Medical Emergencies and Notifications (VLTC)

**Audience:** All personnel in the Sleep Disorder Center.

**Purpose:** Explicit criteria for defining cardiac, respiratory, neurologic, and psychiatric emergencies and other life-threatening events, and defining specific actions to be taken by the sleep center personnel when these situations arise, ensure that patients receive appropriate emergency medical care in the sleep center.

**Policy:** All sleep staff will follow approved medical-emergency procedures. All personnel with patient-care responsibilities must be certified in Cardiopulmonary Resuscitation (CPR). CPR is initiated in medical emergencies according to standard procedures. These procedures are reviewed, approved and signed annually by the medical director.

A medical emergency in the Sleep Disorder Center is defined as follows:

- **Acute cardiopulmonary conditions:**
  - More than twelve unifocal PVC’s per minute, unless otherwise specified
  - Ventricular tachycardia lasting longer than 3 beats in a row or greater than 10 seconds
  - Ventricular fibrillation
  - Asystole greater than 5 seconds
  - Apnea greater than 2 minutes
  - Blood pressure greater than 180/90 or less than 80/50
  - Sustained hypoxemia with oxygen saturation remaining persistently below 88% after respiratory events have been resolved with CPAP
  - Severe chest pain
  - Severe dyspnea
  - Cardiopulmonary arrest

- **A new onset of:**
  - Greater than 6 PVC’s per minute for 2 minutes or more
  - More than two rounds of 6 or more PVC’s
  - Persistent bigeminy or trigeminy
  - Persistent arterial flutter or fibrillation
  - Clinically symptomatic tachycardia or bradycardia that lasts longer than one minute
  - Any arrhythmia, EEG phenomenon, respiratory event, or patient reported symptom and in the opinion of the Sleep Center technician may lead to an emergency situation.

- **Neurologic Emergencies:**
  - Change in level of consciousness
University of Texas Medical Branch
Sleep Disorder Center
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- Change in mentation
- Change in speech
- Weakness in limbs or face

- Psychiatric Emergencies
  - Psychotic thinking
  - Suicidal ideation (the patient must be visually monitored at all times until this is resolved and the Medical Director or his designee will be notified immediately).
  - In the case of a psychiatric or suicidal emergency:
    - Consider whether individual is a threat to him/herself and others. Contact the Medical Director, Rapid Response Team or 911.
    - If patient has taken action which could result in serious injury to him/herself, contact 911 immediately or Rapid Response Team immediately
    - Be aware, listen to the patient, and obtain any information which may be pertinent
      - What is your plan/ What are your problems which makes you think you want to harm yourself/ What are your immediate plans? What do you think the odds are you will harm yourself or others? Do you abuse alcohol or drugs? The aforementioned are examples of questions the technician can ask to obtain information.
    - The technician shall always keep a positive attitude and remain calm
    - Do not be shocked by information that a patient may reveal to you or involve yourself in a debate with the patient
    - Encourage the patient to be calm and let them know additional help has been summoned
    - S.L.A.P. is the acronym to use in case of psychological emergency
      - S- Specific details in the plan of attach
      - L- Lethality of proposed method
      - Availability of proposed method
      - P- Proximity of helping resources
    - Patient should be kept under constant supervision until professional help is present
If a lethal situation has already occurred do not disturb scene and call 911 immediately. Technician on duty will make sure of other patient’s safety and not discuss the situation with anyone but professionals who respond to the scene.

When the situation has been resolved, all involved with the incident will document all pertinent information and the Program Manager will notify appropriate personnel and generate a report of the incident.

- **Parasomnias**
  - Violent behavior that might endanger that patient’s safety
  - Attempting to awaken a “parasomniac” by shaking or shouting can sometimes trigger an irritable, aggressive or violent response. Therefore, gently redirect the person back to bed by guiding him or her by the elbow and speaking softly and orienting patient to time and place.
  - In the event patient demonstrates abnormal movements while asleep, including attempts to get out of bed the technician shall initially try to speak to the patient via the intercom system. Attempts should be made to explain situation to the patient and calm the patient down.
  - It is important to avoid situation which may cause potential harm to the patient and/or technician through such episodes.
  - Contact the Medical Director if situation persists or potential harm is anticipated the Program Manager will contact the Medical Director

- **Seizures (see also Seizure Activity)**
  - New onset seizure in a patient without a history of seizures
  - Seizure in a patient with a history of seizures
  - Electrical seizure without clinical correlate
  - Clinical seizure without electrical correlate
  - In the event of a seizure:
    - Keep calm; notify Medical Director and/or Rapid Response team and if needed 911
    - Don’t hold the person down or try to stop his movements
    - Time the seizure with your watch
• Clear the area around the person of anything hard or sharp
• Loosen ties or anything around the neck that may make breathing difficulty
• Put something flat and soft, like a folded blanket or pillow, under the head
• Turn him or her gently onto one side. This will help keep the airway clear. Do not try to force the mouth open with any hard implement or with fingers. It is not true that person having a seizure can swallow their tongue. Efforts to hold the tongue down can injure teeth or jaw.
• Do not attempt artificial respiration except in the unlikely event that person does not start breathing again after the seizure has stopped
• Be friendly and reassuring as consciousness returns
• Do not allow the patient to leave in the morning if he/she seems confused; contact the patient’s emergency contact number to discuss transportation for the patient.
• Document everything in patient chart and continue sleep study if appropriate

• Metabolic emergencies including diabetes:
  • Patients will administer their own medications and perform any level testing.
  • In the event patient indicates that they are having symptoms of low blood sugar the technician will offer juice and crackers and ask the patient to recheck blood sugar levels.
  • Program Manager shall be notified of the event and will notify the Medical Director if symptoms persist or blood sugar level is below 60 or above 300.
  • 911 should be contacted immediately if at any time the patient loses consciousness

Call 911 for the following situations while at Town Center
• Any sudden, violent, or threatening behavior where help is needed immediately to preserve the safety of Sleep Center personnel and other patients
• Any situation in which in the behavior of a patient or family member is erratic or threatening, in the opinion of the Sleep Center technician

Procedure:

1. When it is determined by staff or faculty that a person requires emergency care, the following actions are to occur, but not necessarily in this order:

   • The Sleep Center Technologist will assess the patient’s medical needs
   • Clinical care is provided as appropriate and with the resources available
     • Local EMS is called to transport the patient to a higher level of care if appropriate by dialing (9) 911. Entry to the Sleep Disorder Center by emergency personnel can be gained by accessing the external lock box or by the remote unlocking of the main entry and hallway doors leading to the Sleep Disorder Center by the sleep technologist using the emergency keyfob transmitter and intercom system.
     • An Automated External Defibrillator (AED) is authorized for emergency response personnel trained in CPR and use of the AED. In the event that a code should occur within the clinic, (9) 911 should be called. The AED operator/rescuer will follow the AED voice/visual prompts (see also: UTMB Clinic Administration’s policy: C13 Emergency Response Ambulatory Setting)
     • Do not discontinue recording until and/or when defibrillation occurs
     • Document events on patient log
   • Medical Director or his designee is notified
     • Shahzad Jokhio, M.D Cell: (832) 701-5378
     • Thomas Speer, PhD Cell: (832) 528-2824
   • Denise McElyea, Program Manager is notified at:
     • Office: 409-772-5120
     • Cell: 409-392-4645

2. If the person requiring emergency care is a patient, documentation of the event will be placed in that person’s medical record. If the person is not a patient, then the technologist will create a written description of the event. The
event record will be kept by Denise McElyea, Program Manager. A copy of the event record will be made available for the patient to take to their Primary Care Physician.

3. The Program Manager will be notified immediately of the event, who will:
   - Review the event and evaluate for further action (e.g. notification of Risk Management and complete report in PSN)
   - Report Summary and salient features to the Ambulatory Operations Council on a quarterly basis

References: Policy C13 Emergency Response Boxes/ Emergency Response Ambulatory Setting

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Shahzad Jokhio, M.D.
Medical Director