

Vanderbilt University Medical Center

MEDICAL EMERGENCY PLAN

(For all patient areas not covered by a CPR team)

CLINIC/PATIENT CARE AREA NAME	
LOCATION	
CLINICAL MANAGER	
MEDICAL DIRECTOR	
PHONE NUMBER	
DESIGNATED EMERGENCY ROOM	
AED PRESENT IN CLINIC	Yes No Location(s) _____
ADDITIONAL MEDICATIONS IF APPLICABLE	List: _____
MEDICAL DIRECTOR SIGNATURE	
CLINICAL MANAGER SIGNATURE	

At minimum, the following emergency equipment is available at all times*:

- 1) AED or Manual Defibrillator
- 2) Oxygen**
- 3) Nasal cannula
- 4) Appropriately sized non-rebreather mask
- 5) Suction***
- 6) Suction tubing
- 7) Suction Catheters, soft and rigid tip
- 8) Barrier device for mouth to mask resuscitation
- 9) Personal protective equipment

The following optional equipment may be available for use in emergent situations:

- 10) Bag valve mask (Ambu bag)
- 11) _____
- 12) _____

*Emergency equipment is checked daily per appropriate checklist to ensure readiness.

**Portable e-cylinders are appropriate for areas with no permanent oxygen source.

***Portable suction is appropriate for those work areas which do not house permanent sources of suction.

The emergency response equipment available in my work area can be found in the following location:

Building: _____

Floor: _____

Room: _____

Emergency Response Cards or “STAT Cards” are kept current and placed near phones and in strategic places throughout the clinic or work area. STAT Cards can be ordered from printing services (Form MC 1825).

In a separate attached document, briefly describe the particular plan for responding to medical emergencies within your clinic/area. Please include the elements below in the plan:

- Staff assignments to accomplish the following tasks:
 - Call for help
 - Bring emergency equipment to patient’s location
 - Direct care of patient
 - Tending to family of patient
 - Crowd control/relocation of other patients or visitors to a designated area, away from the location of the emergency
 - Guidance of emergency responders to patient’s location
- Training and practice of the plan
 - How are staff oriented to the emergency response plan?
 - How often is the plan practiced?
- Debriefing of involved staff following an event
 - Is a formal debriefing conducted following each event?
 - If so, who conducts the debriefing?
 - What is the plan to address identified opportunities from the debriefing?

Remember:

- Any staff member trained in CPR may initiate CPR and use an AED for anyone who is unresponsive, not breathing effectively, and without a pulse.
- Training requirements can be found in the CPR Policy CL 30-08.21 which can be accessed in the VUMC PolicyTech database.
- If any questions remain or any assistance is needed in developing and refining your emergency plan, please contact the Vanderbilt Resuscitation Program at (615) 322-0285.
- When your plan is complete, please send a copy of your emergency response plan to Resuscitation Program Manager, Jeff Hileman, at jeff.hileman@vumc.org for CPR Committee review and approval.

* The only exception to this statement lay in situations in which CPR is not deemed appropriate due to one of the following conditions:

- 1) Imminent danger posed to emergency responders
- 2) Valid Code Status Order and Code Status Documentation in the medical record, a valid POST form, Advanced Directive or by an established Health Care Decision Maker (e.g., Health Care Agent or individual holding Durable Power of Attorney for Health Care).