

DETERIORATING PATIENT & RESUSCITATION POLICY

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RESUSCITATION POLICY

1. RATIONALE

The aim of this policy is to ensure a comprehensive provision for the recognition and management of deteriorating patients and cardiorespiratory arrests/emergency events within Yeovil District Hospital NHS Foundation Trust.

This policy is written with reference to “Cardiopulmonary Resuscitation – Standards for Clinical Practice and Training” (2004). The Trust also recognises and promotes Health Service Circular 2000/028 that makes explicit the need to involve patients in decisions about their resuscitation status.

2. AIM

This policy sets out:

- The education and training needed to enable staff to provide interventions to Resuscitation Council (UK) Standards throughout the Trust.
- The responsibilities of various personnel.
- The systems to support resuscitation provision within the Trust, acknowledging the importance of Track and Trigger early warning systems in use such as NEWS (National Early Warning Score).

3. PRINCIPLES

All patients and staff of, or visitors to, Yeovil District Hospital NHS Foundation Trust will be for resuscitation unless there is a valid written order in the patient’s medical notes stating “Do Not Attempt Resuscitation”, or the medical team clearly decide the resuscitation attempt would be futile and such an order is then completed and filed.

The decision about resuscitation status must consider the “competent” patient’s wishes and, where feasible and in line with the patient’s wishes, it is good practice to involve relatives or those close to the individual in discussions, although relatives cannot consent to treatments on behalf of another adult. Such a decision must be communicated to all staff involved in the clinical care of that patient.

4. DEFINITIONS

- **Resuscitation:** for the purpose of this policy, resuscitation is a term to describe the management of sudden deterioration, including persons whose blood pressure and oxygenation have dropped to critical levels or those experiencing respiratory or cardiorespiratory arrest.
- **Do not attempt resuscitation:** do not attempt resuscitation orders refer **only** to the management of respiratory or cardiorespiratory arrest.

5. TRAINING

This will be as directed by the Resuscitation Council (UK).

All levels of clinical staff will undertake annual training in In-Hospital Resuscitation, and will be expected to summon assistance and provide basic life support when required to do so. See **Appendix 5** for Resuscitation Council (UK) In-Hospital Resuscitation guidelines.

5.1 Neonatal Training

In addition to the above, obstetric, midwifery and all clinical staff who have a duty of

care to the newborn will undertake annual training in Neonatal Life Support. See **Appendix 2** for Neonatal guidelines. Doctors with a duty of care to the newborn will be required to hold a current Neonatal Life Support (NLS) qualification, or equivalent. This may be an up-to-date APLS qualification.

5.2 Paediatric Training

In addition, all paediatric medical and nursing staff and clinical staff (including senior orthopaedic and surgical doctors (and visiting staff)) who have a duty of care to children will attend yearly Paediatric Basic Life Support training. See **Appendix 3 and 4** for Paediatric guidelines in both basic and advanced life support. Paediatric Consultants and Registrar-level career paediatricians will be required to hold a current Advanced Paediatric Life Support (APLS) qualification.

Emergency Department Consultants will be required to hold either APLS or European Paediatric Life Support (EPLS).

Registered nurses and junior doctors whose role exposes them to acutely unwell or injured children on a frequent basis (e.g. ED, ICU, Children's Ward, Theatres) will have the opportunity to attend a Paediatric Immediate Life Support (PILS) course.

5.3 Immediate Life Support Training

All levels of registered clinical staff will have the option of attending an Immediate Life Support (ILS) course to acquire skills in the use of a defibrillator.

- FY1 doctors will be required to have completed and ILS course by the end of their
- FY1 year

5.4 Training Guidelines

All medical staff will be trained during induction to the Trust and annually thereafter. Locum medical staff must maintain their skills and knowledge, and seek training as it is required according to their level of certification. They have a responsibility to make themselves aware of the process to be followed in the event of an emergency.

Clinical staff on the cardiac arrest team will be expected to follow Resuscitation Council (UK) guidelines in Advanced Life Support. See **Appendix 6** for ALS guidelines.

The team leader will be required to hold a current Advanced Life Support (ALS) qualification. FY2 doctors within the Trust will be required to have completed an ALS course by the end of their FY2 year, and ALS will also be available to nursing staff working in critical care areas, as course places allow.

For annual Mandatory updates, all staff will be required to access the Yeovil Academy.

5.5 Training Needs Analysis (TNA)

Training levels are identified in the Training Needs Analysis (TNA) held by the Yeovil Academy. The booking of training for induction and mandatory training and the requirement to train is detailed in the Staff Passport, outlined in the Corporate and Local Induction for New Permanent and Temporary Staff and the Mandatory Training Policy. Specific life support courses are accessed through the Yeovil Academy.

6. RESPONSIBILITIES

6.1 Resuscitation Team

The adult resuscitation team (“Cardiac Arrest Team”) allocated for the day will respond to all medical emergencies, respiratory and cardiorespiratory arrests in adults on the Yeovil District Hospital site as directed by the emergency 2222 call.

Specific teams such as paediatric, obstetric, neonatal and trauma emergency teams will respond as directed.

The person discovering the emergency should alert the appropriate resuscitation team by dialling 2222, request the appropriate team, state their location and initiate supportive treatment according to their level of clinical knowledge.

The clinician who has the most expertise in the management of medical emergencies and cardiorespiratory arrest should lead the team on its arrival, and will, in active consultation with other members of the wider healthcare team, decide upon the most appropriate treatment options and need for further referral/transfer – whether intra- or inter-hospital - following a return of spontaneous circulation (ROSC). The majority of patients will require transfer to a Critical Care environment, either Coronary Care (CCU) or Intensive Care (ICU) post cardiac arrest.

6.2 Resuscitation Committee

The Resuscitation Committee will:

- Meet on a quarterly basis and report to the Clinical Governance Delivery Committee. The Resuscitation Committee will ensure that practice is in accordance with national resuscitation guidelines and standards.
- Be responsible for implementing operational policies governing cardiopulmonary resuscitation, practice and training. It should determine the level of resuscitation training required by individual staff and liaise with the Resuscitation Officer to communicate training implications and response to service needs.
- Determine requirements for and choice of resuscitation equipment, advising prior to purchase the equipment needed to meet at least minimum requirements as recommended by the Resuscitation Council (UK).
- Advise the Board of Directors and designated Non-Executive Directors regarding resuscitation issues.

6.3 Resuscitation Officer

The Resuscitation Officer promotes the standards and quality of resuscitation within Yeovil District Hospital NHS Foundation Trust to achieve a robust multidisciplinary approach to service, training, education and development of resuscitation.

- Co-ordinates training for Trust employees ensuring that clinical staff meet the Trust’s training standards.
- Provides appropriate training and advice to other Trust employees following Resuscitation Council (UK) guidelines.
- Informs the Resuscitation Committee of service needs and concerns.
- Collects cardiac arrest, DNAR and training audit data as necessary and responds to concerns identified whilst liaising with the Trust Clinical Governance department.

- Ensures all resuscitation equipment is stored and maintained in a serviceable condition, liaising with the Medical Electronics Department and being guided by the Management of Medical Devices Policy.
- Responsible for auditing resuscitation trolley status across the Trust and reporting findings back to the resuscitation committee and teams for monitoring and improvement.

6.4 Medical Staff

All medical staff have a responsibility to respond appropriately to emergency situations, according to their level of experience. This includes the requirement to either attend in person or send a delegated deputy when “fast bleeped” individually.

6.5 Nursing Staff

Both registered and non-registered nursing and midwifery staff have a responsibility to be able to recognise deterioration in patients and call for appropriate assistance. Responsibilities include checking the resuscitation trolleys.

6.6 All Trust Staff

All Trust staff are expected to know how to respond in an emergency situation including using the emergency telephone number for the Trust – 2222 – stating the nature of the emergency and its location on the hospital site, this is identified at induction.

7. RECOGNITION OF PATIENTS AT RISK OF CARDIO-RESPIRATORY ARREST

Patients causing concern should be scored using a track and trigger early warning system - NEWS, PEWS or MatMEWS. A track and trigger system is a scoring system which, using physiological observations, generates a score. Heart rate, respiratory rate, temperature, level of consciousness, urine output, blood pressure, oxygen saturation and supplemental oxygen may be included – the further from ‘normal’ the physiological observation is, the higher the parameter scores. See Annex B.

If the patients observations ‘trigger’ using the scoring system, the concern must be escalated as appropriate eg.: Nurse in charge, ward doctor, Senior Doctor, Critical Care Outreach to alert them of the patient’s deterioration.

The Critical Care Outreach Team is a team of experienced nurses with a recent background in critical care, who respond to clinical emergencies and have both an advisory and a practical clinical role in the management of acutely unwell patients.

The Critical Care Outreach Team should be informed about all patients onsite with a tracheostomy or laryngectomy, so that support, guidance and resources can be provided to ward staff. Outside Outreach hours please contact the ICU Nurse in Charge/Anaesthetist On-Call for assistance. In an emergency event the appropriate cardiac arrest team should be called.

8. RESUSCITATION STATUS

Patients **should be involved** in decisions regarding their care. It is therefore necessary that patients are fully involved in decisions regarding their resuscitation status, where feasible.

Comprehensive management of decisions regarding the resuscitation status of a

patient within Yeovil District Hospital NHS Foundation Trust is discussed fully in the **Resuscitation Status/Do Not Attempt Resuscitation Policy**.

9. RESUSCITATION EQUIPMENT

Checks on resuscitation equipment are to be carried out and recorded daily by ward/department staff with records maintained on the resuscitation trolley. Faults and replacements are to be addressed at that time and the Resuscitation Officer is to be notified of any problems identified.

Replacement equipment is accessed by staff from clinical areas, either from the “twin-bin” system or, in the case of airway equipment, from the central store within ICU’s “twin-bin” on Level 5. A list detailing the minimum contents of emergency trolleys in clinical areas is included as **Annex A** of this document.

Resuscitation trolley audits are to be conducted to identify issues for action to be taken. These audits are reported back through the Resuscitation Committee by the Resuscitation Officer.

Newborn resuscitation equipment is available for births outside of the Maternity Unit (eg Emergency Department and home births) and is to be checked weekly. The checking log is to be retained in the department.

10. APPLICABILITY

This policy applies to all staff employed by the Trust, whether on a permanent or temporary basis.

11. IMPLEMENTATION, MONITORING AND EVALUATION

This policy will be implemented, monitored and evaluated in line with the Policy on Procedural Documents.

The Resuscitation Committee includes a representative of the Trust’s Clinical Governance Department, whose role includes reporting the Committee’s activities to that Department. In addition, a standing heading in the minutes of the Committee is “Issues of Interest to Clinical Governance Delivery Committee”.

The recognition and timely treatment of the acutely ill patient is subject to audit by the Critical Care Outreach Team Lead. Audit data is shared with Trust staff via Governance and Senior Staff meetings and practice adjusted where necessary.

The incidence of cardiorespiratory arrest and its sequelae (post-arrest care and survival) and compliance with regard to checking emergency equipment are audited by the Resuscitation Officer. Audit data is shared with Trust staff via Governance and Senior Staff meetings and practice adjusted where necessary.

Information regarding compliance with minimum training requirements is held by Yeovil Academy.

12. FURTHER ADVICE

In the first instance, further advice can be obtained from the Resuscitation Officer or in their absence the line manager on-call cascading upwards until appropriate advice is obtained.

13. EQUALITY IMPACT ASSESSMENT

This policy has been assessed and implemented in line with the Policy on Procedural Documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. A completed Equality Impact Assessment can be found at Annex C.

ANNEX A – EMERGENCY TROLLEY CHECKLIST

EMERGENCY TROLLEY CHECKLIST MINIMUM CONTENTS

LOCATION	CONTENTS
Top of Trolley	<input type="checkbox"/> Defibrillator - Check function, power and leads <input type="checkbox"/> Defibrillator Pads - (Adult) x 1 <input type="checkbox"/> Medium Gloves x 1 box
Attached to Trolley	<input type="checkbox"/> Checklists and Protocols <input type="checkbox"/> Bougie <input type="checkbox"/> Sharps box
First Drawer NB Check expiry dates	<input type="checkbox"/> 0.9% Saline x 1 litre <input type="checkbox"/> Volplex x 1 <input type="checkbox"/> Diazemuls x 1 box Adrenaline <input type="checkbox"/> 1:1000 x 1 box Naloxone <input type="checkbox"/> 400mcg/1ml x 1 box Glucose <input type="checkbox"/> 50% (50mls x 1) Needles <input type="checkbox"/> Green x 5 <input type="checkbox"/> Blue x 5 Syringes <input type="checkbox"/> 5mls x 5 <input type="checkbox"/> 10mls x 5 <input type="checkbox"/> 20mls x 5 <input type="checkbox"/> 50mls x 1 Cannulae <input type="checkbox"/> Pink x 2 <input type="checkbox"/> Green x 2 <input type="checkbox"/> Grey x 2 <input type="checkbox"/> Orange x 2 Other <input type="checkbox"/> Bungs x 2 <input type="checkbox"/> Sterets x 6 <input type="checkbox"/> Air inlet needles x 2 <input type="checkbox"/> 3-way taps x 2 <input type="checkbox"/> Gauze swabs x 2 <input type="checkbox"/> Butterfly x 1 <input type="checkbox"/> Vecafix/IV 3000 x 6 <input type="checkbox"/> IV Administration set (orange) x 2 <input type="checkbox"/> IV Administration set (pump use) x 1 <input type="checkbox"/> Blood giving set x 2 <input type="checkbox"/> Adhesive tape <input type="checkbox"/> Blood gas syringes x 2 <input type="checkbox"/> Scissors <input type="checkbox"/> Tourniquet

LOCATION	CONTENTS
Second Drawer NB Check expiry dates	<input type="checkbox"/> Large gloves x 1 box <input type="checkbox"/> Defibrillator pads (adult) x 1 <input type="checkbox"/> Dressing pack <input type="checkbox"/> 50 ohm test load <input type="checkbox"/> Audit form <input type="checkbox"/> Defibrillator user manual <input type="checkbox"/> Defibrillator paper roll <input type="checkbox"/> 12 lead ECG tabs <input type="checkbox"/> 3 lead monitoring tabs <input type="checkbox"/> Disposable razors x 4
Third Drawer NB Check expiry dates	<input type="checkbox"/> ET tubes – 7.0 x 2 <input type="checkbox"/> ET tubes – 8.0 x 2 <input type="checkbox"/> ET tubes – 9.0 x 2 <input type="checkbox"/> Nasopharyngeal airways – 6.0 x 2 <input type="checkbox"/> Nasopharyngeal airways – 7.0 x 2 <input type="checkbox"/> Non-rebreathe masks x 2 <input type="checkbox"/> Suction catheters – Yankauer x 2 <input type="checkbox"/> Suction catheters – Flexible x 2 <input type="checkbox"/> Laryngoscope blades – Size 3 x 2 (assemble and check bulbs are working) <input type="checkbox"/> Laryngoscope blades – Size 4 x 2 – (assemble and check bulbs are working) <input type="checkbox"/> Bag-valve-masks (adult) x 2 <input type="checkbox"/> Pocket masks x 2 <input type="checkbox"/> Stylets x 2 <input type="checkbox"/> 20ml syringes x 2 <input type="checkbox"/> KY jelly/Aquagel x 2 <input type="checkbox"/> Magills forceps x 2 <input type="checkbox"/> Catheter mounts x 2 <input type="checkbox"/> Scissors x 2 <input type="checkbox"/> ET tape x 2 <input type="checkbox"/> Adhesive tape x 2 <input type="checkbox"/> Guedel airways – Size 2 x 2 <input type="checkbox"/> Guedel airways – Size 3 x 2 <input type="checkbox"/> Guedel airways – Size 4 x 2
Bottom of trolley NB Check expiry dates	<input type="checkbox"/> Emergency drugs box

- Defibrillator malfunction / queries should be addressed a Resuscitation Officer, on bleep 2817, or Medical Electronics on extension 4304.
- Other queries to a Resuscitation Officer on bleep 2817.
- For access to replacement airway management items, contact ICU on extension 3464 (office hours) or ext 4407, Resuscitation Officer, Critical Care Outreach or Clinical Site Team.

ANNEX B – TRACK AND TRIGGER PROTOCOL

Track and Trigger Protocol

Track and trigger observation tools are in use throughout the hospital. The National Early Warning Score (NEWS) via the Vitalpac system is in use in all general wards and the Emergency Department. Paediatric Early Warning Score (PEWS) for patients under the age of 18, and MatMEWS a locally adapted Early Warning Score is used for obstetric patients.

VITALPAC NATIONAL EARLY WARNING SCORE OBSERVATION PROTOCOL

The recommended observation interval for all inpatients will be **6 hourly**. However, a **12 hourly** interval will be acceptable if the patient is medically fit for discharge and:

- The valid NEWS of 12 hours ago was 0 or 1, AND
- There have been no increases in adjacent NEWS in the past 12 hour

Risk category	Observation intervals recommended	
Low risk (white): 0-2 Medium risk (yellow): 3-5 High risk (amber): 6-8 Critical risk (red): 9+	NEWS 0: 12h/6h* NEWS 1: 12h/6h* NEWS 2: 6h NEWS 3: 4h NEWS 4: 4h	NEWS 5: 2h NEWS 6: 2h NEWS 7: 1h NEWS 8: 1h NEWS 9+: 30m

On an individual patient basis the frequency of observation, or escalation may be altered from the above by a senior clinician accordingly ie: End of Life, a chronic condition affecting score or for those who have an treatment escalation plan.

NEWS	Vitalpac Escalation Messages
0	
1	Inform Nurse in Charge to review patient and determine monitoring plan
2	<i>as above</i>
3	<i>as above</i>
4	<i>as above</i>
5	<i>as above</i>
6	<ul style="list-style-type: none"> • Inform Nurse in Charge to review patient • Call junior doctor to assess patient within 1h • Inform admitting consultant • Consider oxygen, IV access fluids • Consider 12 lead ECG and Bloods • Consider contacting Outreach team
7	<i>as above</i>
8	<i>as above</i>
9+	<ul style="list-style-type: none"> • Inform Nurse in Charge and contact Registrar and Outreach team for urgent response within 15 min • Patient to receive oxygen • Ensure IV access • Consider 12 lead ECG and blood • Inform admitting consultant • Contact intensivist/ITU junior doctor to assess patient and develop management plan • Consider immediate transfer to Critical Care

ANNEX C – EQUALITY IMPACT ASSESSMENT TOOL

EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

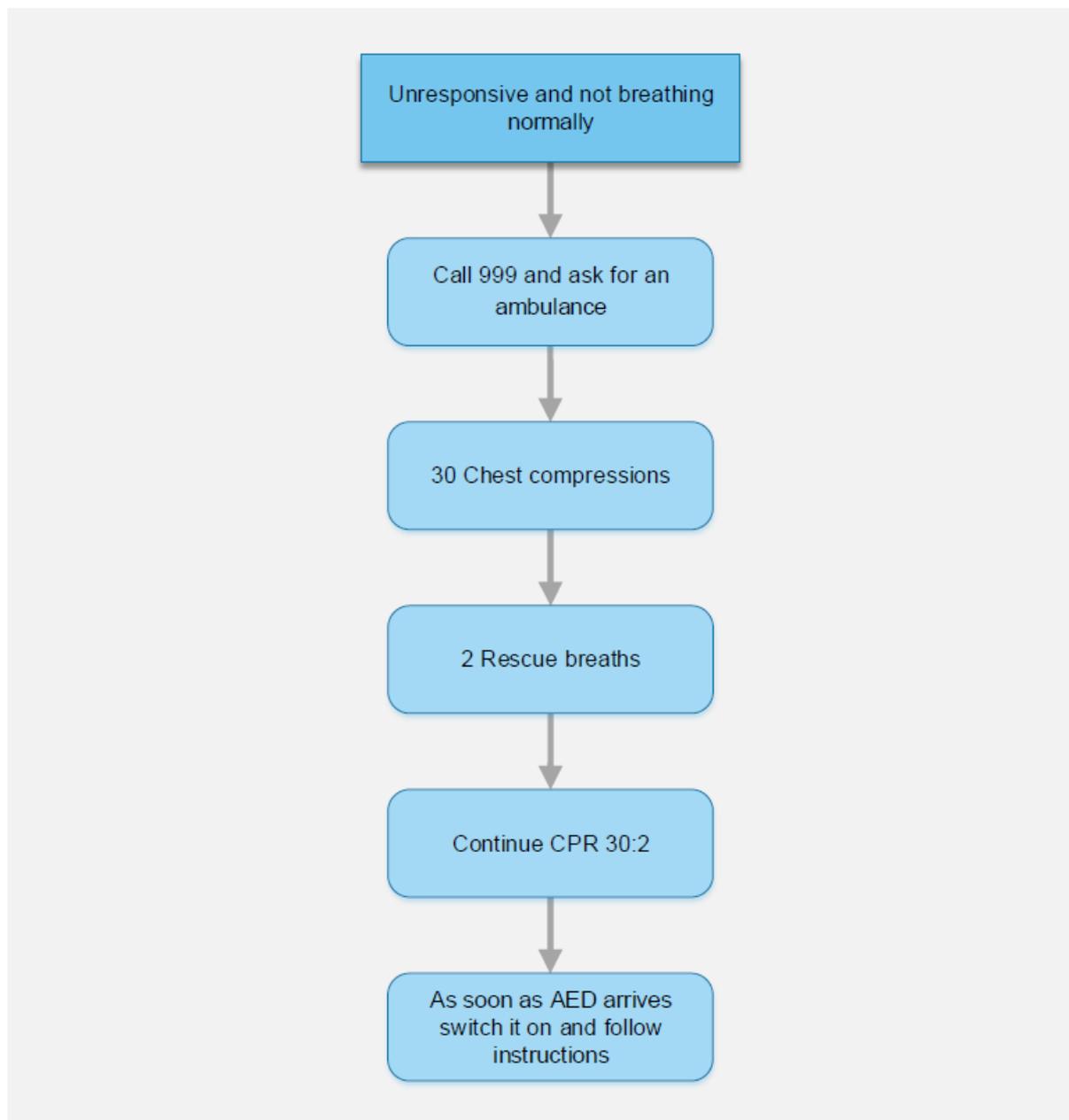
Name of Document: **Resuscitation Policy**

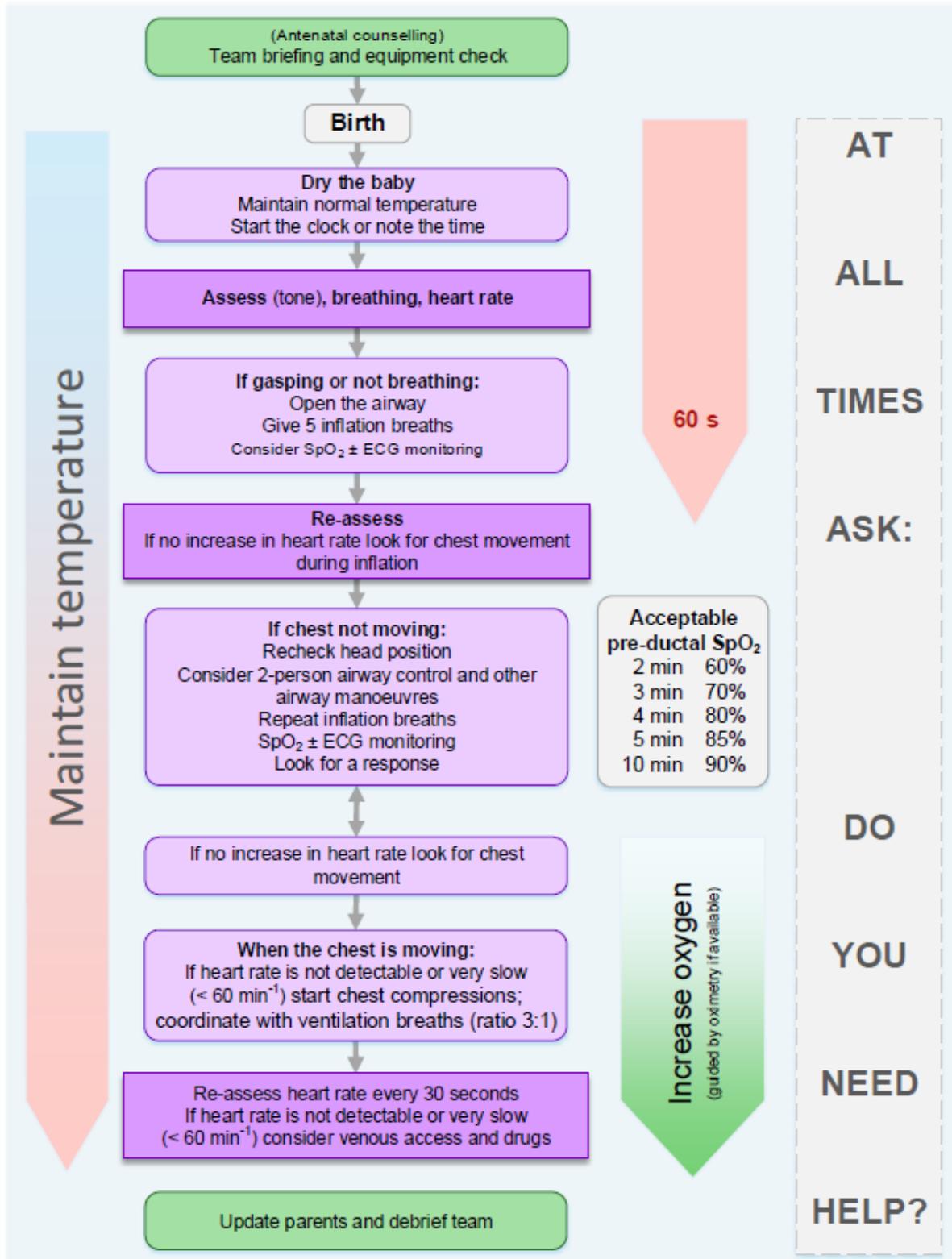
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	None	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	None Identified	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	Not Applicable	
6.	What alternatives are there to achieving the policy/guidance without the impact?	Not Applicable	
7.	Can we reduce the impact by taking different action?	Not Applicable	

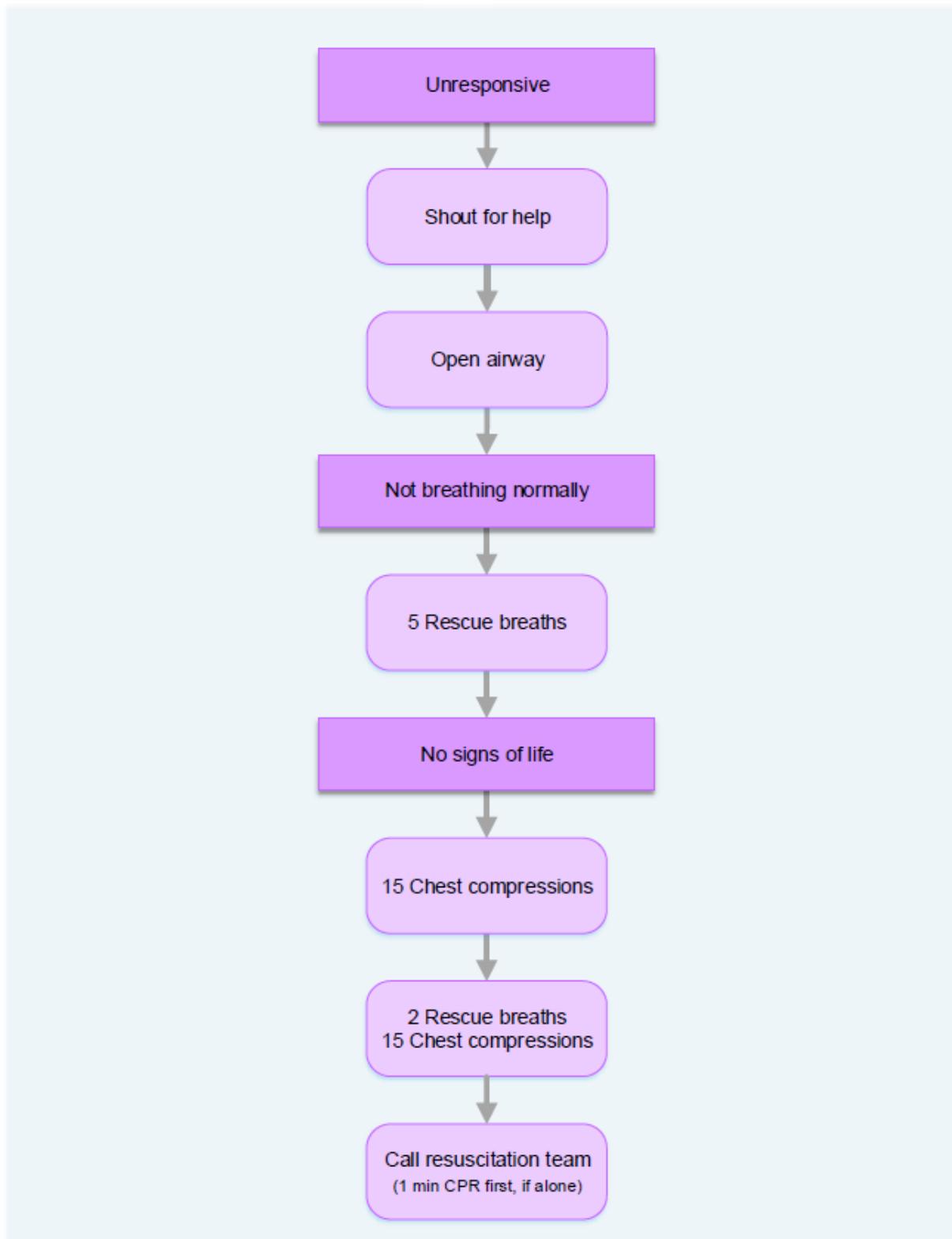
For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

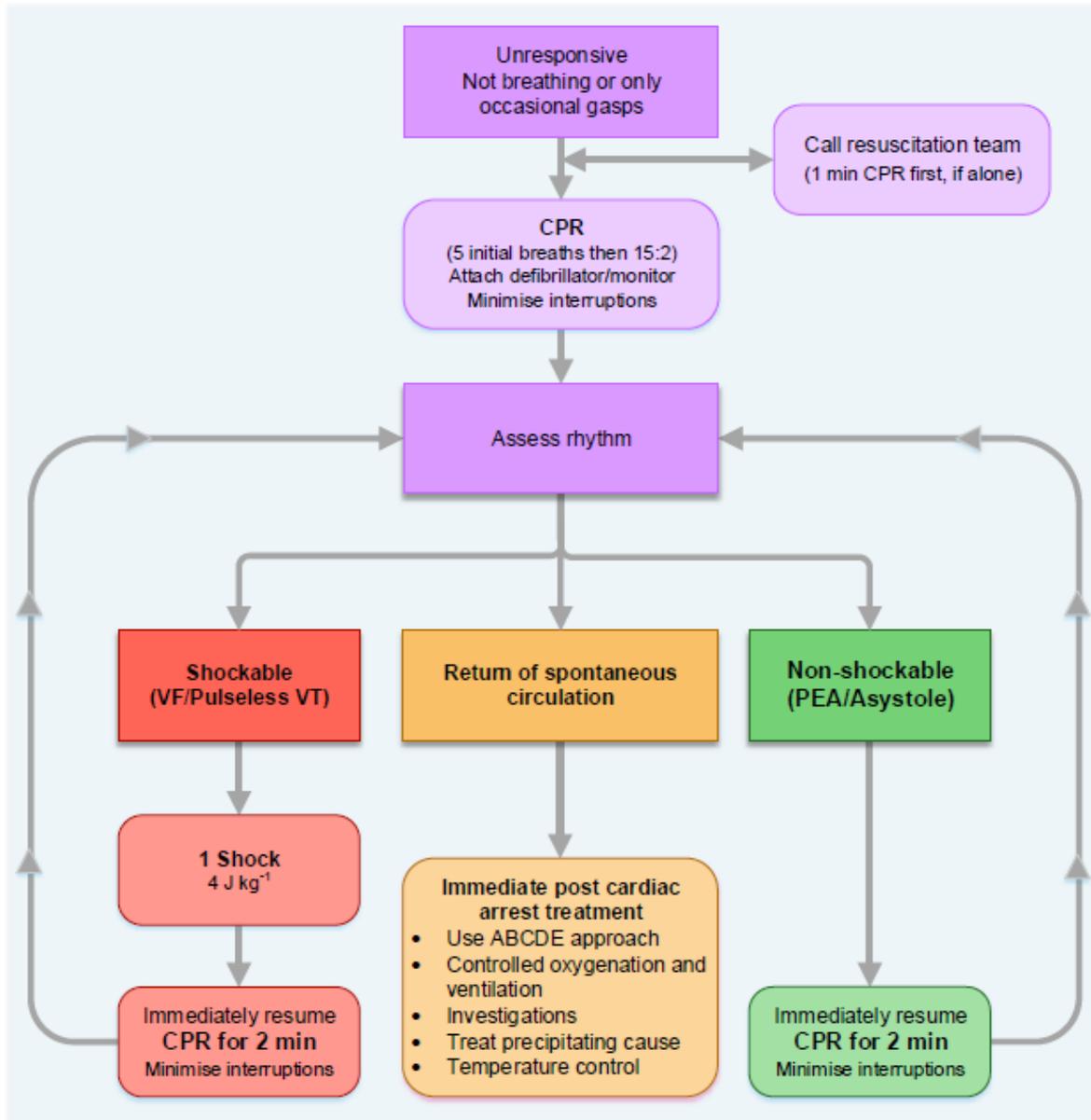
Signed: Leigh Beard

Date: 12/01/16









- During CPR**
- Ensure high-quality CPR: rate, depth, recoil
 - Plan actions before interrupting CPR
 - Give oxygen
 - Vascular access (intravenous, intraosseous)
 - Give adrenaline every 3-5 min
 - Consider advanced airway and capnography
 - Continuous chest compressions when advanced airway in place
 - Correct reversible causes
 - Consider amiodarone after 3 and 5 shocks

- Reversible Causes**
- Hypoxia
 - Hypovolaemia
 - Hyper/hypokalaemia, metabolic
 - Hypothermia
 - Thrombosis (coronary or pulmonary)
 - Tension pneumothorax
 - Tamponade (cardiac)
 - Toxic/therapeutic disturbances

