NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: EMERGENCY CARTS

NUMBER: NN-PC-SF-03

ORIGINAL DATE: 09/28/88

REVIEW/REVISE DATE: 01/26/90, 02/27/91, 10/23/91, 06/08/95, 03/27/96, 04/06/00, 09/04/03, 10/05/06, 5/21/09, 8/18/11

APPROVAL: ______________________________________, Agency Director

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I. PURPOSE

The purpose of this policy is to delineate the location, contents, methods of use, procedures, and steps involved to effect delivery of Basic Life Support (BLS) emergency services to consumers at Northern Nevada Adult Mental Health Services (NNAMHS).
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## II. POLICY

1. It is the policy of NNAMHS to maintain equipment to provide Basic Life Support (BLS) to consumers at the facility.
2. All nursing staff in direct inpatient care shall be observed annually on the emergency cart process.
3. All outpatient staff in direct consumer care shall be certified in CPR and shall renew that certification biannually.

## III. REFERENCES

1. NNAMHS Nursing Policy and Procedure, Medical Emergencies #200-18.
2. Emergency Response Log MR 225

## IV. DEFINITIONS

The Emergency Cart is a locked, wheeled cabinet that contains all the equipment medically needed to affect Basic Life Support (BLS) while awaiting arrival of outside emergency medical services; NNAMHS Policy and Procedure #NN-PC-SF-03.

## V. PROCEDURE

1. Cart Locations
   a. Each consumer unit has a designated location where the cart will be kept when it is not in use.
   b. Carts will be kept on the:
      1. Acute Unit
      2. Intermediate Unit
      3. Psychiatric Observation Unit

4. Medication Room in the Outpatient Medication Clinic, Bldg. 5
5. Outpatient Medication Clinic Bldg. 1, between rooms six and seven
6. Inpatient medical clinic
7. PACT
8. Service Coordination Bldg 8, room 67

c. Nursing Staff are responsible to see that the cart is kept in its location.

2. Checking the Carts

a. Inpatient nursing will check daily and document on a log sheet the integrity of the lock. At the end of each month, this log will be sent to the Director of Nursing, who will keep the logs from each cart on file. The Emergency Cart at the outpatient Medication Clinic will be checked weekly with all logs forwarded to the Psychiatric Nurse IV on a monthly basis. The emergency Cart in PACT will be checked weekly with all logs forwarded to the Clinical Program Manager I on a monthly basis. The Emergency Cart in the Service Coordination area is maintained and checked daily by the designated Psychiatric Nurse II and logs are forwarded monthly to the Clinical Program Manager I.

b. A stock of all supplies needed for the cart will be maintained by the Employee Health Nurse in the Clinic Storage. When supplies are utilized, the nurse will be contacted by the supervisor who will obtain needed supplies and replace.

c. Pharmacy will check monthly, or more often if necessary, the medications on the cart and will restock as needed.

d. All carts will be locked at all times with a "break away" lock. The GREEN color lock will designate that the contents of the cart are complete. After the cart has been used, but before it has been restocked, a RED color lock will be placed on the cart to control access.

e. Pharmacy will replace the RED color lock with the GREEN color lock.

3. Cart Contents

a. The emergency cart will contain supplies that are reasonably needed for basic life support prior to the arrival of local emergency service at the facility.

b. Each cart will be uniform, with the same items kept in the same place on the cart. See Appendix 1 for list of supplies kept on the cart.

4. When Cart is Used:

a. The Nursing Supervisor and the pharmacy will be notified whenever the cart is opened.

b. Nursing staff will mark off items used on the emergency cart supply list found on top of the Emergency Cart.

c. Nursing staff will give the form to the Nursing Supervisor on duty for replacement/restocking.

d. The Nursing Supervisor or Medical Clinic Nurse will restock used items, complete the form and lock the cart with a Red Tag.

e. The supervisor or Medical Clinic nurse will give the completed form to the pharmacy. After hours the form will be slipped under the pharmacy door with a message left on the pharmacy voice mail stating the date and time the cart was opened.

f. The medication used will be restocked by pharmacy staff.

g The inpatient medical clinic supply cabinet will contain a back up supply of cart equipment in the event the cart is used after hours.

h. The medication outpatient clinic nurse will complete a requisition for supplies and medications used. The requisition will be forwarded for re-stocking. When all supplies are received, the nurse will restock the cart and lock it with a RED tag.

i. PACT: Pharmacy staff will maintain a record of each instance of medication re-supply or medication check.

j. A Medical Emergency Response form, MR225 is completed for any medical emergency. These forms are located on the emergency cart.

VI. TRAINING

The Hospital Educator will ensure the use of the cart and its contents are reviewed annually with staff who receives CPR certification.

## SUPPLIES KEPT ON EMERGENCY CART

BACK OF CART
Cardiac Board – 1
TOP OF CART
Disposable Bag Mask Resuscitator - 1
Suction machine bolted to cart - 1
Biohazard Spill Kit – 1
Normal Saline (500 ml bottle used for nasal suction) – 1
Sharps disposal container
1st DRAWER
Oxygen Masks (1) with &' connecting tube
Oxygen tank on-off valves (2)
Suction connecting tube-12 feet (1)
Tonsil Suction tip (2)
Oxygen nasal cannula (1)
Suction kit (with glove size 14 French tip (3)
Face Shield (2)
2nd DRAWER 2nd DRAWER MEDICATIONS
Oral Pharyngeal Airways Epistick (1)
Nasopharyngeal Airways: Instaglucose (2)
Size 28 Fr 9.3mm (1) Diphenhydramine 50mg, I.M. (2)
Size 30 Fr 10mm (1) Cogentin 2mg IM (2)
ASA 81 mg. chewable tablets x2 doses
(#8 tabs)
Size 32 Fr 10.7mm (1)
Size 34 Fr 11.3mm (1)
Size 36 Fr 12 mm (1)
Lubricating Jelly (5)
Emesis Basin – 1
Tongue Blades – 3
4 x 4" gauze - 4
3rd DRAWER
Sterile Gloves – 3 pair
Safety Glasses – 2
Non-sterile gloves - 1 box
Blood Pressure Cuff – 1
Stethoscope – 1

DATE:_______ TIME STARTED:_________ TIME ENDED :

FIRST RESPONDER: ___________________________________________________________________

AIRWAY PATENT YES ☐☐NO ☐☐

BREATHING PRESENT YES ☐☐NO ☐☐

CIRCULATION PRESENT YES ☐☐NO

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VITALS: BP _____ PULSE _____ RESPIRATION _____
TIME (indicate for all that apply)
_____ Activated EMS Physician notified
_____Called 9-911 _____Administrator notified
_____Called 8-2100 Medical Director notified
_____Overhead Page-Code Blue ___ Director of Nursing Notified
CPR started
_____AED
_____Paramedics arrived
INTERVENTIONS

☐☐Oral Airway

☐☐Nasopharyngeal Airway

☐☐Emergency Cart

☐☐Suction

☐☐Oxygen

☐☐Medications: _____Time _____

☐☐Other:_____
NAME AND DISCIPLINE OF PARTICIPANTS:
_____ _____
_____
_____ _____
SIGNATURE (person completing this portion of form) Date Time
Northern Nevada Adult Mental
Health Services
**Medical Emergency Response**
Page 1 of 2
MR 225