OUR CLINICS

Center for Pediatric Medicine – Main

Center for Pediatric Medicine – West

North Greenville Outpatient Center
Office emergency experiences
  - Seizures
  - Respiratory Distress

Grand Rounds Regarding Office Emergencies
BEGINNING OF CHANGE

- Identify – What does your clinic need?
  - Depends on location of clinic, patient population, distance for EMS, physician training, available staff
  - Multidisciplinary review meeting
    - Physicians
    - Nurses
    - Front office staff

- Implement

- Review
IDENTIFY

- Airway box
- Medication box
- Documentation of event
- Front Office Protocols
- Staff training
  - Locating equipment
  - O2 flow rate requirements
  - Mock Emergencies/Walkthroughs
Airway Box
- Color coding with Broselow tape into infant, child, adult equipment
- Alternate Airways (NPAs, OPAs)
- Addition of Magill forceps

Medication box
- Organized medications in a “pick up and go” box
  - Box contains: epi kit, dexamethasone, benadryl, narcan, albuterol, glucocon, instaglucose gel,
  - +/- AED (benzodiazepine)

Documentation
- “Code sheet” to be used to record during the event and scanned into Epic
- Debrief after event with documentation

Front Office Protocols
- Updated office policy for urgent/emergent office issues for expected workflow
- Front office emergency reference card

Staff Training
- Locating Equipment
  - Emergency medical supply lists placed in workrooms, nursing stations and at both respiratory boxes
- O2 flow rate knowledge gap
  - Easy to read information placed in top of airway box
  - Nursing update given during nursing meeting
- Faculty Development session

Mock emergencies with all staff done quarterly
REVIEW

- Reviewed after implementation with faculty/staff
- Review of in-office emergencies
- Review after each mock emergency
- Broselow Tape
- Suction Equipment
- Individual bags
  - Nasal Cannula
  - NRB
  - Removed 3 way masks
- Oral Airways
- Nasopharyngeal Airways
- Code Sheet
- Bag Valves are beside the Airway Box!
- No LMA, ET or laryngoscopes
- Instaglucose
- Glucagon
- Epinephrine kit
  - (1 mg/1 ml)
- Narcan IM
- Decadron IM
- Benadryl IM
- Albuterol
Staff members know roles in an emergency situation and how to manage common pediatric office emergencies.

Staff members know location of and how to use emergency medical supplies.

Staff members know how to call 911 and how to give effective patient check-out.

Staff members know how to document details of code in EHR.
They should fit your needs for your clinic and the objectives you are trying to cover!
- Downtown office – simulation
- West office – walkthrough emergencies

Make your patients aware what is going on!
It can be as simple or as complex as you desire.
REFERENCES

- Code of Federal Regulations Title 21, Volume 9. Revised April 1, 2018. 21CFR1301.75-76
CONTACT

- Easter Pennington, MD
  - Email: Easter.pennington@prismahealth.org
Request for Acute Visit:

- If parent mentions any of the conditions listed in current Urgent/Emergent protocol, or you observe them in the patient personally, that procedure will be followed in lieu of process below.
  - Urgent/Emergent protocol can be found at the end of this document
- This procedure may be modified during season of high volume, low appointment availability to include rapid assessment by nurse for acuity of illness before disposition decision is made.

**URGENT/EMERGENT PROTOCOL:**

- **Urgent: Create a telephone encounter, marking it high priority and call the triage nurse**
  - Head trauma –bumped head, profuse bleeding
  - Possible broken bones (Triage will forward encounter to SW for notification)
  - Fever of 103 or higher (Child of any age)
  - Bloody vomit or diarrhea
  - Not breathing properly
  - Chest pain (especially if accompanied with shortness of breath)
  - Dehydration
  - G tubes and tracheotomy patients (If stated by the parent)

- **Emergent: If patient has any of the symptoms below that may signal an emergency, dial Feature 6-3-0 and state “Medical Alert Jr” and location (example: Lobby)**
  - Labored/noisy/wheezing breathing
  - Blue or pale color
  - Loss of consciousness (common terms: unconscious, fainted, passed out)
  - Seizure
  - Head trauma followed by vomiting
  - Excessive or uncontrolled bleeding
  - Burns (EXCEPTION: sunburns – send telephone encounter to social worker)

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**Greenville Health System**

**Center for Pediatric Medicine Event Evaluation Record**

Facility ID: CPM-Main/CPM-West/Erasto Center/NGOC

Date: _________

- **Describe event**
  - What went well?
  - What did not go well?

- **Participants**

- Was EMS called? If so how long was the response team?

- Were any medications administered? If so, what?

- Was any equipment (e.g., AED, oral airway, oxygen mask, etc.) used?

- How could this situation have a better response in the future?
Center for Pediatric Medicine
Emergency Medical Supplies

AED
Back hall near Case Management Office

Oxygen Tanks
Side A: Closet between Room 9 and Dr. Saul’s office
Side B: near airway box at interpreter station

Emergency Medicines, Epipen Jr./Epipen and Pulse Oximetry
All nursing stations

Airway Boxes and Suction Machines
Side A: In cubby outside Room 10
Side B: Far cabinet at interpreter station

Glucometer:
Located in Main Lab (front), second desk drawer on left side

Eye Wash
Side A – Ready room sink next to back hall nursing station
Side B – Medical Director office

Updated 10/2017