

Medical Emergency Procedure Guidelines

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1. Introduction

- 1.1 These guidelines are for the attention of all health care providers from the multidisciplinary team employed by the 2gether NHS Foundation Trust working in all of the Trust's In-patient areas in Gloucestershire required to respond to emergency situations, where there is a sudden, unexpected and life threatening deterioration in the patient's medical condition.
- 1.2 These guidelines should be read in conjunction with the Trusts:
- Basic Life Support policy
 - Defibrillation policy
 - Oxygen guidelines
 - Do Not Attempt Resuscitation policy

2. Purpose

- 2.1 The purpose of the Medical Emergency guidelines are to provide a framework for managing medical emergencies within the Trusts In-patient units.

3. Duties

- 3.1 Responsibility for the development, maintenance and ratification of this document lies within the Director of Quality & Performance (Nursing, Social Care & Allied Health Professionals). The Director Quality & Performance (Nursing, Social Care & Allied Health Professionals) has board level responsibility for the development of this document and may delegate this responsibility to a subordinate.
- 3.2 The Governance Committee will be notified of the ratification of this policy.
- 3.3 The Primary Care Resuscitation Committee will be notified of the ratification of this policy.
- 3.4 All In-patient unit staff
It is the duty of individuals working in In-patient units (with patient contact):
- To ensure that they are trained in Medical Emergency Response Training (MERT) annually
 - To be trained to use of the MERT equipment in their areas of practice
 - To seek annual updating/re-training to ensure that competence is maintained.
- 3.5 **Associate Medical Directors** (for medical consultants) the **Associate Medical Education Director** (for trainee doctors) or **Supervising Consultant** (for other medical staff), must ensure all staff aware of the medical emergency response procedures for staff working within their area of work and this is included in the local induction, the Drs Emergency Awareness presentation and the appraisal process.
- 3.6 It is the duty of the **Resuscitation Training Officers** to deliver all mandatory Medical Emergency Response Team training (MERT) which will include the Emergency Guidelines. The Resuscitation Training Officers will also ensure that annual audit information is collated and disseminated to Programme

Managers, Modern Matrons and Ward Managers.
This will include information regarding:

- MERT Equipment audits
- Scenarios Audits for all In-patient units
- Audit of Medical Emergencies and Resuscitation events (taken from information submitted on the Record of Medical Emergency Forms)

4. Definitions

The following are key definitions associated with these guidelines:

4.1 **Cardiac Arrest** Occurs when the heart fails to function as a pump, resulting in a total loss of cardiac output and therefore loss of oxygen supply to the brain and other major organs.

4.2 **Recognition of cardiac arrest** The following signs are required to diagnose a cardiac arrest:

- Unconscious
- Absence of effective breathing
- Absence of visible signs of life (checking for carotid pulse may also be used in controlled circumstances by those with experience)

N.B. The patient may still have 'agonal' gasps but this does not exclude cardiac arrest.

4.3 CPR and BLS

Cardiopulmonary Resuscitation (CPR) otherwise known as Basic Life Support (BLS) techniques aimed at maintaining oxygenation of the vital organs which may include assisted ventilations and chest compressions. The aim of such actions is to minimise damage to the casualty's vital organs and to achieve return of spontaneous circulation.

4.4 **Allow Natural Death (AND) / Do Not Attempt Resuscitation (DNAR)**
Refers to the Care Practice Standards Procedure Policy for AND/DNAR

4.5 **ALS** Advanced Life Support (ALS) course a recognised certificated training course from the Resuscitation Council (UK)

4.6 **ILS** Immediate Life Support (ILS) Course a recognised certificated training course from the Resuscitation Council (UK)

4.7 **AED** Automated External Defibrillation

4.8 In-patient units for the Trust are mentioned and referred to as:

Unit / site	Strategic Service User Group	Ward name
Wotton Lawn Hospital (WL)	WAA (Working Age Adult)	Abbey Ward Dean Ward Priory Ward Greyfriars Ward Kingsholm Ward Montpellier Ward

Honeyborne	WAA (Working Age Adult) Rehabilitation & Recovery unit (Rehab)	
Laurel House	WAA (Working Age Adult) Rehabilitation & Recovery unit (Rehab)	
BranchLea Cross	WAA (Working Age Adult) Substance Misuse (SM)	
Charlton Lane	OPS (Older Persons Services)	Chestnut Ward Mulberry Ward Willow Ward
Hollybrook	LD (Learning Disability) Habilitation & Treatment Service	
Westridge	LD (Learning Disability Unit) Acute assessment for people with a learning disability	

4.9 Guidelines

Summarises best practice known for a given situation, but does not prescribe mandatory actions. Guidelines are not “unofficial protocols or policies. These guidelines provide recommendations for health care providers with patients presenting in an emergency situation, where there is a sudden, unexpected and life threatening deterioration in the patient’s medical condition.

4.10 Pre Arrest Call Criteria

Identifies the criteria upon which further help and additional support (from the MERT and an emergency ambulance) is required (See Appendix 1)

5. Scope

- 5.1 These guidelines apply to all staff working in the 2gether NHS Foundation Trusts In-patient units in Gloucestershire who have patient contact. Staff will attended a MERT course and will be proficient in performing effective Basic Life Support and the use of the defibrillator in the event of a Cardiopulmonary Arrest in line with the Resuscitation Council (UK) Guidelines
<http://www.resus.org.uk/pages/bls.pdf> and
<http://www.resus.org.uk/pages/aed.pdf> accessed May 24th 2010

In Herefordshire a process of Intermediate Life Support is in place in Partnership with staff from Hereford County Hospital. The principles of the policy however are still relevant in these settings of the trust.

- 5.2 Patients may on occasions present with a sudden, unexpected and life threatening deterioration and these guidelines outline the procedure to follow.

6. Context

- 6.1 The Medical Emergency Guidelines recognise that there is not always medical (ie Drs) cover to make decisions in Medical Emergency events. In any Medical Emergency situation the MERT trained staff will respond and commence treatment / resuscitation utilising the available MERT equipment (including the defibrillator and emergency oxygen on site) until the arrival of the emergency ambulance.

- 7.2 The Resuscitation Council (UK) recommends the use of Automated External Defibrillators (AED) to be situated in areas of higher population flow and increased risk of occurrence of cardiac arrest. Within health care environments it is more appropriate to have Automated External Defibrillators placed to enable wider access from the multidisciplinary team. There may be occasions in health care environments when it is appropriate for MERT trained staff within the multidisciplinary team to use the AED.

7. Guidelines for Medical Emergency Procedures

- 7.1 **Pre Arrest Call Criteria** identifies the criteria upon which further help and additional support (from the MERT and an emergency ambulance) is required:

- All Cardiac Arrests
- All Respiratory Arrests
- Chest Pains

Patient is unrousable / deteriorating and has 1 or more of the following signs:

Respiratory rate	< 10 / minute
Respiratory rate	> 30 / minute
Heart rate	< 50 / minute
Heart rate	> 130 / minute
BP	< 90 mmHg systolic
Oxygen saturation	< 92% on air
Blood sugar	< 4 mmol/L and not responding to treatment

- 7.2 If a patient deteriorates and meets the Pre Arrest Call Criteria, the local Medical Emergency Guideline will be initiated:

- All available staff respond
- Staff bring assigned MERT equipment
- MERT staff will utilise skills / equipment and look after the physical wellbeing of the patient
- Staff will direct ambulance to incident
- Dr will respond if available, if no Dr attends this needs to be documented in patient's progress notes as to why

- 7.3 MERT equipment will include the:

- The grab bag (see appendix 4.1 & 4:5)
- MERT Assessors Bag -Wotton Lawn & Charlton Lane only (see appendix 4:2)
- Emergency oxygen (see appendix 4:3)
- The AED (see appendix 4:4)

This must be checked on a weekly basis using Appendix 4

- 7.4 Annually in each In-patient unit, the Resuscitation Training Officers will initiate a simulated cardiac arrest to audit the response procedures of the unit, actions taken by staff and subsequent treatment delivered.

- 7.5 All resuscitation equipment, (including defibrillators) available in In-Patient Units will be audited annually by the Resuscitation Training Officers.

- 7.6 For all Medical Emergencies the 'Record of a Medical Emergency' form will be

completed by those in attendance (see appendix 5). This is scanned and uploaded to the patients Rio file.

- 7.7 Upon receiving the completed Record of Medical Emergency forms, the Resuscitation Training Officers will monitor, record and follow up where necessary, all events.
- 7.8 Once annual equipment audits have been completed all In-patient Units managers, Modern Matrons and the Trusts Training Manager will receive a copy and subsequent recommendations.

8. In house training

Training in MERT is mandatory for some groups of staff in the trust as outlined on the trust training needs analysis. This is provided as an in-house training provision

- 8.0 On the 2gether NHS Trust's MERT course, relevant information will be disseminated to staff regarding the Emergency Guidelines and Flowcharts by the Resuscitation Training Officers.
- 8.2 By following the Competency Framework, staff are encouraged to recognise patients at risk of cardiac arrest and summon help early, potentially averting cardiac arrest situations.
- 8.3 MERT courses are offered to staff working in Working age adults (WAA), Learning disabilities (LD), Rehabilitation & Recovery / Early Intervention and Older Persons In-Patient Units and are also open to medical staff within the Trust
- 8.4 Any member of staff working within the In-Patient Unit who has been designated a member of the Medical Emergency Response Team should attend the mandatory 1 day Medical Emergency Response Team (MERT) Training course.
- 8.5 The content of the MERT course includes:
 - Pre Arrest Call Criteria
 - Emergency Guidelines
 - Recognition of the sick patient (using the ABCDE approach)
 - Awareness of the Do Not Attempt Resuscitation (DNAR) policy
 - Basic life support
 - Basic airway management
 - Emergency oxygen administration
 - Defibrillation using the Automated External Defibrillator
 - Cardiac arrest / medical emergency management.
- 8.6 Training programmes will be organised through the Training and Education department, which will then be delivered by the Resuscitation Training Officers.
- 8.7 It is recommended from the Resuscitation Council (UK) that BLS training should be repeated annually, therefore an annual update is recommended and certification of training will only be valid for 12 month from the date of

training

- 8.8 The learning outcomes of Defibrillation training and the Assessment Criteria are based on the Resuscitation Council (UK) guidelines 2005 (see appendix 2). Staff can only be assessed competent (against the Competency Assessment Criteria) on the day of training (appendix 3). At the time of training staff are deemed competent and they will abide with the guidelines and maintain their skills as necessary.

9. Process to monitor compliance

- 9.0 All findings and actions (including adverse reactions) should be documented in the patient's progress notes.
- 9.1 All 'Record of Medical Emergency' Form should be completed and returned to the Resuscitation Training Officers for follow up audit and ongoing monitoring.
- 9.2 MERT training and attendance records will be monitored by the Trusts training and Education Department.
- 9.3 All resuscitation equipment, (including defibrillators) available in In-Patient Units will be audited annually by the Resuscitation Training Officers.
- 9.4 Weekly MERT equipment checks must be undertaken on each ward which are reviewed by the resuscitation officers
- 9.5 Once annual equipment audits have been completed all In-patient Units managers, Modern Matrons and the Trusts Training Manager will receive a copy and subsequent recommendations.
- 9.5 The effectiveness of training delivered will be monitored through the annual audit process to ensure that all in-patient Units achieve a 3 minutes response time for all cardiac arrests/medical emergencies calls.
- 9.6 The Trusts Medical Emergency Guidelines and flowcharts will be monitored and reviewed by the Resuscitation Training Officers.
- 9.7 If any adaptations or changes need to be made which will have a direct impact on the Emergency Guidelines and Flowcharts, the Resuscitation Training Officers will respond accordingly by updating the relevant information and will inform all relevant parties
- 9.8 Copies of the Emergency Guidelines and Flowcharts will be made available (by the Resuscitation Training Officers) to all in-patient units and additional copies can be sought from this document

10. Procedures for reviewing the Medical Emergency Guidelines

- 10.0 Records of MERT training for individuals and their working areas will be maintained by administration staff in the Training and Education Department. Details of the statutory and mandatory training monitoring processes can be found in the Approved Documentation for the provision of Risk Management Training.

- 10.1 All members of staff attending MERT training will receive a certificate identifying competencies achieved during training, as this will be required by Line Managers for the purpose of Appraisal.
- 10.3 A review of the Medical Emergency Guidelines will be undertaken by the Resuscitation Training Officers every 2 years prior to ratification

11. Procedures for archiving this guideline

- 11.1 Archiving will occur within one calendar month of this documents review date, which is shown on the front cover. The board administrator will be responsible for archiving electronic documents on the Trusts 'L' Drive in the secure document store.

12. Associate Documents

Documents associated with this policy are:

- Trusts Training and Education Strategy
- Trusts Training Plan
- Statutory and Mandatory Training Needs Analysis Matrix
- Trusts Statutory and Mandatory Training Directory
- Basic Life Support Policy
- Defibrillation Policy
- Oxygen Guidelines
- Allow Natural Death / Do Not Attempt Resuscitation policy
- Training cross reference to TNA (MERT)
- An equality impact assessment has been completed for this policy and is available for audit purposes and is published on the Trusts intranet site.

13. References

"Advanced Life Support Course – Provider Manual 5th Edition". The Resuscitation Council (UK) 2005. A Resuscitation Council (UK) Publication

"Cardiopulmonary Resuscitation - Guidance for Clinical Practice and Training in Primary Care". The Resuscitation Council (UK) July 2001

"Competencies in Adult Cardiopulmonary Resuscitation and the use of the Automated External Defibrillator". The Resuscitation Council (UK) December 2005. Available from: <http://www.resus.org.uk/pages/aed.pdf> accessed May 24th 2010

Metherall, A. Worthington, R. & Keyte, A. (2007). *Twenty four hour medical emergency response teams in a mental health in-patient facility – New approaches for safer restraint. Journal of Psychiatric Intensive Care* , Volume 2 , Issue 01 , Jun 2006 , pp 21-29. Cambridge University Press

"National Service Framework for Coronary Heart Disease" Department of Health 2000

“NHSLA Pilot Risk Management Standards for Mental Health & Learning Disability Trusts” Standard 4 number 8 NHS Litigation Authority May 2007

National Institute for Clinical Excellence NICE website. *NICE shared learning, implementing NICE guidance.* Available from: <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation> (Accessed on 20th April 2010).

National Patient Safety Agency: National Report and Learning Service (2008). Rapid Response Report NPSA/2008/RRR010: Resuscitation in Mental Health and Learning Disability Settings. Available from: <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59895> (Accessed on 10th May 2010)

“Resuscitation Guidelines 2005”. Resuscitation Council (UK) November 2005 Available from: <http://www.resus.org.uk/pages/bls.pdf> accessed May 24th 2010

Resuscitation Council (UK). (2004). Cardiopulmonary resuscitation. *Standards for clinical practice and training: A joint statement from The Royal college of anaesthetists, The Royal College of Physicians of London, The Intensive Care Society, The Resuscitation Council (UK).* Available from: <http://www.resus.org.uk/pages/standard.pdf> (Accessed on 1st March 2010)

“Skills for care” National Occupational Standards 2005

“The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process”. Department of Health October 2004

Wotton Lawn Hospital
Pre-Arrest Call Criteria
Alert on-call Doctor and / or dial

***33**

state that it's a "Medical Emergency"
& call 9-999 if required

- All Cardiac Arrests
 - All Respiratory Arrests
 - Chest Pains
 - Patient is unrousable/deteriorating and has 1 or more of the following signs:
- Respiratory rate < 10 / minute
 - Respiratory rate > 30 / minute
 - Heart rate < 50 / minute
 - Heart rate > 130 / minute
 - Blood Pressure < 90 mmHg systolic
 - Oxygen saturation < 92% on air (without Oxygen)
 - Blood sugar < 4 mmol/L and not responding to treatment

**Pre Arrest Call Criteria (Charlton Lane,
Westridge, Honeybourne, Branch Lea Cross &
Hollybrook)**

**Pre-Arrest Call Criteria
Alert on-call Doctor and / or dial
9-999**

- All Cardiac Arrests
 - All Respiratory Arrests
 - Chest Pains
 - Patient is unrousable/deteriorating and has 1 or more of the following signs:
-
- Respiratory rate < 10 / minute
 - Respiratory rate > 30 / minute
 - Heart rate < 50 / minute
 - Heart rate > 130 / minute
 - Blood Pressure < 90 mmHg systolic
 - Oxygen saturation < 92% on air (without oxygen)
 - Blood sugar < 4 mmol/L and not responding to treatment

Pre Arrest Call Criteria (Laurel House)

Pre-Arrest Call Criteria

Alert on-call Doctor and / or dial

999

- All Cardiac Arrests
- All Respiratory Arrests
- Chest Pains
- Patient is unrousable/deteriorating and has 1 or more of the following signs:

- Respiratory rate < 10 / minute
- Respiratory rate > 30 / minute
- Heart rate < 50 / minute
- Heart rate > 130 / minute
- Blood Pressure < 90 mmHg systolic
- Oxygen saturation < 92% on air (without Oxygen)
- Blood sugar < 4 mmol/L and not responding to treatment

Appendix 2:1

Guidelines for a Medical Emergency – Wotton Lawn & Greyfriars

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. Dial *33

State “**MEDICAL EMERGENCY**” and the **EXACT** location of incident.
i.e. Dean Ward Wotton Lawn.

Followed by

9 - 999 requesting the attendance of the Ambulance Service (if required).
Give details as requested.

State “**MEDICAL EMERGENCY**” and the Location of incident.

(NB: The unit does not operate the national emergency number due to technical difficulties that the phone company is unable to over come at this time)

2. Hospital staff at the scene should provide First Aid and / or Basic Life Support.

3. All available staff from the wards should respond.

4. Staff who are members of the Medical Emergency Response Team (**MERT**) with a Doctor (if available) will provide appropriate treatment including use of the **Automated External Defibrillator** (AED) if required.

5. Liaise and handover to Medical Emergency Response Team and Ambulance Personnel upon their arrival.

6. The incident should be accurately recorded in the Progress Notes and a “**Record of Medical Emergency**” form should be completed and a copy sent to the Resuscitation Training Officers.

Ward/unit	Response	Service user group
All Wotton Lawn wards	MERT (Defibrillator) & 9-999	Acute working age adult

Appendix 2:2

Guidelines for a Medical Emergency at Charlton Lane

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. Call for help and if available, use the local alarm system for the unit (**see table below**) to alert all other members of staff that you require assistance:

Unit	Recognised Alarm System
Charlton Lane Unit	Press Emergency Fob

Dial 9 - 999 requesting the attendance of the Ambulance Service.
Gives details as requested.

State **“MEDICAL EMERGENCY”**, Address and the Location of incident.

2. Staff at the scene should provide First Aid and / or Basic Life Support.

3. All other available staff should respond.

4. Staff who are members of the Medical Emergency Response Team (**MERT**) will provide appropriate treatment including use of the **Automated External Defibrillator** (AED) if required.

5. Liaise with other members of the Medical Emergency Response Team and handover to the Ambulance Personnel upon their arrival.

6. The incident should be accurately recorded in the Progress Notes and a **“Record of a Medical Emergency”** form should be completed and a copy sent to the Resuscitation Training Officers.

Unit	Response	Service user group
Charlton Lane Unit	MERT (Defibrillator) & 9-999	Older Persons

Appendix 2:3

Guidelines for a Medical Emergency at Hollybrook Learning Disability Unit

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. Call for help and Pull Emergency Alarm

This will identify the room an attack / medical emergency is in.

Dial 9 - 999 requesting the attendance of the Ambulance Service.

Gives details as requested.

State **“MEDICAL EMERGENCY”**, Address and the Location of incident.

For staff in admin area:

The Emergency alarm can be found attached to the **Grab bag**.

For the main unit:

The **Grab Bag** and **Oxygen** are located in the corridor between house 2 & 3.

Defibrillators are located in the main entrance (airlock) to house 1 & 2 and the main entrance (airlock) to house 3 & 4

For the activity & admin area:

The **Oxygen** and **Grab Bag** (which contains a **Defibrillator**) is located in the corridor outside the meetings room in the admin area.

2. Staff at the scene should provide First Aid and / or Basic Life Support.

3. All other available staff should respond.

4. Staff who are members of the Medical Emergency Response Team (**MERT**) will provide appropriate treatment including use of the **Defibrillator** (AED) if required.

5. Liaise with other members of the Medical Emergency Response Team (**MERT**) and handover to the Ambulance Personnel upon their arrival.

6. The incident should be accurately recorded in the Progress Notes and a **“Record of a Medical Emergency”** form should be completed and a copy sent to the Resuscitation Training Officers.

Unit	Response	Service user group
Hollybrook	MERT (Defibrillator) and 9-999	Learning Disabilities

Appendix 2:4

Guidelines for a Medical Emergency in Westridge - Acute Assessment Learning Disability Unit

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. Call for help and use the local alarm system for the unit (**see table below**) to alert all other members of staff that you require assistance:

Unit	Recognised Alarm System
Westridge	Spider alert alarm

Dial 9 - 999 requesting the attendance of the Ambulance Service.

Gives details as requested.

State **“MEDICAL EMERGENCY”**, Address and the Location of incident.

2. Staff at the scene should provide First Aid and / or Basic Life Support.

3. All other available staff should respond.

4. Staff who are members of the Medical Emergency Response Team (**MERT**) will provide appropriate treatment including use of the **Automated External Defibrillator** (AED) if required.

5. Liaise with other members of the Medical Emergency Response Team and handover to the Ambulance Personnel upon their arrival.

6. The incident should be accurately recorded in the Progress Notes and a **“Record of a Medical Emergency”** form should be completed and a copy sent to the Resuscitation Training Officers.

Unit	Response	Service user group
Westridge	MERT (Defibrillator) & 9-999	Acute assessment for people with Learning disabilities

Appendix 2:5

Guidelines for a Medical Emergency at Honeybourne

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. **Call for help** and if available, use the local alarm system for the unit (**see table below**) to alert all other members of staff that you require assistance:

Unit	Recognised Alarm System
Honeybourne	Emergency alarm system

Dial 9 - 999 requesting the attendance of the Ambulance Service.

Gives details as requested.

State **“MEDICAL EMERGENCY”**, Address and the Location of incident.

2. Staff at the scene should provide First Aid and / or Basic Life Support.
3. All other available staff should respond.
4. Staff who are members of the Medical Emergency Response Team (**MERT**) will provide appropriate treatment including use of the **Automated External Defibrillator** (AED) if required.
5. Liaise with other members of the Medical Emergency Response Team and handover to the Ambulance Personnel upon their arrival.
6. The incident should be accurately recorded in the Progress Notes and a **“Record of a Medical Emergency”** form should be completed and a copy sent to the Resuscitation Training Officers.

Unit	Response	Service user group
Honeybourne	MERT (Defibrillator) and 9-999	Recovery home, working age adults

Appendix 2:6

Guidelines for a Medical Emergency at Laurel House

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. **Call for help** and if available, use the local alarm system for the unit (**see table below**) to alert all other members of staff that you require assistance:

Unit	Recognised Alarm System
Laurel House	Emergency alarm system

Dial 999 requesting the attendance of the Ambulance Service.

Gives details as requested.

State **“MEDICAL EMERGENCY”**, Address and the Location of incident.

2. Staff at the scene should provide First Aid and / or Basic Life Support.
3. All other available staff should respond.
4. Staff who are members of the Medical Emergency Response Team (**MERT**) will provide appropriate treatment including use of the **Automated External Defibrillator** (AED) if required.
5. Liaise with other members of the Medical Emergency Response Team and handover to the Ambulance Personnel upon their arrival.
6. The incident should be accurately recorded in the Progress Notes and a **“Record of a Medical Emergency”** form should be completed and a copy sent to the Resuscitation Training Officers.

Unit	Response	Service user group
Laurel House	MERT (Defibrillator) and 999	Recovery home, working age adults

Appendix 2:7

Guidelines for a Medical Emergency in BranchLea Cross Substance Misuse Unit

Upon discovering a medical emergency it is paramount that you seek assistance immediately.

1. **Call for help** and use the local alarm system for the unit (**see table below**) to alert all other members of staff that you require assistance:

Unit	Recognised Alarm System
BranchLea Cross	Emergency alarm system

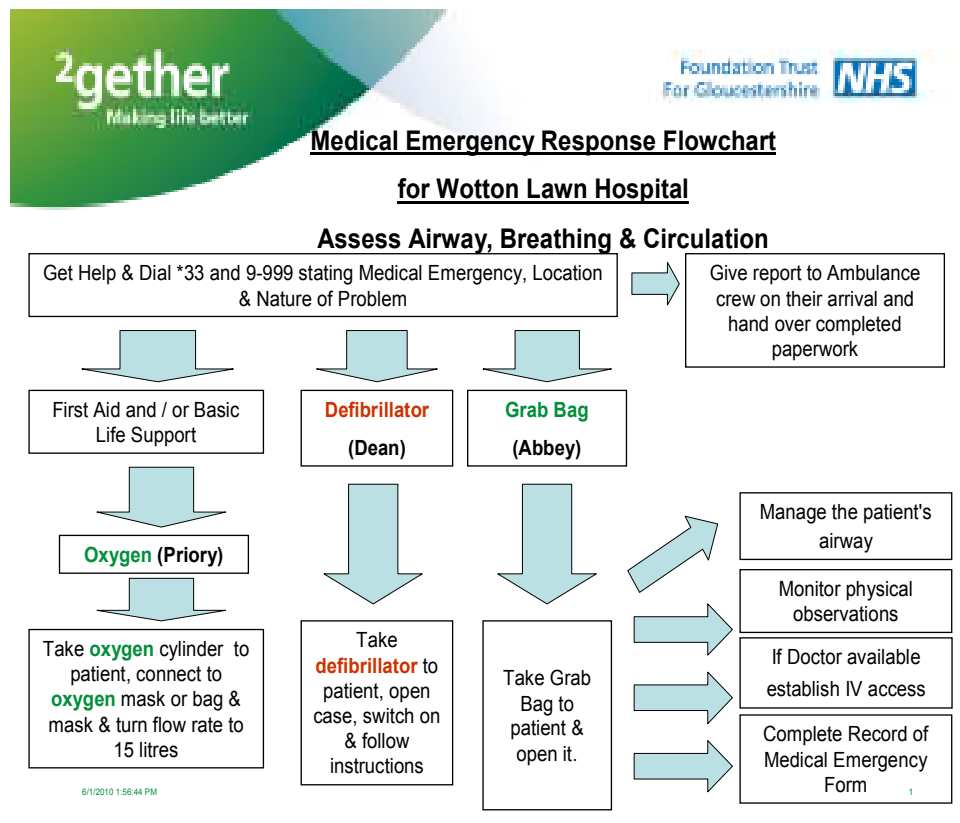
Dial 9 - 999 requesting the attendance of the Ambulance Service.
Gives details as requested.

State **“MEDICAL EMERGENCY”**, Address and the Location of incident.

2. Staff at the scene should provide First Aid and / or Basic Life Support.
3. All other available staff should respond.
4. Staff who are members of the Medical Emergency Response Team (**MERT**) will provide appropriate treatment including use of the **Automated External Defibrillator** (AED) if required.
5. Liaise with other members of the Medical Emergency Response Team and handover to the Ambulance Personnel upon their arrival.
6. The incident should be accurately recorded in the Progress Notes and a **“Record of a Medical Emergency”** form should be completed and a copy sent to the Resuscitation Training Officers.

Unit	Response	Service user group
BranchLea Cross	MERT (Defibrillator) and 9-999	Substance Misuse

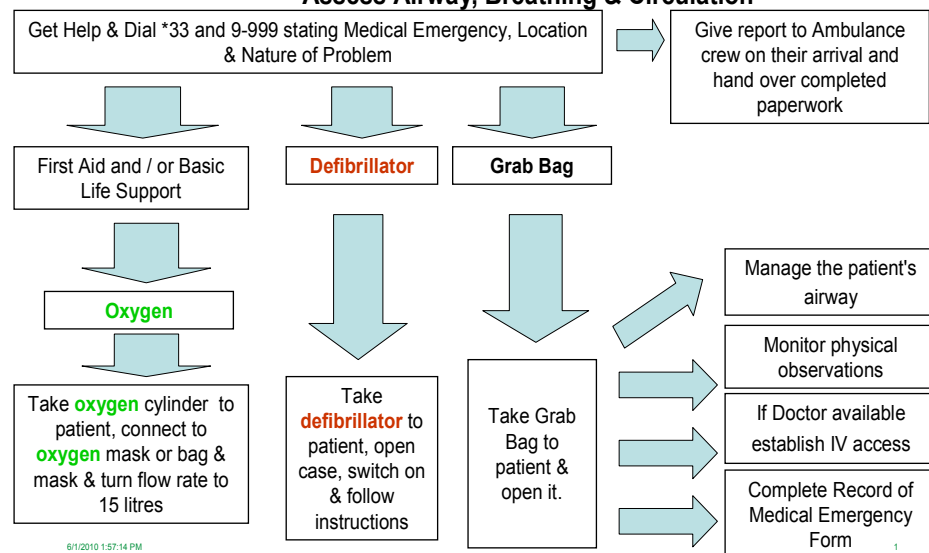
Appendix 3:1 Medical Emergency Response Flowchart – Wotton Lawn Hospital & Greyfriars Ward



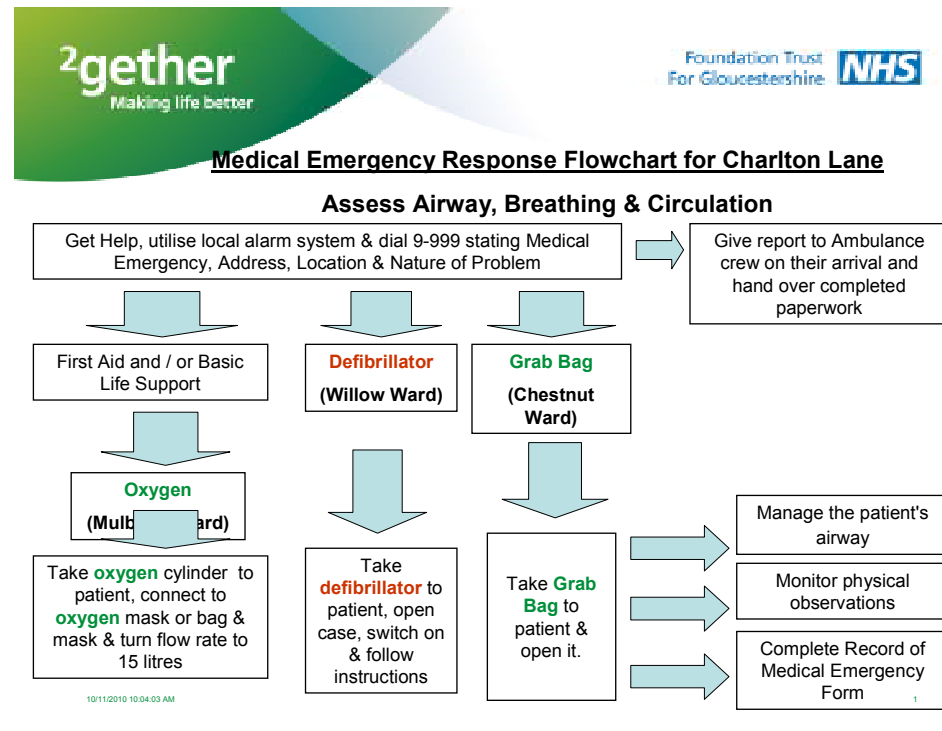
Medical Emergency Response Flowchart

for Wotton Lawn – Greyfriars Ward

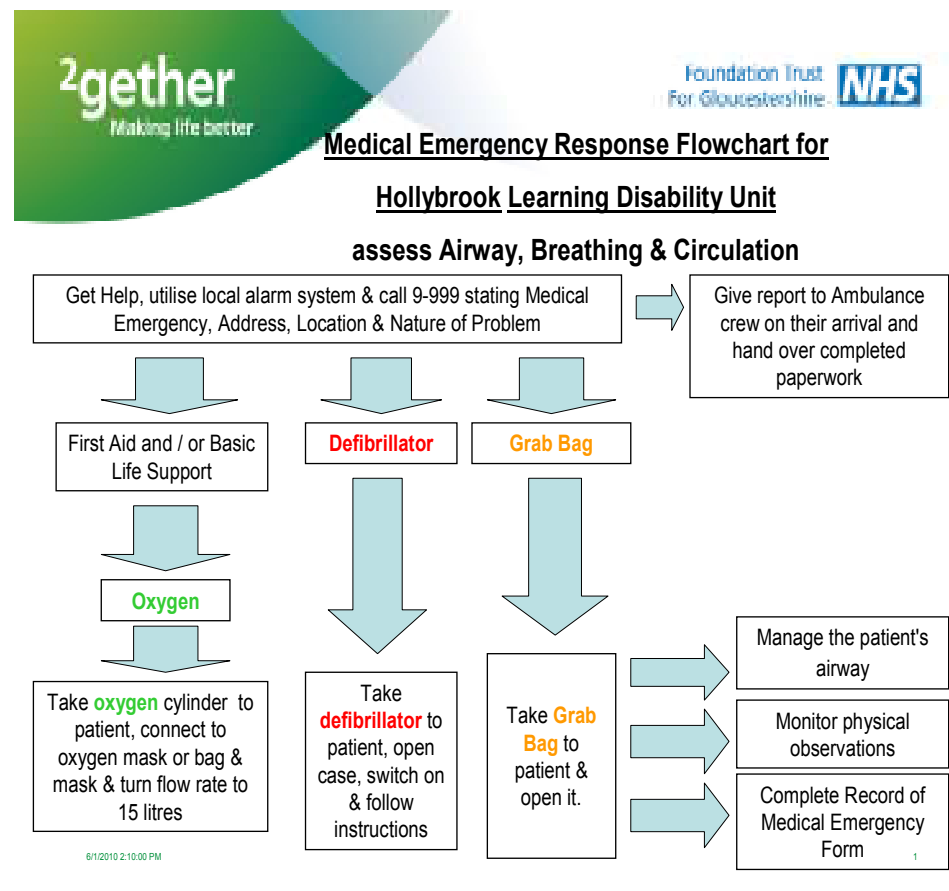
Assess Airway, Breathing & Circulation



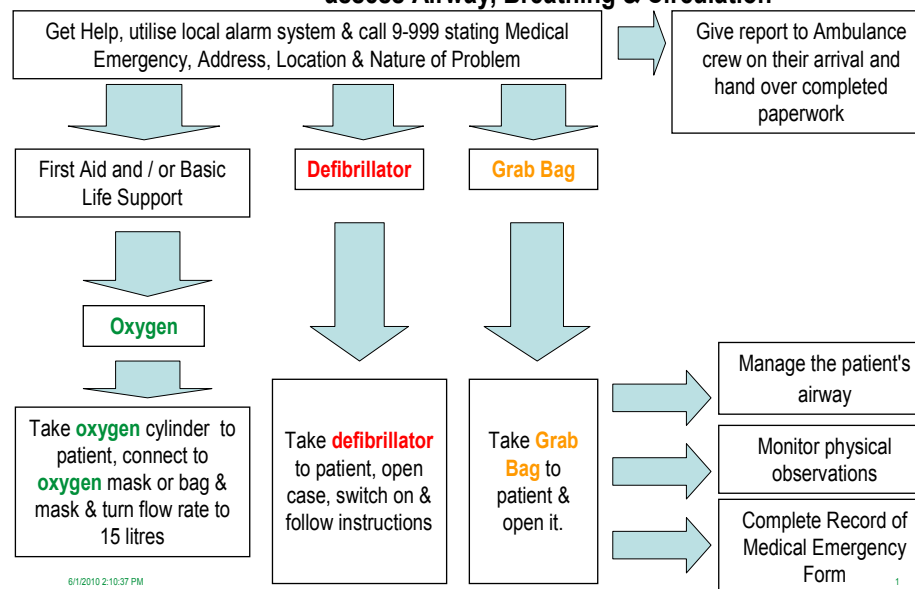
Appendix 3:2 Medical Emergency Response Flowchart – Charlton Lane



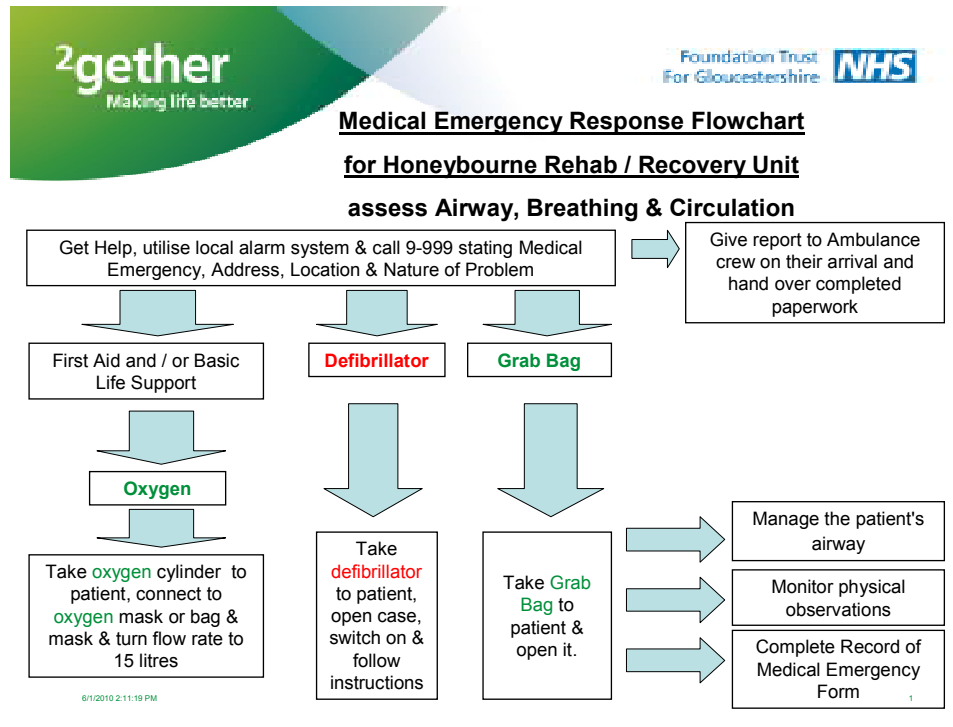
Appendix 3:3 Medical Emergency Response Flowchart – Hollybrook & Westridge



assess Airway, Breathing & Circulation



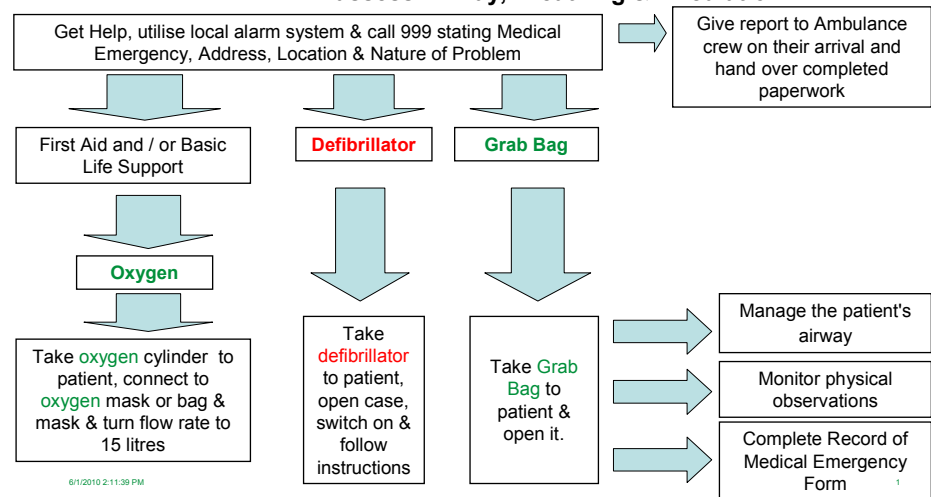
Appendix 3:4 Medical Emergency Response Flowchart – Honeybourne & Laurel House



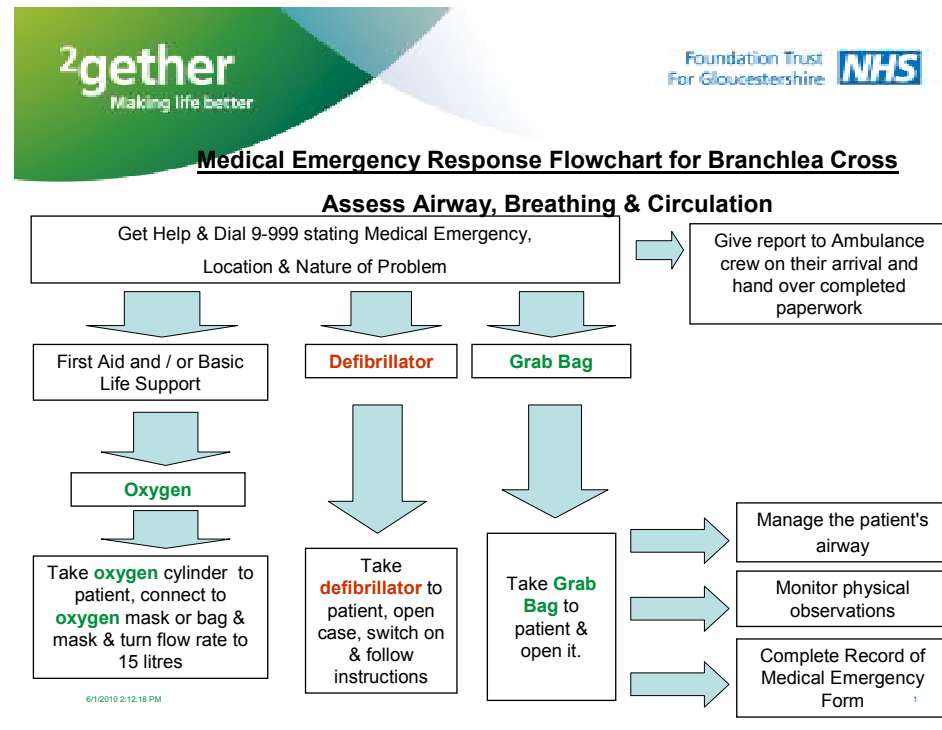
Medical Emergency Response Flowchart

for Laurel House Rehab / Recovery Unit

assess Airway, Breathing & Circulation



Appendix 3:5 Medical Emergency Response Flowchart – BranchLea Cross



Appendix 4:1 MERT equipment checklists – Wotton Lawn Grab Bag

Abbey Ward Wotton Lawn

Medical Emergency Response Team Grab Bag Checklist

Contents to be checked and tagged weekly and after every incident

FRONT POCKET	Present Yes / No	Expiry date	Comments
Anaphylaxis box (sealed) in front pouch			
1 x pocket mask			
Gloves (selection)			
Pen			
Laminated MERT Record of Physical Observations			
Record of Medical Emergency form / pre arrest call criteria form			
Record of Physical Restraint Form			
Physical Observation Chart			
Laminated Emergency Drugs available list for Doctors			
INSIDE ZIP			
AIRWAY MANAGEMENT (top)	Present Yes / No	Expiry date	Comments
Bag Valve mask, with reservoir bag and oxygen tubing attached (disposable)			
1 x Guedal Airway size 2 (disposable)			
1 x Guedal Airway size 3 (disposable)			
1 x Guedal Airway size 4 (disposable)			
Non -re breather oxygen mask with oxygen tubing ((disposable)			
SUCTION (middle)			
Suction unit trigger			
Collection canister (disposable)			
Suction catheters to be attached to canister (disposable)			
FLUIDS (bottom)			
1 X Sodium Chloride 500ml 0.9%			
2 x Administration set			
ASSESSMENT			
Forehead thermometer			
Pen torch			
Ligature cutters			
Blood sugar testing kit			
Pulse oximeter			
FIRST AID			
4 x large sterile dressings			
4 x gauze swabs			
4 x Bandages			
Small saline sachets for irrigation			
1 x tape roll			
Tuffcut scissors			
IV ACCESS	Present Yes / No	Expiry date	Comments
1 x tourniquet			
1 x cotton balls			
5 x Sodium Chloride for injection (5 mls) (not sachets)			
2 x green needles (21g)			
5 x IV dressings			
2 x pink venflon (20g)			
2 x green venflon (18g)			
2 x grey venflon (16g)			
5 x 5ml syringe			
2 x 2ml syringe			
2 x 10ml syringe			
10 x Sterets			
1 x tape roll			
ADDITIONAL EQUIPMENT			
Stethoscope			
Blood pressure cuff			
Sharps bin			
EMERGENCY DRUG BOXES			
1st line cardiac drug box (BLUE sealed)in clinic on Abbey			
Second line drug box (GREEN sealed) in clinic on Abbey			

Staff Signature : _____ Print : _____ Date: _____

Appendix 4:2 MERT equipment checklists – MERT Assessors Bag (Wotton Lawn & Charlton Lane)

MERT Assessors Bag Checklist

Contents to be checked and tagged weekly and after every incident

Date checked.....

Signed by:.....
name).....

(Print

INSIDE BAG	Present Yes / No	Expiry date	Comments
Ligature cutters			
Tuffcut scissors			
Pocket mask			
Guedal Airway size 2, 3 & 4 (disposable)			
Feverscan forehead thermometer			
Pulse oximeter with finger probe and ear probe			
Sterets, swobs, bandages, saline sachets for irrigation & tape			
Gloves			
Pen torch			
Blood pressure cuff			
Stethoscope			
Blood sugar testing kit, needlesticks & calibration test kit			
Checklists			
Physical Observation Chart			
Record of Physical Intervention Form			
Record of Medical Emergency form			
Laminated Physical Observation Record chart			
Pen & dry wipe marker pen			

Appendix 4:3 MERT equipment checklists - Emergency oxygen

Oxygen Checklist

Contents to be checked and tagged weekly and after every incident

INSIDE BAG	Present Yes / No	Service / Expiry date	Comments
BOC Proline CD size full Oxygen cylinder			
1 x Non-rebreather Oxygen mask (disposable)			
1 x Bag Valve Mask (disposable)			
1 x Pocket Mask			
3 x Oropharyngeal airways – sizes 2,3,4 (disposable)			
1 x waste bag (disposable)			
Gloves			

This oxygen system is supplied on a rental agreement with BOC. If the cylinder needs replacing, please contact the BOC Customer Service Centre 01619 306 010 quoting the Account Number which can be found on the BOC Lifeline work report and customer checklist.

Staff Signature :..... Print :.....Date:.....

Appendix 4:4 MERT equipment checklists – Automated External Defibrillator

Heartstart FR II Automated External Defibrillator Checklist

Contents to be checked and tagged weekly and after every incident

INSIDE POCKET	Present Yes / No	Service / Expiry date	Comments
Heartstart FR II Automated External Defibrillator Serial No..... Asset No.....			
2 x sets of defibrillator pads			
1 x spare battery			
2 x disposable razor			
1 x pair of tuff cut scissors			

Staff Signature :..... Print :.....Date:.....

Appendix 4:5 MERT equipment checklists – Grab Bag

Grab Bag Checklist (all other units excluding Wotton Lawn & Charlton Lane

Contents to be checked and tagged weekly and after every incident

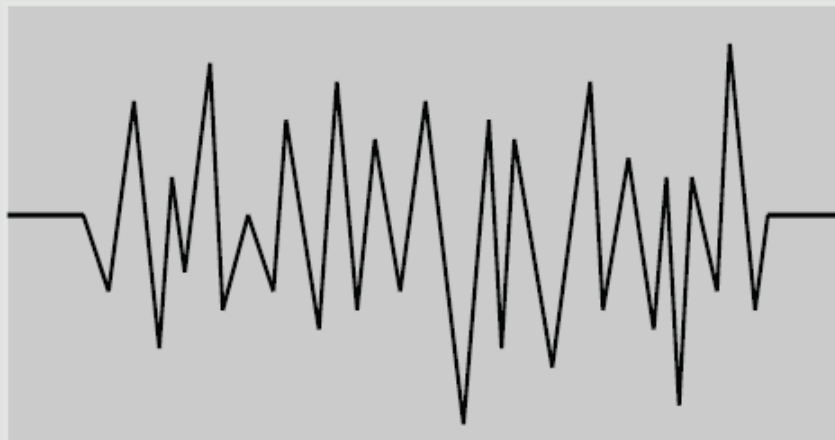
FRONT POCKET - paperwork	Present	Expiry / Service date (If applicable)	Comments
Pen (dry wipe marker)			
Laminated Physical Observation chart			
Cardiac arrest / pre arrest call form			
Physical Observation chart			
Positive Response Training Audit form			
Pen (dry wipe marker)			
1 x pocket mask (disposable valve & filter)			
Selection of gloves			
AIRWAY MANAGEMENT (top pouch)			
Bag Valve mask, with reservoir bag and oxygen tubing (disposable)			
1 x Guedal Airway size 2 (disposable)			
1 x Guedal Airway size 3 (disposable)			
1 x Guedal Airway size 4 (disposable)			
Adult Non - rebreather oxygen mask with oxygen tubing attached (disposable)			
SUCTION (middle)			
Suction unit trigger			
Collection canister for suction unit (disposable)			
Suction Catheters to be attached to the canister(disposable)			
OBSERVATIONS & ASSESSMENT			
Blood pressure cuff - manual			
Stethoscope			
Forehead thermometer (disposable)			
Pen torch			
Blood sugar testing kit			
Blood sugar testing kit -strips			
Blood sugar testing kit - fluids			
Pulse oximeter finger probe			
Ligature cutter			
FIRST AID			
4 x large sterile dressings			
2 x medium sterile dressings			
4 x packs of gauze swabs			
4 x bandages			
1 x tape roll			
Small saline sachets for irrigation			
Selection of gloves			
Tuffcut shears (scissors)			

Appendix 5 Record of a Medical Emergency form



Gloucestershire Partnership **NHS**
NHS Trust

Record of a Medical Emergency



Please fill out enclosed details in the event of a:
Pre-Arrest Call
Cardiac Arrest Call
Respiratory Arrest Call
Chest Pains

Place the top copy with the patients' notes

Return the bottom copy to:
Resuscitation Services
Collingwood House Training and Education Centre
Horton Road, Gloucester, GL1 3PX
Telephone: 01452 89 1244

Revised December 2006

Please fill out enclosed details in the event of all Medical Emergency calls

PATIENT DETAILS: (complete Questions 1- 5 for ALL cases)

1. Hospital/Location: Ward/Dept: Consultant:	2. Name: M/F Date of Birth: Hospital number: Or affix label
---	--

3. CAUSE OF EVENT / DIAGNOSIS:

4. ADMISSION DATE: **DATE OF EVENT/ARREST:**

5. WHAT WAS THE EVENT:

Was the event witnessed? Yes ☐ No ☐ Unknown ☐

False Alarm ☐ (IF FALSE ALARM, STOP HERE AND SIGN FORM)

Pre-arrest Call ☐ (COMPLETE QUESTIONS 6 - 12 ONLY)

Cardiac Arrest ☐ Respiratory Arrest ☐

(FOR A CARDIAC OR RESPIRATORY ARREST GO TO QUESTION 13 AND CONTINUE FORM)

6. PRE-ARREST CALL CRITERIA: (tick all that apply)

Resp rate <10 ☐ Resp rate >30 ☐ HR <50 ☐ HR >130 ☐
 BP <90 systolic ☐ O₂ Stats <92% ☐ Chest Pains ☐ Loss of consciousness ☐
 Blood Sugar levels <4 mmol/L ☐

7. INITIAL EVENT / TIMES:

Time of event:	
MERT team called:	
Ambulance called:	
MERT team arrived:	
Ambulance arrived:	
Patient transferred:	

8. LOCATION:

In Hospital ☐ Out of Hospital ☐

 Please specify: Please specify:
 e.g. bathroom / e.g. car park
 patients bedroom

9. PERSON IN CHARGE OF EVENT:

Name:
Title:

10. NUMBER OF STAFF AT EVENT:

2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
 7 ☐ 8 ☐ 9 ☐ 10 ☐ 10+ ☐

11. Summary of events: (Please include a copy of all recorded physical observations)

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12. Staff signature:

Name (print): Status: Signed:

PLEASE CHECK FORM IS SIGNED AND COMPLETED

Revised December 2006