NHS Lothian

Cardiac Arrest/Medical Emergency Standardised Operational Procedure

Royal Infirmary of Edinburgh and DCN

1.   **Function**
        To provide a rapid, co-ordinated response to any cardiac arrest or medical emergency within the Royal Infirmary of Edinburgh site.

2. **Procedure**

2.1   In the event of an adult cardiac arrest or medical emergency, a member of staff will telephone number 2222 and states "cardiac arrest" or "medical emergency" followed by the location (ward/department and DCN/ Royal Infirmary of Edinburgh. This message must be repeated once.

2.2   On receiving a 2222 call, the switchboard operator will initiate the cardiac arrest/medical emergency group call via the bleep system. This will alert the members of the team simultaneously. The type of emergency, location and site will be stated by a verbal message from the bleep. This message is repeated once. This call is not acknowledged. If the message from the bleep is unclear, the team member should call 2222 to confirm the nature and location of the emergency.

2.3   Members of the team members must then proceed immediately to the location of the emergency.

2.4

2.4   In the event of maternal cardiac arrest, when dialling 2222 the caller should state, "maternal cardiac arrest" followed by the location.

2.5   In the event of a paediatric emergency, when dialling 2222 the caller should state "paediatric emergency" followed by the location.

2.6   In the event of a cardiothoracic cardiac arrest in wards 111, 112 or 102, when dialling 2222 the caller should state "cardiac arrest group 75" followed by the location.

        a. If a cardiac arrest/medical emergency occurs out with the main building, e.g. in the car parks, then 999 should be called and the emergency managed using the current resuscitation guidelines until the arrival of the ambulance service.

2.7   A test of cardiac arrest team pagers is carried out every day. On testing, the switchboard operator will give the verbal message "emergency test call, please reply to switchboard on xxxxx".

2.8   On receiving this message each pager holder will contact the switchboard operator on the number given as soon as possible to confirm that the test has been received successfully.

3. Cardiac arrest/medical emergency team

3.1   There are emergency teams available for a variety of emergencies on the RIE and DCN sites.

3.2   During 09:00 – 21:00 the core cardiac arrest team (emergency group 70) comprises:
   a) The on-call medical registrar
   b) The on-call anaesthetic CT
   c) The CCU FY2
   d) The CCU senior nurse
   e) The CEPOD ODP
   f) The cardiology FY1
   g) The Resuscitation Officer (If available)

3.2   During 21:00 – 09:00 the core cardiac arrest team comprises:
   a) All the bleeps as above (may not be carried at night)
   b) The Hospital and Night team bleeps

3.3   The cardiothoracic emergency team (emergency group 75) comprises:
   a) The on-call cardiothoracic ST
   b) The duty registrar
   c) The consultant Anaesthetist and supporting consultant anaesthetist
   d) They FY2 from ICU/HDU and ward 102
   e) The charge nurse from 102, 111, 112
   f) The ODP from cardiothoracic theatres
   g) Various nurse practitioners

3.5   The Obstetric Emergency Team are included in the Guideline for the Care of Pregnant or Recently Pregnant (up to 6 weeks post delivery) and the Maternal Collapse & Resuscitation of the Pregnant Woman, Maternity Services Lothian Guidelines.

3.6   The members of each emergency team carry pagers that when activated, will deliver an audible alert stating the type and location of the emergency.

3.7   It is the responsibility of each team member to pass the pager to a replacement member when going off duty.

4. Equipment
4.1 A standard resuscitation trolley is held in every ward area. All other clinical areas also have immediate access to a standard resuscitation trolley.

4.2   An emergency grab bag with basic resuscitation equipment (including an AED and basic airway adjuncts) is kept in ward 114 (CCU). This bag will be brought by either the cardiology FY2 or the cardiology senior nurse to any emergency calls in public or non-clinical areas.

4.3   Additional emergency equipment is available as detailed below. Every standard resuscitation trolley has a laminated guide to the location of the items for retrieval if required.

4.4   Intra-osseous drill (EZIO) kits are located in AMU base 1, wards 114, 120, 130, 204 and 215.

4.5   Portable end tidal CO_2 (EMMA) devices are located in AMU base 1, wards 114, 120, 130, 204 and 215.

4.6   The LUCAS automated chest compressor is located in ward 118.

4.7   Defibrillators with external pacing capability are located in the emergency department, AMU base 1, wards 102, 111, 112, 114 and 118.

4.8   Sodium bicarbonate is located in AMU base 1, OPD4 – dialysis unit, wards 114, 206 and 215.

4.9   Paediatric emergency equipment is located in OPD6.

5.   Transfers from One Clinical Area to another:

5:1 If a Medical Emergency /Cardiac Arrest occurs during a patient's transfer:

5:2 Member of staff with the patient must attempt to get the patient to the nearest clinical   area and begin resuscitation

5:3 The clinical area will then alert the 2222 team following 4.3; 4.4; 4.5 as above.

6.   Bleep Failure
6.1   In the event of the bleep system failing switchboard have procedures in place to deal with the activation of emergency teams.

6.2   Switchboard will contact the site coordinator who will ensure that an alternative system is in place. Currently members of the cardiac arrest/medical emergency team are alerted to the bleep failure and issued with a radio pager or mobile telephone. Switchboard will be informed of the appropriate contact numbers.

6.3   In addition to the above if a failure is to occur from 21:00-09:00 the HAN team will also utilise their two-way radio system to activate the emergency team.

6.2   A complete telecoms failure would be addressed under the major incident policy.