



Medical Emergency Response Guidelines for Primary Care Clinics

FACILITY SITE REVIEW

SAN FRANCISCO HEALTH PLAN

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)
- ☐ There is a written procedure for providing immediate emergent medical care on site until the local EMS is on the scene
- ☐ 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.
- ☐ Documented evidence that emergency medication and equipment is checked at least monthly may include a log, checklist, or other appropriate method(s).
- ☐ 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.

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. 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

DHCS Facility Site Review Standards Emergency Medication/Anaphylactic Reaction Management

Medication Administration Referenceⁱ

Anaphylaxis & Emergency Medications	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
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 dose 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 dose 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 non-enteric 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)

[illegible]

EMERGENCY CONTACT SHEET

FOR EMERGENCY SERVICES: DIAL 911

POISON CONTROL	POLICE	FIRE	AMBULANCE	HOSPITAL
1-800-222-1222				

CLINIC NAME	
ADDRESS	
PROVIDER/#	
MANAGER/#	
UTILITY COMPANY/#	
FACILITIES	
CLOSEST URGENT CARE/#	

LOCATIONS

FIRE EXTINGUISHER	
FIRST AID BOX	
GAS ON/OFF VALVE	
WATER ON/OFF VALVE	
BREAKER PANEL	

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