

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: EMERGENCY MEDICAL PROCEDURES

NUMBER: NN-RI-06

Page 1 of 3

ORIGINAL DATE: 05/01/89

REVIEW/REVISE DATE: 08/08/90, 08/28/91, 06/08/95, 11/05/98, 02/21/02, 01/05/06,  
1/22/09, 6/18/09, 6/21/12

APPROVAL: \_\_\_\_\_, Agency Director

I. PURPOSE

To establish procedures for Northern Nevada Adult Mental Health Services (NNAMHS) staff to provide resuscitative services while awaiting the arrival of outside emergency medical services.

II. POLICY

NNAMHS will provide emergency resuscitative services including CPR and use of the Automated External Defibrillator (AED) while awaiting transport to the nearest appropriate facility.

III. REFERENCES

1. NNAMHS Policy NN-PC-SF-03 -Emergency Carts
2. NNAMHS Policy NN-PI-04- Incident Report

3. NNAMHS Policy NN-IM-MR-07- Consumer Transfers and Documentation (COBRA) 4.MR 225 Medical Emergency Response Record
5. Emergency Cart Daily Checklist

IV. Criteria for early intervention

1. Vital signs outside normal parameters
2. Unsteady gait
3. Change in skin color
4. Change in level of pain
5. Shortness of breath
6. Acute behavior changes
7. Critical laboratory values
8. Change in mentation/Level of consciousness, either observed by staff, or reported by consumer's family.

A. Changes in a patient's condition, such as those listed above, as observed by staff or reported by the patient or family are to be reported to the nurse and the attending physician.

1. Increased frequency of monitoring and assessment of patient condition shall occur upon identification/reporting of such changes. If the patient's condition does not improve, medical care will be provided either by notifying the medical doctor on-site or transporting the patient to a local medical hospital.
2. Symptoms of acute cardiopulmonary compromise will be criteria for the immediate transport of the consumer to a medical hospital.

B. Cardiopulmonary arrests, respiratory arrest, and mortality events are all reported as Serious Incidents.

C. Each event, of any type, is recorded on a serious incident report form listing all details of the event, including early interventions.

D. Each event is reviewed by the nursing supervisor, Director of Nursing, Medical Director, Agency Director and performance improvement to measure the effectiveness of early interventions.

## V. PROCEDURE

1. All staff providing direct consumer care will be included on the emergency group call list and maintain a current CPR certification with training on the use of the AED.
2. Staff will assure that the nearest emergency cart and the AED are on scene. Use of the AED must be implemented within 3 minutes to provide effective response.
3. First staff at the scene, whether inpatient, outpatient or in some other campus location, will assure that 911 is called to activate Emergency Medical Services. Staff in building #25 will also utilize the overhead paging system to call "Code Blue". During regular business hours in building #25, on hearing the Code Blue-over head page, the operator will activate the emergency group pager system using the location and code 95. For all other campus locations, once staff has called 911 to activate the Emergency Medical Services, the operator must be notified by dialing 8-2011 in order to activate the emergency group pager with location and code 95. This will bring more people to the scene to assist as needed.
4. Staff will continue with CPR and use of the AED noting the time that CPR and use of the AED were initiated, prior to the arrival of the ambulance, on the MR 225.
5. NNAMHS staff will transition the care of the victim over to the emergency medical service personnel in an appropriate, smooth, and supportive manner.
6. After business hours, the inpatient nursing supervisor will notify the NNAMHS Officer of the Day (O.D.) and the Agency Director.
7. Staff will complete an incident report and an emergency medical response record (MR225), at the end of the event.