

University of Texas Medical Branch Center for Sleep Disorders Policy: Medical Emergency Plan- Webster	Effective Date: January 30, 2013 Revised Date: January 18, 2019 Campus: Webster
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MEDICAL EMERGENCY PLAN

Webster

PURPOSE

Patients being monitored in the sleep facility, particularly those with obstructive sleep apnea or pulmonary disease, are at risk for catastrophic cardiopulmonary events. The technologist must identify these events and take an appropriate course of action. The emergency medical procedures describe the appropriate action for a number of potentially lethal cardiopulmonary events. These procedures also address preferred actions for other emergency situations during which the safety of the patient and/or technologist may be at risk.

POLICY

All personnel who interact with patients must be familiar with the emergency procedures and the location of emergency equipment (e.g., barrier mask for resuscitation, AED). All sleep personnel responsible for patient care will maintain a current certificate in basic life support, including cognitive and manikin skills training. All sleep personnel responsible for patient care will be able to identify conditions that trigger an emergency response. These emergency procedures will be followed in all medical emergencies. Sleep staff will err on the side of caution if in doubt, taking into account the medical and cardiopulmonary history of the patient. Any questions, concerns or problems regarding emergency procedures will be addressed immediately with Dr. Jokhio, the facility director, who can be reached by calling (832) 701-5378. Dr. Jokhio or his designee will review and modify the medical emergency procedures annually.

Types of emergencies

- Cardiopulmonary
- Neurological (seizure)
- Psychiatric (suicidal ideation)

PROCEDURE

The following procedure will be followed as applicable to the number of technologists available.

General emergency procedure

1.0 One technologist on duty:

- 1.1 Assess the patient, initiate CPR following the BLS guidelines (if applicable) and ensure patient safety.
- 1.2 Call emergency personnel at 911.
- 1.3 Provide the following information:
 - 1.3.1 Name and physical address of the sleep facility
 - 1.3.2 Phone number
 - 1.3.3 Nature of the emergency
 - 1.3.4 Detailed instructions for entry access to the facility

MEDICAL EMERGENCY PLAN

Webster

- 1.4 Stay with the patient following emergency procedures until ER personnel arrive
- 1.5 Contact the facility director and other pertinent facility personnel.
- 1.6 Once the patient has been removed from the sleep facility or ER has been resolved, complete an unusual occurrence report documenting the event, procedures followed, actions taken, outcome and recommendations for improvement, if warranted.
- 2.0 Two technologists on duty**
 - 2.1 Technologist one
 - 2.1.1 Assess the patient, initiate CPR following the BLS guidelines (if applicable), continuing to provide appropriate measures until ER staff arrive.
 - 2.2 Technologist two
 - 2.2.1 Call emergency personnel at 911.
 - 2.2.2 Provide the following information:
 - 2.2.2.1 Name and physical address of the sleep facility
 - 2.2.2.2 Phone number
 - 2.2.2.3 Nature of the emergency
 - 2.2.2.4 Detailed instructions for entry access to the facility
 - 2.2.3 Monitor other patients in the sleep facility.
 - 2.2.4 Once ER personnel arrive, open the door and direct personnel to the emergency.
 - 2.2.5 Continue to monitor other patients; complete the ongoing sleep services.
 - 2.3 Once emergency has been resolved, assist Technologist One in completing the unusual occurrence report documenting the event including procedures followed, actions taken, outcome and recommendations for improvement, if warranted.
 - 2.4 Restock the emergency cart: e.g., medications or equipment used or oxygen supplies.
 - 2.5 Return AED to proper location, if used.

Cardiopulmonary emergency

- 1.0** Enter patient room and try to arouse the patient if you see any of the following:
 - 1.1 Asystole greater than 10 seconds (check backup lead first)
 - 1.2 Ventricular tachycardia greater than 10 seconds
 - 1.3 Ventricular fibrillation
 - 1.4 Apnea greater than two minutes
 - 1.5 A new onset of:
 - 1.5.1 Greater than six PVCs per minute for two minutes or more
 - 1.5.2 More than two runs of six or more PVCs
 - 1.5.3 Persistent bigeminy or trigeminy
 - 1.5.4 Atrial flutter or fibrillation
 - 1.5.5 Clinically symptomatic tachycardia or bradycardia
 - 1.5.6 Any arrhythmia, EEG phenomenon, respiratory event or patient-reported symptom that in the opinion of the sleep technologist may lead to an emergency situation

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MEDICAL EMERGENCY PLAN

Webster

2.0 If patient does not arouse, begin CPR and contact emergency personnel (911).

3.0 Continue CPR following the general emergency procedures until ER personnel arrives.

MEDICAL EMERGENCY PLAN

Webster

Neurological (seizure)

- 1.0** Assess the patient; if the patient is experiencing a seizure, position the patient on their side and protect patient from injury.
- 2.0** Maintain a patent airway and monitor oxygen saturation levels, providing oxygen if necessary.
- 3.0** Monitor and keep track of EKG, rate, and rhythm and continue study.
- 4.0** Continue video and PSG recordings.
- 5.0** If patient has no history of seizure, contact emergency personnel (911).
- 6.0** Observe and record
 - 6.1 Time and length of seizure
 - 6.2 Type of movements (unilateral or bilateral)
 - 6.3 Eye movements
 - 6.4 Consciousness
- 7.0** Continue monitoring until ER personnel arrive.
- 8.0** Contact the facility director or on-call physician for further direction.
- 9.0** Document all data (including EEG data in the patient record).

Psychiatric (suicidal ideation)

- 1.0** Assess the situation and determine if staff or patients are in immediate danger.
- 2.0** Activate emergency personnel; call 911 immediately.
- 3.0** Contact the facility director or on-call physician if patient has expressed threats of suicide or suicidal ideation.
- 4.0** Remain calm, listen attentively to the patient, and do not offer advice.
- 5.0** Keep the patient within view at all times.
- 6.0** Once ER personnel transport patient, provide copies of all PHI to go with the patient, if possible.
- 7.0** Document all information related to the situation in the patient medical record.
- 8.0** Facility MD Director: (832) 701-5378 (c)
- 9.0** Clinical Director: (281) 392-4645 (c)

Note: Current phone contact numbers for the sleep facility staff and facility director are to be included with the policy. The facility may opt to maintain a separate phone listing sheet in addition to having the numbers within the policy. Posting personnel telephone numbers in the control room in a highly visible area is recommended; ease in accessibility is necessary to provide quick response to emergency situations.

Medical emergency during HSAT

- 1.0** Sleep technician instructing patient on application and use of device will instruct patient to contact 911 in the event of a medical emergency while using HSAT.