

Community Mental Health Services of Muskegon County  
Procedure

No. 06-018

Effective: August 1, 2005  
Revised: May 4, 2011

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Subject: Responding to  
Medical Emergencies/  
Unusual Medical Events

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**I. PURPOSE**

To establish clear guidelines that will enable CMH and contract staff to respond promptly and effectively to medical emergencies and unusual medical events that may occur in CMH facilities or under contract with CMH.

**II. APPLICATION**

All CMH staff and contracted providers

**III. DEFINITIONS**

Medical Emergency: A potentially life threatening injury or illness

Unusual Medical Event: Any incident that could or does result in the need for medical treatment, including those related to the use of medication.

Residential Facility: A residential facility run or contracted by CMH that has an on-call nurse available.

Day Program Facilities: CMH operated facilities providing skill building activities for individuals with Developmental Disabilities.

CMH Outpatient Service Sites: CMH operated facilities providing out patient services. These sites include: Assertive Community Treatment, Clubhouse, John Halmond Center, County Mental Health Center, and Youth Services.

Health Care Professional: Physician, Physician Assistant, Nurse, or Nurse Practitioner.

Potential Poison: Anything that a person eats, breathes, or touches, that could cause illness or death.

STAT: A universal term that is taught to Health Care Professionals that a medical situation that requires immediate attention has been identified.

#### IV. PROCEDURE

##### A. Medical Emergencies:

1. The first person on the scene will:
  - a. Survey the area to determine if it is safe and then check the victim. Immediately call 911 or designate a bystander to do so. **Do Not call 911 if the event is a drill and not an actual event.**
  - b. If possible, designate someone to meet the First Responders to direct them to the location of the ill or injured person.
  - c. Perform First Aid if needed and trained in it, otherwise attempt to find someone who can. If a healthcare professional is available, summon them. Use Universal Precautions at all times.
  - d. Stay with the individual and reassure them as much as possible. Do not move them unless the location becomes unsafe.

##### B. Unusual Medical Events:

1. Determine if any treatment is needed and, if possible, provide treatment within the scope of one's training.
2. Instruct the individual/caregiver to monitor for signs and symptoms related to the illness/injury.

##### C. Documentation and Reporting:

1. Notify your supervisor.
2. Document actions on the appropriate forms (Progress Notes, Incident Report Form, Muskegon County General Accident Form)

##### D. Residential Facilities

1. In the case of a medical emergency concerning an individual who resides in a CMH residential facility, staff will also notify the CMH primary worker, nurse and appropriate supervisor.
2. In the case of an unusual medical event concerning an individual who resides in a CMH residential facility, the staff will immediately inform the CMH nurse/on-call nurse and appropriate supervisor. The nurse will take appropriate action per procedure. Residential staff will also notify the CMH primary worker.
3. In the case of an unusual medical event/medical emergency occurring in a residential home, the home supervisor or the primary worker will notify the individual's legal representative.

E. Day Program Sites

1. In the case of a medical emergency concerning an individual receiving CMH services, Skill Building Day Program staff will notify the CMH support coordinator, nurse, and primary caregiver.
2. In the case of an unusual medical event concerning an individual receiving CMH services, the Skill Building Day Program Staff will immediately inform the CMH nurse/on-call nurse. The nurse will take appropriate action per procedure. Skill Building Day Program Staff will also notify the CMH support coordinator and primary caregiver.
3. In the case of an unusual medical event/medical emergency occurring at a Skill Building Day Program site, the program staff or primary worker will notify the legal representative of the individual receiving services.

F. CMH Outpatient Service Sites:

1. In the case of a medical emergency, the Healthcare Professional will notify appropriate staff and/or significant persons involved (i.e., parent, spouse, family, friend).
2. In the case of an unusual medical event, staff will notify a CMH nurse on site or page the on-call nurse. The nurse will take appropriate action per procedure. The nurse will notify the appropriate worker and/or significant others (i.e. parent, spouse, family, friend).

G. If CMH staff or Contracted Providers are in a situation where they have to make a judgment call, they are urged to err on the side of caution until the event is completely investigated and/ or resolved.

H. Nursing Guidelines

1. In the case of Medical Emergencies the CMH nurse shall:
  - a. Assess and determine necessary treatment.
  - b. Provide necessary treatment within the scope of their training.
  - c. Provide emergency medical services pertinent information when they arrive on the scene.
  - d. Document actions taken on all appropriate forms (Nursing Progress Notes, Incident Report, Accident Report, etc.).
2. In the case of Unusual Medical Events the CMH nurse shall:
  - a. Assess and determine necessary treatment.
  - b. Provide necessary treatment within the scope of their training.

- c. Instruct individual/care giver to monitor for signs/symptoms related to the suspected injury/illness.
  - d. Coordinate care with appropriate medical services as deemed necessary.
  - e. Document actions taken on all appropriate forms (Nursing Progress notes, Incident Report, Accident Report, etc.).
  - f. The nurse will attempt to notify the legal representative of the individual receiving services if the medical situation is emergent.
3. Nursing Consultation Guidelines as attached.
- I. Poison Control
1. CMH staff will follow the Emergency Action Guidelines for Poisoning as follows:
    - a. **Inhaled Poison:**  
Immediately get the person to fresh air. Avoid breathing fumes. Open doors and windows wide. If victim is not breathing, start artificial respiration.
    - b. **Poison on the Skin:**  
Remove contaminated clothing and flood skin with water for 10 minutes. Then wash gently with soap and water and rinse.
    - c. **Poison in the Eye:**  
Flood the eye with lukewarm (not hot) water poured from a large glass 2 or 3 inches from the eye. Repeat for 15 minutes. Have patient blink as much as possible while flooding the eye. Do not force the eyelid open.
    - d. **Swallowed Poison:**
      - **Medicine:** Do not give anything by mouth until calling the Regional Poison Center for advice.
      - **Chemical or Household Products:** Unless patient is unconscious, having convulsions, or cannot swallow—give milk or water immediately—then call for professional advice. about whether you should make the patient vomit or not.
  2. After emergency actions, call **Regional Poison Center at (800) 222-1222. Do Not Call if the event is a drill and not an actual event.**
  3. When you call the Poison center, have the following information ready:
    - Age and weight of the poisoning victim.
    - Name of the poison product, and amount involved in the exposure.

- Time the exposure happened.
  - Any symptoms occurring right now.
  - Any first-aid measures you have already given the victim.
  - Your name and telephone number.
4. Regional Poison Center phone number and Poison Safety Guide information will be readily available to CMH staff and contracted providers via the CMH Intranet and posted in nurses' offices and medication administration rooms.
  5. Regional Poison Center phone number and Poison Safety Guide information will be readily available to all CMH recipients in all CMH sites' waiting rooms.

**V. REFERENCES:**

Devos Children's Hospital Poison Safety Guide

**VI. APPENDIX:**

Appendix A: Nursing Consultation Guidelines

**Community Mental Health Services of Muskegon County**  
**January 12, 2009 (Revised)**  
**Nursing Consultation Guidelines**  
**Appendix A**

***Purpose***

To provide nursing consultation guidelines and examples of situations they are authorized to resolve.

***Application***

These guidelines apply to all CMH staff and contracted staff/providers working within the CMH network requiring consultation with the CMH nurse.

***Definition***

**“PRN per protocol”** : applies only to a medication prescribed by a CMH prescriber when the order is written for “prn use per protocol”. “PRN” refers to as needed. “Protocol” is a specific plan written by a psychologist for staff to refer to for specific criteria to be considered prior to administration of the “prn” medication. When it has been determined there is a need for a behavioral plan, the protocol for the administration of the PRN behavioral medication will be included. When it has been determined there is no need for a behavioral plan, a protocol with instructions for the administration of the PRN behavioral medication is written by the nurse as part of the health care plan. This applies to a unique population of clients served at CMH to give guidance to CMH staff and contracted staff for specific behavioral issues.

***Procedure***

1. Consultation with CMH nursing staff is always allowed and encouraged if in doubt about any medication or medical condition.
2. Consultation should occur with the assigned home nurse during CMH regular business hours whenever possible.
3. All after hour telephone calls to the on-call nurses, including those for authorization for the use of “prn per protocol” medications, should be approved by a Residential Corporation home supervisor/designee for clients residing in a specialized residential setting.
4. Care Plans will be in place in the home for every client’s known health/medical related problems for the home supervisor/staff to follow when specialized nursing has been authorized.
5. On-call nursing staff can be consulted to determine if an emergency room visit is warranted in the case of injury or illness. The on call nurse will determine if the client needs to be transported to the Emergency Room for medical intervention. The home supervisor will notify/communicate with the guardian regarding the client’s Emergency Room visit prior to treatment and to report findings and treatment after the visit.
6. Consultations must be documented in the client’s record on a progress note, or Incident Report if appropriate, written by the person who initiated the consultation. The note must include the reason for the call, the information received from the nurse, and the subsequent action taken by the caller.

The nurse must document the call within the first business day after receiving the call. A nursing consultation should occur and be documented in the following situations:

A. Medical Issues:

1. A client reports, or staff observe, a medical issue that, left untreated could endanger the client if left until the nurse is available during regular working hours, and staff are unsure what action to take.
2. The client's health care plan stipulates it in the Plan of Action such as for continued seizure activity after medication administered.
3. The client has an elevated temperature greater than 100 degrees axillary for more than 24 hours if not relieved with medications.
4. The client has cold symptoms, vomiting, and/or fatigue for more than 24 hours.
5. The client is noted with any rectal, vaginal (other than menses), or penile bleeding.
6. The client is noted to be vomiting red blood, coffee ground, or vomitus contains medications.
7. The client is noted with swelling of the genital area.
8. The client is noted with a rash especially after starting a new medication.
9. The client may be having a possible medication reaction.
10. The client is noted with any respiratory problems including shortness of breath, cyanosis, congestion, or persistent cough not relieved with medication.

B. Trauma Issues:

1. The client has received an injury to the head.
2. The client is noted with a bruise larger than the diameter of a baseball.
3. The client is noted with a bruise that includes swelling to the area.
4. The client is noted with any new swelling of the limbs.
5. The client is noted to be favoring or limiting the use of his/her limbs; possible fracture.

C. Pharmacy Issues:

1. A prescribed medication was not administered within one half hour before or one half hour after the designated time and now staff wants to administer the dose or the resident requests taking the dose.

2. The staff has contacted the pharmacy and cannot obtain an adequate supply of medication and this will result in the client going without medication.
  3. Staff administering the medication needs clarification on the correct dose, strength, dispensing time or name of medication.
  4. The client has missed a dosage of medication due to vomiting or refusal.
7. The home nurse will discuss the medical/medication/illness/injuries occurring during the weekend with the home supervisor/staff every Monday morning. Support coordinator will be notified by receiving a copy of the nurses' progress note.
  8. "PRN per Protocol" behavior medication administration continues to require a nurse's authorization if stated in the Protocol/Health Care Plan. Protocols/Health Care Plans for "prn" use of behavior medications listed in the health care plan will continue to be written with guidelines for staff to follow.