

9.12 SAMPLE MANAGEMENT OF EMERGENCY MEDICAL SERVICES

(See MT TX FP Administrative Manual, Policy 8.16.1, *Emergency Medical Services*)

Policy: Management of emergency medical services is critical for family planning programs to provide quality client care.

Procedure:

If a client experiences any of the following medical emergencies family planning staff must document in the client's chart what occurred and include information on the Intake sheet under contraceptive complications, allergies, etc. An allergy alert should be indicated on chart cover. Family planning staff must follow these procedures:

1. Patient Collapse
 - a. As a precaution, leave the treatment room door slightly ajar when performing procedures that may result in patient collapse (e.g. IUD insertion).
 - b. Summon help by calling -- "HELP! STAT! ROOM ____!"
 - c. Stay with the patient until help comes. Do not let patient fall off the table or be injured, if possible.
 - d. Stop procedure (such as IUD insertion, blood drawing).
 - e. Immediately summon Physician or R.N. for patient management or call emergency ambulance.
2. Vasovagal Reaction (Faint/Syncope)
 - a. Vital signs
 - i. Pulse present SLOW (60 or less).
 - ii. Skin cool, clammy.
 - iii. Pallor around mouth.
 - iv. Patient may be conscious or unconscious.
 - v. Patient may be nauseated or vomit.
 - b. Management
 - i. Have patient lie down.
 - ii. Turn patient on his/her side, so that if she/he vomits, she/he will not aspirate vomitus.
 - iii. Snap ammonia capsule under patient's nose for him/her to breathe.
 - iv. Raise feet above chest level by resting legs on pillow(s).
 - v. Cover patient with light blanket to conserve body warmth without overheating.
 - vi. Watch for cardiopulmonary arrest.
 - vii. If patient recovers spontaneously within a few minutes, keep him/her resting quietly until stable and make sure patient is completely recovered before letting him/her go home. The patient must be accompanied by an adult. Advise him/her to see an outside physician for evaluation if the vasovagal reaction was severe.
 - viii. If patient does not recover within a few minutes, or if you are in any doubt about his/her recovery, call emergency ambulance.
3. Shock
 - a. Vital signs:
 - i. Pulse present, FAST.
 - ii. Skin cool, clammy.
 - iii. Pallor around mouth or cyanosis.
 - iv. Blood pressure less than 80 systolic.
 - v. Patient may be conscious or unconscious.

- b. Management:
 - i. Cover patient with light blanket to conserve body warmth without overheating.
 - ii. Raise feet above heart level; rest legs on pillow(s) so they are slightly higher than heart.
 - iii. Call emergency ambulance.
 - iv. If shock is severe, observe patient closely for cardiopulmonary arrest.
4. Cardiopulmonary Arrest
 - a. Initiate basic life support and call EMS services
5. Seizure
 - b. Vital signs:
 - i. Patient unconscious.
 - ii. Patient is often incontinent of urine or feces.
 - iii. Rhythmic movements of limb(s), jaw, and/or eyeballs may be present.
 - iv. Pulse is generally above 60.
 - c. Management:
 - i. Be sure patient does not hurt him/herself by falling off table or against objects.
 - ii. Seizures generally run their own course; wait it out.
 - iii. Following seizure, patient may remain unconscious, be confused, or appear partially paralyzed. Keep patient lying down until emergency ambulance arrives to take over.
 - d. NOTE: Seizure-like activity may accompany cardiopulmonary arrest, shock, or vasovagal reaction. Check for those conditions.
6. Anaphylaxis
 - a. Vital signs: (Patient just received injection or insect sting, or rarely after eating or taking ampicillin capsules.)
 - i. Agitated, flushed.
 - ii. Rapid pulse.
 - iii. Difficulty breathing.
 - iv. May have itching, tingling sensations, coughing and sneezing, throbbing in ears.
 - b. Management:
 - i. Have someone call for an ambulance immediately. Patient should be supine, insure airway is clear (no foreign body, neck extended).
 - ii. Immediately give Epinephrine (adrenalin)
 - iii. Initiate IV access if capability exists.
7. Upper Respiratory Obstruction
 - a. Vital signs:
 - i. Patient gasping for air.
 - ii. Cyanotic.
 - iii. Patient has just been eating.
 - b. Management:
 - i. With patient standing or sitting, perform upper abdominal squeeze technique from behind, once or twice (Heimlich Maneuver).
 - ii. If patient does not cough up food and start breathing, reach fingers gently into throat to feel for obstruction and remove it.
 - iii. Call 911.
8. Bleeding From Tenaculum Tear (Hemorrhage)
 - a. Symptoms:
 - i. Bleeding from cervical tear.
 - b. Treatment:
 - i. Notify physician.

- ii. Pressure is the best treatment for small bleeds, 3-5 minutes by the clock!
 - iii. If bleeding persists apply packing and transfer client to hospital.
- 9. Reaction to Vaccine
 - a. Refer to the Medical Management of vaccine reactions-children and teens
<http://www.immunize.org/catg.d/p3082a.pdf>
 - b. Refer to the Medical Management of vaccine reactions-Adults
<http://www.immunize.org/catg.d/p3082.pdf>

SAMPLE