BRAZOS VALLEY COMMUNITY HEALTH CENTERS

Policy and Procedure

Subject/Title:	Emergency Response Protocol (ERP)
Applicability:	All Brazos Valley Community Health Clinics
Purpose:	To provide guidance to clinical staff regarding potential clinical emergencies should such occur.

Adapted from:
"American Heart Association CPR Manual"
"Pediatric Advance Life Support Manual"
"Advanced Cardiac Life Support Manual"
"Harriet Lane Handbook" by Barone
"Washington Manual" by Ewald and McKenzie

A. Policy

- The intent of this policy is to provide guidance for the stabilization of a serious or acutely ill patient; however, the continued management of conditions which trigger the ERP may be out of the scope of BVCHC and a proactive plan for early transport to the emergency department should be a priority at the onset of any such trigger.
- All licensed clinical staff and staff credentialed by BVCHC to give injections and/or draw blood off-site and/or in an after-hours, on-site setting, are to be current in the American Heart Association Basic Life Support (BLS) Program.
- BVCHC Safety Officer will coordinate annual ERP Training Scenarios at each clinic site.

B. Triggers

• Respiratory Distress	Severe Asthma Apnea / Not Breathing Airway Obstruction / Choking Dyspnea / Shortness of Breath
• Cardiovascular Distress	Syncope / Loss of Consciousness Active Hemorrhage Shock Chest Pain

- Trauma
  - Significant Head Trauma
  - Unstable Fracture
  - Unstable Neck Injury
  - Deep Penetrating Wound
- Altered Mental Status
  - Unconsciousness / Unresponsive
  - Lethargy
  - Irritability
  - Irrational Behavior
- Anaphylaxis
  - Itching / Rash / Swelling
  - Shortness of Breath / Wheezing
  - Dizziness
  - Vomiting
- Active Seizure
- Clinical Staff notes concern of other serious condition requiring emergent response.
- Physician directs the initiation of ERP

C. Emergency Response Procedure

- FIRST RESPONDER
  i. Assess Patient's Level of Consciousness
  ii. Check ABC
  iii. Call for help and/or 9-1-1
  iv. Begin CPR, if appropriate
- SECOND RESPONDER
  i. Assist with CPR, if appropriate
  ii. Retrieve ERP equipment
  iii. Notify Medical Provider at facility, if available
- Once response team has assembled, a "team leader" and "team recorder" should be expeditiously identified. The "team leader" should be the team member with the highest level of training (ie. MD / DO → NP / PA → RN → LVN, etc.)
- A situation requiring ERP shall be considered resolved when:
  i. The medical provider / team leader determines the triggering situation not longer exists – OR –
  ii. EMS arrives and assumes care of the patient.
- In the event of EMS transport, the medical provider should personally call the emergency department to which the patient will be taken to inform the ED physician of the clinical circumstances of the transfer.
- If a medical provider determines that a patient is ill enough to require an ED evaluation, but the status of the patient does not require the initiation of ERP, the method of transfer to the ED shall be determined by the medical provider's clinical judgment.
  i. The medical provider should assess and document the reliability of patient's transportation.

ii. Any patient without reliable transportation should be offered EMS transport.
iii. Before the patient leaves the clinic, a release of information should be signed in order to attain appropriate medical records from the ED to which the patient was referred.
iv. The medical provider should personally call the ED to which the patient has been referred to inform the ED physician of the clinical circumstances of the referral.
v. A member of the clinical staff should follow up before the end of the day to ensure that the patient arrived and was evaluated in the ED. For patients sent too late in the work day for the clinical staff to verify the patient arrived and was evaluated, the clinical staff should follow up at the beginning of the next business day.
vi. ED records should be requested and placed in the medical record within 3 business days of the original provider visit.

D. Supplies

Equipment

AED (Automated External Defibrillator)

Oxygen tank and flow meter

Glucose meter, with supplies

Nebulizer and face masks

Oxygen mask (adult & pedi)

Bag mask ventilator (two sizes, three mask sizes)

Pulse oximeter (adult & pedi)

Universal precautions (latex-free gloves, mask, eye protection)

Medications

Medications are listed here with some common/suggested dosages to assist the provider in selecting the appropriate dose during ERP. Unless a Standing Delegated Order exists for the medications listed below, the medications may only be given at the direction of a provider.

Albuterol Nebules (0.63 for pedi; 1.25 for adol/adults)

Aspirin, 325mg

Glucose Gel

Diphenhydramine, oral (12.5mg/5cc for pedi, 25mg tab for adol/adults)

5 kg = 2.5 ml

10 kg = 5 ml

15 kg = 7.5 ml

20 kg = 10 ml; $\geq$ 20 kg may take 1 tab instead

40 kg = 20 ml; $\geq$ 40 kg may take 2 tab instead

Diphenhydramine, parenteral (50mg/ml) – give via tuberculin syringe

Pedi < 40 kg, ½ ml

Adults and Pedi ≥ 40 kg, 1 ml

Epinephrine (1:1000) – give via tuberculin syringe

5 kg = 0.05 ml

10 kg = 0.10 ml

15 kg = 0.15 ml

20 kg = 0.2 ml

40 kg = 0.3 ml

> 40 kg = 0.5 ml

Nitroglycerine spray (Adults only)

Approximate Weights

Pedi	***Adults***
1 yr old ≈ 10 kg, 22 #	175 # ≈ 80 kg
3 yr old ≈ 15 kg, 33 #	200 # ≈ 90 kg
5 yr old ≈ 20 kg, 44 #	225 # ≈ 100 kg
7 yr old ≈ 25 kg, 55 #	250 # ≈ 115 kg
9 yr old ≈ 30 kg, 66 #	
11 yr old ≈ 35 kg, 77 #	
13 yr old ≈ 45 kg, 100 #	
15 yr old ≈ 55 kg, 120 #	
17 yr old ≈ 65 kg, 145 #	