

## **MEDICAL EMERGENCY PLAN**

### **Angleton Danbury Campus**

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#### **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.
- 1.2 Call emergency personnel at extension 3333 or by pressing emergency code button in patient room.
- 1.3 Initiate CPR following the BLS guidelines (if applicable) and ensure patient safety.
- 1.4 Provide the following information:
  - 1.4.1 Location
  - 1.4.2 Room number
  - 1.4.3 Nature of the emergency

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- 1.5 Stay with the patient following emergency procedures until emergency personnel arrive.
- 1.6 Continue to monitor other patients; complete the ongoing sleep services.
- 1.7 Contact the facility manager and other pertinent facility personnel.
- 1.8 Once the patient has been removed from the sleep facility or emergency has been resolved, complete an unusual occurrence report documenting the event, procedures followed, actions taken, outcome and recommendations for improvement, if warranted. Turn in to facility manager.
- 1.9 Restock any equipment used or oxygen supplies.

#### **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
  
- 2.0** If patient does not arouse, contact emergency personnel (ext 3333 or code button) and begin CPR.
  
- 3.0** Continue CPR following the general emergency procedures until emergency personnel arrive.

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#### **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 (ext 3333 or code button).
- 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 emergency 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 Rapid Response emergency personnel by calling extension 3333.
- 3.0** Activate Rapid Response 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 emergency personnel arrive they should transport patient to emergency room, 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** Once the patient has been removed from the sleep facility or emergency has been resolved, complete an unusual occurrence report documenting the event, procedures followed, actions taken, outcome and recommendations for improvement, if warranted. Turn in to facility manager.
- 9.0** Notify Facility Manager: Keri Bolton 832-687-0259

#### **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.

University of Texas Medical Branch  
Center for Sleep Disorders  
Policy: Medical Emergency Plan- ADC

Effective Date: 4/1/18  
Revised Date: 2/19/18  
Campus: ADC