

## EMERGENCY PROCEDURE

1. Emergency medical procedures are to be used in instances when attending physician's are not immediately available or until the physician can be reached.
  - a. In all emergencies, medical attention will be secured as soon as possible.
  - b. If it is not possible to reach the client's attending physician, the paramedics will be called to render service and arrange transportation to an emergency room.
  - c. The staff member will remain with the client until the paramedics arrive.
2. Each of the staff members involved in providing client care must have a current CPR card and institute cardiopulmonary resuscitation as required.
3. Until medical assistance can be obtained, the following first aid measures will be enacted (after initial assessment of the situation), as appropriate, to determine which of the following steps should be taken.
  - A. Convulsion**
    1. Do not restrain the client
    2. Protect the client against injury
    3. If necessary, provide an airway
    4. Have someone call the attending physician
    5. Observe duration and type of seizure activity
    6. Report observation to physician
  - A. Heavy Bleeding**
    1. Apply firm pressure directly over the wound
    2. Raise the bleeding part higher than the rest of the body when possible
    3. Keep the client lying down
    4. If bleeding cannot be immediately controlled, call paramedics
    5. Report observations to the attending physician
  - A. Foreign Body in Throat**
    1. Let the client attempt to cough
    2. If the client is unable to speak, perform obstructive airway maneuver for adult or child
  - D. Foreign Body in Eyes**
    1. If visible, have the client blink to start tears; do not attempt to remove; cover with sterile gauze; send to the doctor
    2. Chemical: hold under the faucet or flush with large amounts of tap water; report to the physician
    3. Injury: cover with loose gauze; report to the physician
    4. Putty red: do not treat; report to the physician
  - E. Ears**
    1. If foreign body: no treatment, send to the physician
  - F. Nose**
    1. Nosebleed: keep client quiet, he/she may lie or sit; pinch nostrils together; apply cold towel to face, neck or forehead; if bleeding lasts more than 10-15 minutes, call physician
  - A. Poisoning**
    1. Try to determine what was taken, how much was taken, and what route was used
    2. Call the Poison Control Center for guidance
    3. Call the paramedics if necessary
    4. Report to the attending physician

**H. Medication Overdose**

1. Try to determine what was taken, how much was taken, and what route was used
2. Notify attending physician
3. Call paramedics

**I. Stomach**

1. Report any abdominal pain; check with client about bowel movements, diarrhea, nausea and vomiting
2. Feel abdomen for hardness
3. Notify attending physician

**J. Chest Pain**

1. If the client has a history of cardiac disorder and he/she complains of chest pain with shortness of breath and nausea, and there is a change in vital signs, report to the physician immediately, or call "911"

**K. Burns**

1. If there is no break in the skin, put the cold water, or ice to the area; you may use Vaseline if blister is not present; if blister is present, cover with sterile gauze
2. Call physician or send client to their attending physician

**L. Falls**

1. Do not attempt to move client
2. Stop any excessive bleeding

**M. Death**

1. When there is no doubt as to the time of cessation of pulse or breath, the paramedics will be called. Exception:
  - a. When there's a signed physician order and a client or responsible family member has a signed note in the record that resuscitation is not to be conducted
2. When it has been determined by the family that the client has been dead for longer than ten (10) minutes prior to the arrival of the nurse, the nurse will:
  - a. Confirm there are no vital signs
  - b. Notify the attending physician
  - c. Confirm the family has made plans for the disposition of the body, or assist in making plans for removal of the body from place of residence, if requested
  - d. If circumstances are such that the death should be reported to the coroner's office or the Public Administrators Office, the attending physician, and the DPCS/RN Supervisor will be notified

1. In all cases of medical emergency or death, the attending physician and the agency will be notified.