. chest compressions, preparation of resuscitation drugs.
- May take a role in liaison with family members and members of staff
- May take responsibility for leading the resuscitation team if the most senior and experienced in adult resuscitation is unavailable.
- May communicate with the appropriate Intensive Care Consultant using SBAR format when necessary.

*Minimum Resuscitation Training Requirement: ALS completed and in date*

Clinical Site Manager

- To provide necessary support, e.g. chest compressions, preparation of resuscitation drugs.
- May take a role in liaison with family members and members of staff
- Ensure the incident has been recorded on the Ulysses Safeguard Risk Management System.
- Ensure that any equipment used has been replenished
- May take responsibility for leading the resuscitation team if the most senior and experienced in adult resuscitation is unavailable.

*Minimum Resuscitation Training Requirement: ALS completed and in date*

Nursing Staff

- To initiate resuscitation
- Ensure that an appropriate and timely emergency call has been made to Switchboard via 2222.
- Ensure that emergency access and directions are available to all members of the Adult Resuscitation Team.
- Ensure that the resuscitation trolley & other necessary equipment is taken to the location of the emergency.
- To communicate with the Resuscitation Team, using SBAR format.

Nurse in Charge

- Ensure the incident has been recorded on the Ulysses Safeguard Risk Management System.
- Ensure that any equipment used has been replenished

*Minimum Resuscitation Training Requirement: Hospital Life Support (HLS) completed and in date*

Resuscitation Officer (when available)

- To provide appropriate practical support to the resuscitation team.
- May take responsibility for leading the resuscitation team if the most senior and experienced in adult resuscitation is unavailable.
- To provide support to ward staff.
- To encourage subsequent debriefing of staff involved in the emergency.

*Minimum Resuscitation Training Requirement: current ALS Instructor*
Medical Staff in attendance

- To initiate resuscitation & ensure that an appropriate and timely adult emergency call has been made to Switchboard via 2222.
- To assume responsibility for leading the resuscitation team, unless or until someone more senior or experienced in adult resuscitation is present.
- To communicate situation with appropriate Adult ITU Consultant using SBAR Communication Tool (see Appendix 3).

*Minimum Resuscitation Training Requirement: ILS completed and in date*
Appendix 1

Cover for Adult Emergency & Cardiac Arrest Calls at St. Michael’s Hospital

St. Michael’s Adult Emergency

ADULT EMERGENCIES - PHONE 2222 - STATE "OBSTETRIC EMERGENCY TEAM"

If NO RESPONSE or Genuine CARDIAC ARREST

CALL 2222 AND STATE “ADULT RESUSCITATION TEAM”

If Patient needs retrieval/transfer to BRI, call 999
Appendix 2

Resuscitation and DNACPR at South Bristol NHS Community Hospital (SBCH) Standard Operating Procedure (SOP)

This SOP should be read in conjunction with the University Hospitals Bristol NHS Foundation Trust (UHBFT) Resuscitation Policy which includes the ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) Guidance.

Any person suffering an acute medical emergency or cardiac arrest will be assumed to require full cardio pulmonary resuscitation unless there is a valid DNACPR form completed.

If you are concerned about the condition of a patient, advice & help may be sought from the nurse bleep holder. Dial 70 2108 & the extension number from which you are calling.

In the event of a cardiorespiratory arrest (or other medical emergency):

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Assess the patient following the ABC of Basic Life Support guidelines (Resuscitation Council (UK))</td>
<td>Call 2222 &amp; clearly state adult, child or baby Cardiac Arrest &amp; give clear directions to scene</td>
</tr>
<tr>
<td>2 Commence Basic Life Support or treat following the ABCDE approach</td>
<td>Take the appropriate resuscitation trolley, i.e. adult or paediatric, to the scene</td>
</tr>
<tr>
<td>3 Apply the Hands-free Defibrillator Pads to the patient’s chest &amp; follow the instructions of the Automated External Defibrillator as per training*.</td>
<td>Take over chest compressions</td>
</tr>
<tr>
<td>4 Continue with resuscitation as appropriate</td>
<td>Continue to assist with resuscitation as appropriate</td>
</tr>
</tbody>
</table>

* The Automated External Defibrillator can be used by any member of staff in possession of a current Hospital Life Support or Immediate Life Support certificate

Response to acute emergencies within SBCH is provided by the SHO on call, the Senior Nurses and South West Ambulance Service during the following hours: Monday to Friday - 09.00 to 17.00, Saturday, Sunday and Bank holidays - 09.00 to 13.00hrs

At all other times, there are no resident doctors on site & the SBCH is nurse led. During these times, concerns about patients must be referred to the Specialist Registrar on the Medical Admissions Unit at Bristol Royal Infirmary.

To support this process, the following should apply:

- On admission to in-patient wards, Resuscitation should be discussed with each patient and/or their family where appropriate and possible. The UHBFT Patient Leaflet: ‘Cardiopulmonary Resuscitation at UHBristol’ will be given to support this discussion LINK TO DNACPR GUIDANCE

- Medical review of the patient’s resuscitation status should take place as soon as possible following admission

- All patients will have a medical management plan which will state the actions to be taken if the patient’s condition deteriorates.

Post Resuscitation Care

1. The leader of the resuscitation team will be responsible for the arrangement of post-resuscitation care & safe transport of the patient

2. The patient should be referred to the appropriate specialist

3. Full and complete handover of care will be provided doctor-to-doctor and nurse-to-nurse. This may be by telephone or face-to-face but must be accompanied by full written documentation.
### SBAR

Reporting to other clinicians when a patient’s condition has deteriorated.

**Principle**
- Clear, simple information that relays your concerns to the other clinician;
- Enables the receiving clinician to prioritise emergency workload.

**Method**
- Assess the patient (clinical signs and observations);
- Confirm which clinician you need to call;
- Before contacting the clinician, have the following information at hand:

<table>
<thead>
<tr>
<th>S</th>
<th>Situation</th>
<th>The patient's name&lt;br&gt;Your name and designation&lt;br&gt;The ward / department you are calling from</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Background</td>
<td>Brief medical history&lt;br&gt;Admission diagnosis&lt;br&gt;Treatment to date&lt;br&gt;Have drug chart at hand&lt;br&gt;Fluid balance</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td>AIRWAY: Patient talking&lt;br&gt;Noises (gurgling, wheeze, snoring)&lt;br&gt;Visible Foreign Body</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BREATHING: Difficulty breathing&lt;br&gt;Respiratory rate&lt;br&gt;Accessory muscles used&lt;br&gt;SpO2&lt;br&gt;Respiratory noises</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CIRCULATION: Pulse&lt;br&gt;Skin Colour&lt;br&gt;Capillary refill time&lt;br&gt;Blood Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISABILITY: Alert/Voice/Pain/Unresponsive (AVPU)&lt;br&gt;Pupils (equal/reacting)&lt;br&gt;Blood Glucose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EXPOSURE: Swelling&lt;br&gt;Bleeding (wounds/drains)&lt;br&gt;Rash&lt;br&gt;Temperature</td>
</tr>
<tr>
<td>R</td>
<td>Recommendation</td>
<td>What have you done for the patient?&lt;br&gt;State if you think the patient needs:&lt;br&gt;• Treatment review (within 1 to 2 hours)&lt;br&gt;• Urgent review (within 15 minutes)&lt;br&gt;• Emergency (within 5 minutes)&lt;br&gt;Ask the clinician what (s)he would like you to do before arrival?&lt;br&gt;e.g. bloods and ECG review</td>
</tr>
</tbody>
</table>