

Medical Emergency Policy

September | 2014

Version	V2
Supersedes	September 2012
Applies to	All Staff, Duty Doctors and Pharmacists
Author	Belinda Coker
Approved by	Clinical Governance Team
Issue date	September 2014
Review due	September 2017

1. Introduction

South East London Doctors Co-operative (SELDOC) is committed to responding appropriately to medical emergencies in the patient's home or at base sites by providing basic life support and administering life saving medication.

2. Legal, ethical and good practice guidance for basic life support

The General Medical Council (GMC) expects doctors to comply with the standards of good practice set out in their guidance – Good Medical Practice¹. This highlights the doctor's duty to offer assistance in an emergency taking account of their own safety, competency and availability of other options of care. This policy should be read in conjunction with the Consent Policy that details reduced requirements for consent in life saving or prevention of serious deterioration cases.

3. Key principles to consider in respect of resuscitation

The documents cited above are clear on the following principles:

SELDOC duty doctors must be able to provide basic adult life support, use an automated external defibrillator (AED) and basic paediatric life support

SELDOC will provide equipment and medicines in line with the Resuscitation Council guidelines and the medical emergencies in the community listed in the current British National Formulary (BNF67²)

4. Staff to support medical emergencies and resuscitation

SELDOC will ensure that all base sites that service users visit will have access to a duty doctor and a trained first aider.

5. Duty doctor responsibilities

SELDOC expects that before each shift all duty doctors:

- 5.1 Have a current resuscitation certificate for adults (including AED use) and children that is renewed annually
- 5.2 Are familiar with where the equipment for basic resuscitation is stored at that location
- 5.3 Are familiar with the equipment available for basic resuscitation (see appendices 1, 2 and 3³) and medical emergencies that includes:
 - Guedel airways, various sizes
 - manual suction device
 - face masks for adults and children

¹http://www.gmc-uk.org/guidance/good_medical_practice/good_clinical_care_treatments.asp

² <http://www.bnf.org/>

³ <http://www.resus.org.uk/pages/glaigos.htm>

- pulse oximeter
- ambu-bag
- automatic external defibrillator
- oxygen (NB oxygen should only be used if oxygen saturations are less than 96%)

5.4 Are familiar with medicines for community emergencies (see appendix 4)

6. First aider responsibilities

SELDOC expects designated and trained first aiders to do the following:

6.1 In the event of a medical emergency when a doctor is present

- raise the alarm and dial 999 as appropriate
- support the patients relatives or carers
- support the duty doctor during resuscitation or a medical emergency

6.2 Perform basic life support in adults only (see appendix 1) if a doctor or nurse is not available

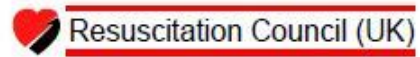
6.4 Monitor the equipment each month and record appropriately

7. Health and safety responsibilities

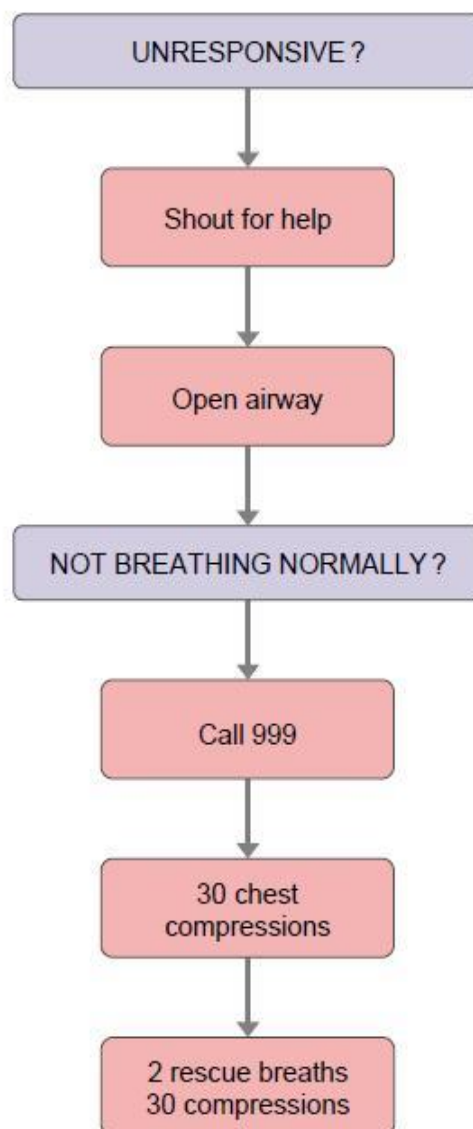
The Assistant Operations Managers (AOMs) ensure that 5.4 has been completed as part of the regular health and safety audit.

Appendix 1

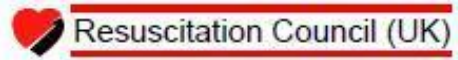
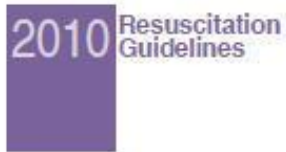
Adult Basic Life Support Resuscitation Guidelines 2010



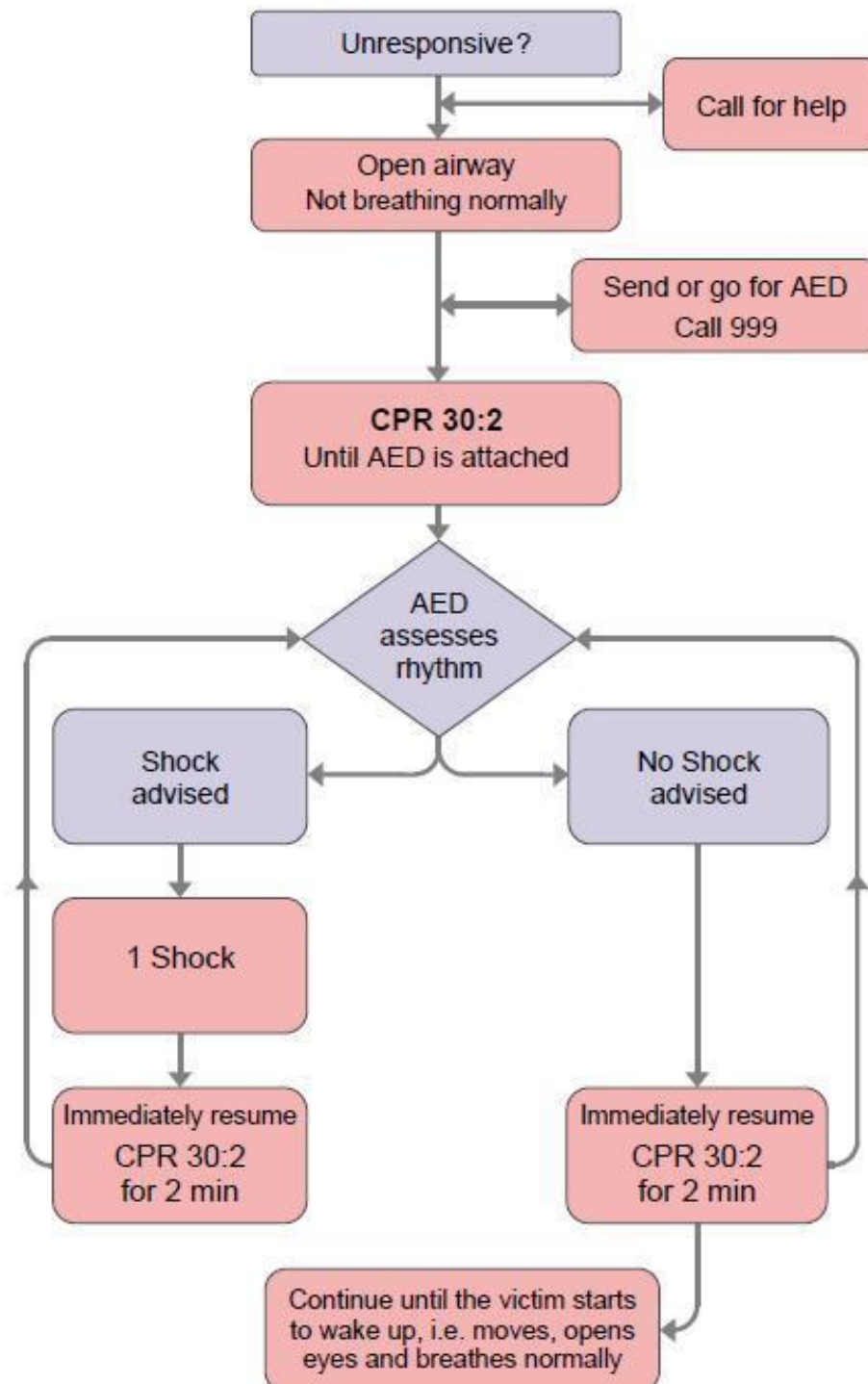
Adult Basic Life Support



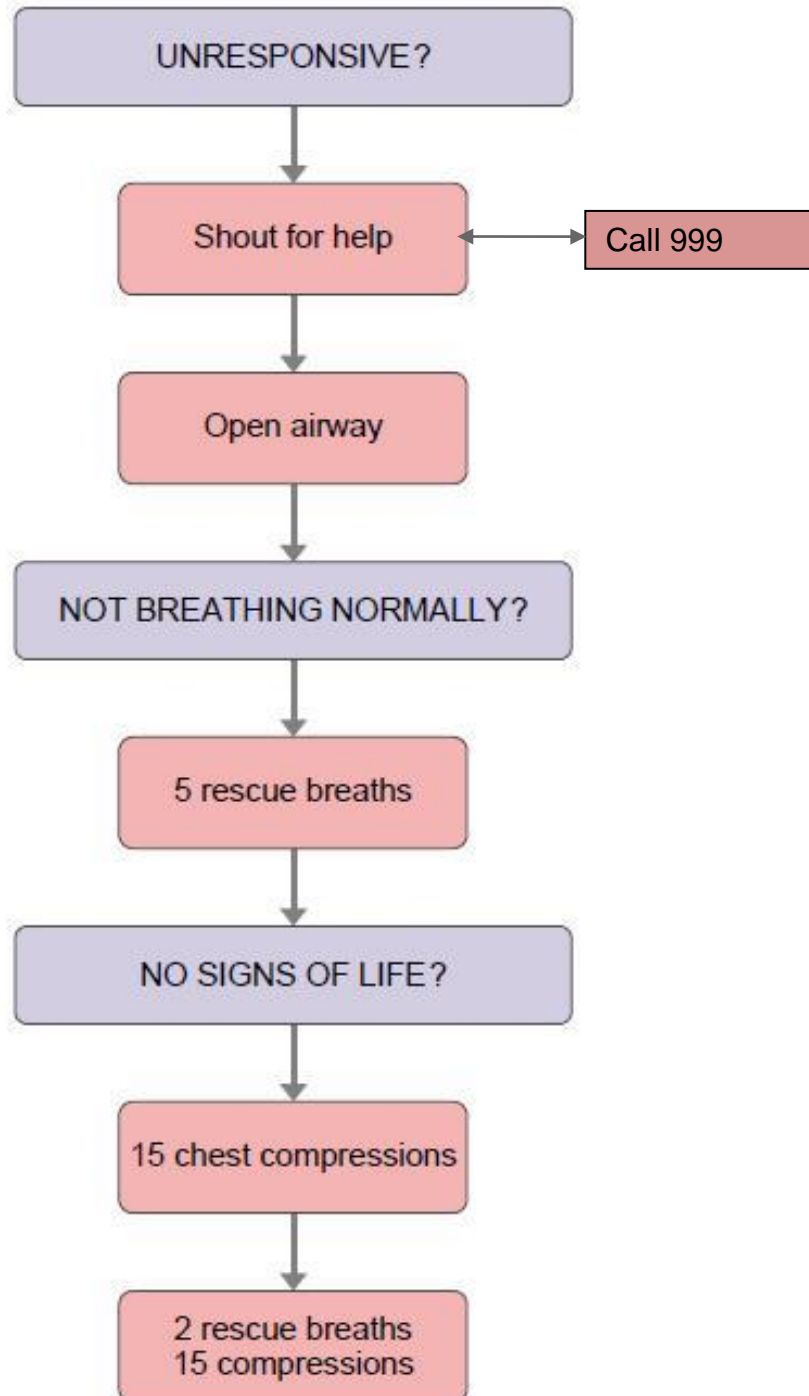
Adult Basic Life Support
Resuscitation Guidelines 2010



AED Algorithm



Paediatric Basic Life Support
(Healthcare professionals with a duty to respond)



Appendix 4 Medicines for Medical Emergencies (adapted from BNF 67)

Medical emergency	Medicine	Age range	Dose	Frequency	
Anaphylaxis	adrenaline injection 1 mg/mL (1 in 1000)	<6 years	150 micrograms (0.15mL)	im injection Repeat every 5 minutes if necessary	
		6–12 year, or prepubertal	300 micrograms (0.3 mL)		
		> 12 year	500 micrograms (0.5 mL)		
Angina - unstable	aspirin dispersible 300mg tablets	One tablet chewed or dispersed in water		Once only	
	<i>plus</i> glyceryl trinitrate aerosol spray 400 micrograms/ metered spray	1-2 sprays under the tongue		repeated as required	
Asthma – acute	salbutamol nebuliser solution 1 mg/mL	<5 years	2.5 mg	Every 20 – 30 minutes or as necessary	
		5-12 years	2.5 – 5 mg		
		> 12 year	5 mg		
	<i>plus</i> prednisolone 5mg tablets	<12 years	1 - 2 mg/kg (max 40 mg) (use soluble tablets)		Once daily for 3 days
		> 12 year	40 - 50 mg		Once daily for 5 days
	<i>plus if no response to salbutamol</i> ipratropium nebuliser solution 250 micrograms/mL	<12 years	250 micrograms		Give every 20 – 30 minutes (max 2hours)
> 12 year		500 micrograms			
Convulsive seizures >5 minutes	diazepam rectal solution 2mg/mL (5mL)	neonate	1.25-2.5mg (0.6–1.25mL)	Give rectally and repeat once after 10-15 minutes if necessary	
		1 month – 2 years	5 mg (2.5 mL)		
		2-12 years	5 - 10 mg (2.5 – 5 mL)		
		>12 years	10 - 20 mg (5 – 10 mL)		
Diabetic coma - hypoglycaemia	dextrogel 10g tubes	1 – 2 tubes orally, repeated after 10 – 15 minutes if necessary			
	or glucagon injection 1 mg/mL <i>if no oral route</i>	child <25kg	500 micrograms (0.5mL)	im or sc injection if hypoglycaemia unresponsive	
		child >25kg & adult	1 mg (1 mL)		
Meningococcal disease	benzylpenicillin injection	<1 year	300 mg		

	600mg	1 – 10 years	600 mg	by im injection before transfer to hospital See vials for reconstitution advice
		>10 years	1.2 g	
	cefotaxime 1g	<12 years	50 mg/kg (max 1g)	
		>12 years	1g	
Myocardial infarction	aspirin dispersible 300mg tablets	One tablet chewed or dispersed in water		once only
	<i>plus</i> glyceryl trinitrate aerosol spray 400 micrograms/ metered spray	1-2 sprays		repeated as required