

General

- Te Whatu Ora Northern Region policy for rapid assistance in pre-arrest, emergency and sudden cardiac arrest is attached along with Code Blue Record. This is applicable when onsite at Te Whatu Ora Health NZ Northern Region sites – please orientate yourself to this document
- Staff will respond to a clinical emergency to the level of their competency.
- Clinical staff will be competent in emergency procedures at a level appropriate to their clinical practice.
- The following emergency equipment is available:
 - ECG monitor (**S70**)
 - Bag and mask (adult and Paeds)
 - Defib if able to lease (**on capex Nov 23**)
- All staff shall be familiar with the process for summoning assistance in the event of a cardiopulmonary arrest or deterioration of a patient's clinical condition:
- All clinical emergencies are reported as an incident on datix with appropriate review and debrief with staff and Manager
- New risks are reported on datix and to the Service Manager/Fleet Manager

Deteriorating patient – **When on the Whangarei Hospital campus**

- Call 777 and state MET call and location to the telephonist – instructions on what to ring on phone
- The switchboard will immediately announce “MET call....” and the location via the hospital-wide overhead paging system
- If on campus **BUT well distanced** from the Hospital, dial 111 Ambulance who will collect the patient and take to the Emergency Department

Deteriorating patient – **off Hospital campus (including Kaitaia, Dargaville, Te Kao, Kaeo, Kaikohe, Bream Bay, Maungataroto and Mangawhai)**

- Dial 111 and ask for ambulance
- Ambulance will arrive and decide if Helimed transfer is needed or if safe to transfer by road to the nearest hospital

Rawene Campus

- **Ring 09 405 7709 x801** (ward). State situation and the on-site Medical Team will assist

Cardiopulmonary Arrest Procedure

Notification of Code Blue emergency – **Whangarei Hospital campus**

In an event where a patient collapses, has a cardiac or respiratory arrest or acute life threatening deterioration or airway compromise, staff members will initiate the Code Blue call process

- If plugged in outside Surgical Admissions Unit, dial 777 and state code blue and provide location details – commence Cardio pulmonary resuscitation until resus team arrives and takes over. Bag and mask in storage compartment

Cardiopulmonary Arrest Procedure - off Hospital campus

- Dial 111 and ask for ambulance
- Continue Cardio pulmonary resuscitation until the ambulance arrives; resuscitation continued by ambulance staff who will evacuate patient to the Emergency Department **or** organise Helimed transfer if needed **or** patient is transfer by road to the nearest hospital

- (1) Cardiopulmonary arrest should be managed according to current New Zealand Resuscitation Council guidelines.
- (2) If a portable defib machine is available, plug in and follow instructions as told by the machine
- (3) Minimise interruptions of chest compressions and do not interrupt CPR to check for response or breathing. Interruption of chest compressions is associated with lower survival rates.
- (4) Continue cardiopulmonary resuscitation until:
 - a) the patient responds or begins breathing normally
 - b) it is impossible to continue (e.g. exhaustion)
 - c) another health care professional arrives and takes over CPR
 - d) a health care professional directs that CPR be ceased

Retain a detailed record of the cardiopulmonary arrest within the patient's clinical record. Copies are kept within the van manual.

When attending a patient with suspected or confirmed airborne infection (including COVID-19):

- Isolation precautions should be undertaken to ensure safety
- PPE, masks and gloves kept in storage compartment

Echo Escalation:

In the event of a life threatening condition or if a patient is decompensating e.g.

- Aortic dissection
- Pericardial Tapenade
- Thrombosis
- Severe heart failure
- Infective endocarditis
- Newly diagnosed rheumatic fever

Do not let the patient leave. Keep patient comfortable and explain you must discuss the findings with a doctor.

- Discuss the findings with the on-call Cardiologist from Monday to Friday – the roster is available on the Intranet.
- For weekend clinics or if a cardiologist is unavailable – the patient must be discussed with the nearest Emergency Room Physician.
- Ensure that the Echo images have been uploaded to both Auckland and Whangarei Hospitals
- Be prepared to telehealth scans to the cardiologist if required with patient permission
- If not in wifi reception, be prepared to telehealth with Cardiologist where zooming in on echo scan could take place
- Confirm transfer of clinical responsibility by requesting the accepting doctor (take name) to organise transfer to nearest appropriate facility.
- If weekday the Cardiologist will organise helimed transfer with ICU Consultant by following ICU protocol; if the weekend or cardiologist is unavailable, SMO involved will organise Helimed with ICU Consultant
- Inform the patient that they need to be admitted due to a significant finding. The patient may be required to self-transfer to the nearest hospital with a clearly written note to the Emergency Department about your findings.
- Document your concerns if the patient does not wish to be admitted and leaves against advice.

N.B.

Children with severe Rheumatic disease or undiagnosed congenital heart disease – notify Paediatric Starship Cardiologist on call and follow instructions.

Available sites for mobile clinics

- Te Kao Whakawhiti Ora Pai
- Kaitia Hospital
- Rawene Hospital
- Kaikohe Te Whatu Ora Mental Health Services
- Kerikeri St Johns
- Kawakawa – Ngati Hine and BOI Hospital
- Whangarei – Fonterra Kauri, Whangarei Hospital and Te Whatu Ora Commerce Street
- Mangawhai – District Nursing
- Dargaville Hospital