

HOW TO RECOGNISE AND RESPOND TO MEDICAL EMERGENCIES – NON CLINICAL STAFF

Triaging

Triaging, or prioritisation, is an important role for medical receptionists as you are the first point of contact for patients. You need to be able to identify a medical emergency and/or the urgency of an appointment.

The process of prioritising patients, whether face-to-face or over the phone, requires basic communication skills including **listening** and **questioning** skills. Asking appropriate questions is vital. The most important question receptionists can ask is “Do you have an urgent problem”, especially before putting a patient on hold when on the phone. If a patient is finding it difficult to respond to you, that is another indicator that a patient may be very unwell.

Triage Protocol for Non-Clinical Staff

The objective is provide the GP/nurse correct information to take ownership and make the decision in these infrequent situations. Always err on the side of caution – if in doubt, ask a nurse.

QUESTION: “Does the patient need urgent medical attention?”

No
↓

Offer routine Appointment
“The next available appointment
is __. Is that OK?”

Yes
↓

“It’s an urgent problem”
Or
“Not sure if it is urgent”

Ask the patient the following:

1. Identify patient eg DOB/name/address
2. **What is the problem?** If the patient does not want to divulge this to you, explain that you need a very brief explanation to the problem to make a decision whether to put it through the nurse.
3. How long has it been happening?
4. How severe is it?

Make an urgent appointment for any of the following:

- Persistent vomiting (which can cause dehydration)
- Parent worried about unwell child eg with diarrhoea, vomiting, fever, lethargy, rash
- Allergic reaction
- Any injury (fracture, concussion, burn, severe bruising).
- Acute anxiety/distress (ie not chronic).
- **Any of the conditions on the right may require an urgent appointment to be made without asking the nurse. The receptionist must use common sense in her judgement. If unsure, put a call through to the nurse.**

The following are urgent appointments if patient is having

- Breathing difficulties
- Chest Pain
- Severe Acute Pain
- Pregnancy Pain or Bleeding
- Sweaty and Pale
- Uncontrolled Bleeding
- Fitting, seizure
- Fainting or weakness
- Loss of speech or vision
- Weakness or unable to stand
- Suicidal or homicidal feelings, or other acute mental health problem
- Confusion

Process on how to manage urgent medical conditions

- Identify patient in distress at check-in or when the patient walks into the clinic. (see examples below for signs of distress)
- Periodically assess waiting room for patients in distress.
- Alert Doctors and Nurses of the emergency and the patient's location (Use Medtech32 PMS "Announcements" or ring Doctors and Nurses immediately). Where possible, call the Triage Nurse in the first instance.
- Assist the patient to move to the nearest room if the patient is still mobile.
- Doctors and Nurses perform emergency procedure (eg. DRSABCD for cardiac arrest etc).
- Assist Doctors and Nurses to bring all emergency equipment or other required equipment to the site of the emergency if needed.

A reminder...

Emergency Equipment is kept in Emergency Supplies Cupboard at the Incident Control Point (in staff corridor outside Practice Manager's Office)

If you need to ring St Johns Ambulance, the phone number is 0800 262 665 (on yellow card at every reception computer). Team member to give location (183 Riccarton Road, Riccarton, Christchurch, New Zealand) and description of the emergency.

- One of the receptionists to clear patients in waiting room away from emergency
- Alert waiting patients about potential delay

Medical Emergency

A medical emergency is an acute injury or illness that poses an immediate risk to a person's life or long-term health.

RECOGNITION OF A MEDICAL EMERGENCY

Important signs/symptoms to look out for when patients are in the Practice

- Breathing difficulties
- Chest Pain
- Severe Acute Pain
- Pregnancy Pain or Bleeding
- Sweaty and Pale
- Uncontrolled Bleeding
- Fitting, seizure
- Fainting or weakness
- Loss of speech or vision
- Weakness or unable to stand
- Suicidal or homicidal feelings, or other acute mental health problem
- Confusion
- Injury (incl. fracture, bruising, burns, concussion)
- Children who are very unwell / parents who are concerned
- Extreme Anxiety (ie that is not chronic)

Medical Emergencies (requires urgent treatment, ambulance/hospitalisation)

Heart Attacks
Cardiac Arrests
Strokes

Medical Emergencies (requires urgent treatment can be provided at DOR)

Seizures
Bleeding Excessively
Anaphylaxis
Airway Obstruction / Choking
Diabetes
Burns

Medical Emergencies **(requires urgent treatment, ambulance/hospitalisation)**

Heart Attacks

This occurs when a blood vessel to the heart (artery) becomes blocked, the heart no longer contracts effectively causing tissue around the heart to die.

Symptoms of a heart attack include:

- **Chest discomfort** - Most heart attacks involve discomfort or pressure in the centre of the chest that lasts for more than a few minutes, or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain. Look out for people clutching their chest.
 - **Discomfort in other areas of the upper body** - Can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
 - **Shortness of breath**. Often comes along with chest discomfort, but it also can occur before this.
 - **Other symptoms**. May include breaking out in a cold sweat, nausea, or light-headedness. Patient may look pale or have a grey skin colour
- **Call for medical help immediately. Respond to the doctor's directive to call 111.**

Cardiac Arrest

Heart attacks can lead to cardiac arrest, where the heart stops beating. With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs and a person loses consciousness and has no pulse. Death occurs within minutes without treatment.

(A heart attack is a "circulation" problem and sudden cardiac arrest is an "electrical" problem).

CPR is to be started immediately by...

- Calling for a doctor and nurse.
- Another person can **call 111** for emergency medical services.
- Get the AED (automated external **defibrillator**)
- Begin CPR immediately and continue until the ambulance arrives.

Strokes

These happen at any age. A quarter of working age people have strokes. Strokes are caused by:

- a blocked blood vessel (70% of cases). This can cause the blood supply to the brain to be blocked or reduced. This leads to a lack of oxygen to the brain causing damage so the quicker the blood vessel is unblocked, the less the damage;
- bleeding into the brain due to a burst blood vessel

Symptoms - F.A.S.T.

F ace (is one side drooping? If you ask the patient to smile, is the smile lopsided),

A rms (squeeze hands-one hand will be stronger than the other, Red Cross trainer suggested not to ask patient to lift arms as patient can panic if one does not lift),

S peech (slurred, unable to speak, words are jumbled),

T ime (Act Fast, call for Medical Help).

- **Call for medical help immediately. Respond to the doctor's directive to call 111.**

Medical Emergencies **(requires urgent treatment, can be provided at DOR)**

Seizures

Febrile Convulsions (common in young children)

In some children aged between 6 months and 6 years, a sudden increase in body temperature can lead to seizures (also known as fits), which are called febrile convulsions. During a febrile convulsion, part or all of your child's body may shake and twitch and his or her eyes may roll back in the head. Although simple febrile convulsions can be frightening, they usually last less than 15 minutes and the child should make a full recovery within one hour.

Parents panic when they see their child having convulsions. Reassure them. Before help arrives you can help remove children's clothing and fetch a wet cloth (run under cold water) to apply over the child's body to help bring the temperature down.

Epileptic seizures

Epilepsy occurs when electrical impulses in the brain discharge in an uncoordinated fashion leading to a seizure. The symptoms of a severe seizure include:

- violent shaking (convulsions)
- a loss of control of their bladder
- unconsciousness (can't interact, no response) and;
- blue/purple skin colour

DO

- protect the person from injury (clearing the space around them, removing glass and neck ties)
- note the time the seizure starts and stops (they usually last 1-2 minutes, but anything over 15 minutes can result in brain damage)
- cushion the head to protect from injury
- turn the person into the recovery position as soon as possible to ensure their airway is clear and any vomit will come out rather than be swallowed
- reassure the person and stay with them until they have fully regained consciousness

DO NOT

- put anything in the person's mouth
- try to restrain the person
- become upset - what the person is doing is a logical outcome of the uncontrolled firing occurring in the brain. It is temporary and should stop within a short time.

Bleeding Excessively (more than 600ml)

RED

- R eassure (patient may be panicking)
- E levate (the wounded area so blood drains away from the area)
- D irect pressure

Burns

- Put phone call through to Phone Nurse who can ascertain the severity of the burn and advise accordingly.
- If no nurse available, advise patient to immediately cool burn under running water for 20mins before coming in.
- If the wound is oozing, advise patient to cover the wound with plastic food wrap after they have run in under water.
- Watches and jewellery should be removed when appropriate as swelling can occur.

Anaphylaxis – severe allergic reaction

Anaphylaxis is the most severe form of allergic reaction. Symptoms usually develop rapidly, within five minutes of being exposed to an allergic trigger, and typically happen within 30 minutes.

The symptoms of anaphylaxis can include a combination of some of the following:

- Swelling of the throat and mouth, face, lips and/or eyes
- Hives or welts on the skin
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Wheeze or persistent cough
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness (due to airways being blocked with the swelling)
- Pallor and floppiness (in young children)

Prompt treatment is vital

- Adrenaline is the recommended first aid drug for anaphylaxis, and must be administered within the first 5 minutes of a reaction in order to be effective. A doctor or nurse can do this.
- If there is no clinical staff around, call 111. They may talk you through giving adrenaline if appropriate as an ambulance can be quite a few minutes away.

Diabetes – Hypoglycaemia (hypos) or low blood sugar (as opposed to hyperts, high blood sugar)
Symptoms include:

- Sweaty and pale
- Shaky
- Dizziness or blurred vision
- irritable (patient is complaining a lot),
- drowsy and/or confused
- patients look like they are about to collapse/drunk, and can smell like alcohol
- give sugar, lollies or sweet drink immediately

Airway Obstruction/Choking (commonly due to foreign body lodged in throat)

If patient is conscious, give up to 5 back blows

- With an adult or child, standing or sitting (and leaning forward), and using the heel of one hand, give the back blows between the patient's shoulder blades.
- Check between each back blow to see if the item has been dislodged.
- Place a **baby** face down on your lap for the back blows. Ensure you support the baby's head. Give firm back blows, checking between each to see if the item is dislodged.

If unsuccessful, give up to 5 chest thrusts

- With an adult or child, standing or sitting, wrap both arms around the patient, at chest level.
- Place one fist with the thumb side against the middle of the breastbone.
- Grasp that fist with your other hand and give up to 5, separate, inward and upward thrusts.
- Check between each chest thrust to see if the item has been dislodged.
- Place a **baby** face upwards on a firm surface and give up to 5 sharp chest thrusts just below the nipple line, checking between each thrust.
- The back blows and chest thrusts are given separately with a check after each one to see if the obstruction has been relieved.

3. If the obstruction has not been relieved

- **Ensure an ambulance has been called.**
- Continue alternating back blows and chest thrusts until the ambulance arrives.
- If the person becomes unresponsive, begin CPR.

Asthma

Symptoms include:

- Severe wheezing when breathing both in and out
- Coughing with asthma that won't stop
- Very rapid breathing
- Chest pain or pressure
- Tightened neck and chest muscles, called retractions
- Difficulty talking
- Feelings of anxiety or panic
- Pale, sweaty face
- Blue lips or fingernails
- Or worsening symptoms despite use of your medications

Can be treated at DOR

- Treatment is the use of Ventolin or Salbutamol (with spacer for children) as many puffs as required, this can cause heart to race but keep giving the Ventolin
- Severe asthma can require hospitalisation. If a patient collapses, then start DRSABC immediately.

A Team Response to Resuscitation

LEADER – someone must resume role of leader

- It is important that non-clinical staff recognise a medical emergency and call for doctor and/or nurse backup immediately.
- They must communicate clearly to clinical staff members or when dialling 111 for an ambulance.
- In a medical emergency, non-clinical staff must stay on hand to receive orders from clinical staff members to assist.

Basic Life Support		If someone has a cardiac arrest (heart stops beating) and collapses, start basic life support.
D	Dangers?	Check for dangers, electrical lines
R	Responsive	Talk to patient. If no response, inflict pain (press underneath collarbone).
S	Send for help	Be assertive about calling for help. Use names (rather than somebody, anybody) when giving instructions. Someone needs to dial 111.
A	Open Airways	Tilt head, lift up jaw/chin
B	Normal Breathing	Check for breathing.
C	Start CPR 30 compressions:2 breaths	Adults, use both hands Child – heel of 1 hand Babies – 2 fingers & breathe over mouth & nose. Press about 1/3 body width and come up completely. 100 BPM -> Staying Alive song Go hard, go fast, don't stop so heart keeps beating and keeps oxygen flow to the brain
D	Attach Defibrillator (AED)	All staff, including non-clinical, must familiarise themselves with where the Defibrillator is kept. Anyone can operate the defibrillator, follow the verbal automated instructions.
Continue CPR until responsiveness or normal breathing pattern resumes		Then put in the recovery position