



OFFICE MEDICAL EMERGENCY PREPAREDNESS

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QTIP Learning
Collaborative
August 10,
2019

OUR CLINICS

Center for Pediatric Medicine – Main



Center for Pediatric Medicine – West



North Greenville Outpatient Center



IMPETUS FOR IMPROVEMENT

- Office emergency experiences
 - Seizures
 - Respiratory Distress
- Grand Rounds Regarding Office Emergencies



The image shows the cover of a policy statement document. At the top right is the American Academy of Pediatrics logo, which includes a circular emblem with a child and a doctor, and the text "American Academy of Pediatrics" and "DEDICATED TO THE HEALTH OF ALL CHILDREN™". Below the logo is a dark green horizontal bar with the text "POLICY STATEMENT" in white. The main title of the document is "Preparation for Emergencies in the Offices of Pediatricians and Pediatric Primary Care Providers" in a large, bold, dark green font. Below the title is the text "Committee on Pediatric Emergency Medicine" in a smaller, dark green font. To the right of the title and committee name is the text "Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children" in a small, dark green font.

American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

POLICY STATEMENT

**Preparation for Emergencies in the
Offices of Pediatricians and Pediatric
Primary Care Providers**

Committee on Pediatric Emergency Medicine

Organizational Principles to Guide and
Define the Child Health Care System and/or
Improve the Health of All Children

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

IMPLEMENT

- **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, instaglucoose 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

AIRWAY BOX

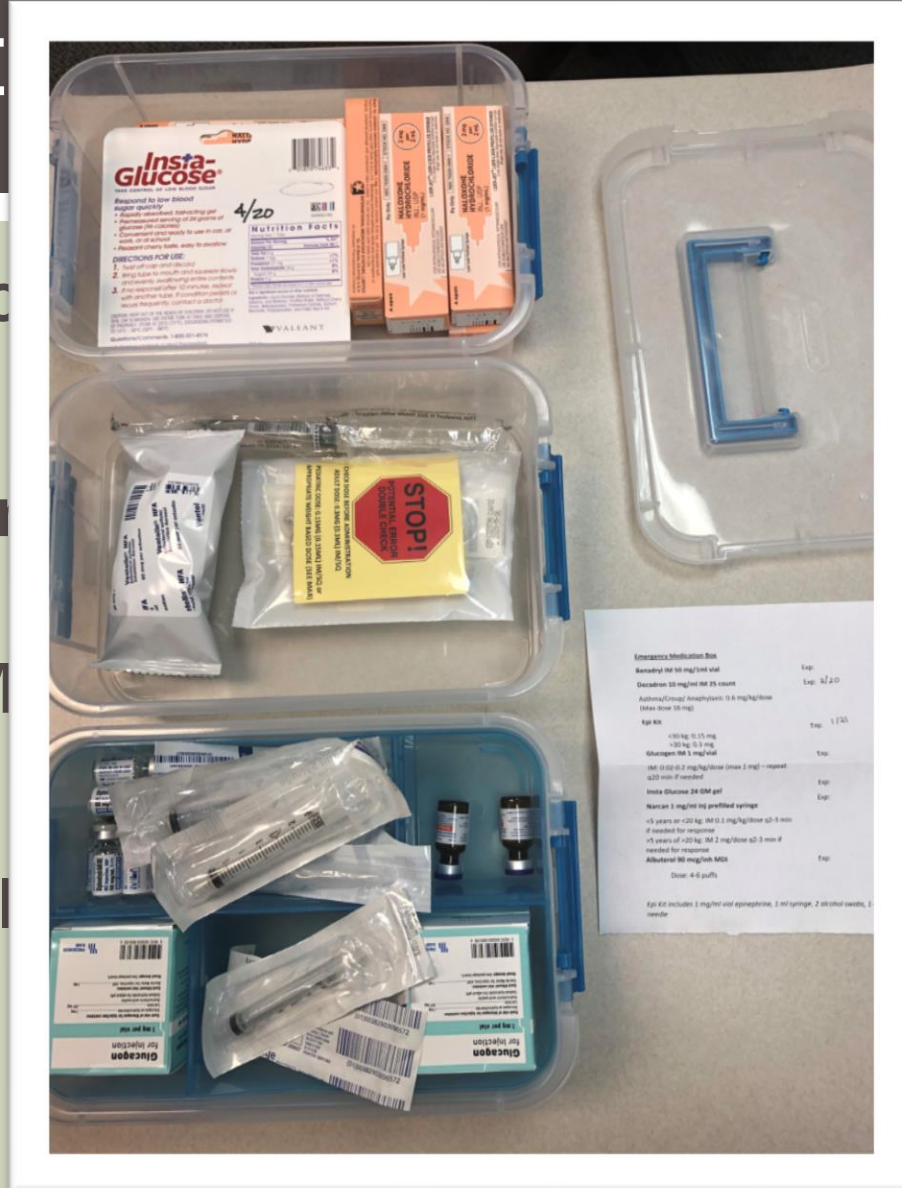
- Broselow
- Suction
- Individual
 ■ Nasal
- NRB
- Remo
- Oral Ai
- Nasopl
- Code S
- Bag Va
- beside
- No LM
- laryngoscope



EMER

BOX

- Instaglucose
- Glucagon
- Epinephrine
 ■ (1 mg/1 ml)
- Narcan IM
- Decadron
- Benadryl
- Albuterol

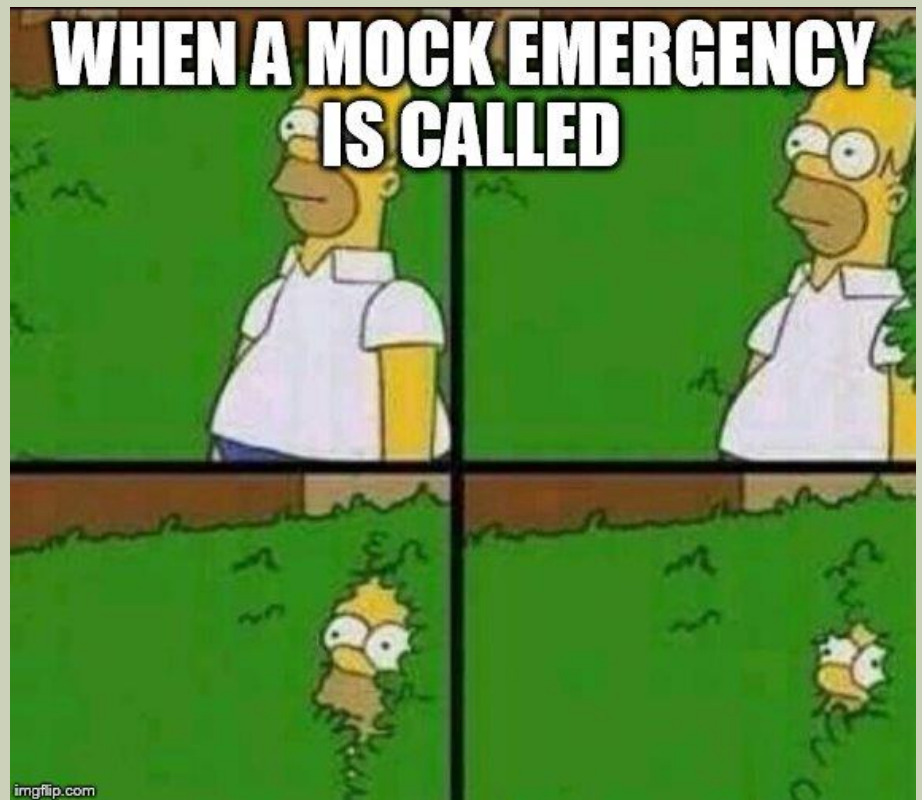


PIPEN

AS HE WAS DYING TO HIM THAT I HAVE IT

MOCK CODE GOALS

- 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



MOCK EMERGENCIES

- 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

- American Academy of Pediatrics, Committee on Pediatric Emergency Medicine. **Preparation for emergencies in the offices of pediatricians and pediatric primary care providers.** *Pediatrics*, 120 (1) (2007), pp. 200-212
- Code of Federal Regulations Title 21, Volume 9. Revised April 1, 2018. 21CFR1301.75-76
- University of Louisville, Physician Resources. **Fraction of Inspired Oxygen.**
<https://louisville.edu/medicine/departments/medicine/divisions/gimedicine/physician-resources/calculators-and-tools-files/fraction-of-inspired-oxygen-pdf>. Accessed Feb 1, 2018.

CONTACT

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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)

EMS	911
Security	455-7931
Poison Control	1-800-222-1222
Mobile Care	220-9311
Admissions	455-0000
Peds ED	455-7139
Corporate Compliance	455-3161

EMERGENCY REVIEW SHEET

Greenville Health System

Center for Pediatric Medicine Event Evaluation Record

Facility ID: CPM - Main/CPM - West/Ferlauto 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 (eg: AED, oral airway, oxygen mask, etc.) <u>used</u> ?	
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:

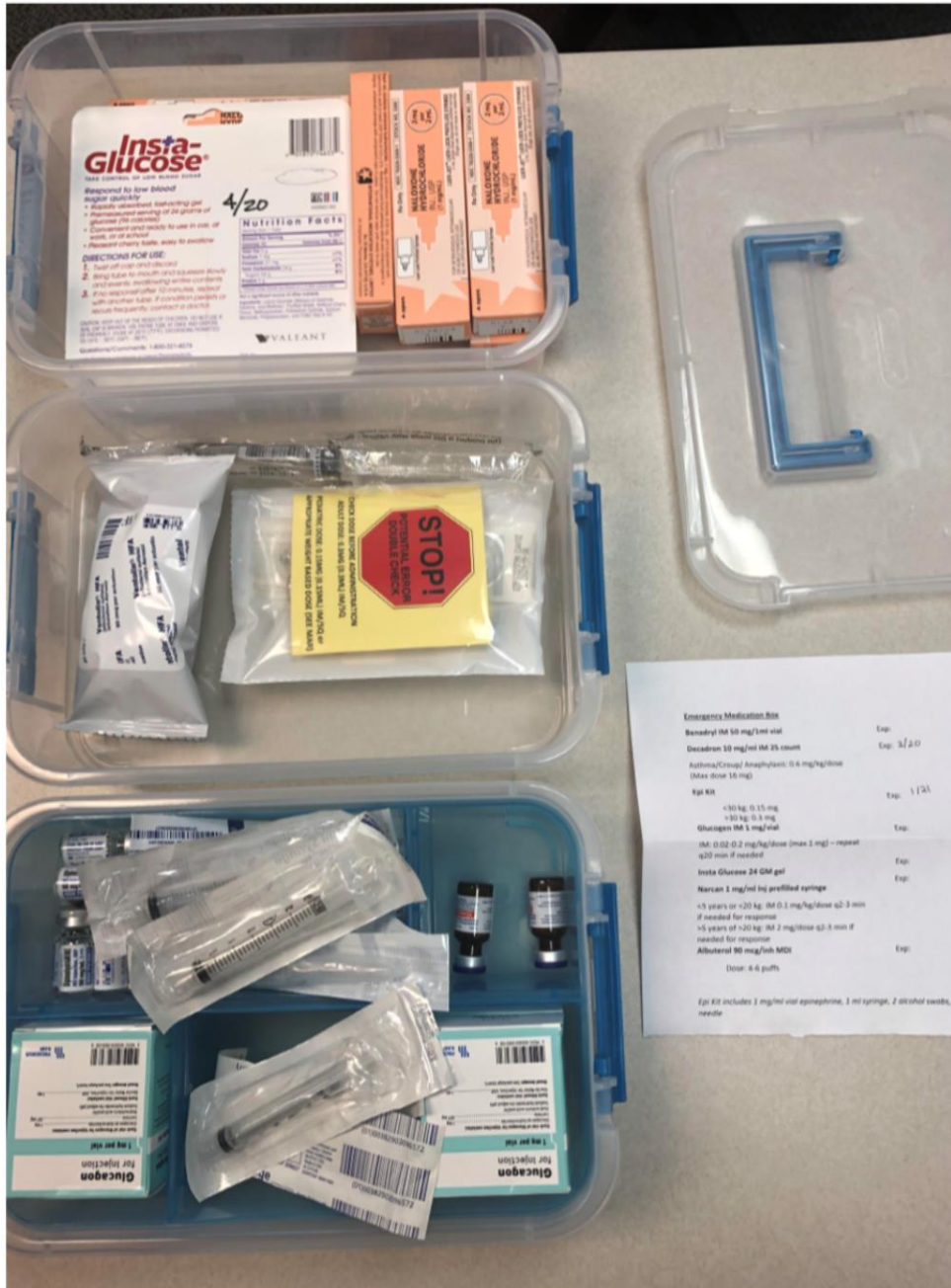
Located in Main Lab (front), second desk drawer on left side

Eye Wash

Side A – Ready room sink next to back hall nursing station

Side B – Medical Director office





Emergency Medication Box

Benzadrin IM 50 mg/1ml vial	Exp:
Decadron 10 mg/ml IM 3% cream	Exp: 3/20
Asthma/Croup Aluphycin: 0.6 mg/kg/dose (Max dose 16 mg)	
Epi Kit	Exp: 1/24
<10 kg: 0.15 mg	
>10 kg: 0.3 mg	
Glucagon IM 1 mg/ml	Exp:
IM: 0.02-0.2 mg/kg/dose (max 1 mg) - repeat q20 min if needed	
Insta Glucose 24 GM gel	Exp:
Narcan 1 mg/ml by prefilled syringe	
<3 years or <20 kg: IM 0.1 mg/kg/dose q2-3 min if needed for response	
>3 years or >20 kg: IM 2 mg/dose q2-3 min if needed for response	
Albuterol 90 mg/300 MDI	Exp:
Dose: 6-6 puffs	

Epi Kit includes 1 mg/ml vial epinephrine, 1 ml syringe, 2 alcohol swabs, 1-needle