

DHCS Medical Emergency Response Guidelines for PCP Clinic – 2020

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/ANAPHYLACTICE 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
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.															
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
Asthma exacerbation, chest pain, hypoglycemia management per American Academy of Family Practice (AAFP) recommendations.															
Naloxone (Narcan®)															
Chewable aspirin															
Nitroglycerin spray/tablet															
Nebulizer or metered dose inhaler															
Glucose															

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EXAMPLE - DOSAGE CHART

2019 Site Review DHCS Guidelines Emergency Medication\Anaphylactic Reaction Management			
Medication Administration Reference (e.g. Medication Dosage Chart)			
Anaphylaxis Kit*	Adult	Pediatric	Infant
Epinephrine (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 (Benadryl) 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 (Benadryl) 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
Oxygen 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
Oxygen delivered 6-8 L/minute	6 to 8 L/minute	1 to 4 L/minute	1 to 2 L/minute
Other Emergency Medications	Adult	Pediatric	Infant
Naloxone (Narcan®)	Nasal (Narcan): Spray 4mg (content of 1 nasal spray) in one nostril as a single dose; may repeat every 2-3 minutes in alternating nostrils Auto-injector (Evzio): Inject 2mg (content of 1 auto-injector) IM as a single dose; may repeat every 2-3 minutes with another Evzio auto-injector Solution injection: Inject 0.4mg to 2mg IM as a single dose; may repeat every 2-3 minutes up to 10 mg	Nasal (Narcan): 4mg (content of 1 nasal spray) as a single does in one nostril; may repeat every 2-3 minutes in alternating nostrils Auto-injector (Evzio): Inject 2mg (content of 1 auto-injector) IM as a single dose; may repeat every 2-3 minutes with another Evzio auto-injector Solution injection (age ≥5 years old or ≥20kg): 2mg/kg IM/SQ; may repeat every 2-3 minutes prn	Nasal (Narcan): 4mg (content of 1 nasal spray) as a single does in one nostril; may repeat every 2-3 minutes in alternating nostrils Auto-injector (Evzio): Inject 2mg (content of 1 auto-injector) IM as a single dose; may repeat every 2-3 minutes with another Evzio auto-injector Solution injection (age <5 years old or ≤20kg): 0.1mg/kg IM/SQ; may repeat every 2-3 minutes prn
Chewable aspirin	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
Nitroglycerin spray/tablet	Tablet: 0.3mg to 0.4mg sublingually every 5 minutes up to 3 doses Spray: 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
Nebulizer or metered dose inhaler (albuterol)	Nebulizer: 2.5mg to 5mg every 20 minutes for 3 doses, then 2.5mg to 10mg every 1 to 4 hours prn MDI (90mcg/actuation): 4 to 8 inhalations every 20 minutes for up to 4 hours, then 1 to 4 hours prn	Nebulizer: 2.5mg to 5mg every 20 minutes for 3 doses, then 2.5mg to 10mg every 1 to 4 hours prn MDI (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	Nebulizer: 2.5mg every 20 minutes for the 1st hour prn; if there is rapid response, can change to every 3 to 4 hours prn MDI (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
Glucose	15gm (3-4 tablets) by mouth	10gm to 20gm (0.3gm/kg) by mouth	Not preferred. Parenteral route recommended (IV dextrose or IM glucagon)

7.30.19 Jenny Nguyen, PharmD, SFHP Pharmacy

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Emergency Contact List [Emergency contact list prominently placed or demonstrated online as easily accessible.]

YOUR CLINIC INFORMATION

Name of Office:	
Street Address:	
City, Postal Code:	
Telephone Number:	
Fax Number:	
Email:	

OFFICE/NURSE MANAGER

Name:	Primary Contact #:	Alternate Contact #:

EMERGENCY NUMBERS

Fire Department	Police Department	Ambulance Service
Hospital	Poison Control	Alarm Company

Site Access/Safety Emergency phone number contacts are posted.

Local emergency response services, emergency contacts (e.g., responsible managers, supervisors), poison control; dated/updated annually.

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CLINIC _____ YEAR _____

	Anaphylaxis Management		Asthma Exacerbation		Chest Pain		Hypoglycemia Management		Opioid Overdose Management	
	Annual Verification	Staff Mock Training	Annual Verification	Staff Mock Training	Annual Verification	Staff Mock Training	Annual Verification	Staff Mock Training	Annual Verification	Staff Mock Training
Written protocol for treatment		Jan		Jan		Jan		Jan		Jan
Protocol prominently placed		Feb		Feb		Feb		Feb		Feb
Adult drug dosage chart		Mar		Mar		Mar		Mar		Mar
Pediatric drug dosage chart		Apr		Apr		Apr		Apr		Apr
		May		May		May		May		May
		Jun		Jun		Jun		Jun		Jun
		Jul		Jul		Jul		Jul		Jul
		Aug		Aug		Aug		Aug		Aug
		Sep		Sep		Sep		Sep		Sep
		Oct		Oct		Oct		Oct		Oct
		Nov		Nov		Nov		Nov		Nov
		Dec		Dec		Dec		Dec		Dec

Instructions: Each year and as indicated, date and initial that the criteria are current and in practice. According to best practices, date and initial the regular occurrences of mock training with staff.

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EXAMPLE: Procedure for Providing Immediate Emergent Medical Care On Site Until the Local EMS is On the Scene.

COMMUNICATION		PHASE	EMERGENCY RESPONSE	
ACTION	RESPONSIBILITY		ACTION	RESPONSIBILITY
Call 911, activate Emergency Medical Services (EMS): Provide address, clinic name, phone# Describe situation Vital Signs Level of consciousness Degree of urgency	Clinic Staff with health information provided by Primary Care Provider	TRIAGE	Check ABCs • airway, breathing, circulation • vital signs • check blood sugar, if indicated • check for medic alert	Primary Care Provider
			Complete brief history and P.E.	Primary Care Provider
			Maintain a safe environment for staff and client	Clinic Staff
Establish Leadership and direct activities	Primary Care Provider	MANAGEMENT	Obtain required equipment as per emergency protocol	Clinic Staff
Obtain immediate assistance within the office	Primary Care Provider		Move client as required	Primary Care Provider
Use Emergency documentation to note treatments and progress	Primary Care Provider		Do secondary survey, detailed physical examination	Primary Care Provider
Obtain history from next of kin and update them on situation	Primary Care Provider		Assess need for immediate treatment	Primary Care Provider
Communicate with and relocate other clients as needed	Clinic Staff		Initiate treatment according to appropriate protocol with available equipment and medication	Primary Care Provider
Provide patient information and medication sheet for EMS	Clinic Staff			Primary Care Provider
Direct staff member to meet EMS team in parking lot, hold elevator, etc.	Clinic Staff	TRANSFER	Reevaluate status and response to therapy	Primary Care Provider
Most responsible primary care provider to sign patient over to EMS	Primary Care Provider		Transfer for definitive care to EMS	Primary Care Provider
Provide written copy of documentation & medication sheet to EMS	Clinic Staff			
MD, PA, NP, or RN to call hospital emergency dept. & update status. Note on documentation.	Primary Care Provider			
MD, PA, NP, or RN to update next of kin. Permission from pt., if possible	Primary Care Provider	FOLLOW-UP	Restock Emergency Cart & re-order medication as required	Clinic Staff
Identify opportunities for improvement and implement changes accordingly	Primary Care Team Manager in collaboration with Primary Care Team		Provide medical follow-up in acute case setting as required	Primary Care Provider
			If critical incident, complete appropriate paperwork and steps for reporting. Debrief staff	Team Manager

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References: Tip – Use Google Scholar to access articles

Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review

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