

RESUSCITATION POLICY

Department / Service:	Resuscitation Department	
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Accountable Director:	Chief Medical Officer	
Approved by:	RDPC / DREAMS Clinical Governance Group	
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	This is the most current document and is to be used until a revised version is available:	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All departments	
Target staff categories	All staff	

Post-resuscitation care

Following any emergency call appropriate post-resuscitation care must be provided. The nature of this care will be either :

- The patient remains in their current location with the necessary observation and level of care deemed appropriate for their clinical condition and prognosis.
- The patient requires urgent transfer to an on-site high care facility (ie : ICCU, CCU, HDU , A&E).
- The patient requires urgent transfer to an off-site facility (ie : WRH from Kidderminster site or PICU via the regional KIDS transfer protocol).
- The patient has died.

In each situation communication with relevant staff will be necessary. All patients admitted to on-site high care facilities must be formally referred to the appropriate specialist team. A full and complete handover of care must occur before a patient is left in the care of any new parent specialist team.

On-site transfers of critically sick patients must be organised and efficient. Consideration of appropriate transfer equipment including monitors and treatment equipment (e.g. oxygen cylinders) must be made by the team leader. The patient should be accompanied by appropriately skilled staff relevant to the patient's condition.

Emergencies during on-site transfer :

Should a patient collapse mid-transfer, safe and appropriate care will be provided. Three scenarios may present :

- Scenario 1 : A person / patient collapses and cannot be moved (ie ; they are in a wheelchair and have collapsed on to the floor) – a 2222 call should be made to that location. The site emergency grab bag & AED will be deployed (see appendix A).
- Scenario 2 : A patient collapses on a trolley / bed – the patient is moved urgently to the planned destination if possible (as they are expecting the patient)... if the original home location is much nearer, they should return back there.
- Scenario 3 : Patient collapses on a trolley / bed and needs immediate resuscitation (cardiac arrest) and option 2 (above) is not suitable – patient should be moved to the nearest safe location (nearest clinical area) and activate 2222.

Ultimately the decision rests with the most senior clinical staff member conducting the transfer.

Off-site transfer :

Where a transfer off-site is required, direct liaison with the ambulance service will be necessary to ensure all staff (including paramedics) are aware of the patient's requirements. It is vital that direct contact is made with the receiving hospital to ensure the patient is expected and that the transferring team know where they are going.

For patients being transferred from Kidderminster site to Worcester site refer to the specific emergency transfer guidelines.

Staff must endeavour to keep the patient's relatives aware of transfers.