Pennine Care NHS
NHS Foundation Trust

Policy Document Control Page

Title

Title: Resuscitation Policy
Version: V7.1

Reference Number: CL9

Supersedes

Supersedes: V7
Description of Amendment(s):

- **Review of point 4.1, Resuscitation training**
- **Review of point 4.8, Resuscitation training guidance**
- **Review of point 4.17, Resuscitation training guidance**
- **Review of point 6.7, Site specific protocols**

Originator

Originated By: Gary Wilkinson

Designation: Resuscitation Training Officer

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Gary Wilkinson

ERA undertaken on: date they did the assessment: 10th February 2012

ERA approved by EIA Work group on: 2nd March 2013

Where policy deemed relevant to equality-

EIA undertaken by author

EIA undertaken on date completed: 10th February 2013

EIA approved by EIA work group on : 2nd March 2013

Executive Directors

Referred for approval by: Gary Wilkinson

Date of Referral; 3rd June 2014

Approved by: Resuscitation Committee

Approval Date: 3rd June 2014

Date Ratified at Executive Directors Meeting: 21st July 2014

Executive Director Lead: Medical Director

Circulation

Issue Date: 22nd July 2014

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: June 2017

Responsibility of: Gary Wilkinson

Designation: Resuscitation Officer

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 22nd July 2014

CONTENTS

1. INTRODUCTION

1.1 Hospitals have a duty of care to provide an effective resuscitation service to ensure that all staff are trained appropriately and regularly updated to a level compatible with their expected degree of competence.

(Resuscitation Council (UK) June 2004)

This document outlines the organisation of resuscitation within the Pennine Care NHS Foundation Trust. It remains the responsibility of all staff to be familiar with its contents and implementation. This document embraces the "Standards for Clinical Practice and Training" produced by the Resuscitation Council (UK). Access to this document or any other National Resuscitation guidelines can be found on www.resus.org.uk.

1.2 It is essential that the following links in the chain of survival are in place:

a) Early access to the emergency services / crash team
b) Early basic life support
c) Early defibrillation
d) Early advanced life support

1.3 The following areas have been identified as main priorities:

- Identification and early recognition of patients who are at risk of cardiopulmonary arrest
- Increased multi-professional working
- Increased training opportunities / resources following Resuscitation Council (UK) guidance
- Equipment development
- Develop audit processes to monitor the efficacy of the service
- Risk management
- Communication
- Effective, accessible policies.

2. SCOPE OF POLICY

2.1 The principles of the resuscitation policy are for all Pennine Care NHS Foundation Trust sites although the policy mainly covers hospital inpatient sites. Community settings must call 999 in case of an emergency.

3. RISK MANAGEMENT ROLES AND RESPONSIBILITIES

With respect to risk management issues associated with resuscitation, the Trust has a number of responsibilities.

Chief Executive

- The Chief Executive of the Trust has overall responsibility for ensuring that the Trust provides an effective resuscitation service.

Medical Director

- The Medical Director has lead responsibility for the Resuscitation Policy and strategies within the Trust.

- The Medical Director is the Executive Lead for ensuring that the Trust Resuscitation Committee takes responsibility for all resuscitation issues within the Trust, including implementation of operational policies governing cardiopulmonary resuscitation training and practice.

- The resuscitation committee under the chair of the Medical Director will be responsible for identifying the necessary resources to maintain and upgrade clinical and training equipment throughout the organisation for inclusion in the business plan.

Resuscitation Training Officer

- The Trust Resuscitation Training Officer is responsible for teaching and training of resuscitation techniques, auditing CPR performance, cardiopulmonary resuscitation and positioning of resuscitation equipment and to ensure that latest developments in resuscitation techniques and equipment are implemented across the Trust with regular clinical patient contact.

The Main responsibilities are :

- To ensure that all trust clinical staff (i.e. nurses, doctors, allied health professionals, pharmacists and all other persons who are involved in direct patient care) receives resuscitation updates regularly (see training needs analysis). This training should be appropriate to the role that the individual would take during the actual event.

- All training will follow the current Resuscitation Council (UK) guidelines and training standards.

- To ensure that the Trust can demonstrate that it has a resuscitation policy in place with respect to training, and can provide evidence of the effectiveness of this policy.

- Equipment inventories must be available for each clinical area, and checking procedures must be documented.

- Sufficient equipment must be available and accessible at all times of the day and night, and systems of routine maintenance must be in place.

- The resuscitation officer will possess a current Advanced Life Support (ALS) provider certificate.

- The resuscitation officer will be responsible for the audit and maintenance of clinical equipment for resuscitation.

- The resuscitation officer will oversee the Basic Life Support training within Trust Induction for all newly appointed members of staff.

Service Managers

- Service Managers are responsible for ensuring that any Clinical Incidents relating to the delivery of resuscitation interventions are reported through the clinical incident reporting system.

- Following each resuscitation service managers should ensure there is a period of debriefing with the staff involved.

  Responsible for ensuring that staff attend the required training

Ward Managers

The main responsibilities are :

- Managers must identify the location of their nearest resuscitation equipment, and ensure all staff are aware of how to summon the cardiac arrest team / emergency services.

- Managers must satisfy themselves that a sufficient number of appropriately trained staff are available at all times. Newly appointed staff must receive suitable training for their post

- Safe systems of communication should be in place.

- Wards / departments which have restricted access will ensure that the emergency services / crash team can enter.

- To prevent, where possible, respiratory or cardio-respiratory arrest from occurring:

  - By promoting the assessment and treatment of the sick patient by such training as is appropriate to the individual.

  - By promoting appropriate observation, recording and alerting, where appropriate, senior medical / nursing staff.

All Trust Employees

All Trust employees are responsible for ensuring they attend the required level of training and required update identified by their staff group (see minimal mandatory required level of frequency of resuscitation training for staff groups (section 4 of Resuscitation Policy).

4. RESUSCITATION TRAINING

4.1 **All training will be delivered following current Resuscitation Council (UK) standards and guidelines.**

Basic Life Support (BLS)

BLS training includes:

- Assessment of the unconscious casualty
- Expired air ventilation, including mouth to mouth and the use of a pocket mask (discussion only)
- How to summon appropriate help
- Appropriate manikin practice and assessment
- The treatment of the choking casualty

Paediatric Basic Life Support (PBLS)

PBLS training includes:

- Assessment of the unconscious casualty
- Expired air ventilation, including mouth to mouth
- How to summon appropriate help
- Appropriate manikin practice and assessment
- The treatment of the choking casualty

Immediate Life Support (ILS)

ILS training includes:

- Recognition and management of the seriously ill patient
- All aspects of BLS, with the addition of airway adjuncts except intubation
- Use of resuscitation equipment including the connection of monitors and use of a defibrillator
- Cardiac rhythm recognition (where applicable)
- Development of the Resuscitation Council (UK) Adult treatment algorithms / AED Algorithm
- Manikin CASTeach scenarios

4.2 Staff should undergo regular resuscitation training to a level appropriate to their expected clinical responsibilities. (Resuscitation Council (UK) 2004)

4.3 Emphasis will be placed on recognising patients at risk of cardiopulmonary arrest, and start treatment to prevent arrest occurring. (Resuscitation Council (UK) 2004)

4.4 Training must be in place to ensure that clinical staff can undertake cardiopulmonary resuscitation. Training and facilities should ensure that, when cardiopulmonary arrest occurs, staff are able to:

- Recognise cardiopulmonary arrest;
- Summon help;
- Start CPR using airway adjuncts, and attempt defibrillation within 3 minutes of collapse. This is a minimum standard. (Resuscitation Council (UK) 2004)

4.5 **Staff should NOT withhold administering CPR should there current certificate be 'out of date'. Staff with prior instruction in BLS/ILS should administer CPR to their current scope of knowledge.**

4.6 Clinical staff should update their skills in Immediate Life Support//Basic Life Support 2 yearly (Resuscitation Council (UK) 2004).

4.7 Extension of nursing skills e.g. airway management, rhythm recognition, semi automated defibrillation and administration of specific drugs will be encouraged. (Where appropriate)

4.8 Resuscitation Training Guidance

All nurses in charge within inpatient areas must have a current Resuscitation Council (UK) Immediate Support standard provider status. The Trust provides access to this level of training; the nurses must take on an equal responsibility to maintain their skills.

4.9 All training episodes carried out in the hospital by any member of staff must follow the Resuscitation Council (UK) current standards and guidelines.

4.10 Formal resuscitation training events should be co-ordinated through the Centralised Learning and Development Department. For each session, a training record event sheet should be submitted for inclusion in the OLM database.

4.11 It remains the responsibility of direct line managers / department managers to release staff for training and monitor annual updates.

4.12 Staff new to the trust must receive a resuscitation update appropriate to their role as soon as possible upon commencement of employment.

4.13 All doctors in the foundation programme will be assessed using Resuscitation Council (UK) ILS standards / assessment formats.

4.14 Staff who do not reach the required standards will be informed at the time of the training event. Both the candidate and candidate's manager will also be informed in writing of the candidate's shortfall. Remedial training will be offered to the candidate on an individual based assessment.

4.15 All training must include practice and assessment on a manikin.

4.16 Training manikins are available to borrow by arrangement with the Resuscitation Training Officer.

4.17 Please see the Trust Training Needs Analysis (TNA) in CO5 Education, Training and Development Policy for training in BLS, PBLS, ILS and ILSr for all staff groups and the frequency of updates

4.18 Seconded staff will be considered for training courses upon application.

If you are unable to identify your staff group or need clarification on any issue regarding resuscitation training, please contact the Resuscitation Training Officer.

5. MEDICAL EARLY WARNING SYSTEM (MEWS)

5.1 Medical Early Warning systems are available on all inpatient areas.

5.2 MEWS are to be used in identifying when to summon emergency assistance to an acutely ill patient, and to what level of assistance is required.

5.3 MEWS are only to be completed by qualified staff, who have received the appropriate training in completing the tool.

6. INITIATION OF RESUSCITATION

6.1 On sites that are shared with Acute Hospitals the Resuscitation Team should be summoned by dialling 2222. All other areas and community a paramedic crew must be summoned using 999 (unless an external prefix is required)

Respiratory or Cardio-respiratory arrest as defined by the Resuscitation Council (UK) 1998

Sudden collapse due to a clinical deterioration of an individual.

CPR must be commenced immediately and the defibrillator attached at the earliest opportunity by those who have been trained to use it. Oxygen must also be administered at the earliest opportunity, via a Bag-mask valve by those trained to use it. CPR should continue until it is decided by a Dr that the attempt should cease, with the agreement of all those involved in the resuscitation attempt, or until the paramedic crew arrive and state to cease or take over.

6.2 In the event of an emergency a member of staff must be sent to the unit / departments entrance to unlock the door upon the arrival of the cardiac arrest team or paramedics and direct them to the emergency.

6.3 Fast access to advanced life support is part of the chain of survival in cases of cardiac arrest.

6.4 It is the responsibility of each line manager to determine the location of the nearest resuscitation equipment. This information should be disseminated to all individuals working within that area.

6.5 The cardiac arrest team will not bring resuscitation equipment with them. Therefore, areas must facilitate the collection of equipment from the nearest identified location.

6.6 The resuscitation team should assess, treat and stabilise the patient at the scene where possible.

6.7 If the emergency services are then required to support a resuscitation attempt or transfer a casualty to A&E, then the ambulance needs to be summoned.

Please refer to the following site specific cardiac arrest protocols

ROYAL OLDHAM HOSPITAL

If a cardiac arrest/sudden collapse occurs on a inpatient unit, then the cardiac arrest team should be summoned using 2222. CPR must be started by staff immediately, once assistance has been summoned. A paramedic crew can be summoned at the request of the resuscitation team, should the resuscitation team require this or the patient requires transfer.
If a cardiac arrest / sudden collapse occurs within the hospital grounds then the cardiac arrest team should be summoned using 2222, and in addition may need to summon an ambulance by dialling 999 in order to transfer the patient.

Where it is geographically difficult or impractical for the emergency team to respond e.g. Mediscreen, Cannon Street, Orchard House, Clinical Psychology, Bradbury's Car park then staff must summon the paramedics by ringing 999.

Paramedic crews must be summoned using the 999 (+/- external prefix), the caller must clearly state this is 'Category A situation, immediate response required.

FAIRFIELD GENERAL HOSPITAL

If a cardiac arrest/sudden collapse occurs on Ramsbottom ward, Horizons unit or Hope unit, then the cardiac arrest team should be summoned using 2222. CPR must be started by staff immediately, once assistance has been summoned.

Should a cardiac arrest/sudden collapse occur on Hope/Horizon ward, then a paramedic crew should be summoned at the same time as the cardiac arrest team.

If a cardiac arrest / sudden collapse occurs within North or South Ward, or within the Irwell unit, then the cardiac arrest team should be summoned using 2222, and a paramedic ambulance should be summoned to support the situation, should the resuscitation team require this.

Paramedic crews must be summoned using the 999 (+/- external prefix), the caller must clearly state this is 'Category A situation, immediate response required.

BIRCH HILL SITE
If a cardiac arrest / sudden collapse occurs within any inpatient area, day hospital, the hospital grounds, or anywhere on the Birch Hill Site, then a paramedic ambulance should be summoned on 9999 via an internal phone or 999 via a mobile.

Paramedic crews must be summoned using the following statement, 'Category A situation, immediate response required'.

Staff must immediately commence CPR once the paramedic crew has been summoned.

TAMESIDE GENERAL HOSPITAL

If a cardiac arrest/sudden collapse occurs in a inpatient unit, then the cardiac arrest team should be summoned using 2222. CPR must be started by staff immediately, once assistance has been summoned. A paramedic crew can be summoned at the request of the resuscitation team, should the resuscitation team require this or the patient requires transfer.

If a cardiac arrest / sudden collapse occurs within the hospital grounds, or exposed non-clinical areas, then the cardiac arrest team should be summoned using 2222, and a paramedic ambulance should be summoned to support the situation. Equipment can be accessed from the nearest clinical area until paramedics arrive.

STEPPING HILL HOSPITAL

If a cardiac arrest/sudden collapse occurs on a inpatient unit, then the cardiac arrest team should be summoned using 2222. CPR must be started by staff immediately, once assistance has been summoned. A paramedic crew can be summoned at the request of the resuscitation team, should the resuscitation team require this or the patient requires transfer.

The following is the operational procedure for the management of a cardiac arrest in any non-clinical department, road or car park on the Stepping Hill site.

The person raising the alarm will elicit help by contacting switchboard on 2222 via an internal phone or 0161 419 5555 via a mobile phone giving them the location of the collapse, the caller should be as specific as possible about the location.

In all cases Switchboard will raise the cardiac arrest team and if the location given is not within the main hospital block proceed to call for an ambulance on 999.

The cardiac arrest team will attend. The doctor leading the team may, at their discretion, decide if it is feasible to transport the patient to the A&E department on a trolley or wait for the ambulance.

Upon hearing the location of the arrest over the bleep a porter will collect the portable defibrillator and emergency pack from the nearest station and transport it to the arrest. They should then arrange the delivery of the trolley of required.

RHODES PLACE, HEATHFIELD HOUSE, STANSFIELD PLACE

If a cardiac arrest / sudden collapse occurs, then a paramedic ambulance should be summoned on 9999 via an internal phone or 999 via a mobile.

Paramedic crews must be summoned using the following statement, 'Category A situation, immediate response required'.

Staff must immediately commence CPR once the paramedic crew has been summoned.

COMMUNITY

If a cardiac arrest / sudden collapse occurs, then a paramedic ambulance should be summoned on 999.
Paramedic crews must be summoned using the following statement, 'Category A situation, immediate response required'.

Staff must immediately commence CPR once the paramedic crew has been summoned.

BEALEYS HOSPITAL, BUTLER GREEN/GRANGE VIEW INTERMEDIATE CARE

If a cardiac arrest / sudden collapse occurs, then a paramedic ambulance should be summoned on 9999 via an internal phone or 999 via a mobile.

Paramedic crews must be summoned using the following statement, 'Category A situation, immediate response required'.

Staff must immediately commence CPR and deploy the defibrillator (if trained to do so) once the paramedic crew has been summoned

PAEDIATRIC RESUSCITATION

Cardiopulmonary arrest is fortunately uncommon in infants and children. The fundamental difference between resuscitation of a child compared to an adult is that most children have a healthy heart, it is usual therefore, that cardiac arrest occurs following respiratory arrest.

Rescuers who have been taught adult CPR and who have no specific knowledge of paediatric resuscitation should use the adult sequence. Health

Care professionals who have been taught paediatric CPR should administer the paediatric sequence.

7. POST RESUSCITATION CARE

7.1 Following the successful resuscitation of an individual the resuscitation team/paramedics will decide on transfer to an acute environment.

7.2 In all incidents staff must remain with the patient and continue to monitor the following every 5 minutes, until further directed by medical staff/ CRASH team.

- Blood pressure
- Pulse
- Respirations
- Neurological Observations
- Urinary output.

7.3 The decision to transfer and how to transfer (Paramedic ambulance, escorted transfer via stretcher, etc) will be made by the resuscitation team/paramedic crew.

7.4 Staff must assist the resuscitation team/paramedic crew to arrange this transfer and provide appropriate escort if required.

7.5 Staff must make the next of kin aware of the transfer, to where, and if possible, to which department.

8. RESUSCITATION EQUIPMENT

8.1 Resuscitation equipment should remain in designated areas and only be moved if required to support an emergency situation elsewhere.

8.2 Pocket masks should be readily available in all clinical and non–clinical areas.

8.3 Following use, equipment must be replaced / restocked at the earliest opportunity.

8.4 All hospitals within Pennine Care NHS Foundation Trust have as standard, equipment for resuscitation events, which are laid down by the Resuscitation Council (UK) – within their document, “CPR Guidance for Clinical Practice and Training in Hospitals Feb 2000 (revised June 2001)”

8.5 Storage, re-stocking and makes of equipment vary across the Trust at present.

8.6 The five hospital sites will work to standardise the equipment as soon as possible within the financial restraints.

See Appendix 2-7 for Resuscitation Equipment according to site and restocking procedure.

9. CHECKING RESUSCITATION EQUIPMENT INPATIENT UNITS/CONTINUAL AVAILABILTY OF RESUSCITATION EQUIPMENT

9.1 All available resuscitation equipment must be checked on a **DAILY** basis and following each use, by a qualified member of staff. **These checks must be performed by the night duty staff Monday until Thursday, and by day duty staff on the remaining days.** After checking the equipment, the checklist must be signed and dated, and any action taken documented. (See Appendix 8 for Guidelines for Checking of equipment).

9.2 Should any resuscitation equipment found to be missing, faulty or expired then the ward manager should be notified immediately and a replacement sourced as soon as possible.

ALL EQUIPMENT CHECKS MUST COMPLY WITH THE STANDARDS SET OUT IN THIS DOCUMENT; THE CHECK SHEET MUST BE SIGNED DAILY AS EVIDENCE OF THIS.

GENERAL CHECKS:

- All equipment is within date i.e. defibrillator pads, drug boxes, ECG Electrodes, contents of the trolley or orange / red box.
- All electrical equipment is in working order; any faults must be reported to EBME.
- All electrical equipment must have an up to date safety sticker in place from the EBME department.
- Following use, resuscitation equipment used must be disposed of appropriately and restocked.
- Gloves and sharps bins are available with the equipment.
- Pocket masks are available throughout the clinical area.

SUCTION

Check that:

- The suction machine is clean and in working order.
- The suction tubing is connected to the machine.
- A Yankeuer suction catheter is and suction tubing is available.
- An extension cable is available.

OXYGEN

Check that:

- The cylinder in use is at least half full, with the on/off key attached.
- The reserve oxygen cylinder is full.
- The flow meter is functional i.e. the float rises to indicate litres per minute flow.

DRUGS

Check that:

- Drugs and IV Fluids are in date on the last date of the month in which being checked.
- Seals on drug boxes are intact.
- At least one cardiac arrest box and one peri-arrest drug box (if on checklist) are available.

ORANGE BOX / RED TROLLEY/BAG CONTENTS

Check that:

- The contents are correct according to the checklist.
- The bulb in the laryngoscope is working.
- Spare batteries are available and in date.

DEFIBRILLATOR

Check that:

- The unit is clean.
- External cables are intact (if applicable to your defibrillator).
- Defibrillator pads appropriate to your defibrillator are available.
- ECG Paper is in the machine and a spare roll is available (if applicable to your defibrillator).
- Defibrillator has performed its self test
- Perform defibrillator function / operational test (if applicable to your defibrillator).

Where a defibrillator is not available within a designated area, **all staff must know where the nearest available machine is located.**

10. AUDIT AND MONITORING

10.1 It is essential that resuscitation procedures and equipment be audited annually so that any problems and good practice are identified and information shared.

10.2 Incident Forms / Cardiac arrest audit forms **must** be completed every time a 2222 / 4444 call is made, even if the patient has not experienced a cardio-respiratory arrest. All emergency situations are audited when the 2222 / 4444 system is activated.

10.3 All areas must record, where possible, the details of any individual who experiences a cardio-respiratory arrest.

10.4 An annual report of the Resuscitation Service will be provided through the Resuscitation Committee and the Risk and Clinical Governance Group.

10.5 Each resuscitation incident form will be reviewed by the Resuscitation Committee and the Resuscitation Officer. This will include any decisions where D.N.A.R has been agreed signs and symptoms of the patient leading to the cardio respiratory arrest and observations taken and actions taken following the cardio respiratory arrest.

Service areas will do a daily check on the availability and use of the equipment including drugs.

An audit across Trust premises where resuscitation equipment is cited will be conducted on the availability and use of the equipment including drugs by the resuscitation officer on an annual basis. The results of the audit will be shared at the Resuscitation Committee and an action plan developed to be disseminated to the Borough/Divisional Governance Groups and Risk and Clinical Governance Group.

An Audit will be conducted annually by the resuscitation officer to ensure that staff are completing daily checks on the resuscitation equipment. The results will be shared at the Resuscitation Committee for action where required.

All newly appointed staff should attend the appropriate level of life support training as per their role, as soon as possible following commencement within the Trust.

The Learning and Development department will keep a record of attendance of staff for all other training such as Immediate Life Support which will be discussed at the resuscitation committee.

Service managers/authorising managers will be informed by email of any non-attendance at training by the Learning and Development Department for their action .

Any deficiencies found following an audit will be addressed with the ward manager and reported to the resuscitation committee.

An annual report of the Resuscitation Services will be provided through the Resuscitation Committee and the Risk and Clinical Governance Group.

11. RELATIVES WITNESSING RESUSCITATION

11.1 Guidelines exist relating to this controversial issue, prepared by the Resuscitation Council (UK).

11.2 There are some situations where the relative may wish to witness the resuscitation of a loved one, and where possible, these wishes should be accommodated.

11.3 A member of staff should be designated to take charge of any relatives present, ensuring that they do not impede the proceedings, and do not come to harm themselves. It must be stated in the patients' medical notes if relatives were present and who those relatives were.

THE FINAL DECISION RESTS WITH THE TEAM LEADER.

'Should Relatives Witness Resuscitation?' A report from the project team of the Resuscitation Council (UK). October 1996 London: Resuscitation Council (UK).

Copies available from Resuscitation Council (UK), Fifth Floor, Tavistock House North, Tavistock Square, London. WC1H 9HR

12. DO NOT ATTEMPT RESUSCITATION GUIDANCE

12.1 Do not Attempt Resuscitation Guidance can be found on the hospital intranet, under Trust Policies, reference number CL39

APPENDIX 1

PROCEDURE FOR CARDIAC ARREST IN THE HOSPITAL GROUNDS

ROYAL OLDHAM HOSPITAL

If a cardiac arrest / sudden collapse occurs within the hospital grounds then the cardiac arrest team should be summoned using 2222, and in addition may need to summon an ambulance by dialling 999 in order to transfer the patient.

Where it is geographically difficult or impractical for the emergency team to respond e.g. Mediscreen, Cannon Street, Orchard House, Clinical Psychology, Bradbury's Car park then staff must summon the paramedics by ringing 999.

BIRCH HILL HOSPITAL

If a cardiac arrest / sudden collapse occurs within the hospital grounds, or exposed non-clinical areas, then a paramedic ambulance should be summoned on 4444 via an internal phone or 999 via a mobile.

FAIRFIELD GENERAL HOSPITAL

If a cardiac arrest / sudden collapse occurs within the hospital grounds, or exposed non-clinical areas, then the cardiac arrest team should be summoned using 2222, and a paramedic ambulance should be summoned to support the situation.

TAMESIDE GENERAL HOSPITAL

If a cardiac arrest / sudden collapse occurs within the hospital grounds, or exposed non-clinical areas, then the cardiac arrest team should be summoned using 2222, and a paramedic ambulance should be summoned to support the situation.

Equipment can be accessed from the nearest clinical area until paramedics arrive.

STEPPING HILL HOSPITAL

The following is the operational procedure for the management of a cardiac arrest in any non-clinical department, road or car park on the Stepping Hill site.

The person raising the alarm will elicit help by contacting switchboard on 2222 via an internal phone or 0161 419 5555 via a mobile phone giving them the location of the collapse, the caller should be as specific as possible about the location.

In all cases Switchboard will raise the cardiac arrest team and if the location given is not within the main hospital block proceed to call for an ambulance on 999.

The cardiac arrest team will attend. The doctor leading the team may, at their discretion, decide if it is feasible to transport the patient to the A&E department on a trolley or wait for the ambulance.

Upon hearing the location of the arrest over the bleep a porter will collect the portable defibrillator and emergency pack from the nearest station and transport it to the arrest. They should then arrange the delivery of the trolley of required.

APPENDIX 2

RESUSCITATION EQUIPMENT CHECKLIST

ROYAL OLDHAM HOSPITAL

Defibrillator
Suction Unit
Oxygen
Emergency Drug Box and Peri-arrest Drug Box

SUCTION TRAY: All items presented unwrapped

Suction connecting tubing
Portex connector
Oropharyngeal Airways 4, 3, 2, 1

INTUBATION TRAY:

1 Adult Laryngoscope with blade
1 Rolls of 3 meter 2" ribbon gauze
1 Cuffed Endotracheal Tube size 9.0mm
1 Cuffed Endotracheal Tube size 8.0mm
1 Cuffed Endotracheal Tube size 7.0mm
1 Cuffed Endotracheal Tube size 6.0mm
1 Tube of lubricant jelly for tubes
1 Syringe for Cuff Inflation
1 pr. Artery forceps for maintaining Cuff Inflation
1 Catheter Mount
1 pr. Scissors small
1 pr. Magill Forceps

INFUSION TRAY: All items wrapped – sterile

4 IV Cannulae 18 gauge Venflon (green)
1 Roll of Transpore Tape
2 IV Cannulae 16 Gauge Venflon (grey)
2 IV Cannulae 20 gauge Venflon (pink)
6 Pre-gelled E.C.G. Chest Electrodes
2 pkts Defibrillator Electrode Pads
2 Cardiac Needles
1 pkt Mersilk Suture W793

SYRINGES / NEEDLES: All items wrapped / sterile

3 10ml Syringes
6 Needles 21G x 1 ½" (green)
6 Needles 23G x 1" (blue)
10 Sterets

BREATHING TRAY (BOTTOM) Resuscitator Unit unwrapped

1 Flexible Intubator Stylet Wrapped / Sterile Medium

1 SPUR (Single Patient Use Resuscitator)
1 Length 3 meters of Oxygen Tubing
2 Yankeur Suction Tubes (adult)
Suction Catheters 2 of each sizes 18ch (red) 14ch (green) 12ch (white)
1 IV Fluid giving set
1 500ml Bag Sodium Chloride 0.9%
1 3 way Stopcock
2 Blood Gas Syringes

REPLENISHING AND REPLACEMENT OF STOCK

The ward / department are responsible for restocking their resuscitation equipment. A stock of replacement equipment is stored in the Resuscitation Store Room in the ECT Department, which can be accessed by using the master key.

Laryngoscope blades and Magills Forceps are sent to HSDU for autoclaving and replacements are obtained from HSDU. Ambu Bags are single patient use.

The pharmacy department in line with local Acute Trust Standard Operational Policy replaces drug boxes. It is the nursing staff's responsibility to get the box back to the pharmacy department ASAP and wait for a replacement to be given.

LOCATION OF RESUSCITATION EQUIPMENT AT OLDHAM SITE

Location	Orange Box	Defibrillator	Access Equipment From	Access Pacing Defibrillator From
Northside	✓	✓	**X**	ECT
Southside	✓	✓	**X**	ECT
Rowan	✓	✓	**X**	ECT
ECT	✓	✓	**X**	**X**
Cedars	✓	✓	**X**	**X**
Crisis Resolution	✓	✓	**X**	ECT

APPENDIX 3

RESUSCITATION EQUIPMENT CHECKLIST

BIRCH HILL HOSPITAL

TREATMENT SUPPORT DEPARTMENT
EMERGENCY TROLLEY INVENTORY

AIRWAY CONTROL

1 Resuscitation bag value with reservoir
1 Facemask size 3
Green oxygen tubing
Oropharyngeal Airways size 1, 2, 3, 4

SUCTION

1 Adult Yankauer

INTUBATION

1 Adult Laryngoscope
1 Size 6mm nasal ET Tube cut at 23cm
7mm ET Tube cut at 22cm
8mm ET Tube cut at 23cm
9mm ET Tube cut at 24cm
1 Intubation stylet
1 10ml Syringe
1 Catheter mount
Ribbon gauze
1 pair scissors
Lubricant gel
Magills Forceps

INFUSION

5 sterets
1 pkt of gauze
1 roll tape
1 CVP Line
2 x 16 gauge venflons
4 x 18 gauge venflons
2 x 20 gauge venflons
4 x 10ml syringes
4 x 21 gauge green needles

OTHER

4 x blood gas syringes
4 x 23 gauge blue needles
Packet of chest electrodes
Packet of defib pads

ON TROLLEY

Defibrillator
Suction Unit: Clean & working with suction tubing and adult rigid yankaeur
Oxygen Cylinder
Emergency Drug Box
Endotracheal suction catheters sizes – 14, 16, 18ch (5 of each)
Spare defibrillator pads
Spare ECG Electrodes
2 x 1000ml NaCL and 2 primary giving sets
1 x 500ml 5% Glucose
2 x 10ml and 2 x 20ml syringes
Pocket mask with spare one-way value
Oxygen supply intact, 6ft green oxygen tubing and adult venti – mask attached (preferably Hudson Mask)
Gloves, aprons, goggles
Sin bin
Spare Laryngoscope batteries and bulbs (if you use disposable blades then batteries only)

MOORSIDE, HOLLINGWORTH, HAZEL AND BEECH WARDS, PROSPECT PLACE
RED BAG INVENTORY

AIRWAY CONTROL

1 Resuscitation Bag Value with reservoir and face mask (single use)
1 Green Oxygen Tubing
1 Oropharyngeal Airways size 1, 2, 3, 4
1 Nasopharyngeal Airways size 6, 7

SUCTION

1 Adult Yankauer
1 Suction Tubing

DEFIBRILLATION/PRE & POST RESUSCITATION CARE
Defibrillator
Suction Unit: Clean & working with suction tubing and adult rigid yankaeur attached
Oxygen Cylinder (at least ½ full) with a regulator and flow gauge
Green oxygen tubing and adult Hudson Non-rebreath Mask attached to oxygen cylinder
2 Defibrillator pads
1 Box of Gloves
1 Goggles
1 Scissors
1 Razor
Aprons
Forceps

Justified additional equipment will be accepted on resuscitation trolleys but must also be checked on a daily basis.

REPLENISHING AND REPLACEMENT OF STOCK

The ward / department staff are responsible restocking their trolleys. Ward staff need to dispose of any used equipment and take their red bag to the Treatment Support Department in order to collect a fully stocked replacement orange box. If a replacement bag is required out of Treatment Support Departments working hours (Mon – Fri / 9-5hrs) the replacement boxes are kept in the Recovery Room and the treatment support staff need to be informed that a replacement box has been taken ASAP. Other items on the resuscitation trolley will be restocked via Treatment Support Department.

LOCATION OF RESUSCITATION EQUIPMENT AT BIRCH HILL SITE

Location	Red Bag	Defibrillator	Access Equipment From	Access Defibrillator From
Hazel / Beech	✓	✓	**X**	**X**
Moorside	✓	✓	**X**	**X**
Hollingworth	✓	✓	**X**	**X**
Treatment Support (ECT)	✓	✓	**X**	**X**
Crisis Resolution	**X**	**X**	Treatment Support / Hollingworth	Treatment Support / Hollingworth
Prospect Place	✓	✓	X	**X**

APPENDIX 4

RESUSCITATION EQUIPMENT CHECKLIST

FAIRFIELD GENERAL HOSPITAL

TOP SECTION

Defibrillator
Ambu Bag, mask & attached tubing
Pocket mask & attached oxygen tubing
Sharps box
Gloves

TOP DRAWER

Syringes (5, 10 & 50ml) & needles
Venflons & vecafix
Three way tap
CVP Line
Blood gas syringes
Mediswabs
Tourniquet

MIDDLE DRAWER

Defib gel pads & ECG electrodes
Giving sets
500mls – 5% Dextrose
500mls – 0.9% Normal Saline
500mls – Haemacell / Gelofusine
100mls – 5% Dextrose

BOTTOM DRAWER

Laryngoscope
Catheter Mount & swivel connector
Tape / Bandage for securing ET tube
ET Tubes sizes 7.0, 8.0 & 9.0
Stylet / Introducer
10ml Syringe
Airways – size 1-4
Magills Forceps
Lubricating jelly
Gauze Swabs
Suction tubing
Suction catheters: sizes 12fg & 14fg
Yankaeurs

BOTTOM SECTION

Mini-jet boxes x2

Tray of supplementary drugs
Spare bulbs & batteries for laryngoscope

Oxygen cylinder
Suction unit

REPLENISHING AND REPLACEMENT OF STOCK

The ward / department are responsible for ordering and restocking their resuscitation equipment. The ward should keep at least x1 replacement of the equipment in their wards, when replacement stock is used this should be reordered as soon as possible.

Magills Forceps are sent to HSDU for autoclaving and replacements are obtained from HSDU. Laryngoscope Blades and Ambu Bags are single patient use.

The pharmacy department in line with local Acute Trust Standard Operational Policy replaces drug boxes. It is the nursing staffs responsibility to get the box back to the pharmacy department ASAP and wait for a replacement to be given.

LOCATION OF RESUSCITATION EQUIPMENT AT FAIRFIELD SITE

Location	**Resus Equip**	**Defibrillator**	**Access Equipment From**	**Access Pacing Defibrillator From**
Roch House Therapy	✓	**X**	**X**	South Ward
Ward 26	✓	✓	**X**	**X**
South	✓	✓	**X**	**X**
North	✓	✓	**X**	South Ward
CAMHS- Hope	✓	✓	X	X
CAMHS- Horizon	✓	✓	X	X
CAMHS- Outpatients	✓	✓	X	X
Ramsbottom Ward	✓	✓	**X**	**X**

APPENDIX 5

RESUSCITATION EQUIPMENT CHECKLIST

TAMESIDE GENERAL HOSPITAL

RED BOX CONTENTS

TOP OF BOX LID

1 Fluid Administration Set
1 Gauze Swabs
1 size 14g Abbocath
2 size 21g Screw Needles
1 Tourniquet

TOP SHELF

1 Yankaeur Sucker
1 Ambubag with reservoir
1 size 4 Face mask
1 size 5 Face mask
1 size 6 Face mask
1 Green Oxygen Tubing
1 Defib Gel Pads
1 ECG Electrodes
1 size 2 oropharyngeal Airway
1 size 3 oropharyngeal Airway
1 size 4 oropharyngeal Airway
4 size 14g Fine Suction Catheter
2 size 17g Intravenous Cannula
2 size 18g Intravenous Cannula
2 size 20g Intravenous Cannula
1 Serum Z / 9ml Syringe
1 EDTA Syringe
1 Heparinised Syringe
2 size 23 Winged Infusion
12 Vinyl gloves

SECOND SHELF

1 Intubating Stylet
2 Spare Batteries
1 Spare Bulb
1 Syringe
1 size 7.0 Endotracheal Tube
1 size 8.0 Endotracheal Tube
1 size 9.0 Endotracheal Tube
1 Laryngoscope Handle
1 size 3 curved Laryngoscope Blade
1 lubricating Gel
1 size 3”x3” Green swabs
1 size 2” Bandage Tape
1 Mount/Adaptor

1 Scissors
1 Magills Forceps
5 Mediswabs
1 Dermitite

BOTTOM OF BOX

1 500ml Glucose 5% infusion
1 500ml Glucose 4% & NaCL 0.18%
1 Sodium Bicarbonate 4.2%
1 500ml Gelofusine
1 500ml Hartmanns Solution

ON TROLLEY

Defibrillator
Suction Unit

REPLENISHING AND REPLACEMENT OF STOCK

Once the seal on the red box has been broken, porters should be contacted and arrangements made for the red box and the drugs (even if the drug box is still sealed) to be replaced by a complete sealed system.

Drugs box is red with a blue seal and is situated at the rear of the large red resuscitation box. This box contains a significant number of resuscitation drugs; therefore, drugs should not be loose in any of the resuscitation trolleys.

If the drugs box seal has been broken or used, both the drugs box and the red resuscitation box will need to be returned to HSDU by the porters. These drugs are supplied by pharmacy so the above procedure must be followed to replenish stock levels.

Each emergency box will be assembled by a member of HSDU according to the checklist. Records will be kept on a Resuscitation Equipment Database by HSDU staff detailing serial number of box, date and name of person assembling equipment box.

On a six-monthly basis, resuscitation equipment boxes will be opened and all contents examined to eliminate natural deterioration. This will be performed and documented on the Resuscitation Equipment Database by HSDU staff.

LOCATION OF RESUSCITATION EQUIPMENT AT TAMESIDE SITE

Location	Red Box	Defibrillator	Access Equipment From	Access Pacing Defibrillator From
Saxon	✓	✓	**X**	✓
Ward 35	✓	✓	**X**	**X**
Ward 36	✓	✓	**X**	**X**
Hurst	✓	✓	**X**	**X**
Hague	✓	✓	**X**	**X**
Whittaker	✓	X	**Saxon**	**Saxon**
Summers	✓	✓	**X**	**Saxon**

APPENDIX 6

RESUSCITATION EQUIPMENT CHECKLIST

STEPPING HILL HOSPITAL

TROLLEY SURFACE

Defibrillator
2 pkts Multifunction Defibrillator Pads
Self-inflating bag & oxygen tubing attached
Face Masks size 3 (S), 4 (M) & 5 (L)
1 x Gum elastic bougie (ET Introducer)
Pocket mask
Sharps Box

TOP DRAWER

1 x oropharyngeal Airway size 2
1 x oropharyngeal Airway size 3
1 x oropharyngeal Airway size 4
1 x nasopharyngeal Airway size 6
1 x nasopharyngeal Airway size 7
1 x Endotracheal Tube size 7
1 x Endotracheal Tube size 8
1 x Endotracheal Tube size 9
Laryngoscope & Adult Macintosh Blade
1 x Intubating Stylet
1 x tube of Lubricating Gell
1 x 15mm Swivel Connector & manifold
1 x Yankaeur Sucker
1 x Stethoscope
1 x Pair of Magills Forceps
1 x pair of Spencer Wells Forceps
1 x Ligature Cutter
1 x 10ml Syringe
2 x Spare Laryngoscope Bulbs
1 x Roll of Micropore Tape (25mm)
1 x Set of spare Laryngoscope Batteries
1 x Vacsax suction connector
2 x Suction Catheters size 12
2 x Suction Catheters size 14
Length of tape to tie ET Tube

SECOND DRAWER

2 x Syringes – 20ml
2 x Syringes – 10ml
2 x Syringes – 5ml
5 x Needles - Green
5 x Needles - Blue
5 x Venflons – Grey
5 x Venflons – Green
5 x Venflons – Pink

2 x Three-way Taps
4 x IV Line Dressings
25cm Bandages
5 x Alcohol Wipes
1 x Tourniquet
1 x Pair of Universal Scissors
1 x pkt of Gauze swabs
2 x Intracardiac / Spinal Needles
3 x Arterial Blood Gas Analysis Syringes
3 x U&E Blood Sample Bottles
3 x Glucose Sample Bottles
1 x Disposable Razor

THIRD DRAWER

2 x Central Lines (Angiocaths, 14g x 3.25inch)
2 Pairs Sterile Disposable Gloves (sizes S, M, L)
2 x IV Infusion sets
2 x Blood Giving Sets
1 x Application of Chloraprep

FOURTH DRAWER

1 x Portable Suction pump
1 x Water Circuit
1 x Oxygen Mask with non-rebreath mask
1 x 500ml Haemacell
1 x 500ml 0.9% Saline
1 x 500ml 5% Dextrose

BOTTOM SHELF

1 x Drug Box (as per pharmacy issue)
1 x Yellow Clinical Waste Bag
1 Box Disposable Gloves (sizes M, L)

ADDITIONAL EQUIPMENT

1 x size E Oxygen Cylinder & Regulator with Flow Meter
1 x Oxygen Cylinder Key
Portable Suction Device with Suction Tubing and Yankaeur catheter

REPLENISHING AND REPLACEMENT OF STOCK

The ward / department are responsible for ordering and restocking their resuscitation equipment. The ward should keep at least x1 replacement of the equipment in their wards, when replacement stock is used this should be reordered as soon as possible. Most items can be obtained from ward stock with the exception of the Endotracheal Tubes, Angio Caths, 15mm Swivel Connector and Nasopharyngeal Airways they are obtained from central store A12 & B4.

Magills forceps, Spencer Wells Forceps and Scissors are cleaned by HSDU. Laryngoscope blades are cleaned on the ward with 70% alcohol wipes. Ambu Bags are single patient use.

The pharmacy department in line with local Acute Trust Standard Operational Policy replaces drug boxes. It is the nursing staffs responsibility to get the box back to the pharmacy department ASAP and wait for a replacement to be given.

LOCATION OF RESUSCITATION EQUIPMENT AT STEPPING HILL SITE

Location	Resus Equip	Defibrillator	Access Equipment From	Access Pacing Defibrillator From
Cobden	✓	✓	**X**	ECT Suite
Bevan	✓	✓	**X**	ECT Suite
Arden	✓	✓	**X**	ECT Suite
Norbury	**X**	✓	Arden	ECT Suite
Davenport	✓	✓	**X**	ECT Suite
ECT	✓	✓	**X**	ECT Suite

APPENDIX 7

RESUSCITATION EQUIPMENT CHECKLIST

RHODES PLACE, STANSFIELD PLACE AND HEATHFIELD HOUSE

Defibrillator
2 x Defibrillator Pads
1 X Spare Defibrillator Battery
1 x Razor

RED RESUSCITATION BAG

1 x Ambu Bag
1 x Oropharyngeal Airway Size 2
1 x Oropharyngeal Airway Size 3
1 x Oropharyngeal Airway Size 4
1 x Pocket Mask
1 x Oxygen Tubing
1 x Non Rebreath Mask
1 x Hand Held Suction
1 x Canister & Catheter
Gloves
2 x Oxygen Cylinders
1 x Oxygen Regulator
1 x Ligature Knife

REPLENISHING AND REPLACEMENT OF STOCK

The ward is responsible for ordering and restocking their resuscitation equipment. The ward should keep a stock of at least x1 replacement of the equipment on their wards, when replacement stock is used this should be reordered as soon as possible.

APPENDIX 8

RESUSCITATION EQUIPMENT CHECKLIST

SUBSTANCE MISUSE SERVICES

1 x Pocket Mask
1 x Ambu Bag
1 x Green Oxygen Tubing
1 x Non Re-breath Face Mask
2 x D size Oxygen cylinders
1 x Oxygen regulator
2 x EpiPens

Justified additional equipment is acceptable but any items must be added to the checklist and checked on a daily basis

REPLENISHING AND REPLACEMENT OF STOCK

The department is responsible for ordering and restocking their resuscitation equipment. The department should keep a stock of at least x1 replacement of the equipment, when replacement stock is used this should be reordered as soon as possible.

APPENDIX 9

Guidelines for the Checking and Maintenance of Resuscitation Equipment

Topic: Equipment / Physical Environment
Sub Topic: Maintenance of Emergency Resuscitation Equipment
Care Group: Any patient, visitor or member of staff of the Trust (potentially)
Standard Statement: All emergency resuscitation equipment will be correctly stored and ready for immediate use at all times.

STRUCTURE	PROCESS	OUTCOME
Each resuscitation trolley will have a list, approved by the Trust Resuscitation Committee, of the emergency equipment they are required to hold. Qualified nurses need to be able to identify each item listed and recognise if an item of equipment is missing, likely to malfunction, out of date or otherwise not fit for use. Each trolley will have a checklist for recording the date and time at which the emergency equipment is checked.	**The member of staff in charge (or qualified person nominated by them) of the clinical area will:** Ensure that all listed items are available and fit for use and checked at least once per day. Enter the date and time at which the equipment was checked on the checking sheet and sign the entry. The qualified member of staff checking the equipment is responsible for ensuring that any item not fit for use is removed and replaced immediately and that any missing item is replaced immediately. This should be documented and signed off when completed. **The Ward/ Department Manager has overall responsibility for the state of the emergency equipment held on the ward, for ensuring that checks are carried out according to Trust policy and for ensuring that all staff can check proficiently.**	The emergency equipment specified in each clinical area's list will be available for use at any time. Qualified staff will be able to identify items of emergency equipment and assess whether it is fit for use. In the event of collapse, the patient will be cared for in a safe environment.

APPENDIX 10

RESUSCITATION COMMITTEE

TERMS OF REFERENCE

The Resuscitation Committee is an Executive Committee of the Trust. It forms part of the governance structures and specifically those structures around the management of clinical risk. The committee relates to the local Governance Committees, ECT Committee, Infection Prevention and Control Committee, Medical Devices Committee, Clinical Procedures Committee, Drugs and Therapeutic Committee and Risk and Clinical Governance Committee.

Membership

The composition of the Committee includes one representative from each of the key clinical departments or boroughs within the entire Trust. The Resuscitation Training Officer is a permanent and full member of the Committee. The present membership list together with their designations is attached as an Appendix.

The Chair is a medical consultant within the Trust. The Chair shall not serve as one of the departmental representatives as well as being Chair.

If the nominated representative from any department cannot attend he/she may send a deputy who has been suitably briefed.

There is no maximum term of office for any member.

Appropriate representatives from other specialities or departments may be co-opted onto the committee for single meetings or defined periods of time as necessary to assist the committee in its deliberations and discussions.

All representatives shall be expected to facilitate and maintain two-way communications between those working in the area they represent and this committee.

Members should maintain a regular attendance at meetings. Those missing meetings on a frequent basis should consider standing down so that a new representative may be nominated from that area.

Frequency of meetings

The Committee meets quarterly. Meetings may be held more or less frequently as necessary depending on the workload or other requirements at the discretion of the Chair or the reasonable requests of the members.

Scope and Duties

The Committee is the central management body, which oversees all aspects of resuscitation across the Trust.

The Committee shall produce a Resuscitation Policy, which applies uniformly to all parts of the Trust, and which is updated alternate years or more often if necessary.

The Committee, through the Resuscitation Training Officer, plans, organises and oversees all training of resuscitation across the Trust. Such training is undertaken by the Resuscitation Training Officer who may either undertake it personally or delegate it accordingly to suitably qualified individuals. The Committee defines which categories of staff require which levels of training.

The Committee will commission or conduct audits into any aspect of resuscitation, which the committee feels is appropriate.

The Committee, through the Education and Training Department, undertakes to maintain a database of all staff trained in resuscitation and the level to which they are trained.

The Committee will alert the Trust Risk and Clinical Governance Committee to any major concerns with respect to the resuscitation services.

The Committee will liaise with the Estates department regarding medical equipment.

Authority

The Resuscitation Committee is empowered to examine and investigate any activity within the Trust pursuant to the above scope and duties

Reporting

The Resuscitation Committee reports to the Trust Risk and Clinical Governance Committee and will submit minutes directly to that Committee.

Review

These Terms of Reference and Constitution are reviewed on an annual basis.

Membership of the Resuscitation Committee

- Medical Director (Chair)
- Resuscitation Training Officer
- Chief Pharmacist
- Head of Patient Safety
- CNS Infection Control and Physical Health
- Clinical Governance Managers (community)
- Modern Matrons
- A&E Consultant – Oldham / Pennine Acute
- Divisional Integrated Governance Managers
- Borough Integrated Governance Managers

APPENDIX 11 (FORM AVAILABLE ON THE INTRANET)

Adults of Working Age and Older People
T.P.R., B.P. and MEWS Chart

Patient name..... Ward.....

Date of admission..... NHS number.....

Frequency of observations.....

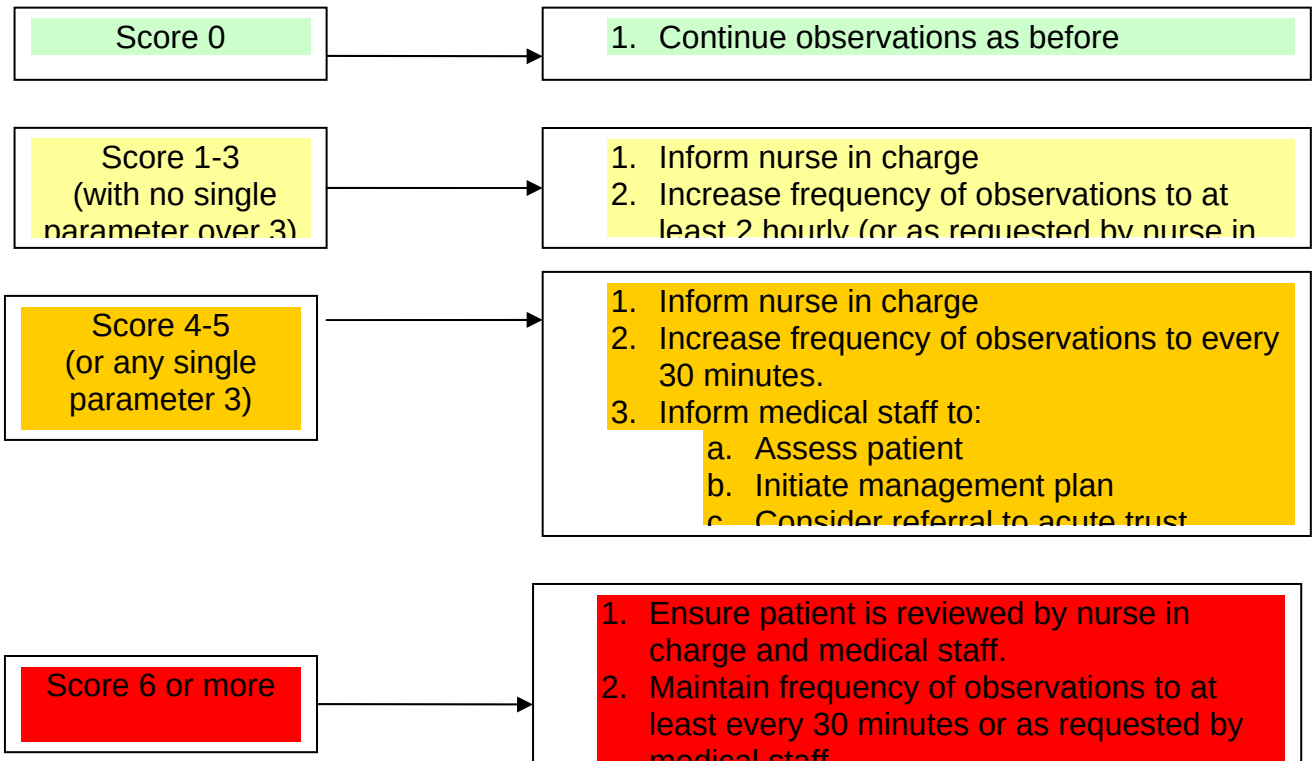
To be completed on admission, on onset of sudden illness, on medical advice and following rapid tranquilisation

Date																															MEWS Score
Time																															
Temperature enter numerical decimal value eg (.2)																															
3	40																														3
2	39																														2
1	38																														1
0	37																														0
0	36																														0
1	35																														1
2	34																														2
Blood Pressure please indicate with arrows																													enter dot **Heart Rate**		
3	230																												230		3
3	220																												220		3
2	210																												210		3
2	200																												200		3
1	190																												190		3
1	180																												180		3
0	170																												170		3
0	160																												160		3
0	150																												150		3
0	140																												140		3
0	130																												130		3
0	120																												120		2
0	110																												110		2
0	100																												100		1
1	90																												90		0
1	80																												80		0
2	70																												70		0
3	60																												60		0
3	50																												50		0
3	40																												40		1
3	30																												30		3
3	20																												20		3
3																															3
Blood Pressure (use systolic reading for MEWS score)																													**Heart Rate**		
Respiration Rate Enter numerical value																													If 21 or more consider short term oxygen use in line with ILS guidance		
3	Over 30																														3
2	26-30																														2
1	21-25																														1
0	11-20																														0
2	Less than 10																														2
Oxygen Saturation Enter numerical value																													Tick target saturation 88-92% ☐ 94-98% ☐		
0	Over 94%																														0
1	Over 90%																														1
2	Over 85%																														2
3	Less than 85%																														3
AVPU Tick which one patient responds too, or if new confusion present																															
0	Alert																														0
1	Voice																														1
2	Pain																														2
3	Unresponsive																														3
1	New confusion																														1
Total MEWS																														**Total MEWS**	
Recorder Initials																														**Recorder Initials**	
Counter initials when MEWS >1																														Counter initials when MEWS >1	

MEWS is a tool and may not always reflect the severity of a patients condition

Adults of Working Age and Older People
T.P.R., B.P. and MEWS Chart

MEWS Flow Chart



Birch Hill Hospital	999
Butler Green	999
Byron Terrace	999
Fairfield General Hospital	2222
Heathfield House	999
The Meadows	999
Rhodes Place	999
Royal Oldham Hospital	2222
Stansfield Place	999
Stepping Hill Hospital	2222
Tameside Hospital	2222
Tameside Hospital, Springhill	999

Pennine Care NHS
NHS Foundation Trust

In community settings and clinics, always call 999

APPENDIX 12 (FORM AVAILABLE ON THE INTRANET)

Adults of Working Age and Older People
T.P.R., B.P. and MEWS Chart

Patient name..... Ward.....

Date of admission..... NHS number.....

Frequency of observations.....

To be completed on admission, on onset of sudden illness, on medical advice and following rapid tranquilisation where indicated

Date																															MEWS Score
Time																															
Temperature enter numerical decimal value eg (.2)																															
3	40																														3
2	39																														2
1	38																														1
0	37																														0
0	36																														0
1	35																														1
2	34																														2
Blood Pressure please indicate with arrows																														enter dot **Heart Rate**	
		230																												230	3
3		220																												220	3
2		210																												210	3
2		200																												200	3
1		190																												190	3
1		180																												180	3
0		170																												170	3
0		160																												160	3
0		150																												150	3
0		140																												140	3
0		130																												130	3
0		120																												120	2
0		110																												110	2
0		100																												100	1
1		90																												90	0
1		80																												80	0
2		70																												70	0
3		60																												60	0
3		50																												50	0
3		40																												40	1
3		30																												30	3
3		20																												20	3
3																															3

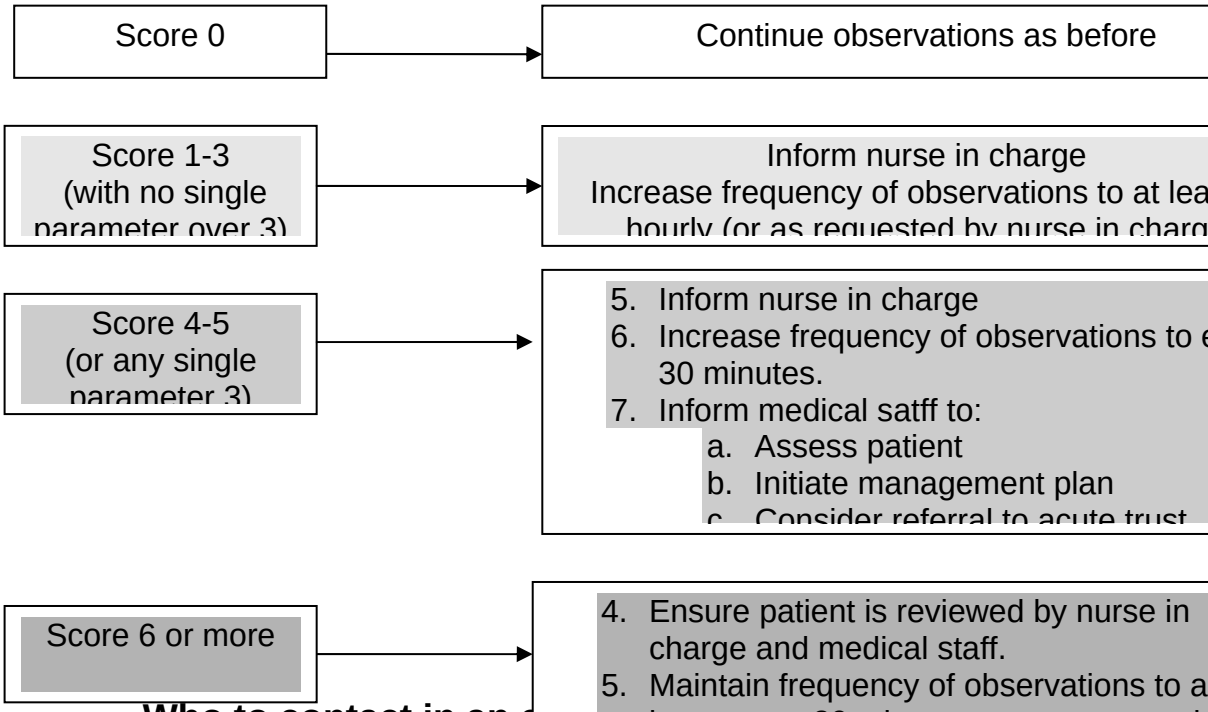
Blood Pressure (use systolic reading for MEWS score) — **Heart Rate**

Respiration Rate Enter numerical value value																														If 21 or more consider short term oxygen use in line with ILS guidance	
3	Over 30																														3
2	26-30																														2
1	21-25																														1
0	11-20																														0
2	Less than 10																														2
Oxygen Saturation Enter numerical value																														Tick target saturation 88-92% ☐ 94-98% ☐	
0	Over 94%																														0
1	Over 90%																														1
2	Over 85%																														2
3	Less than 85%																														3
AVPU Tick which one patient responds too, or if new confusion present																															
0	Alert																														0
1	Voice																														1
2	Pain																														2
3	Unresponsive																														3
1	New confusion																														1
Total MEWS																														**Total MEWS**	
Recorder Initials																														**Recorder Initials**	
Counter initials when MEWS >1																														Counter initials when MEWS >1	

MEWS is a tool and may not always reflect the severity of a patients condition

Adults of Working Age and Older People
T.P.R., B.P. and MEWS Chart

MEWS Flow Chart



Who to contact in an e

Birch Hill Hospital	999
Butler Green	999
Byron Terrace	999
Fairfield General Hospital	2222
Heathfield House	999
The Meadows	999
Rhodes Place	999
Royal Oldham Hospital	2222
Stansfield Place	999
Stepping Hill Hospital	2222
Tameside Hospital	2222
Tameside Hospital, Springhill	999

In community settings and clinics, always call 999