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<b>SECTION: Access/Safety</b>	
<b>POLICY AND PROCEDURE: Emergency Health Care Services</b>	Approved date: _____ Approved by: _____ Effective date: _____ Revised date: _____ Revised date: _____

**POLICY:**

Emergency health care services shall be available and accessible twenty-four hours a day, seven days a week.

**PROCEDURE:**

I. EMERGENCY MEDICAL EQUIPMENT

A. Minimum emergency medical supplies/equipment, sufficient to establish and maintain a patent/open airway and manage anaphylactic reactions, shall be maintained in the facility. The equipment will include:

1. An oxygen tank which is secured.
2. An oxygen delivery system which includes tubing and mask/cannula and Adjustable Flow Meter.
3. Population-appropriate (infants/children/adults) ambu bag(s) and oral airway(s).
4. Epinephrine 1:1000 (injectable), Benadryl 25 mg oral, or Benadryl 50 mg./ml (injectable).
5. Tuberculin syringes, alcohol wipes.
6. Emergency medication dosage chart (see attached).

B. The supplies/equipment will be located "together" in an accessible location allowing for retrieval by all staff members without the use of assistive devices.

C. The supplies and equipment will be checked for expiration and operating status at least monthly. Staff responsible for checking the equipment/supplies will document:

1. the date the supplies/equipment was checked, and
2. his/her initials verifying that equipment is in working order, the oxygen tank is full, the supplies are within expiration date and the medication dosage chart is present.

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## D. Replacing/restocking supplies:

1. An extra oxygen tank will be maintained onsite -OR- each time the oxygen is used, the remaining supply will be checked. If the tank is 3/4 or less full, the supplier will be called to replace the used tank with a full tank.
2. The month prior to the noted expiration date, the supplies/medication will be ordered to ensure delivery before the supplies actually expire.
3. The medication and supplies will be ordered/replaced immediately after use.

## II. EMERGENCY SERVICES TRAINING

- A. All staff members will be trained on the emergency medical protocol. Staff will be able to:
1. describe facility-specific actions, and
  2. locate written emergency procedures and information.

B. Training will be completed upon hire and annually thereafter.

C. Training will be documented.

## III. EMERGENCY INFORMATION

- A. Emergency phone number contacts will be posted at the reception desk and at the work station.

**ATTACHMENTS:** Emergency Protocol (Sample)  
Emergency Supplies Inventory Checklist (Sample)  
Emergency Medication Dosage Chart



**Emergency Protocol**

**IN THE EVENT OF A MEDICAL EMERGENCY:**

- \_\_\_\_\_ is to call 911.
- \_\_\_\_\_ is to start CPR.
- \_\_\_\_\_ is to bring the ER supplies to the patient.
- \_\_\_\_\_ is to bring the Oxygen to the patient.
- \_\_\_\_\_ is to attend to other patients.

**LOCATION OF EMERGENCY SUPPLIES:** \_\_\_\_\_

\_\_\_\_\_

**LOCATION OF OXYGEN (full tank, tubing & mask/cannula):** \_\_\_\_\_

\_\_\_\_\_

**APPROVED BY:** Dr. \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Medications Dosage Chart

Follow package insert for dosage determination

**Epinephrine 1:1000 (Aqueous 1ml=1mg)**

- May be repeated every 10-20 minutes up to 3 doses
- Maximum dose is 0.3ml regardless of age

Medication	Usual Dosage	
<b>Epinephrine</b>	<b>Age</b>	
Infants: 0.05-0.1 ml	Less than 6 months	ml
Children: 0.1-0.3 ml	6 months – 2 years	ml
	2 years – 5 years	ml
	6 years and older	ml
	<b>Weight</b>	
	Under 20 lbs	ml
	20-35 lbs	ml
	35-50 lbs	ml
Adolescents/Adults 0.3ml	50-100lbs	ml
<b>Benadryl</b> Oral 25 mg Injection 50 mg		<b>Oral</b> <b>Injection</b>
Children	Under 2 years	mg po      mg IM
	2-4 years	mg po      mg IM
	5-11 years	mg po      mg IM
Adults	12 years and older	mg po      mg IM

## Emergency Supplies Inventory Checklist

YEAR \_\_\_\_\_

SUPPLIES & EQUIPMENT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
OXYGEN (FULL)												
TUBING/CANNULA												
AMBU BAGS												
EPINEPHRINE (within exp dates)												
BENADRYL 25 mg oral and/or 50 mg/ml IM inj. (within exp dates)												
TB SYRINGES												
ALCOHOL WIPES												
DOSAGE CHART												

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

- ▶ Print name and sign name and initials above
- ▶ Document day of month and initials when equipment is verified to be in working order, medications are within expiration dates, oxygen tank is full and medication dosage chart is present.