HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patient

POLICY # TX I-7

SUBJECT: Cardiopulmonary Resuscitation

EFFECTIVE DATE: October 2007
SUPERCEDES DATE: May 2004

PURPOSE

To provide guidelines in case of a medical emergency requiring Cardiopulmonary Resuscitation (CPR).
To re-establish effective ventilation and circulation.
To prevent irreversible brain damage.
To provide an efficient and organized team approach in response to a medical emergency requiring Cardiopulmonary Resuscitation (CPR).
To delineate the responsibilities of staff in the event of a medical emergency requiring Cardiopulmonary Resuscitation (CPR).

POLICY

All Health Services personnel will be certified in Cardiopulmonary Resuscitation (CPR) including Automated External Defibrillator (AED) according to guidelines set forth by the American Heart Association (AHA) "Basic Life Support Health Care Provider Course" (BLS-HCP).

It is the responsibility of the employee to maintain current BLS-HCP CPR certification, with renewal every two years. Dental hygienists are required to renew annually per professional standards. Failure to recertify may result in the disciplinary process being initiated.

Custody Officers are trained to provide CPR according to guidelines set forth by the American Heart Association "HeartSaver-AED Course".

Cardiopulmonary Resuscitation will be initiated on all patients demonstrating cardiac and/or respiratory arrest (i.e., absence of spontaneous respirations and/or pulseless), with the exception of:

a. Decapitation
b. Body tissue decomposition noted
c. Verification of a current Do Not Resuscitate (DNR) order originated or approved by a physician in the employ of N.C. Division of Prisons.
    (1) Most patients with current DNR orders will be maintained in a Hospice unit, health ward, or infirmary with DNR located in patient's chart with staff knowledge of such. Patients may request to be maintained as outpatients.
    (2) DNR orders will be reviewed according to patient's clinical status, every 30 days, and must be rewritten yearly.

Other than has been noted, a patient should be resuscitated to the fullest extent possible.

CPR may be halted when:

a. Spontaneous ventilation and circulation required to sustain life have been restored.
b. The rescuer is exhausted and physically unable to continue resuscitation, with no other trained CPR provider on scene.
c. A determination of death is made by a physician or 911-Emergency Squad/EMS.

In the absence of the physician, the highest-ranking available medical staff member at the facility is responsible to monitor the patient and direct the treatment of the patient.

All facilities will provide treatment in a medical emergency requiring CPR in accordance with the AHA Basic Cardiac Life Support Health Care Provider guidelines. As Central Prison has twenty-four-hour physician coverage, Advanced Cardiac Life Support (ACLS) response per American Heart Association guidelines may be conducted by a physician currently certified in ACLS at Central Prison only.

An Emergency Medical Response Kit (per policy AD VII-5) is to be maintained in each facility. All staff members shall know the location of the bag and shall be familiar with the use and location of all equipment in it.

All staff members are to respond immediately to a medical emergency requiring CPR.

Staff will participate in cardiopulmonary arrest drills conducted a minimum of yearly, more often if deemed necessary, on each shift manned by medical staff. The drills will be documented on an Emergency Response Progress Note (DC-387C) as to date, time, location, and staff involved. Drills will be critiqued at the facility level for potential Performance Improvement, and a copy will be forwarded to the Regional Nurse Liaison or facility CQI Coordinator for review.

Any staff member may initiate an in-house code team or call 911 for Emergency Squad/EMS per facility protocol.

PROCEDURE

A & B – Airway and Breathing

a. Open the airway.
b. Ventilate the patient using a face-shield or mouth-to-mask until the Emergency Medical Response Kit arrives. Upon arrival, attach oxygen if available, and ventilate using a bag-valve-mask (ambu) bag.
c. Suction PRN if available.

C – Circulation

a. Provide external cardiac massage (chest compressions) per BLS-HCP guidelines.
b. When not providing chest compressions, check pulse and respiration every 5 minutes and report to the recorder.
c. Utilize the Automated External Defibrillator (AED) as soon as possible if the patient is pulseless.

Team Member Roles – Same person may perform multiple roles when staff is limited.

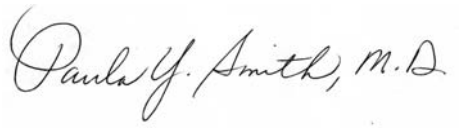
a. CPR Team Leader
    (1) The highest-ranking available medical staff member at the facility.
    (2) Call 911 as soon as true medical emergency conditions are noted.
    (3) Assess patient's cardiac status, and initiate and/or direct appropriate CPR utilizing AHA BLS-HCP guidelines, assigning roles as needed.
    (4) Monitor steps in CPR and assure CPR is resumed after 10 seconds for pulse check.
    (5) Utilize AED if the patient is pulseless.
    (6) Continue AHA BLS-HCP guidelines until 911-Emergency Squad/EMS assumes care or a determination of death is made by a physician or 911-Emergency Squad/EMS. DOP staff who may be EMTs or paramedics may not make a determination of death while working in their DOP capacity.
    (7) Hand-over care to 911-Emergency Squad, who will follow their established protocols.
    (8) After the medical emergency, review the Emergency Response Progress Note (DC-387C) for accuracy.

b. Recorder
   (1) Complete the Emergency Response Progress Note (DC-387C)
      (a) Document time and sequence of events.
      (b) Document names of those assisting in CPR.
      (c) Sign Emergency Response Progress Note (DC-387C).
      (d) Assure Emergency Response Progress Note (DC-387C) is placed on the patient's chart.

c. Nurse in Charge
   (1) Assure physician has been called.
   (2) Assure 911 has been called and Officer-in-Charge is aware.
   (3) Assure completion of Emergency Response Progress Note (DC-387C), Critique, and Incident reports, and forward copy of each to the Regional Nurse Liaison or facility CQI Coordinator for all CPR emergencies regardless of outcome, to be forwarded to Risk Management/Standards.
      (a) In the event of a death, forward copy of the Emergency Response Progress Note (DC-387C) to Health Services with the Initial Report of Death.
   (4) Assure replacement of supplies in the Emergency Medical Response Kit after the emergency.

Equipment

a. Emergency Medical Response Kit, per policy AD VII-5
b. Automated External Defibrillator (AED)



10/1/07

Paula Y. Smith, M.D., Director of Health Services Date

SOR: Deputy Medical Director