

Cardiac Arrest/Medical Emergency Standardised Operational Procedure

Western General Hospital

Function

To provide a rapid, co-ordinated response to any cardiac arrest or medical emergency within the Western General Hospital site.

Procedure

In the event of a cardiac arrest or medical emergency, a member of staff dials the emergency telephone number 2222 and states: "cardiac arrest" or "medical emergency" followed by the location (ward/department and building) and Western General Hospital. This message must be repeated once.

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.

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

In the event of a paediatric emergency, when dialling 2222 the caller should state "paediatric medical emergency" or "paediatric cardiac arrest" followed by the location as above. A Paediatric grab bag can be accessed from MAU for areas that do not have paediatric equipment.

If a cardiac arrest/medical emergency occurs out with the main building, e.g. in the car parks, and a 2222 call is initiated the team leader will decide if a 999 call is required to transfer patient to MAU or RIE (see 4.8). The emergency should be managed using the current resuscitation guidelines until an ambulance arrives. In addition see 2.2 and 2.4 for access to portable emergency adult and paediatric equipment.

A test of cardiac arrest team pagers is carried out every day and every night by switchboard. On testing, the switchboard operator will give the verbal message "test call only, please reply to switchboard on xxxx". On receiving this message each pager holder **must** contact the switchboard operator on the number given as soon as possible to confirm that the test has been received successfully.

Cardiac arrest/medical emergency team

During the day between 09:00 – 21:00 switchboard alert Group 11 and 12 bleep holders. Group 11 are the main team members.

The on call registrar ST 5/6
Medical FY2
Oncology/haematology FY2
Infectious Diseases FY2
ITU ANP
Cardiology FY2

In addition Group 11 includes;
Duty nurse manager on for the hospital
Porter

Anaesthetist CT1 or 2
Resuscitation Officer will attend if available

Group 12 bleep holders are the hospital resource nurses. Resource nurses should attend 2222 calls within their area/speciality. Group 12 also includes security, surgical FY1 and Consultant Chair WGH Resuscitation Committee.

Out of hours

Overnight 21:00 – 09:00 switchboard alert the core bleeps some of which transfer back to the Hospital at Night (HaN) Team

Hospital at Night registrar

HaN nurse practitioners x3

HaN FY2s (medical, oncology, ID, DCN)

The FY1 in the ADB and in AFB

ITU FY2

In addition Anaesthetics on bleep 8112 (See point 5)

The members of the team carry speech pagers to allow verbal notification of the location of the cardiac arrest/medical emergency. It is the responsibility of each team member to return bleep to HaN office or pass on appropriately when going off duty.

It is the duty of the designated team leader to ensure roles are delegated appropriately, that the current RC (UK) resuscitation guidelines are followed and that an NHS Lothian 2222 report form is completed for every 2222 call

Transfers from One Clinical Area to another:

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

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

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

Location of Resuscitation Equipment and Defibrillators

A standard adult resuscitation trolley is held in every ward area. Other departments may hold an emergency grab bag as appropriate due to nature of patient remit or geographical reasons i.e. stairs.

Adult and paediatric portable emergency kit is also kept in MAU to be available for non-clinical areas.

Paediatric trolleys are sited in the Oncology treatment floor and OPD theatre/recovery in the AFB.

Paediatric grab bags are sited in MAU, ID OPD, Outpatients AFB.

An Intraosseous drill (EZ/IO) kit is held in MAU Resus room, Main Theatre emergency CPOD Theatre and ITU/ward 20.

Defibrillators with external pacing capability **AND** portable End Tidal Co2 monitors are sited in:- (MAU (in airway trolley), ITU/Ward 20, Ward 8 unit, 26, 54, 58) (Co2 monitor hangs of the resuscitation trolley drip pole within these listed areas) refer to emergency equipment list on resuscitation trolley.

If local or specialised medical support required

If local or specialised medical knowledge or additional support is required then either the local resource nurse or duty nurse manager (8100) should contact the appropriate staff member (FY2, Registrar, Consultant) to inform them of the situation.

Bleeps

Broken or damaged 2222 bleeps must be reported to switchboard who will advise on action. The on call Duty Nurse Manager (8100) (Site and Capacity) also needs to be informed. Do not leave broken or damaged bleeps unreported. Action must be taken.

2222 Bleep failure

In the event of 2222/ cardiac arrest bleep failure switchboard will contact;

- Ward 20/ITU medic on call, as switchboard will then contact ITU directly in the event of an emergency call.
- Duty nurse manager will access the designated mobile phones from the Site and Capacity office OPD building to hand out to team members and inform switchboard who holds which phone.
- Switchboard will then use mobile phone numbers to contact team members in the event of a 2222 emergency.
- Designated staff are given mobile phone and designated number; ITU medic on call, ARAU medic on call in Trolleys, Duty Nurse Manager(s) and Resuscitation Officer (Mon-Fri 8-5 only).
- A full telecoms failure is addressed in the Major Incident Procedure. There are back up 2-way radios kept the HaN office.

Anaesthetist Unavailable

In the event of the 2222 anaesthetist being unable to attend:

- The anaesthetist will dial 2222 and inform switchboard of their situation
- Switchboard will contact the 2222 site to inform them that the anaesthetist is unavailable.
- Switchboard will attempt to obtain anaesthetic support from on call anaesthetic registrar (8155).
- Out of hours, if anaesthetist busy, or if a second call for anaesthetic support is initiated the anaesthetist will contact switchboard to access the clinical area where the event is happening to ascertain if there is a continuing need for an anaesthetist to exclude false alarms or futile situations.
- If airway expertise required and anaesthetist still unavailable, anaesthetist will contact the on call consultant.
- While waiting for anaesthetic support the team should continue to support the airway as appropriate to expertise.