
Deteriorating Patient and Resuscitation Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This policy describes the actions staff should take when providing emergency care during a medical emergency. The purpose of the policy is ensure that staff understand and are able to provide appropriate treatment in the event of a sudden deterioration of a patient or need for resuscitation.
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/ CLS19
Version	3
Name of Approving Committees/Groups	Resuscitation Steering Group, Policy Steering Group, QIR
Operational Date	June 2018
Document Review Date	June 2021
Document Sponsor (Job Title)	Chief Nurse
Document Manager (Job Title)	Resuscitation Lead
Document developed in consultation with	Resuscitation Steering Group, Deterioration of the Patient and End of Life Working Group, QIR
Intranet Location	Business Zone / Policies / Clinical policies
Website Location	N/A
Keywords (for website/intranet uploading)	CLS09, Policy, Cardiopulmonary; resuscitation; CPR; defibrillation; AED; cardiac arrest; automated external defibrillator; anaphylaxis; adrenaline; collapse; medical emergency; ambulance; emergency; NEWS; PEWS; Deteriorating patient

Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1	May 2018	All	Policy rewrite	May 2018

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes

SUMMARY OF POLICY

This policy describes the actions staff should take when providing emergency care during a medical emergency. The purpose of the policy is ensure that staff understand and are able to provide appropriate treatment in the event of a sudden deterioration of a patient or need for resuscitation.

The policy identifies:

- Training that Trust staff should undertake
- Standardisation of resuscitation equipment
- Roles and responsibilities of all staff
- Actions and algorithms to be used in a medical emergency.

The key points identified in the policy are:

- All staff will attend appropriate resuscitation training. This will include assessment of deteriorating patient, medical emergencies, basic life support, defibrillation, post resuscitation care and documentation.
- Any persons suffering a cardiac or respiratory arrest on Trust premises, or whilst being attended to by a Trust employed healthcare professional, should be considered for Cardiopulmonary Resuscitation (CPR) unless an end of life decision has been formally made and recorded.
- If there is any doubt about the CPR status of an individual, resuscitation should be commenced.
- During a medical emergency all patient vital signs must be recorded on the Trust agreed documentation and used as a basis for escalation to an appropriately skilled healthcare professional.
- All patients having a Medical Emergency must be managed following the Solent Adult / Paediatric Medical Emergency and Cardiac Arrest Algorithms (Appendix 3 & 4).
- All Resuscitation Grab Bags must be check on a weekly basis and tagged with a tamper proof seal. If the seal is broken a full bag check must be completed.
- To enable the monitoring of compliance to this policy all medical emergency and cardiac arrest will be recorded on a Medical Emergency and Cardiac Arrest Form (Appendix 2).
- The process for replacing equipment must be followed using the appropriate order form (Appendix 5). All replacement equipment must be reordered immediately post use by a nominated individual under the direction of the senior clinician in attendance, in accordance with the post arrest procedure (Appendix 5).

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Deteriorating Patient and Resuscitation Policy

1. INTRODUCTION & PURPOSE

- 1.1 The policy is based on the quality standards for cardiopulmonary resuscitation practice and training published by the Resuscitation Council (UK) (Nov 2013). It has been developed to describe the process for managing and mitigating risks associated with resuscitation.
- 1.2 Solent NHS Trust recognises and accepts its responsibility to employees, patients, families and carers to ensure that the requirements for resuscitation (HSC 2000/028) are satisfied (the scope of the policy can be found within section 2.1).
- 1.3 The Trust must provide a resuscitation service for patient, service users, visitors and staff on all its sites. The aim is that all staff must be able to provide basic CPR as a minimum.
- 1.4 CPR is undertaken in an attempt to restore breathing (sometimes with support) and spontaneous circulation in a patient in cardiac and/or respiratory arrest. CPR is a relatively invasive medical therapy and it is therefore essential to identify patients for whom cardiac and/or respiratory arrest represents a terminal event in their illness. The Trust has a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy which should be read in conjunction with this policy to ensure that CPR is only initiated for patients when it is appropriate and in their best interests.
- 1.5 The purpose of the policy is ensure that staff understand and are able to provide appropriate treatment in the event of a sudden deterioration of a patient or need for resuscitation.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, governors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality, Diversity and Human Rights Policy and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 2.3 **Definitions**
 - **Advanced Life Support (ALS)**- The term ALS describes additional measures aimed at restoring ventilation and a perfusing cardiac rhythm: this is necessary to improve the chance of long term survival.
 - **Adult - National Early Warning Score and Escalation Protocols (NEWS)**- A standard approach to recording, scoring and responding to patient's physical observation.

- **Anaphylaxis-** is an acute life-threatening hypersensitivity reaction and should be considered when there is an acute onset, life threatening airway and/or breathing and/or circulation problems and/or mucosal/ skin changes.
- **Automated External Defibrillators (AED)-** The device that analyses the cardiac rhythm, and advises whether a defibrillation is indicated or not to restore cardiac rhythm (spontaneous circulation).
- **Basic Life Support (BLS)-** The purpose of BLS is to maintain adequate oxygenation to the vital organs through maintenance of ventilation and circulation.
- **Cardiac Arrest-** Cardiac arrest is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness and apnoea or agonal, gasping respiration.
- **Cardiopulmonary Resuscitation (CPR)-** Cardiopulmonary Resuscitation is a combination of artificial ventilation, chest compressions, drug therapy and defibrillation.
- **Chain of Survival-** The interventions that contribute to a successful outcome after cardiac arrest can be conceptualised as a chain. The four links of the chain comprise of: early recognition and call for help (i.e. phone 2222), early CPR, early defibrillation and post resuscitation care
- **Deterioration and Resuscitation Training (DART)-** Solent NHS Trust standard resuscitation training for staff in response to a medical emergency or cardiac arrest.
- **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)-** A DNACPR order indicates that in the event of a cardiac arrest CPR will not be initiated.
- **Paediatric Early Warning Score (PEWS)-** A standard approach to recording, scoring and responding to paediatric physical observations.
- **Paediatric AED defibrillation pads-** Adhesive external pads used with an automated external defibrillator which itself analyses the cardiac rhythms. The pads are attached to the patient but reduce the energy before the delivery of current for defibrillation or cardioversion is delivered. These are used for paediatric patients under 25kg.
- **Paediatric Resuscitation Guidelines-** The paediatric resuscitation BLS guidelines are related to size and used for the management of an infant, a baby under one year, and for a child between one year and puberty.
- **Respiratory Arrest -** Respiratory arrest is the cessation of spontaneous breathing.
- **2222 -** is the national standardised emergency number for medical emergencies and cardiac arrest
- **2222 Responders-** The staff who respond to the 2222 call within St Marys Hospital and St James Hospital
- **SBAR -** SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication.
- **IM -** Intramuscular injection
- **IV -** Intravenous Injection

3. PROCESS/REQUIREMENTS

3.1 Medical Emergency & Resuscitation Equipment including Drugs

- 3.3.1 The equipment for medical emergencies and resuscitation is standardised across the Trust and is in the Red Resuscitation (Grab) Bag.

- 3.3.2 All cardiac arrest equipment must be maintained in a state of readiness at all times. Resuscitation grab bags must be checked on a weekly basis on MyKitCheck.co.uk, by the person(s) identified to as most appropriate to undertake this responsibility.
- 3.3.3 The resuscitation Grab bag equipment must be stocked in accordance with the standardised list issued by the resuscitation steering group (Appendix A).
- 3.3.4 The process for replacing equipment must be followed using mykitcheck.co.uk. All replacement equipment must be reordered immediately, using the Post Emergency Check on MyKitCheck.co.uk.
- 3.3.5 If the emergency drugs are used or have expired, they must be ordered immediately with Solent NHS Trust Pharmacy distribution, University Hospital Southampton or HHFT (Appendix 6).
- 3.3.6 In areas where staff do not have access to an Automated External Defibrillator i.e. a patient's home, staff should have access to a pocket mask or Bag Valve Mask (BVM).
- 3.3.7 It is accepted that in certain clinical areas (mental health, in particular) it will be appropriate to keep the resuscitation equipment in a secure location although equipment will need to be readily available and accessible in the event of a medical emergency or cardiac arrest.
- 3.3.8 For community based staff who are administering parenteral medication with an identified risk of anaphylaxis i.e. immunisation, vaccinations and depot injection, staff should have access to adrenaline 1:1000 / Auto injector (Emerade/ prefilled pens).
- 3.3.9 The treatment of medical emergencies must be in accordance with the Trusts Adult and Paediatric Medical Emergency Algorithms (Appendix C & D).
- 3.3.10 All staff can administer adrenaline using the Emerade and following the algorithm covered in DART training and contained in the resus bag.

For registered staff: The decision to administer other emergency drugs contained in the bags will be taken by the individual and will be based on their level of competence, skills and knowledge of the particular drug and its intended effect. All registered professionals are required to work within their professional bodies' scope of practice and this should influence their decision making.

For non-registered staff: With the exception of Emerade (adrenaline) non registered staff are not required to administer medications in an emergency situation.

3.2 Defibrillation

- 3.2.1 All defibrillators used within the Trust will be biphasic, hands free and of type approved by the resuscitation Service. Where defibrillators are provided they should be stored and accessible within an area where the Resuscitation Council (UK) guidance of a maximum of three minutes delay between collapse to first shock can be met.

3.2.2 Where an Automated External Defibrillator (AED) has been used, the Resuscitation Officer will collect the data from the AED, audit and incident review for staff training purposes.

3.2.3 The Trust provides AED training via its resuscitation course but does acknowledge the following statement:

“The Resuscitation Council (UK) advises that NHS Trusts should ensure that no restrictions is placed on the use of an AED by an untrained NHS employee confronted with a patient in cardiac arrest when no more highly trained individual is present. The administration of a defibrillatory shock should not be delayed waiting for more highly trained personnel to arrive. The same principles should apply to individuals whose period of qualification has expired.”

Full text <http://www.resus.org.uk/pages/AEDtrnst.htm>

3.2.4 A quick user guide to the ZOLL pro AED is located in the Resuscitation Grab Bag (Appendix F).

3.3 Manual Handling

3.3.1 In situations where a collapsed patient is on the floor, in a chair or in a restricted/confined space, the organisational guidelines for the movement of the patient must be followed to minimise the risk of manual handling and related injuries to both staff and the patient.

Please also refer to the Resuscitation Council UK advice on manual handling during resuscitation in hospitals which can be found at:

<http://www.resus.org.uk/publications/guidance-for-safer-handling-during-cpr-in-healthcare-setting/>.

This should be read in context with the trusts Moving and Handling policy.

3.4 Procurement

3.4.1 All resuscitation equipment purchasing is subject to the organisation’s standardisation strategy. The Resuscitation Steering Group will produce recommendations in relation to the type and specification of resuscitation equipment. Advice should be sought from the Resuscitation Officers prior to the purchase of any resuscitation or medical emergency related equipment.

3.4.2 The Trust has a managed service for all the Resuscitation grab bag consumables; this is through Distinctive Medical (DM). To order replacement or expired equipment an order through MyKitCheck.co.uk, must be completed. If ordered Monday to Friday before 1500 it will be delivered the next working day.

4. ROLES & RESPONSIBILITIES

4.1 The Chief Executive Officer (CEO):

The CEO has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.

4.2 **The Chief Nurse (CN):**

The CN is responsible for ensuring that this policy is appropriately implemented and periodically updated.

4.3 **The Clinical Directors (CDs) and Professional Leads for Quality, Governance and Standards (PLs):**

The CDs and PLs are accountable for ensuring that the policy is implemented within their respective service areas and ensure the compliance and monitoring of the policy.

4.4 **Service Managers:**

Service Managers are responsible for:

- Ensuring the weekly checks are completed on the Resuscitation Grab Bag, to ensure it is a state of readiness at all times
- Taking any unresolved queries to the link champion or the Resuscitation Lead who will take it to the appropriate forum for discussion and resolution
- Releasing and ensuring staff attend Resuscitation training on an annual basis.
- Ensuring that a Trust incident form is completed on Ulysses for any Medical emergency and Cardiac Arrest that occurs in their area
- Ensuring that post incident support is available to staff following a medical emergency or cardiac arrest
- Ensuring that the Resuscitation Officer is informed of the event
- Ensuring Bank or agency staff are in date with their resuscitation training, before providing clinical cover.

4.5 **All Clinical Staff:**

All clinical staff are responsible for ensuring that they:

- Attend annual resuscitation training in line with the Trusts mandatory training requirements and professional body expectations where applicable.
- Read the policy and being familiar with the procedure for initiation of resuscitation or emergency treatment and the location of relevant equipment, including drugs within their working area.
- Ensure reporting and recording of medical emergencies and cardiac arrests are documented on Ulysses in accordance with the Trust policy.
- To ensure staff are aware of any end of life decisions that have been made to their patient.

4.6 **Non-Clinical Staff:**

All non-clinical staff are responsible for ensuring that they:

- Complete the non-clinical e-learning / booklet every 3 years in line with the Trusts mandatory training requirements
- Immediately raise the appropriate response in an event of a Medical Emergency or Cardiac Arrest
- Read the policy and being familiar with the procedure for initiation of resuscitation or emergency treatment and the location of relevant equipment within their working area.

4.7 **Medical Emergency and Cardiac Arrest Team / 2222 Responders (St James Hospital & St Marys Hospital Only):**

- Must attend all 2222 to assist with a medical emergency and cardiac arrest
- Reading the policy and being familiar with the procedure for initiation of resuscitation or emergency treatment and the location of relevant equipment, including drugs within their working area.

- Practice within the Resuscitation Council UK guidelines and their own Code of Professional Conduct.
- Ensuring reporting and recording of medical emergency and cardiac arrest are documented on Ulysses in accordance with the trust policy

5. TRAINING

- 5.1 Solent NHS Trust will provide sufficient and appropriate training for all staff. It is the responsibility of all registered Healthcare professional to attend resuscitation training annually in accordance with their code of conduct with their professional body (NMC, HCPC, GDC and GMC).
- 5.2 The strategy for resuscitation training shall embody the statements and guidelines published by the Resuscitation Council UK incorporating the most recent updates to these guidelines. This incorporates; recognition of a deteriorating patient using the A – E Approach (Airway, Breathing, Circulation, Disability, Exposure), Approach to measuring and implementing NEWS (National Early Warning Score), clinical scenarios, Medical emergencies (asthma, Heart Attack, choking, Hypoglycaemia, anaphylaxis and sepsis), Airway Management , Basic Life Support and defibrillators.
- 5.3 All staff within Solent NHS Trust will be required to complete resuscitation training.
- 5.4 All clinical staff must attend the appropriate Adult or Paediatric DART (Deterioration and Resuscitation Training) course annually.
- 5.5 Dental staff must attend DILS (Dental Intermediate Life Support) annually.
- 5.6 Non-clinical staff must complete the non-clinical e-learning/ booklet every 3 years.
- 5.7 Within Solent simulation training will occur in elected clinical/ non-clinical areas. This will be to enhance and embed medical emergency and cardiac arrest training ensuring staff remain competent and confident with these processes and procedures.
- 5.8 All resuscitation training will be evaluated and audited on a quarterly basis and presented to the Resuscitation Steering Group.
- 5.9 All DNA (Did not attend) will be followed up with the individual's line manager.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 An Equality & Human Rights and Mental Capacity Act Impact Assessment has been completed for this policy and no significant Equality & Diversity or Mental Capacity Act issues have been identified. Please refer to Appendix H for the full impact assessment

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Audits

- All Medical Emergencies and Cardiac Arrest will be recorded on Ulysses using the appropriate form. This will be audited by the Resuscitation Officer and reported back to the Resuscitation Steering Group and by exception to QIR
- The Trust Resuscitation officer will ensure that a minimum of bi annual audits of the resuscitation equipment and drugs are carried out in Solent NHS Trust.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 Links to other documents:

- NHSLA Risk Management Standards
- CLS03 Unified Do Not Attempt Resuscitation Adult Policy
- RK03 Reporting Adverse Incidents Policy
- RK03 Medical Devices Policy
- HS04 Moving and Handling Policy
- LD02 Induction and Essential Training Policy
- MMT003 Medicines Policy
- IPC07 Infection Prevention and Control Standard Precaution Policy
- CF01 Child and Young Person Advance Care Plan
- CLS02 Deprivation of Liberty Safeguards Mental Capacity Act Policy
- Resuscitation Council UK Quality Standard
- Nice Guideline 50

10. GLOSSARY

10.1

Abbreviation/ Acronym	
ALS	Advanced Life Support
AED	Automated Electronic Defibrillator
ABCDE	Airway, Breathing, Circulation, Disability, Exposure
AVPU	Alert, Voice, Pain , Unresponsive
PEWS	Paediatric Early Warning Score
SBAR	Situation, Background, Assessment, Recommendation
CPR	Cardiopulmonary Resuscitation
BLS	Basic Life Support
SI	Serous Incident

QIR	Incident Report
DILs	Dental Intermediate Life Support
DART	Deterioration and Resuscitation Training
NEWS	National Early Warning Score
BVM	Bag Valve Mask
UHS	University Hospital Southampton
HHFT	Hampshire Hospital Foundation Trust
GMC	General Medical Council
GDC	General Dental Council
HCPC	Health and Care Professions Council
NMC	Nursing and Midwifery Council
HRI	High Risk Incident
QIR	Quality Improvement and Risk Group
SOP	Standard Operating Procedure
LD	Learning Disability
LeDR	Learning Disability Mortality Review
CDOP	Child Death Overview Panel
MR	Mortality Review
IR	Incident Report
ILDS	Integrated Learning Disabilities Service
CDT	Clinical Decision Tool

Appendix A- Resuscitation Grab Bag Check List [THIS CHECK MUST BE COMPLETED ON MYKITCHECK.CO.UK AS OF APRIL 2018](http://MYKITCHECK.CO.UK)

Solent Resuscitation & Simulation Service 2017



Bag Number:
YEAR:
MONTH:

Resuscitation Bag Checklist

Tick boxes to indicate checking. Any items missing or expired please take ACTION IMMEDIATELY

Bag to be checked once a week

Bag Content	Date	T a g N o																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Booklet																																		
Tamperproof Seals																																		
AED																																		
AED - ECG Lead																																		
AED Adult Pads x2																																		
AED - Paediatric Pads x1																																		
Razor																																		
Scissors attached to Adult Defib Pads																																		
ECG Electrodes x1																																		
Manual Suction																																		
Oxygen Cylinder (CD) Min 1/2 Full																																		
Gloves																																		
Stop Watch																																		
BM Machine																																		
Stethoscope																																		
Non - Rebreath Mask - Adult																																		
Non - Rebreath Mask - Child																																		
Pocket Mask																																		
Bag Valve Mask - Adult																																		
Bag Valve Mask - Child																																		
Oropharyngeal Airway- SZ 0,1,2,3,4																																		
Nasopharyngeal Airway SZ 6,7																																		
I-Gel Resus Pack SZ 4																																		
Magils Forceps																																		
Tuf Cut Scissors																																		

Bag Content	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Avon Fish Safety Blade																																	
RES-Q-HOOK + Cover																																	
Blood Giving Set x1																																	
Green BD Venflon pro safety x2																																	
Grey BD Venflon pro safety x2																																	
Veca -c- Cannula dressing x3																																	
BD Syringes 2mls / 5mls / 10mls x 3 (each)																																	
BD Eclipse Hypodermic Needles Blue/Green x4																																	
Filter Needles BD 18g x4																																	
Tourniquet																																	
Sharps Box																																	
EMERGENCY DRUGS																																	
Anaphylaxis - 2x Emerade 150mcg (0-6yrs)																																	
Anaphylaxis - 2x Emerade 300mcg (6-12yrs)																																	
Anaphylaxis - 2x Emerade 500mcg (12 & over)																																	
Cardiac Arrest Pouch-1x Normal Saline 1tr Bag (ADULT USE ONLY)																																	
Cardiac Arrest Pouch- 2x Prefilled Adrenaline 1:10,000 (ADULT USE ONLY)																																	
Cardiac Arrest Pouch- 3x Prefill Normal Saline 10ml Syringes (ADULT USE ONLY)																																	
Breathing Difficulties - 1x Salbutamol Inhaler																																	
Breathing Difficulties - 1X Adult Spacer (Aero Chamber)/ 1 XPaed. Spacer (Aero Chamber)																																	
Chest Pain - 300mg Aspirin (ADULT USE ONLY)																																	
Chest Pain - 1X GTN Spray (ADULT USE ONLY)																																	
Blood Glucose Kit - Dextrose gel																																	
Blood Glucose Kit - Glucagon																																	
Reversal Agents - Naloxone (Pre filled) ADULT USE ONLY																																	
Reversal Agents - Flumazenil (ADULT USE ONLY)																																	
Checked By (initial)																																	
Comments																																	

Medical Emergency and Cardiac Arrest Record

To be saved in Ulysses within Incident Report

<u>Identification:</u>		
1	Patients Name:	
2	Date of admission to hospital:	
3	Hospital/NHS Number:	
4	Sex (<i>please circle</i>)	Male Female
5	D.O.B	
6	Date of Medical Emergency / Cardiac Arrest:	
7	Location of the event:	
8	(Please Circle) Cardiac Arrest/ Medical Emergency	
9	Time 999 / 2222 was called:	
<u>Pre Medical Emergency / Cardiac Arrest:</u>		
10	What was the patients NEWS / PEWS score prior to event	
11	What clinical response did you follow?	
12	What intervention did the patient receive?	
<u>Medical Emergency /Cardiac Arrest - Intervention at Emergency (please tick relevant boxes)</u>		
13	Maintaining Airway	<input type="checkbox"/>
14	High Flow Oxygen (Non – Rebreath Mask)	<input type="checkbox"/>
15	Rescue Breathing only (respiratory arrest/ Pulse present only)	
16	1 person CPR – Time Started	
17	2 Person CPR – Time Started	
18	Pocket Mask ventilation	<input type="checkbox"/>
19	Bag Valve Mask (BVM) Ventilation	
20	Nasopharyngeal Airway, Size	

21	Oropharyngeal Airway, Size		
22	I-Gel		
23	Recovery Position		
24	Cannulation		
25	Fluid		
26	Cardiac Arrest Drugs (Adrenaline 1:10000 / Amiodarone 300mg)		
27	Other (please specify)		
Automated External Defibrillator (AED)			
28	Time AED Arrived	Not applicable	
29	AED Attached & Advised: <i>Please circle</i>	No – Shock advised	Shock Advised
30	Number of shocks given:	Not applicable	
31	Number of cycles of CPR Administered	Not applicable	
Post Resuscitation – (Please Tick) – Why the Resuscitation Stopped			
32	Time Resuscitation Stopped		
33	Ambulance arrive		
34	Return of spontaneous circulation		
35	Died		
36	UDNACPR		
37	No loss of breathing & circulation		
Staffing – Number of staff present			
38	Trained Nurse		
39	HCA		
40	Doctor		
41	Therapist		
42	Non- clinical		
43	Other (specify)		

Please send complete form 48hr post event to **Alex Ireson Resuscitation Officer**. Solent HQ, Highpoint Venue, Bursledon Rd, Southampton. Hants. SO19 8BR Or Email: alexandra.ireson@solent.nhs.uk **Jan –**

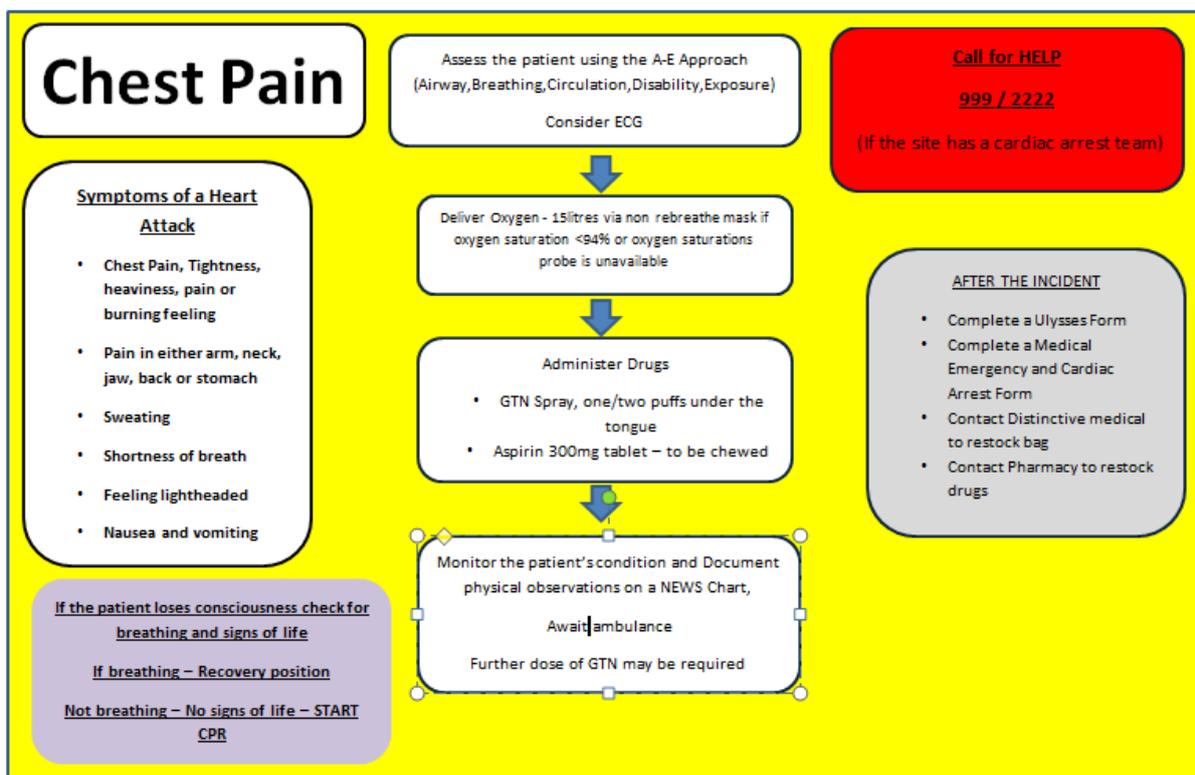
Appendix C–Adult Medical Emergency and Cardiac Arrest Algorithms

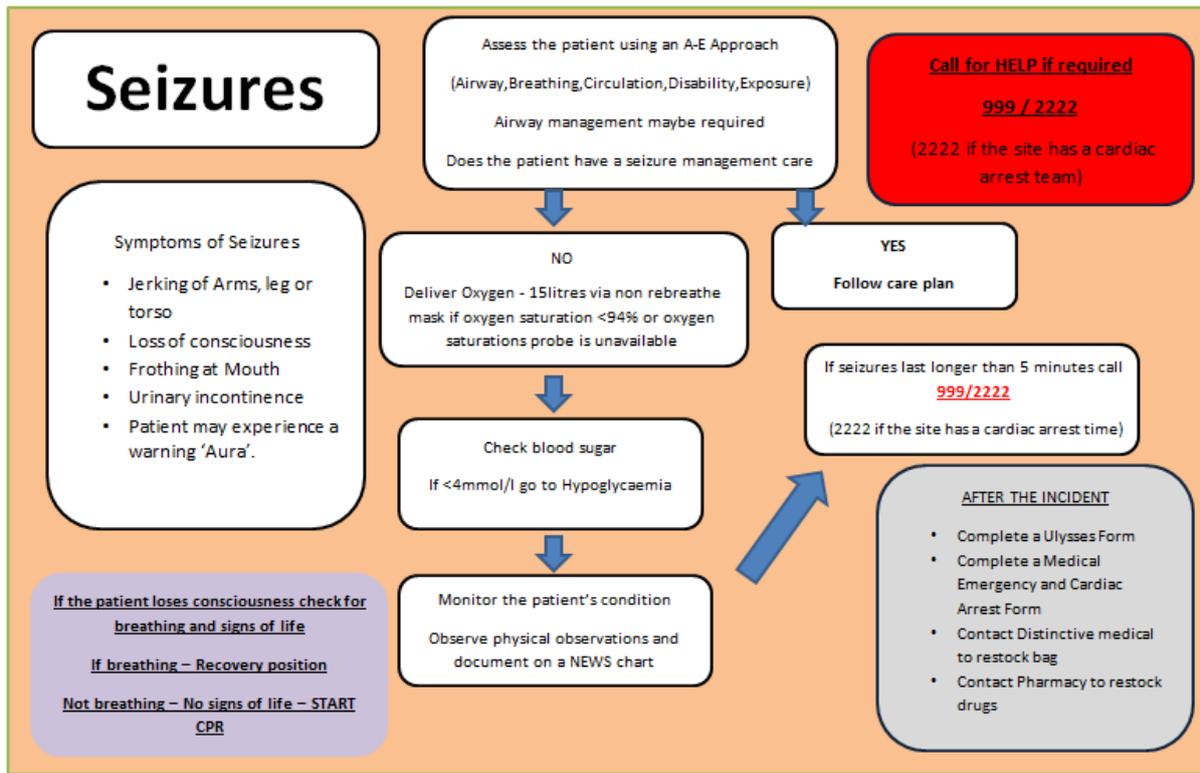
NHS Solent NHS Trust

ADULT MEDICAL EMERGENCY & CARDIAC ARREST ALGORITHMS

Honesty Everyone counts Accountable Respectful Teamwork

Resuscitation & Simulation - July 2017

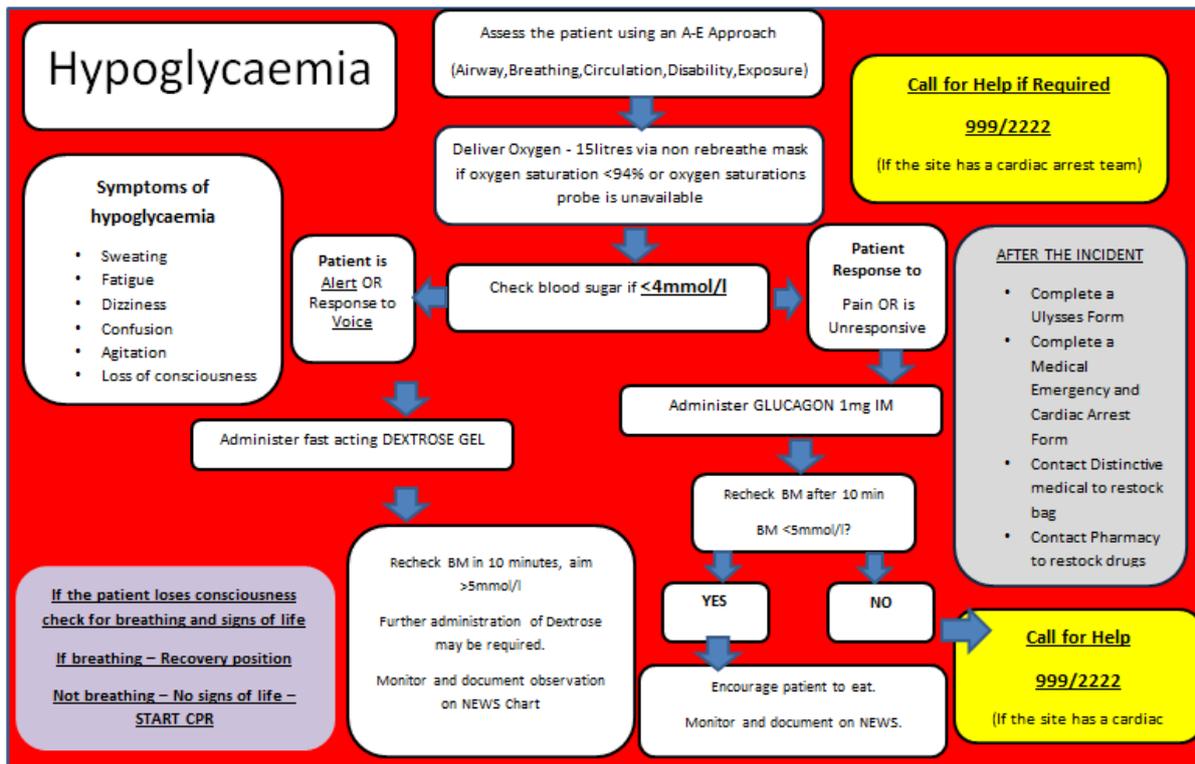




Resuscitation & Simulation

Solent NHS Trust

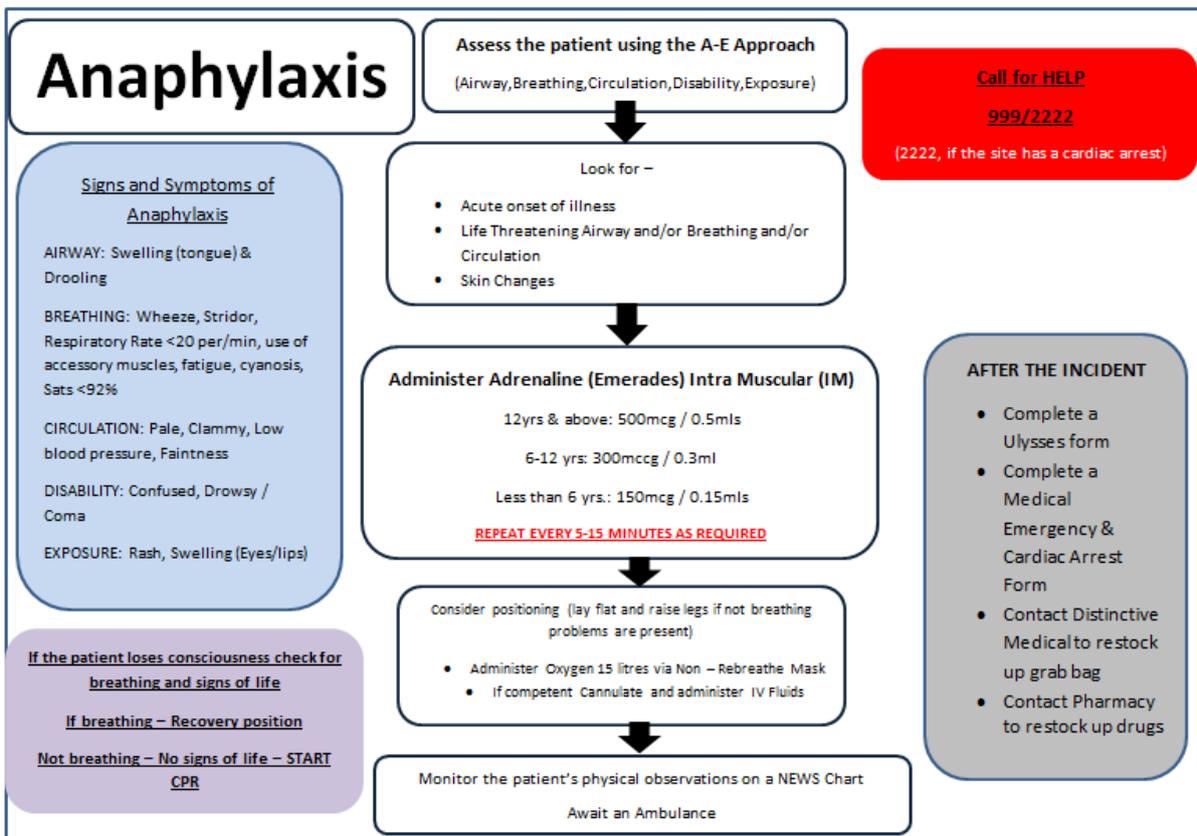
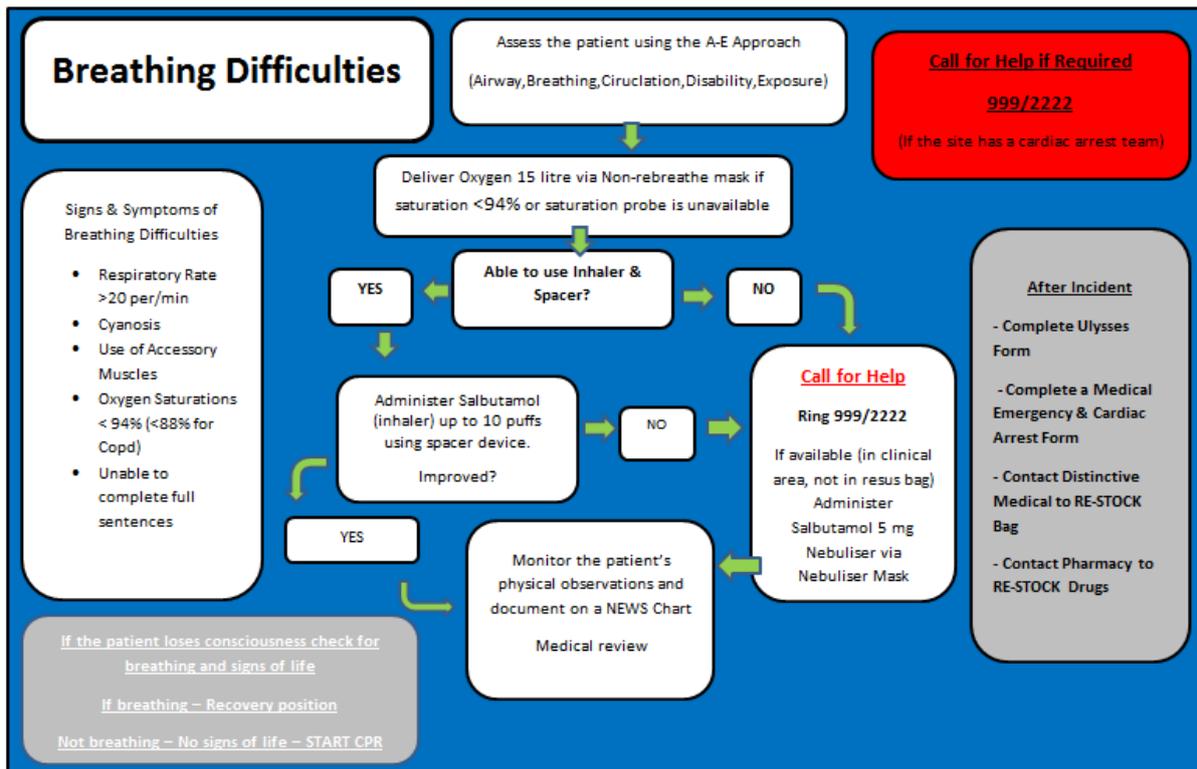
July 2017



Resuscitation & Simulation

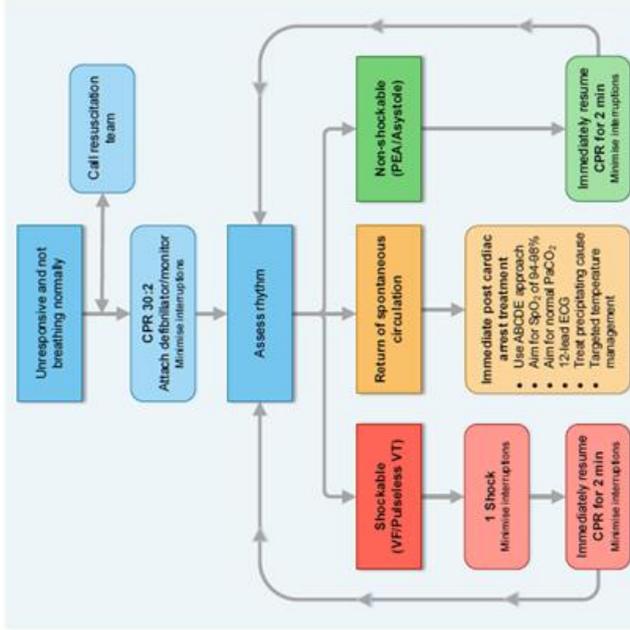
Solent NHS Trust

July 2017



Cardiac Arrest Adult

Resuscitation Council (UK) **2015** Adult Advanced Life Support



- During CPR**
 - Ensure high quality chest compressions
 - Minimise interruptions to compressions
 - Use oxygen
 - Use manual capnography
 - Continuous compressions when advanced airway in place
 - Vascular access (intravenous or intraosseous)
 - Give adrenaline every 3-5 min
 - Give amiodarone after 3 shocks
- Treat Reversible Causes**
 - Hypoxia
 - Hypovolaemia
 - Hypothermia
 - Hypoglycaemia
 - Hypocalcaemia
 - Hypokalaemia
 - Thrombosis - coronary or pulmonary
 - Tension pneumothorax
 - Tamponade - cardiac
 - Toxins
- Consider**
 - Ultrasound imaging
 - Mechanical chest compressions to facilitate transfer/treatment
 - Coronary angiography and percutaneous coronary intervention
 - Extracorporeal CPR

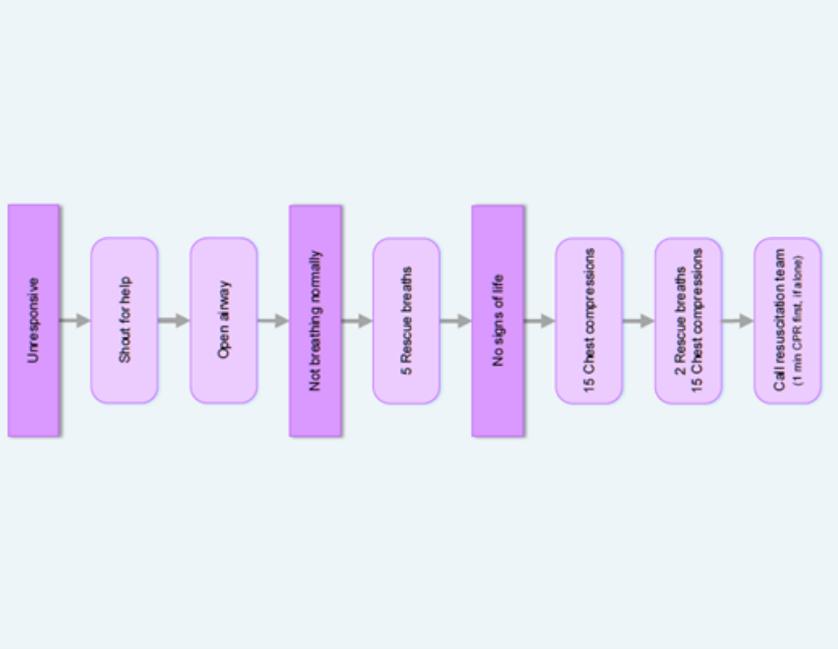
Resuscitation & Simulation

Solent NHS Trust

July 2017

Paediatric Basic Life Support

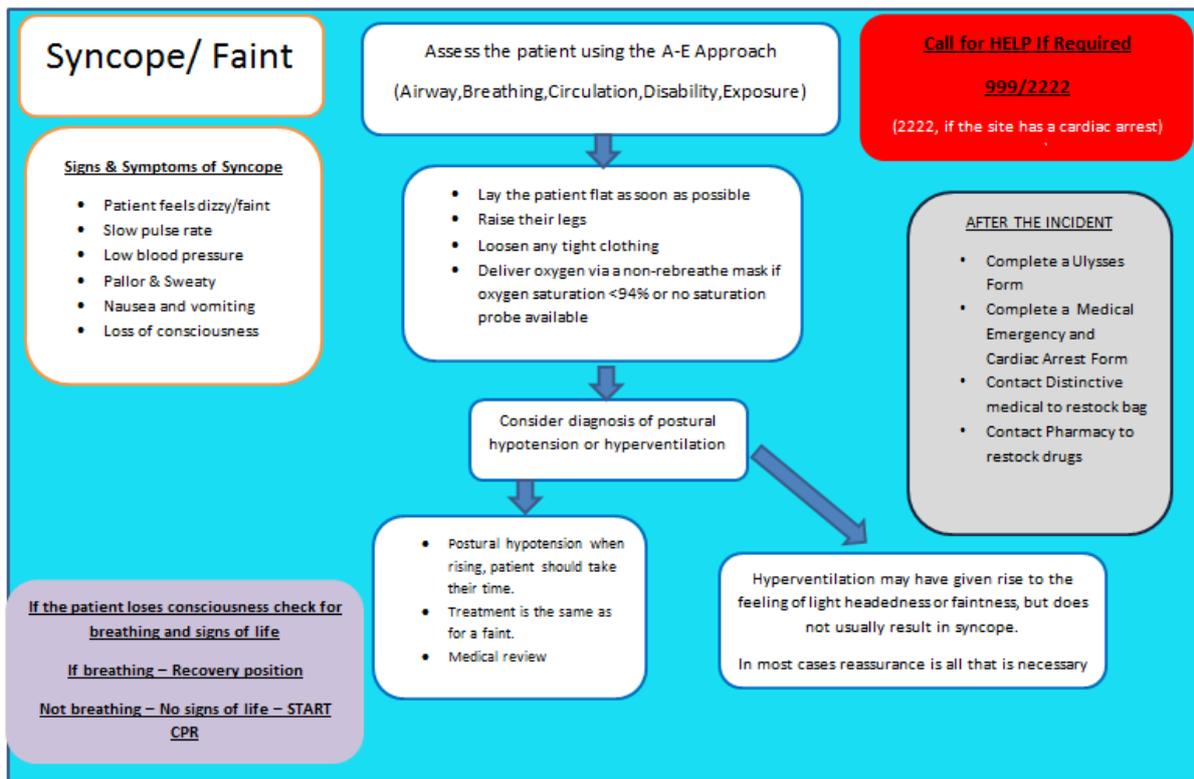
Resuscitation Council (UK) **2015** Paediatric Basic Life Support (Healthcare professionals with a duty to respond)



Resuscitation & Simulation

Solent NHS Trust

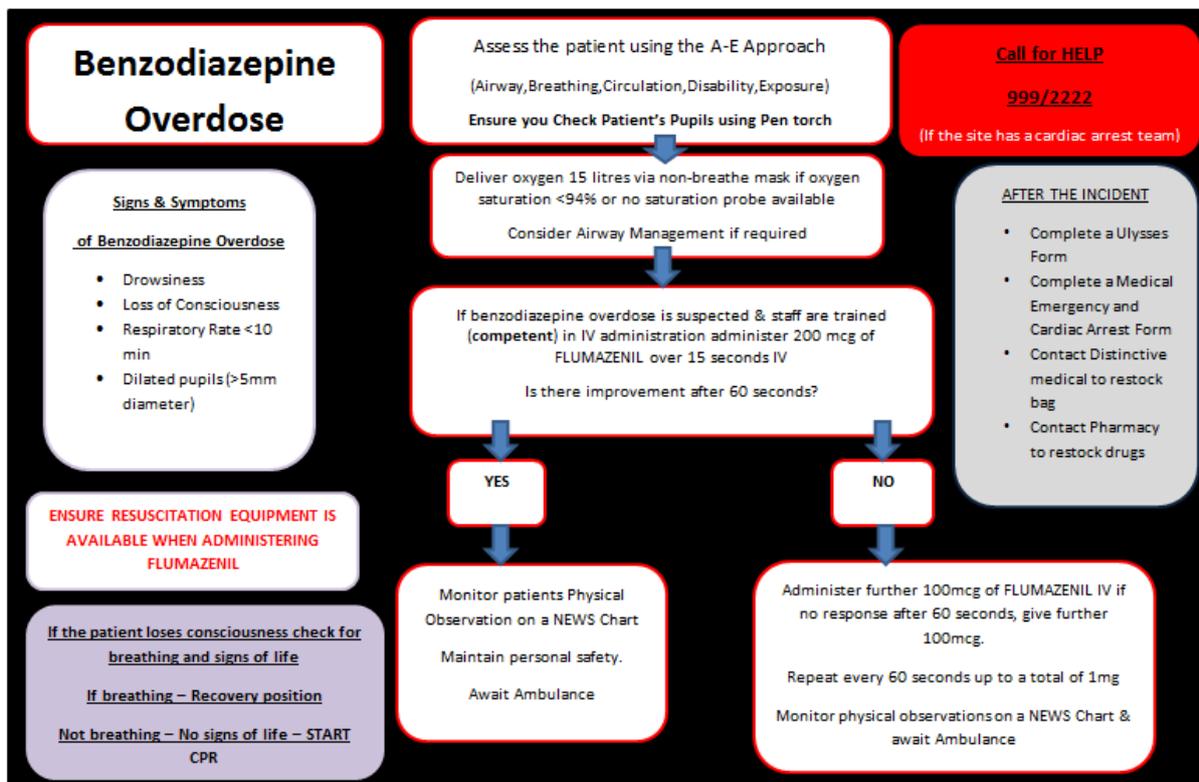
July 2017



Resuscitation & Simulation

Solent NHS Trust

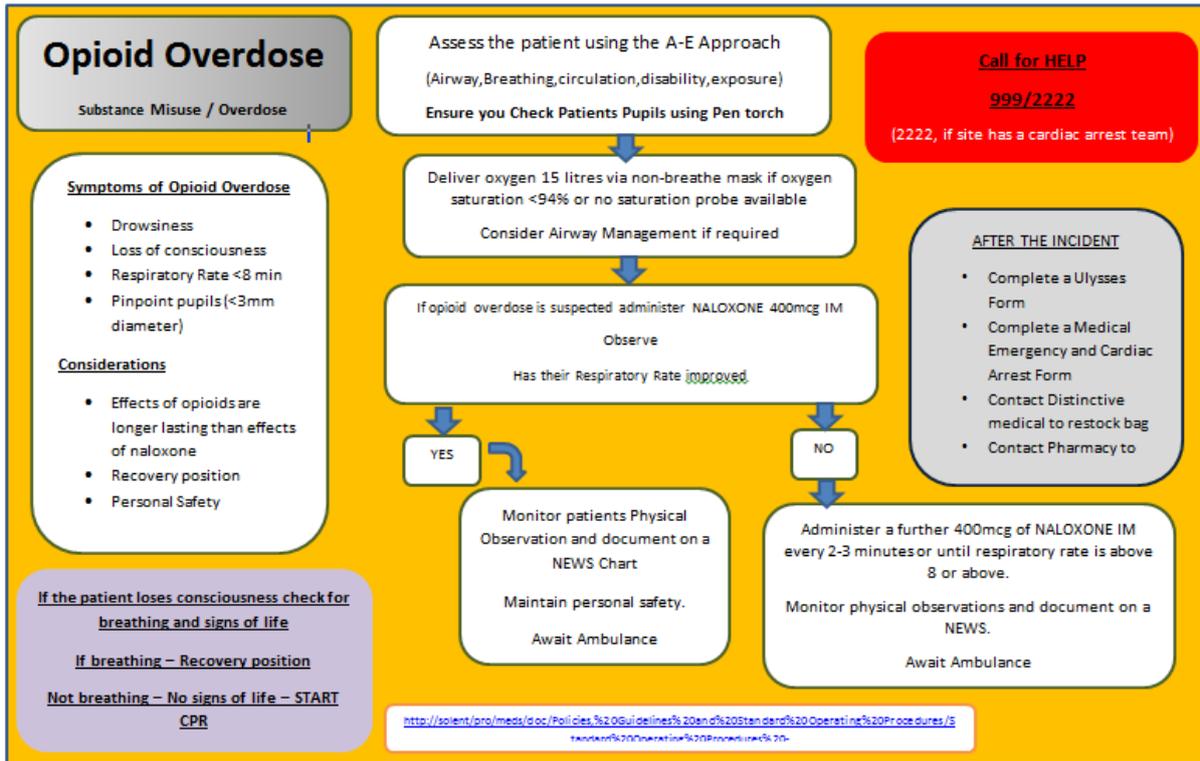
July 2017



Resuscitation & Simulation

Solent NHS Trust

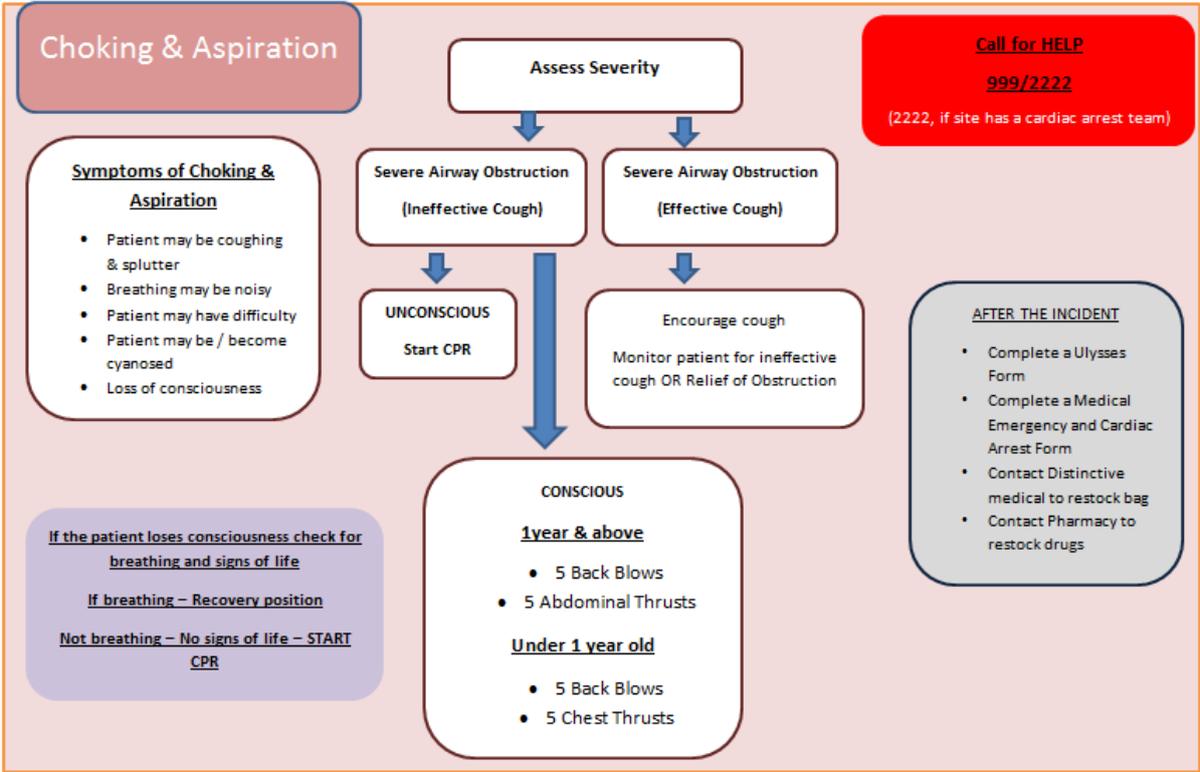
July 2017



Resuscitation & Simulation

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July 2017



Resuscitation & Simulation

Solent NHS Trust

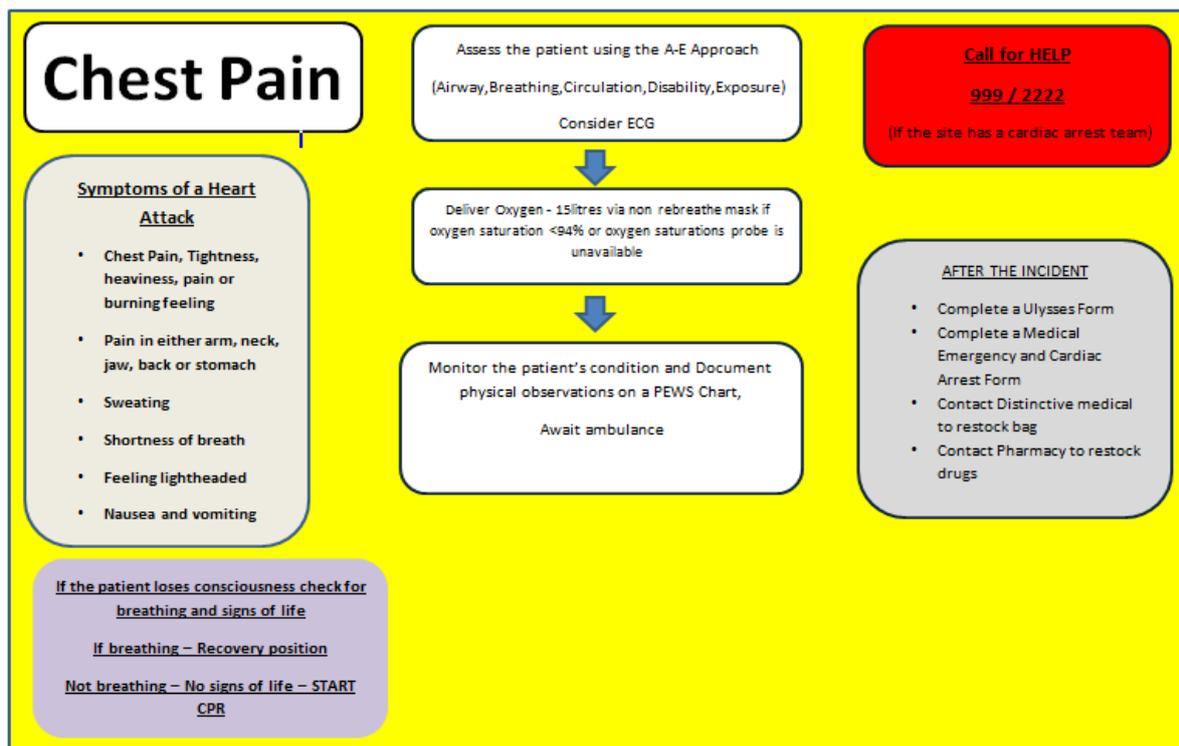
July 2017

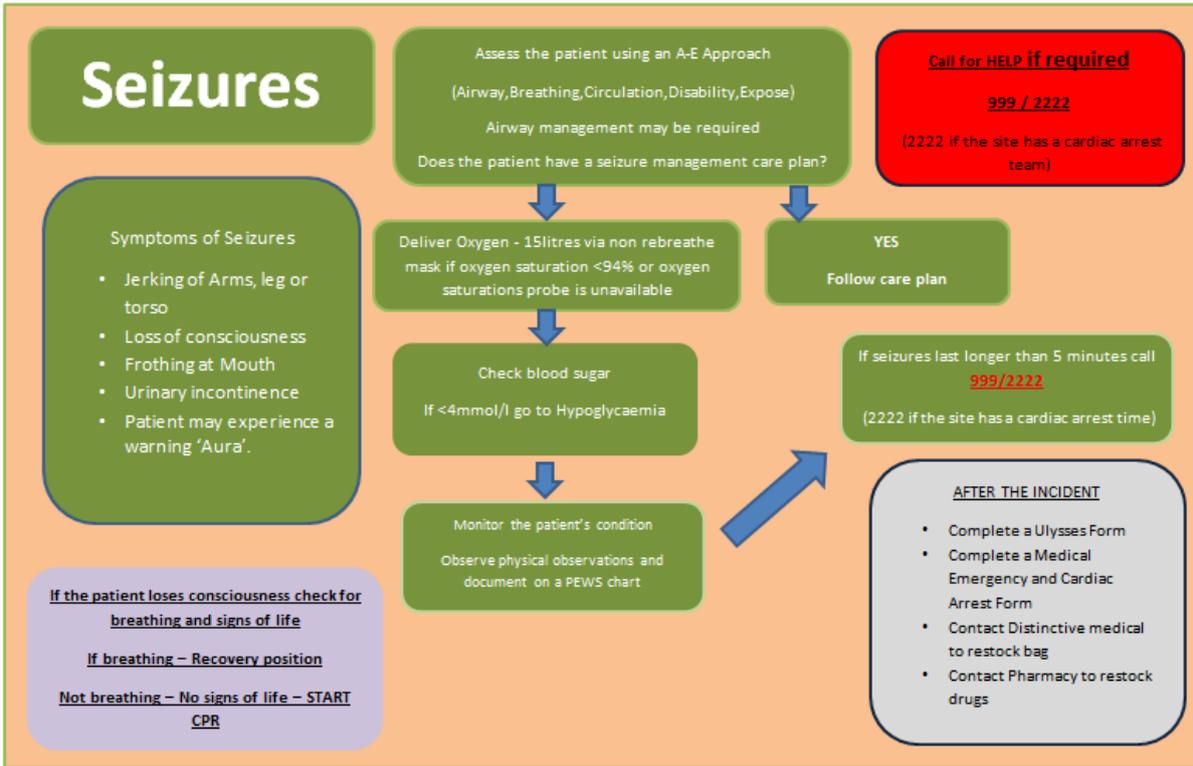
Appendix D – Paediatric Medical Emergency and Cardiac Arrest Algorithms

NHS Solent NHS Trust
SOLENT

PAEDIATRIC MEDICAL EMERGENCY & CARDIAC ARREST ALGORITHMS

Resuscitation & Simulation Sept 2017

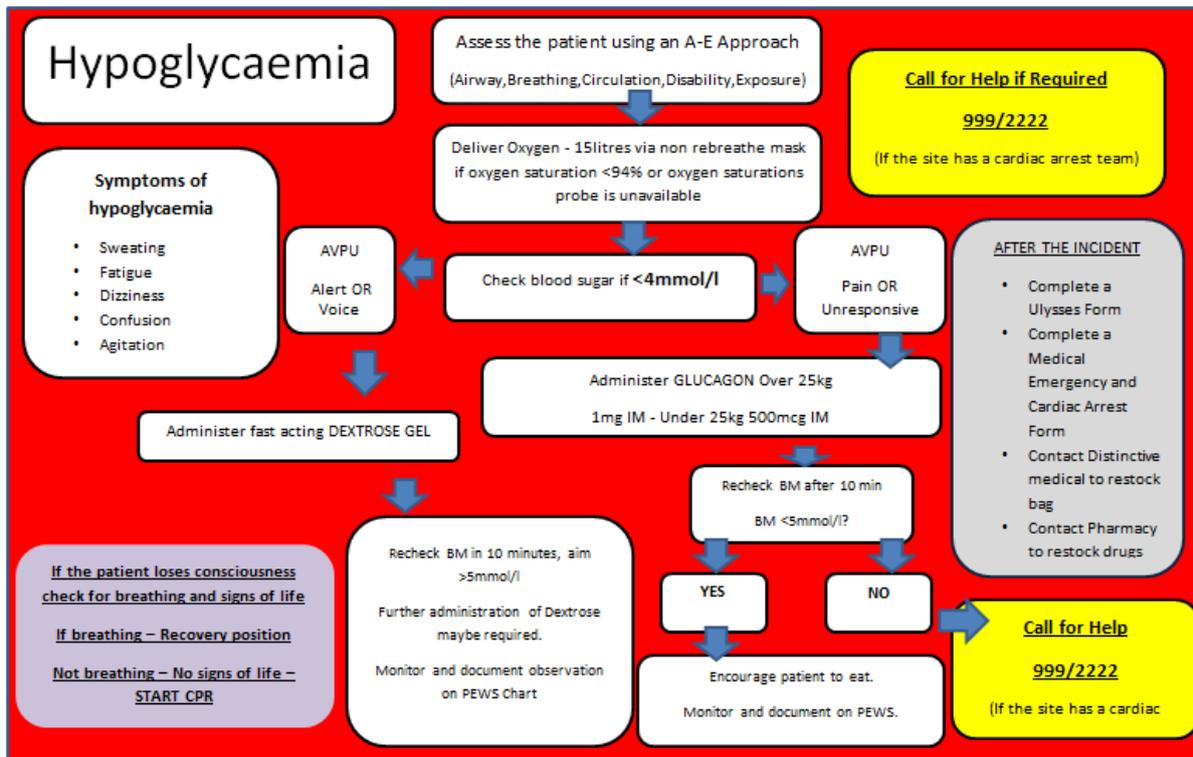




Resuscitation & Simulation

Solent NHS Trust

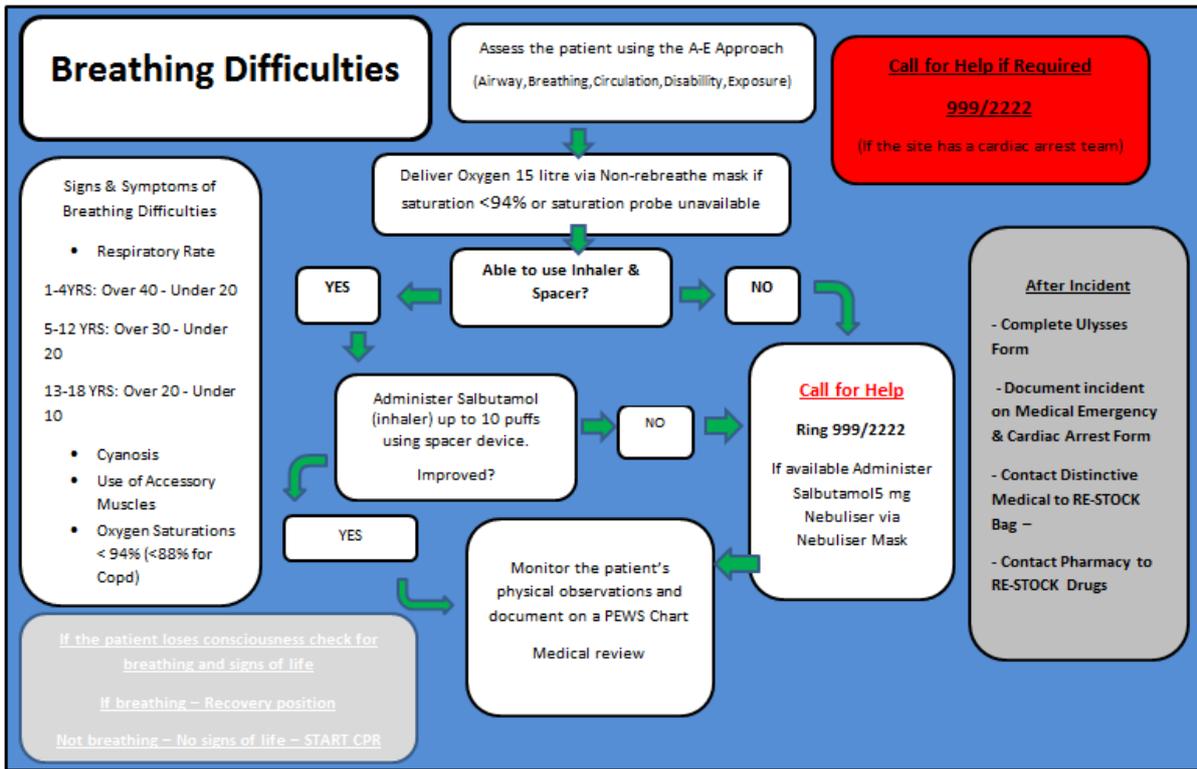
June 2017



Resuscitation & Simulation

Solent NHS Trust

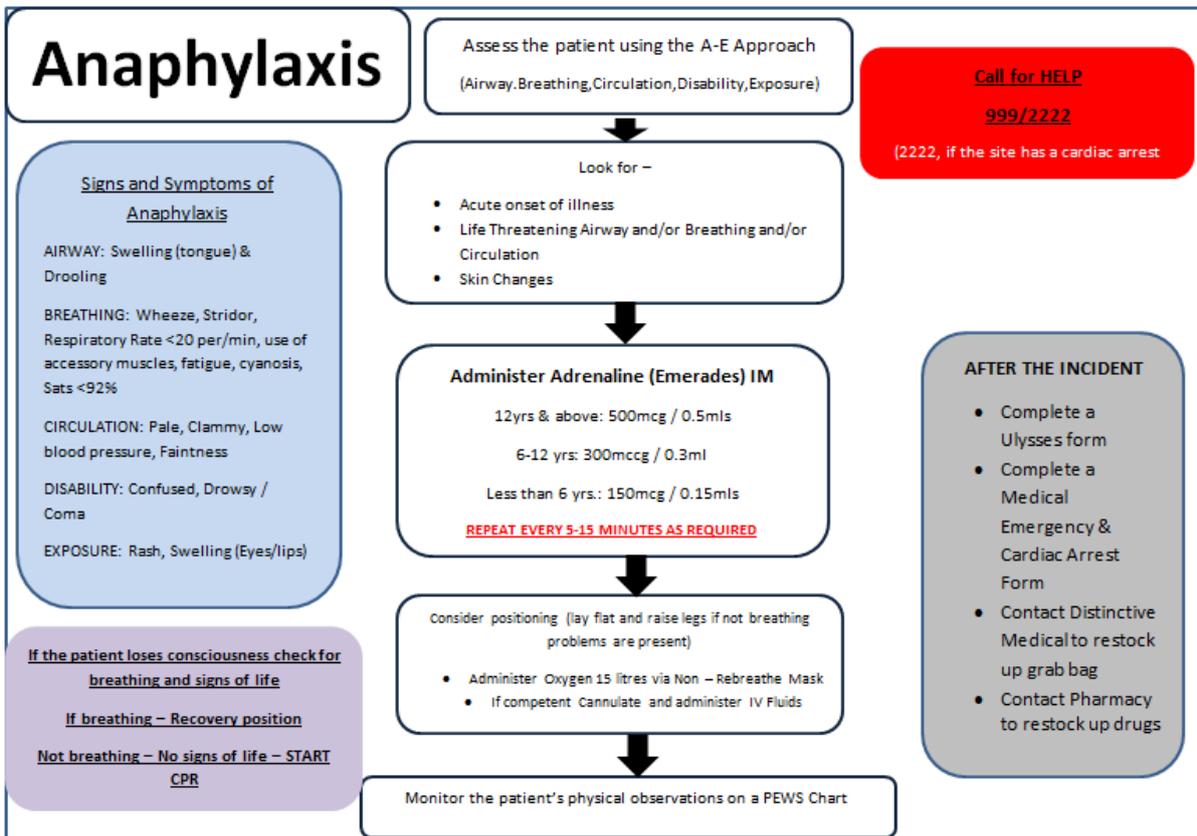
June 2017



Resuscitation & Simulation

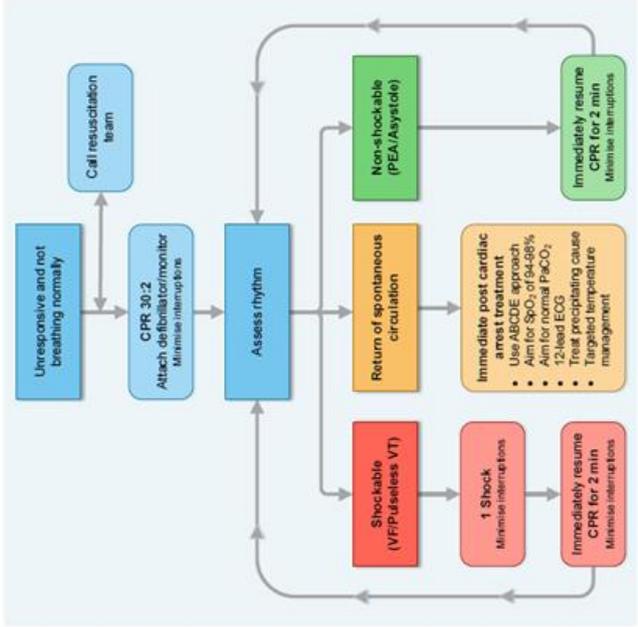
Solent NHS Trust

June 2017



Cardiac Arrest Adult

Resuscitation Council (UK) **2015** Adult Advanced Life Support



- | | | |
|---|--|--|
| <p>During CPR</p> <ul style="list-style-type: none"> • Ensure high quality compressions • Minimise interruptions to compressions • Give oxygen • Use waveform capnography • Continuous compressions when advanced airway in place • Vascular access (intravenous or intraosseous) • Give adrenaline every 3-5 min • Give amiodarone after 3 shocks | <p>Treat Reversible Causes</p> <ul style="list-style-type: none"> • Hypoxaemia • Hypocalaemia • Hypo/hyperkalaemia/metabolic • Hypothermia • Thrombosis - coronary or pulmonary • Tamponade - cardiac • Toxins | <p>Consider</p> <ul style="list-style-type: none"> • Ultrasound imaging • Medication to facilitate tracheal intubation • Coronary angiography and percutaneous coronary intervention • Extracorporeal CPR |
|---|--|--|

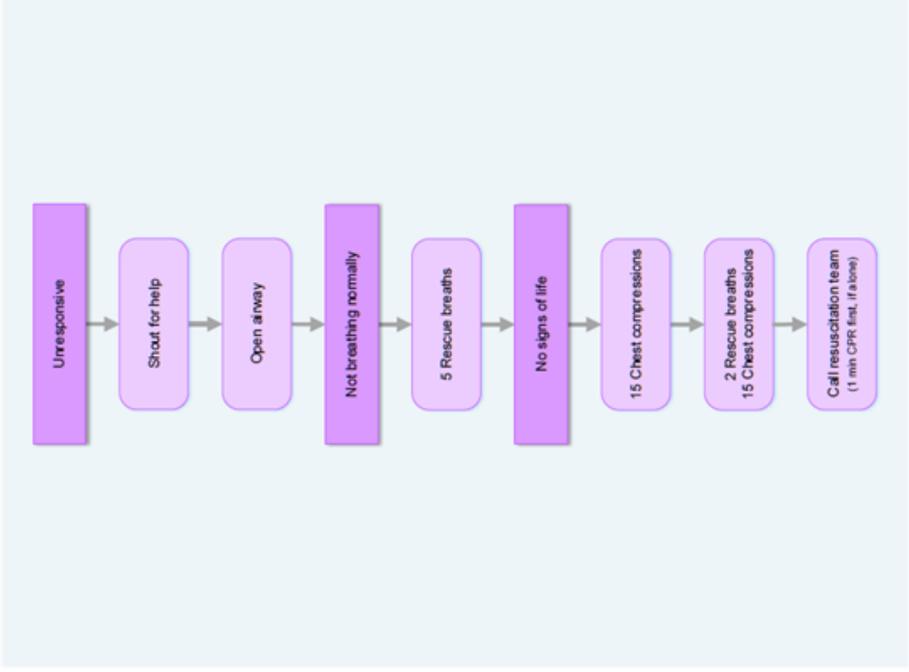
Resuscitation & Simulation

Solent NHS Trust

June 2017

Paediatric Basic Life Support

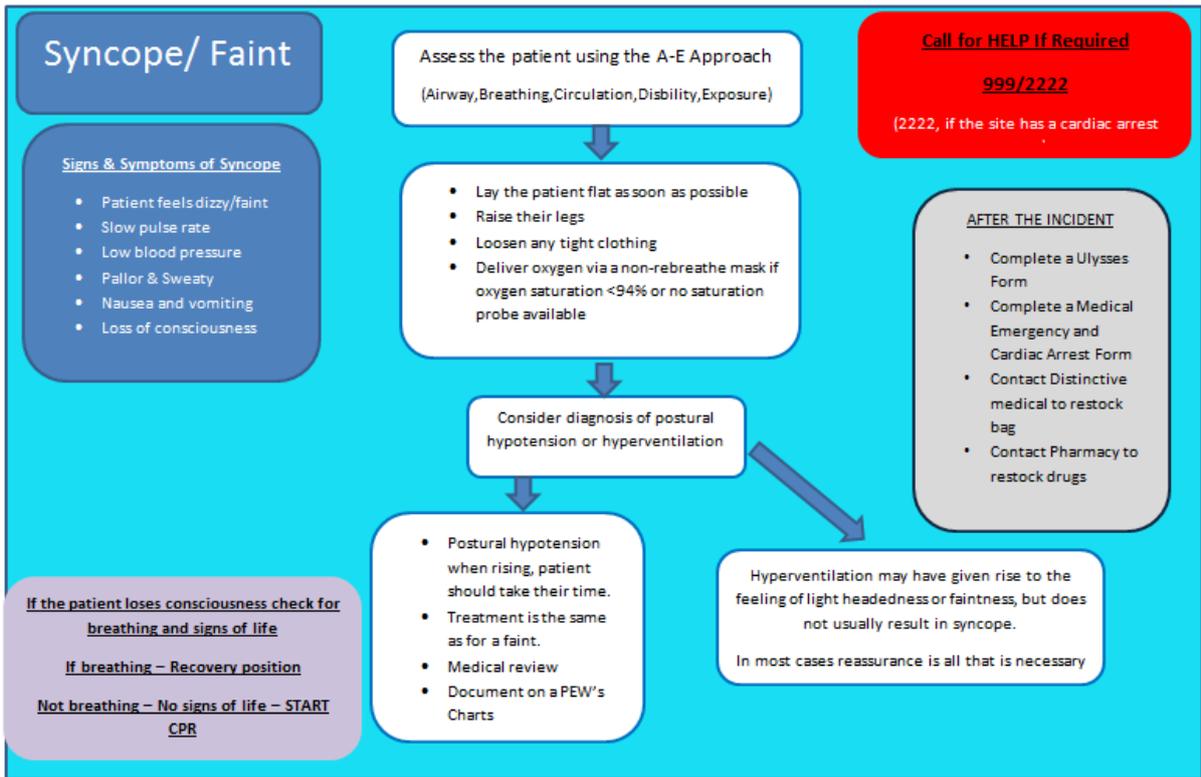
Resuscitation Council (UK) **2015** Paediatric Basic Life Support
(Healthcare professionals with a duty to respond)



Resuscitation & Simulation

Solent NHS Trust

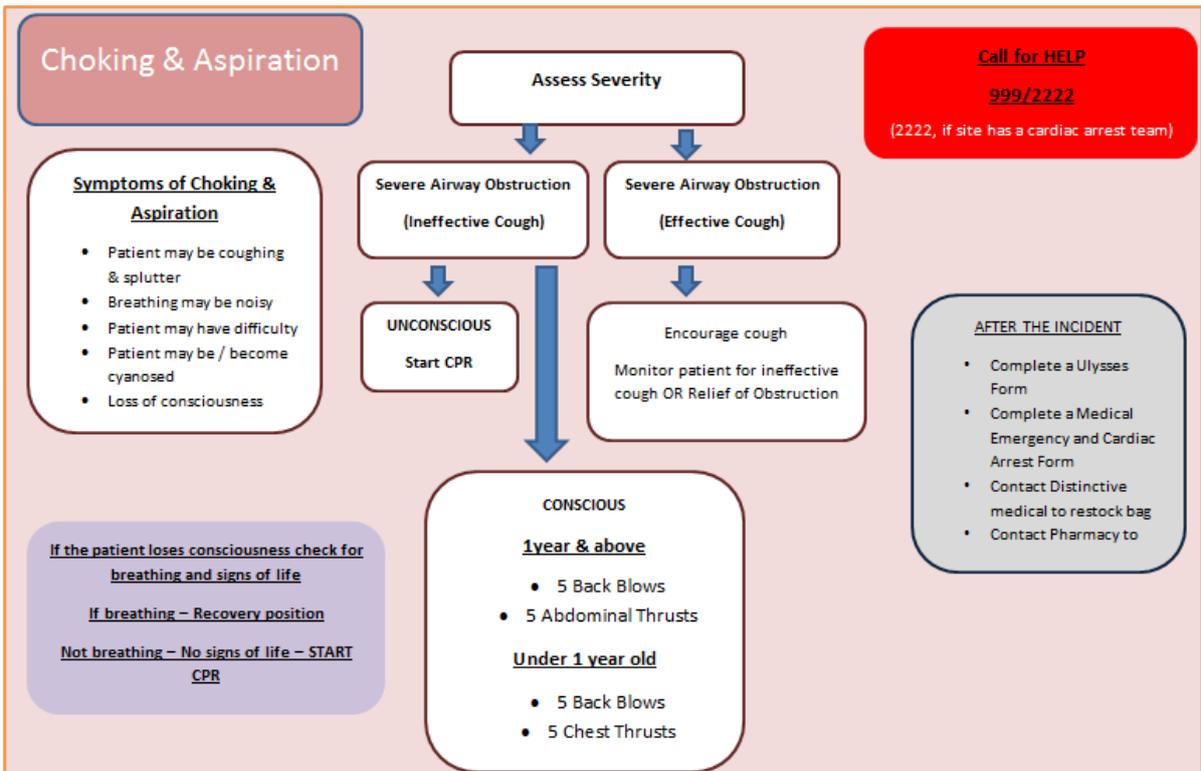
June 2017



Resuscitation & Simulation

Solent NHS Trust

June 2017



Resuscitation & Simulation

Solent NHS Trust

June 2017

Appendix E– Continued Supply of Emergency Drugs

Bag No		Ward/Area	Continuing supply of the meds to be supplied by;
1	Cedar School	Cedar School	✓ UHS
2	Mary Rose Academy	Mary Rose	✓ Solent
3	Rosewood School	Rosewood	✓ UHS
4	Willows School	Willows	✓ Solent
5	Battenberg House	Childrens Services	✓ Solent
6	Better Care Centre	Childrens Services	✓ Solent
7	Falcon House	CAMHS	✓ Solent
8	Adelaide	Training	✓ Solent
9	Adelaide	Training	✓ Solent
10	SJH	Training	✓ Solent
11	SJH	Training	✓ Solent
12	Simulation	Simulation	✓ Solent
13	SMH	Main Reception	✓ Solent
14	SMH	Sexual Health	✓ Solent
15	SMH	North & South (Recovery)	✓ Solent
16	SMH	A&I	✓ Solent
17	SMH	Physio	✓ Solent
18	SMH	Spinnaker Ward	✓ Solent
19	Bitterne HC	Dental Clinic	✓ UHS
20	Bitterne HC	Dental Dom	✓ UHS
21	Bitterne HC	Left Side Bag	✓ Solent
22	Bitterne HC	Right Side	✓ Solent
23	SJH	Turner Centre	✓ Solent
24	SJH	Oakdene	✓ Solent
25	SJH	Brooker	✓ Solent
26	SJH	Hawthorns	✓ Solent
27	SJH	Maples	✓ Solent
28	SJH	Langstone Centre	✓ Solent
29	SJH	Kite	✓ Solent
30	Elm Grove	Substance misuse	✓ Solent
31	Aldershot CH	Sexual Health	✓ HHFT
32	Aldershot CH	Dental Clinic	✓ HHFT
33	Aldershot CH	Dental Dom	✓ HHFT
34	Andover HC	Dental Clinic	✓ HHFT
35	Andover HC	Dental Doms	✓ HHFT
36	Bramblys Grange	Dental Clinic	✓ HHFT
37	Bramblys Grange	Dental Dom	✓ HHFT
38	Eastleigh HC	Dental Clinic	✓ HHFT
39	Eastleigh HC	Dental Dom	✓ HHFT
40	Eastleigh HC	Sexual Health	✓ HHFT
41	Eastney	Dental Clinic	✓ Solent
42	Eastney	Dental Dom	✓ Solent
43	GWMH	Dental Clinic	✓ Solent
44	GWMH	Dental Doms	✓ Solent
45	GWMH	Dental Dom	✓ Solent

Bag No		Ward/Area	Continuing supply of the meds to be supplied by;
46	Havant HC	Dental Clinic	✓ Solent
47	Havant HC	Dental Dom	✓ Solent
48	Havant HC	Dental Dom	✓ Solent
49	Hythe	Dental Clinic	✓ UHS
50	Hythe	Dental Dom	✓ UHS
51	Pickles Coppice	Dental Clinic	✓ UHS
52	Pickles Coppice	Dental Dom	✓ UHS
53	New Milton	Dental Clinic	✓ UHS
54	New Milton	Sexual Health	✓ UHS
55	Peterfield CH	Dental Clinic	✓ Solent
56	Peterfield CH	Dental Dom	✓ Solent
57	Poswillow AED ONLY	Dental	✓ Solent
58	Romsey	Dental Clinic	✓ UHS
59	RSH	Dental Clinic	✓ UHS
60	RSH	Dental Dom	✓ UHS
61	RSH	Sexual Health	✓ UHS
62	RSH	Diabetic Resource Centre	✓ UHS
63	RSH	Nicholstown Surgery	✓ UHS
64	RSH	Fanshawe	✓ UHS
65	RSH	Lower Brambles	✓ UHS
66	RHS	Occ Health	✓ UHS
67	Civic	1/3 Floor (3rd)	✓ Solent
68	Sommerstown	Dental Clinic	✓ Solent
69	Sommerstown	Dental Dom	✓ Solent
70	Crown Heights	Sexual Health	✓ HHFT
71	Oak Park Havant	Sexual Health /Podiatry	✓ Solent
72	Fareham Health Centre	Sexual Health	✓ Solent
73	Andover HC	Sexual Health	✓ HHFT
74	Chase	Sexual Health	✓ HHFT
75	Alton CH	Sexual Health	✓ HHFT
76	Stoneham Moorgreen	MSK	✓ Solent
77	Unit 12 Rose Road	Rehab	✓ Solent
78	Western Hosp	Snowdon	✓ UHS
79	Adelaide	GP	✓ UHS
80	Adelaide	MSK	✓ Solent
81	Adelaide	Podiatry	✓ Solent
82	GP	Portsmouth Surgery	✓ UHS
84	Waterlooville HC	Podiatry	✓ Solent
85	Jubilee House	End of life/rehab	✓ Solent
86	Thorn Hill	Shared - Reception	✓ Solent
87	Hythe Health Centre	Sexual Health	✓ Solent
88	Adelphi House	Childrens Services	✓ HHFT
89	Winchester	Sexual Health	✓ HHFT
90	Horizon	Childrens Services	✓ Solent

Bag No		Ward/Area	Continuing supply of the meds to be supplied by;
91	Tree Tops	Sexual Health	✓ Solent
92	High Point	Trust Head Quarters	✓ Solent

All Resus meds initially supplied by SMH Pharmacy Distribution
from the week commencing 16th October 2017

The following colour code indicates who is picking up the continuing supply;

Purple = Solent

T: 02392 680654 F: 02392 680655

E-mail: SNHS.pharmacyDistribution@nhs.net

Green = HHFT

T: 01962 824692 F: 01962 824549

E-mail: pharmacy@hhft.nhs.uk

Red = UHS

T: 02381 204168 F: 02381 204952

E-mail: PharmacyStores@uhs.nhs.uk

AED Pro®

Quick Reference Guide

Before deploying the AED Pro confirm patient has no signs of life according to the ABCDE protocol. If no signs of life follow the AED mode below;

AED MODE:

1. Press and release the On/Off button.
2. "UNIT OK" message will appear, followed by "ADULT PADS" (or "PAEDIATRIC PADS" if connected).
3. Unit will prompt "OPEN AIRWAY, CHECK BREATHING" followed by "ATTACH DEFIBRILLATION PADS TO PATIENTS BARE CHEST" if not already attached to patient.
4. Unit will auto-analyze once defibrillation pads are attached and prompt "DO NOT TOUCH PATIENT - ANALYZING"
- 5a. If SHOCK advised - wait for flashing red button to illuminate, ensure no one is touching patient and then press button to deliver shock. Once shock is delivered, start CPR for 2 minutes as prompted.
- 5b. If NO SHOCK advised - immediately start CPR for 2 minutes as prompted.
6. Continue CPR until unit prompts to "Stand Clear, Re-Analyzing" or patient shows signs of life. Repeat steps 4-6 as prompted.



ECG MONITORING:

1. Plug in ECG cable, be sure electrodes are snapped onto cable and electrodes attached to patient.
2. Press and release On/Off button. Screen displays: MONITORING as the current mode.
3. Unit monitors ECG. If prompted, check status of patient and attach defibrillator pads.
4. If unit detects defibrillation pads, unit switches automatically to semi-automatic mode.
5. To switch from semi-automatic to monitoring mode, press and hold the left softkey for at least 5 seconds. RESULT: Unit displays MONITORING and the SEMIAUTO softkey appears. To return to semi-auto mode, press and release the SEMIAUTO softkey.



If you require any further information, please contact the Resuscitation Training Team.

Appendix: G Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To ensure that all individuals who access Solent NHS Trust services, whether as a patient, client, visitor or staff member, will receive care informed by national agreed guidance.		
2. Who will be affected by it?	All individuals accessing services as detailed above.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	This will replace the previous Management of Resuscitation Policy and will improve the process for implementing all national guidance. The NHSLA Standards for Resuscitation are monitored through audit, complaints and other feedback, incident reporting and incident debriefs.		
4. What information do you already have on the equality impact of this document?	Cardiopulmonary resuscitation guidance is compiled by an international working group through which national and local guidelines reflect. All resuscitation guidance is aimed at all individuals irrespective of age, colour, religion, gender, disability or sexuality. Where resuscitation is deemed not appropriate for an individual, then a decision would be made in compliance with NHS England which gives direction and guidance on the decision making process, including for those who do not have capacity to make a decision or be involved in such discussions.		
5. Are there demographic changes or trends locally to be considered?	None		
6. What other information do you need?	None		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		X	This document complies with national guidance around resuscitation and decisions relating to resuscitation
2. Can any group benefit or be excluded?		X	This document is aimed at all patients, carers, staff and visitors
3. Can any group be denied fair & equal access to,		X	No group could be denied fair and equal access to any treatment/

or, treatment as a result of this document?			procedure relating to this document if the document is complied with (in association with the Unified Do Not Attempt Cardiopulmonary Resuscitation Policy).
4. Can this actively promote good relations with and between different groups?		X	Being open around decision making can promote good relations between Solent NHS Trust staff and patients and their families/ carers.
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	<ul style="list-style-type: none"> • Solent NHS Trust Resuscitation Group • Solent NHS Trust Medicines Management • NHSLA Policy Steering Group • Clinical and Operational Directors • Service Managers • Service Matrons • Learning & Development • Risk Management
6. Have you used a variety of different methods of consultation/involvement?		X	<ul style="list-style-type: none"> • Face to face • Email • Telephone
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		X	Some patients may have a decision made about their resuscitation status for their best interest i.e. it is certain they would not survive a resuscitation attempt/ the risks far outweigh the benefits of any resuscitation attempt. Decisions are made in accordance with the Unified Do Not Attempt Resuscitation (DNACPR) Policy. This Policy relates to, and is based on the Mental Capacity Act 2005 and Human Rights Act 1998.
External considerations			
8. What external factors have been considered in the development of this policy?	X		NHS requirements from National Quality Board
9. Are there any external implications in relation to this policy?	X		Requirement to publish findings in Quality Account

10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			
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If there is no negative impact – end the Impact Assessment here.

<u>Step 3 - Recommendations and Action Plans</u>	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<u>Step 4- Implementation, Monitoring and Review</u>	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<u>Step 5 - Publishing the Results</u>	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	