



Emergency Medical Care

-
- In an emergency, call 911 immediately.
 - Once the resident is in the care of Emergency Services, call the Home Manager and Medical staff as soon as possible.
 - If after business hours, notify the On-Call Medical Staff and Home Manager.
 - The Home Manager will contact, as applicable:
 - The Guardian
 - Case Manager(s)
 - Physician
 - CMH
 - and any other pertinent party in response to an event occurring to the resident resulting in a hospital admission.



Symptoms and/or Situations that Call for Staff to Contact 911

- Bleeding that will not stop
- Breathing Problems (difficulty breathing, shortness of breath), blue around the lips, low oxygen level
- Change in mental status (such as unusual behavior, confusion, difficulty arousing)
- Chest Pain – you will need to decipher if it is behavioral in some cases
- Choking – unresponsive or needs the Heimlich maneuver
- Coughing up or vomiting blood (vomit may look like coffee grounds)
- Fainting or loss of consciousness
- Head or spine injury – monitor for visual changes, headaches, dizziness, vomiting, excessive tiredness
- Severe or persistent vomiting
- Sudden, severe pain anywhere in the body
- Sudden dizziness, weakness, or change in vision
- Swallowing a poisonous substance or any object
- Severe abdominal pain or pressure
- Allergic reaction – if an EpiPen is used

If you believe the chest pain is behavioral, still take vitals and call Medical.



-
- When transporting residents from a specialized setting (group home) to an appointment or ER, the staff are to remain with the resident.
 - This includes in the waiting room and/or exam rooms.
 - Make sure to provide the Emergency Department with Facesheet, Provider Contact Sheet, and Med List.
 - Staff will professionally interact with medical personnel and gather all important information from the visit.
 - Ensure the orders are clear and legible before leaving.
 - On-call staff may be called to relieve staff during long waits.



-
- Only once the resident has been admitted at the hospital, the staff may leave the resident.
 - Before leaving, the staff should gather and communicate important information including
 - Room Number, Passcodes, etc
 - Hospital's general plan for treatment
 - How long they anticipate the resident to stay
 - The staff primarily involved in the emergency will follow through with documentation according to the Incident Report procedures. Including sending an email with any discharge instructions to the medical group email.

