

# DHCS Medical Emergency Response Guidelines for PCP Clinic – 2020

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**Emergency health care services are available and accessible 24 hours a day, 7 days a week (Facility Site Review, I. Access/Safety Guidelines, D. )**

## **PROCEDURES:**

- ☐ Staff can describe site-specific actions or procedures for handling medical emergencies until the individual is stable or under care of local emergency medical services (EMS). (Pg. 5)
- ☐ There is a written procedure for providing immediate emergent medical care on site until the local EMS is on the scene (See Ex. Pg. 6).
- ☐ When the MD or NPMP is not on site, staff/MA may call 911, and CPR-certified staff may initiate CPR if needed.
- ☐ Non-CPR-certified staff may only call 911 and stay with the patient until help arrives.
- ☐ Emergency equipment and medication, appropriate to patient population, are available in an accessible location and is ready for use.
- ☐ For emergency “Crash” cart/kit, contents are appropriately sealed and are within the expiration dates posted on label/seal.
- ☐ Site personnel are appropriately trained and can demonstrate knowledge and correct use of all medical equipment they are expected to operate within their scope of work. (See Ex. Pg. 4).
- ☐ Documented evidence that emergency medication and equipment is checked at least monthly may include a log, checklist or other appropriate method(s). (See Ex. Pg. 2)

## **EMERGENCY MEDICAL EQUIPMENT:**

**Minimum emergency equipment is available on site to:**

- ☐ Establish and maintain a patent/open airway.
- ☐ Manage emergency medical conditions.

## **EMERGENCY PHONE NUMBER LIST:**

- ☐ Post emergency phone number list that is dated with telephone numbers updated annually and as changes occur (See Ex. Pg. 4). List must include:
  - ☐ Local emergency response services (e.g., fire, police/sheriff, ambulance), emergency contacts (e.g., responsible managers, supervisors)
  - ☐ Appropriate State, County, City, and local agencies (e.g., local poison control number)

## **AIRWAY MANAGEMENT:**

**Clinic must have minimum airway control equipment, to include:**

- ☐ Wall oxygen delivery system or portable oxygen tank (Portable oxygen tanks are maintained at least  $\frac{3}{4}$  full)
  - ☐ There is a method/system in place for oxygen tank replacement
  - ☐ If oxygen tanks are less than  $\frac{3}{4}$  full at time of site visit, site has a back-up method for supplying oxygen if needed **and** a scheduled plan for tank replacement.
  - ☐ Oxygen tubing need not be connected to oxygen tank but must be kept in close proximity to tank.
  - ☐ Health care personnel at the site must demonstrate that they can turn on the oxygen tank.
- ☐ Nasal cannula or mask, oropharyngeal airways,
- ☐ Bulb syringe
- ☐ Ambu Bag as appropriate to patient population. (Mask should be replaced when they can no longer make a solid seal)
- ☐ Various sizes of airway devices appropriate to patient population within the practice are on site.

## **EMERGENCY MEDICATION/ANAPHYLACTIC REACTION MANAGEMENT:** (See Page 2 and 3)

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### EMERGENCY MEDICATION/ANAPHYLACTIC REACTION MANAGEMENT:

There is a current medication administration reference (e.g. medication dosage chart) available for readily identifying the correct medication dosages (e.g. adult, pediatric, infant, etc.). Package inserts are not acceptable as dosage charts. All emergency medications in the emergency kit/ crash cart must have dosage charts.

Anaphylaxis Kit*	Stock	Lot #	Exp. Date	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>A written emergency protocol for anaphylaxis treatment should be posted in a prominent place and rehearsed regularly. It should include drug dosages for adults, as well as telephone numbers and contact details for resuscitation team, emergency medical services, emergency department, etc.</b>															
Epinephrine (Anaphylaxis)															
Anaphylaxis 1mg/mL															
(1) X 1 mL vial of injectable diphenhydramine (Benadryl) 50 mg/mL															
(2) X 1 tab of oral diphenhydramine (Benadryl) 25 mg (Oral)															
(3) X 1 mL syringes with <u>safety engineered needles</u> (ESIP). Suggest: Needle gauge: 25G, needle lengths: 3 x 1"; 3 x 5/8"; 3 x 1.5"															
Oxygen Delivery System – tank at least ¾ full															
Oxygen delivered 6-8 L/minute															
Oral Airways (various sizes)															
Nasal Cannula or Mask															
Ambu bag															
1 Pocket mask															
5 Alcohol swabs															
Other Emergency Medications	Stock	Lot #	Exp. Date	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Asthma exacerbation, chest pain, hypoglycemia management per American Academy of Family Practice (AAFP) recommendations.</b>															
Naloxone ( Narcan®)															
Chewable aspirin															
Nitroglycerin spray/tablet															
Nebulizer or metered dose inhaler															
Glucose															

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## EXAMPLE - DOSAGE CHART

<b>2019 Site Review DHCS Guidelines</b> <b>Emergency Medication\Anaphylactic Reaction Management</b> <b>Medication Administration Reference (e.g. Medication Dosage Chart)</b>			
<b>Anaphylaxis Kit*</b>	<b>Adult</b>	<b>Pediatric</b>	<b>Infant</b>
<b>Epinephrine</b> (Anaphylaxis) Anaphylaxis 1:1000 (injectable)	0.01mg/kg IM (up to maximum of 0.5mg)	0.01 mg/kg IM (up to maximum of 0.3mg)	0.01 mg/kg IM (up to maximum or 0.3mg)
(1) X 1 mL vial of injectable diphenhydramine ( <b>Benadryl</b> ) 50 mg/mL	10mg to 50mg IV/IM (NTE 400mg/day) *If IV route, IV push at a rate of ≤25mg/min	1 to 2 mg/kg/dose IV/IM (NTE 50mg/dose) *If IV route, IV push at a rate of ≤25mg/min	1 to 2 mg/kg/dose IV/IM (NTE 50mg/dose)
(2) X 1 tab of oral diphenhydramine ( <b>Benadryl</b> ) 25 mg (Oral)	Take 25mg to 50mg by mouth	Not preferred. Refer to parenteral route or oral solution	Not preferred. Refer to parenteral route or oral solution
<b>Oxygen</b> Delivery System – tank at least ¾ full	Can consider any oxygen delivery systems if appropriate	Nasal prongs or nasal catheters preferred; can consider face mask, bead box, or incubator for older children	Nasal prongs or nasal catheters preferred
<b>Oxygen</b> delivered 6-8 L/minute	6 to 8 L/minute	1 to 4 L/minute	1 to 2 L/minute
<b>Other Emergency Medications</b>	<b>Adult</b>	<b>Pediatric</b>	<b>Infant</b>
<b>Naloxone (Narcan®)</b>	<b>Nasal (Narcan):</b> Spray 4mg (content of 1 nasal spray) in one nostril as a single dose; may repeat every 2-3 minutes in alternating nostrils <b>Auto-injector (Evzio):</b> Inject 2mg (content of 1 auto-injector) IM as a single dose; may repeat every 2-3 minutes with another Evzio auto-injector <b>Solution injection:</b> Inject 0.4mg to 2mg IM as a single dose; may repeat every 2-3 minutes up to 10 mg	<b>Nasal (Narcan):</b> 4mg (content of 1 nasal spray) as a single does in one nostril; may repeat every 2-3 minutes in alternating nostrils <b>Auto-injector (Evzio):</b> Inject 2mg (content of 1 auto-injector) IM as a single dose; may repeat every 2-3 minutes with another Evzio auto-injector <b>Solution injection</b> (age ≥5 years old or ≥20kg): 2mg/kg IM/SQ; may repeat every 2-3 minutes prn	<b>Nasal (Narcan):</b> 4mg (content of 1 nasal spray) as a single does in one nostril; may repeat every 2-3 minutes in alternating nostrils <b>Auto-injector (Evzio):</b> Inject 2mg (content of 1 auto-injector) IM as a single dose; may repeat every 2-3 minutes with another Evzio auto-injector <b>Solution injection</b> (age <5 years old or ≤20kg): 0.1mg/kg IM/SQ; may repeat every 2-3 minutes prn
<b>Chewable aspirin</b>	Chew 160mg to 325mg nonenteric coated aspirin upon presentation or within 48 hours of stroke	Aspirin is not recommended for patients <18 years of age who are recovering from chickenpox or flu symptoms due to association with Reye syndrome	Aspirin is not recommended for patients <18 years of age who are recovering from chickenpox or flu symptoms due to association with Reye's syndrome
<b>Nitroglycerin spray/tablet</b>	<b>Tablet:</b> 0.3mg to 0.4mg sublingually every 5 minutes up to 3 doses <b>Spray:</b> Spray 0.4mg (1 spray) sublingually every 5 minutes up to 3 doses	Safety and effectiveness of oral nitroglycerin in pediatric patients have not been established	Safety and effectiveness of oral nitroglycerin in pediatric patients have not been established
<b>Nebulizer or metered dose inhaler (albuterol)</b>	<b>Nebulizer:</b> 2.5mg to 5mg every 20 minutes for 3 doses, then 2.5mg to 10mg every 1 to 4 hours prn <b>MDI</b> (90mcg/actuation): 4 to 8 inhalations every 20 minutes for up to 4 hours, then 1 to 4 hours prn	<b>Nebulizer:</b> 2.5mg to 5mg every 20 minutes for 3 doses, then 2.5mg to 10mg every 1 to 4 hours prn <b>MDI</b> (90mcg/actuation): 2 to 10 inhalations every 20 minutes for 2 to 3 doses; if rapid response, can change to every 3 to 4 hours prn	<b>Nebulizer:</b> 2.5mg every 20 minutes for the 1st hour prn; if there is rapid response, can change to every 3 to 4 hours prn <b>MDI</b> (90mcg/actuation): 2 to 6 inhalations every 20 minutes for 2 to 3 doses; if there is rapid response, can change to every 3 to 4 hours prn
<b>Glucose</b>	15gm (3-4 tablets) by mouth	10gm to 20gm (0.3gm/kg) by mouth	Not preferred. Parenteral route recommended (IV dextrose or IM glucagon)