Module 12: Emergency Procedures
Minimum Number of Theory Hours: 2
Recommended Clinical Hours: 1

Statement of Purpose:
The purpose of this unit is to introduce the student to the concepts and procedures related to emergency procedures, signs and symptoms of distress, and the role of the Nurse Assistant in Long Term Care (LTC) in the response to immediate and temporary intervention in emergency situations.

Terminology:

1. Abdominal thrusts
2. Advance directive
3. Agitation
4. Airway
5. Aphasia
6. Aspirate
7. Automated External Device (AED)
8. Barrier device
9. Bradypnea
10. Breathing
11. Cardiac arrest
12. Cardiopulmonary Resuscitation (CPR)
13. Compressions, Airway, Breathing (CAB)-formerly (ABC)
14. Cyanosis
15. Defibrillator
16. Diaphoresis
17. Do Not Resuscitate (DNR)
18. Dyspnea
19. Emergency Medical Services (EMS)
20. Heimlich maneuver
21. Hemiplegia
22. Hemorrhage
23. Hyperventilation
24. Hypoglycemia
25. Hypoventilation
26. Hypoxia
27. Pallor
28. Pocket mask
29. Recovery position
30. Respiratory arrest
31. Respiratory distress
32. Stat
33. Syncope
34. Tachypnea
35. Unconscious

Performance Standards (Objectives):

1. Define key terminology.
2. Identify common signs and symptoms of conditions associated with resident distress and describe the Nurse Assistant's role and responsibility in preventing and/or responding.
3. Describe the immediate interventions in a medical emergency.
4. List the causes and signs of choking and discuss the use of abdominal thrusts for relief of obstructed airway.
5. Describe common emergency codes used in long-term care facilities.

This module may be taught concurrently with Module 4: Safe Environment

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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
Objective 1 **Define Key Terminology** A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context.	A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration. C. Encourage use of internet, medical dictionary, and textbooks. D. Create flashcards. E. Handout 12.1a- Emergency Procedures Crossword. F. Handout 12.1b- Emergency Procedures Crossword- KEY.	A. Have students select five words from the list of key terminology and write a sentence for each defining the term. B. Administer vocabulary pre-test and post-test. C. Uses appropriate terminology when charting and reporting to licensed personnel.
Objective 2 **Identify common signs and symptoms of conditions associated with resident distress and describe the Nurse Assistant's role and responsibility in preventing and/or responding.** A. Myocardial infarction (MI, heart attack) 1. A disruption of the flow of blood to an area of the muscle of the heart with subsequent death of the tissue at that area. 2. Signs and symptoms a. Chest pain. 1) May be described as crushing, squeezing, or pressure. 2) May radiate down arms or to jaw, back. 3) Complaint may be severe indigestion, heartburn, or	A. Lecture B. Discussion C. Show online video (13 min) "Act in Time to Heart Attack Signs" from National Heart and Lung Institute. (May need to download free RealPlayer.)	A. Written test B. Recognizes residents in distress and reports signs and symptoms immediately to charge nurse. C. Provides appropriate care or emergency measures until qualified

stomach pain. b. Shortness of breath, Dyspnea or absence of breathing. c. Diaphoresis. d. Wet, cold, clammy skin. e. Confusion, mental status change, anxiety. f. Syncope, fainting. g. Weakness, fatigue. h. Nausea, vomiting. i. Irregular pulse. 3. Nurse Assistant Role a. Call for help loudly and pull the emergency light if available. b. Remain calm. c. Stay with the resident. d. Place resident in comfortable position (some heart attack victims can breathe easier in a sitting rather than lying position). e. Reassure the resident. f. Intervene at level of competence as directed by licensed nurse. g. Assess condition and vital signs while awaiting assistance from licensed nurse. h. Keep the resident warm as needed. B. Cardiac Arrest 1. Absence of heart function. 2. Signs and symptoms a. No Pulse, no circulation. b. Loss of consciousness. c. No effective breathing (may be agonal breathing). d. Enlargement of pupils. e. Gray color to skin, cyanotic nail beds. 3. Nurse Assistant Role - See Objective 3 for role in medical	http://www.nhlbi.nih.gov/actintime/video.htm D. Go to American Stroke Association website for stroke information: http://www.strokeassociation.org/STROKEORG/AboutStroke/Lets-Talk-About-Stroke-atient-Information-Sheets_UCM_310731_Article.jsp	help arrives. D. Documents according to facility policy.

emergency. C. Cerebrovascular accident (CVA, Stroke, or brain attack) 1. A disturbance or obstruction of the flow of blood to a particular area of the brain with subsequent death of tissue. 2. Signs and Symptoms a. Hemiplegia or weakness of one side of the body or numbness or tingling on one side of the body. b. Aphasia-difficulty in speaking or understanding speech. c. Headache. d. Vision changes, blurred vision, pupils unequal. e. Facial changes 1) Cheeks may “puff “on exhalation. 2) One eyelid or eye may droop. 3) Face may appear asymmetrical. 4) Drooling. f. Loss of bowel or bladder control. g. Shaking or trembling. 3. Give Me 5 for Stroke Tool from American Stroke Association a. Walk (Is their balance off?) b. Talk (Is their speech slurred or is their face droopy?) c. Reach (Is one side weak or numb?) d. See (Is their vision all or partly lost) e. Feel (Is their headache severe?) 4. FAST from American Stroke Association a. Face drooping. b. Arm weakness. c. Speech difficulty. d. Time to call 9-1-1. 5. Nurse Assistant Role a. Call for help loudly and pull emergency call light if available. b. Remain calm.		

c. Stay with the resident. d. Place resident in a position of comfort. e. Reassure resident. f. Intervene at level of competence as directed by the licensed nurse. g. Assess resident's condition and take vital signs while awaiting assistance from the licensed nurse. h. Keep resident warm as needed. D. Syncope, fainting episode 1. A feeling of dizziness with possible temporary loss of consciousness. 2. Signs and Symptoms a. Dizziness. b. Visual changes-temporary loss of vision. c. Pallor or paleness of the skin. d. Cool, moist skin. e. Eyes may roll back. f. Unsteadiness or loss of upright position (resident may fall). g. Weak pulse. 3. Nursing Assistant Role a. Before loss of consciousness and during dizziness 1) Remain calm, call for help loudly, pull call light. 2) Assist to floor, protect from injury. 3) If sitting, place head towards knees. 4) If lying flat on back, elevate legs slightly if no spinal, head or back injuries (If unsure, leave flat on back). 5) Loosen tight or binding clothing. 6) Observe for any changes in condition. b. After loss of consciousness 1) Raise legs approximately 8-12 inches if no spinal, head or back injuries (If unsure, leave flat on back). 2) Loosen tight or binding clothing.		

3) Observe for any changes in condition and monitor vital signs while waiting for help to arrive. E. Seizures; convulsions or epilepsy 1. An interference with the normal electrical activity of the brain with subsequent changes in mental status. 2. Types of seizures and related Signs and Symptoms a. Absence or partial (petit mal) seizure 1) A mild blackout. 2) Looks as though daydreaming. b. Generalized tonic-clonic or grand mal seizure 1) Uncontrolled muscular contractions. 2) Can be minimal to major with possible violent head jerking. 3) May be frothing at the mouth. 4) May be loss of bowel and bladder control. 3. Nurse Assistant Role a. Assist resident to ground safely. b. Note time. c. Cushion head. d. Remain calm, call for help loudly, and pull emergency call light. e. Stay with resident and observe. f. If possible, gently turn head to one side to reduce risk of choking (This may not be possible in a violent seizure). g. Loosen clothing and/or jewelry. h. Pad any items that may be dangerous to the resident or move items away from resident (i.e. furniture). i. Do NOT attempt to restrain nor put anything into resident's mouth. j. Note time seizure ends. k. Follow licensed nurse instructions to assist with putting resident into recovery position.		

F. Insulin Shock 1. Definition a. Hypoglycemia. b. Condition resulting from an overdose of insulin resulting in reduction of the blood sugar level below normal. c. May develop due to an insulin-dependent resident skipping meals or snacks, stress, diarrhea and vomiting or possible medication reaction. 2. Signs and Symptoms a. Pale, moist skin. b. Rapid bounding pulse. c. Headache, confusion, weakness. d. Anxiety, excitement. e. Hunger. f. Low blood pressure (hypotension). g. Unconsciousness. 3. Nurse Assistant Role a. Stay with resident. b. Remain calm, call for help loudly, and pull emergency call light. c. Administer orange juice, milk, or snack if instructed by licensed nurse. G. Hemorrhaging, severe bleeding 1. An extreme or unexpected loss of blood. 2. Signs and Symptoms a. External bleeding 1) Bleeding in spurts (arterial). 2) Steady flow of blood (venous). 3) Slow oozing of blood (capillary). b. Internal bleeding 1) Coughing up bright red blood. 2) Vomit that has the appearance of coffee grounds.		

3) Blood in urine or stool (stool may be black and tarry in appearance). 3. Nurse Assistant Role a. Remain calm, call for assistance loudly, and pull emergency call light. b. Stay with resident. c. Observe standard precautions, wear gloves. d. Apply direct pressure, with gauze pad, over area that is bleeding. e. Elevate affected limb. f. Do not offer food or drink. g. Keep resident calm and cover to keep warm. H. Shock 1. Failure of the cardiovascular system to provide sufficient blood circulation to every part of the body. 2. Signs and Symptoms a. Skin pale, cold and clammy, or moist. b. Pulse rapid (over 100) and weak; low or falling blood pressure. c. Respiration shallow, irregular, or labored. d. Eyes dull and lackluster. e. Nausea, vomiting, and/or thirst. f. Confusion, anxiety, restlessness. g. May collapse (faint). 3. Nurse Assistant Role a. Remain calm, call for help loudly, and pull emergency call light. b. Stay with resident, give reassurance. c. Maintain an open airway (head tilt-chin lift or modified chin lift). d. Do not give food or drink. e. Cover resident to keep warm.		

I. Respiratory Distress 1. Increase or decrease in the effort and frequency of breathing movements. 2. Signs & Symptoms a. Shortness of breath (SOB). b. Cyanosis. c. Dyspnea. d. Hyper/Hypoventilation. e. Hypoxia. f. Bradypnea/Tachypnea. g. Anxiety confusion. 3. Nursing Assistant Role a. Stay with resident. b. Elevate HOB, or allow resident to assume position of comfort. c. Remain calm, call for help and pull emergency call light. d. Reassure/calm resident. e. Assess vital signs while awaiting assistance from licensed nurse. f. Be prepared to gather equipment as instructed by nurse; i.e., oxygen tank and tubing.		
Objective 3 **Describe the immediate interventions in a medical emergency.** A. Advance directives 1. Signed document with instructions for care if you become unable to make medical decisions (if you are in a coma, for example). 2. Full code. 3. Do Not Resuscitate (DNR). 4. Living will. 5. Durable Power of Attorney for Healthcare. B. Immediate interventions	A. Lecture B. Discussion C. Review and practice CPR with manikins.	A. Written test B. Responds to emergencies safely and per facility protocols. C. Locates emergency equipment in facility.

1. Note that this is not a CPR course. The information is not intended to take the place of a CPR course. 2. American Heart Association is re-arranging the ABCs of cardiopulmonary resuscitation (CPR) in its 2010 American Heart Association Guidelines. 3. Perform CPR only if trained a. Check to see if resident is conscious. b. Circulation 1) Check for circulation by feeling for a pulse, palpating the carotid artery. 2) If no definite pulse within 10 seconds, give chest compressions. c. Airway 1) Open the airway if resident unconscious. 2) Use head tilt, chin lift or modified chin lift. d. Breathing 1) Check for breathing by looking, listening and feeling. 2) Give two full breaths using a barrier device (pocket mask). 3) A mask must be used by the Nurse Assistant to do rescue breathing. e. Circulation 1) Check for circulation by feeling for a pulse, palpating the carotid artery. 2) If no definite pulse within ten seconds, give chest compressions. f. Sequence; continue per current standards with 30 compressions to 2 ventilations (30:2). C. General guidelines for a emergency situation with a resident 1. Stay calm. 2. Call for help – gain assistance of licensed nurse. 3. Charge nurse will initiate EMS system by calling 911.		

4. Remain with resident. 5. Intervene at level of competence as directed by licensed nurse. 6. Reassure/calm resident. 7. Emergency/crash cart; knowing the location of the crash cart is mandatory at most facilities. 8. Automated External Defibrillator (AED) a. Be aware of AED location. b. Chance of survival is greater with early defibrillation. c. Must be trained to use defibrillators.		
Objective 4 **List the causes and signs of choking and discuss the use of the abdominal thrusts for relief of obstructed airway.** A. Airway obstruction or choking can lead to cardiac arrest. B. Causes 1. Foreign body – such as poorly chewed pieces of meat. 2. Tongue – in the unconscious resident the tongue can fall backward in the throat and block the airway. 3. Small objects. 4. Vomitus – aspiration of vomit. 5. Thick mucus. 6. Dentures. C. Signs of choking 1. Respiratory difficulty – victim cannot breathe. 2. High pitched sounds. 3. Inability to speak or cough. 4. Universal choking sign – victim clutches throat. D. Abdominal thrusts (Heimlich maneuver) are used to relieve, obstructed airway in a conscious victim. E. Chest compressions are used if the victim is unconscious and rescuer is unable to ventilate.	A. Lecture B. Discussion C. Manual Skill 12.4: Choking victim- Conscious and Unconscious. D. Practice abdominal thrusts on manikin- standing, sitting, and on floor. E. May also be reviewed during Module 11- Feeding.	A. Written test B. Recognizes universal sign for choking. C. Demonstrates correct technique for abdominal thrusts for conscious and victim using manikin. D. Responds to emergencies safely and per facility protocol.

Objective 5 **Describe common emergency codes used in long-term care facilities.** A. Emergency code colors and meanings 1. Code Red – fire. 2. Code Blue – adult medical emergency (Cardiac or Respiratory). 3. Code Yellow –bomb threat. 4. Code Gray – combative person. 5. Code Silver – person with weapon or hostage. 6. Code Orange – hazardous waste spill or release. B. Codes may vary according to facility. C. Observe special consideration for hearing and sight impaired residents.	A. Lecture B. Discussion	A. Written test B. Recognizes emergency codes in facility.

Sample Test: Module 12 - Emergency Procedures

1. Most communities have a common emergency telephone number that notifies the Emergency Medical Service (EMS). Which of the following numbers is the emergency number?
    A. 911
    B. 484
    C. 411
    D. 916

2. Mr. Johnson has cut his hand on a broken piece of glass and is bleeding heavily. The Nurse Assistant should:
    A. Apply a circular strap around the wrist to act as a tourniquet.
    B. Call 911, STAT (immediately).
    C. Have Mr. Johnson lower his hand below his heart to slow circulation to the site.
    D. Apply direct pressure (with a gloved hand) using a pad, raising the hand above the level of the heart.

3. A resident has epilepsy. In the event of a seizure, the Nurse Assistant should:
    A. Leave the resident to summon help.
    B. Protect the resident from injury.
    C. Force the resident's mouth open.
    D. Call for help in order to restrain the resident's movements.

4. Which of the following best describes the "universal choking sign" given by the victim:
    A. Both hands clasped around his/her neck.
    B. His/her arms waving up and down.
    C. Pointing to his mouth with one hand.
    D. The victim coughs and calls for help.

5. The Nurse Assistant discovers an unconscious victim on the floor in the hall. What action should the Nurse Assistant take first?
    A. Move the victim to his room.
    B. Search the victim for any areas of bleeding.
    C. Call for assistance, then open the victim's airway and check for breathing.
    D. Straighten out any obvious deformities in the victim's arms & legs.

6. Your resident is complaining that he is having pains in his chest. He is sweating and breathing heavily. As the Nurse Assistant who is with the resident, you should:
    A. Tell the resident this happens to you when you eat spicy foods, also.
    B. Stay with the resident & call for the nurse in charge.
    C. Begin CPR.
    D. Tell the resident that he is having a heart attack.

7. What procedure is done for a conscious choking resident?
    A. Chest compressions.
    B. Rescue breathing.
    C. Abdominal thrusts.
    D. Head tilt, chin lift.

8. Mr. D's family is present when Mr. D has a seizure. Which of the following actions should the Nurse Assistant take for the family?
    A. Ask them to wait in a nearby room.
    B. Tell them how you feel the resident's condition is doing.
    C. Ask them to stay with the resident as you get help.
    D. Ask them to assist in holding the resident down.

9. Which of the following might be most helpful in preventing choking?
    A. Have the resident eat all his solid foods before liquids.
    B. Cut foods, especially meat into small, bite size pieces.
    C. Feed the resident quickly to reduce the risk of choking.
    D. Have the resident stand while eating so it will go down better.

10. Which of the following are causes for hypoglycemia?
    A. Not enough insulin.
    B. Decrease activity, vomiting, and undiagnosed diabetes.
    C. Too much insulin, omitting a meal, vomiting.
    D. Stress, increased activity.

11. Which of the following might be a sign of an obstructed airway?
    A. Elevated temperature.
    B. Pinpoint pupils.
    C. Inability to speak.
    D. Coughing.

12. When performing abdominal thrusts, place the fist in one hand:
    A. Just above the pubis and below the navel (belly button).
    B. On the neck.
    C. Between the navel and end of the sternum (breast bone).
    D. Over the ribs.

13. Mrs. Harvey is complaining that her chest and arm hurt very badly. She is breathing heavily and sweating. While waiting for the nurse what should the Nurse Assistant do?
    A. Perform ROM on all extremities so resident will not lose function of joints.
    B. Give resident oxygen.
    C. Reassure resident while putting her in a comfortable sitting position.
    D. Leave to get emergency equipment in case you need it.

14. Mr. Jones is showing the following signs and symptoms: dizziness, headache, weakness on his right side, and aphasia. What could be the cause?
    A. Heart attack.
    B. CVA.
    C. Syncope.
    D. Shock.

15. What personal protective equipment would be used when caring for a resident with external bleeding?
    A. Gloves.
    B. Goggles.
    C. Gown.
    D. All of the above.

16. While ambulating Mrs. S, she has a fainting episode (syncope). What should the Nurse Assistant do first?
    A. Go get help.
    B. Take Mrs. S's vital signs.
    C. Assist Mrs. S to the floor.
    D. Get Mrs. S a glass of water.

17. Which of the following are signs and symptoms of internal bleeding?
    A. Bleeding in spurts.
    B. Coffee ground vomit.
    C. Normal appearance of urine.
    D. Slow oozing of blood.

18. What is the Nurse Assistant's role in caring for a resident in shock?
    A. Keep resident calm and warm.
    B. Give water and ROM.
    C. Maintain open airway and keep cool.
    D. Keep active and fed.

19. DNR, Living Will and Durable Power of Attorney are examples of:
    A. Boundaries of Care.
    B. Scope of Practice.
    C. Advanced Directives.
    D. Nursing plan.

20. CAB in reference to emergency care mean:
    A. Sequence of assessment.
    B. Caring, Ambulation, Bathing.
    C. Cycle, Airway, Bleeding.
    D. Compressions, Airway, Breathing.

21. Mr. G is coughing forcefully after swallowing a piece of meat. The Nurse Assistant should:
    A. Call for help.
    B. Stay with Mr. G to monitor coughing.
    C. Abdominal thrusts only if not coughing.
    D. Give Mr. Gomez a glass of water.

22. While eating, a resident suddenly clutches his throat. The Nurse Assistant should FIRST:
    A. Give the resident back blows.
    B. Have the resident sip some water.
    C. Ask the resident if he is choking, call for help.
    D. Do a finger sweep of the resident's mouth.

23. A resident is choking and unable to speak. Which of the following actions should the Nurse Assistant take?
    A. Place the resident in a chair.
    B. Perform an arm lift.
    C. Perform abdominal thrusts.
    D. Administer sharp back blows.

24. AED delivers an electric shock to the heart. What is an AED?
    A. Automatic External Device.
    B. Automated External Device.
    C. Automatic External Defibrillator.
    D. Automated Exit Defibrillator.

25. While eating, a resident suddenly has a problem breathing but is able to say, "I'm choking" and is not coughing. Which of the following should the Nurse Assistant do?
    A. Administer abdominal thrusts.
    B. Do a finger sweep of the resident's mouth.
    C. Apply chest thrusts.
    D. Give the resident black blows.

26. Mr. S has epilepsy and suffers from grand mal seizures. During a seizure it is important to:
    A. Restrain the resident securely.
    B. Attempt to keep the resident's jaws open.
    C. Try to get the resident to control his movements.
    D. Protect the resident's from injury.

27. The Nurse Assistant finds a resident having shortness of breath. The Nurse Assistant should do all of the following **except**:
    A. Keep calm.
    B. Leave the patient.
    C. Turn on the call light.
    D. Call for help.

28. A resident complains of chest pain. The Nurse Assistant should know that the resident may possibly be having:
    A. An insulin reaction.
    B. A stroke.
    C. Arthritis.
    D. A heart attack.

Sample Test Answers: Module 12

1. A
2. D
3. B
4. A
5. C
6. B
7. C
8. A
9. B
10. C
11. C
12. C
13. C
14. B
15. D
16. C
17. B
18. A
19. C
20. D
21. B
22. C
23. C
24. C
25. A
26. D
27. B
28. D

MANUAL SKILL: Abdominal Thrusts (Heimlich Maneuver) for the Conscious and Unconscious Resident

CONSCIOUS RESIDENT

STEPS:

1. Remain calm, call RN STAT, remain with resident, and ask resident if he/she is choking.
2. Identify knowledge of first aid for choking.
3. If the resident can cough, continue to observe.
4. If the resident is sitting or standing, stand behind him/her.
5. When the resident cannot speak, cough, or breathe, apply abdominal thrusts:
   a. Wrap your arms around the resident's waist.
   b. Make a fist with one hand.
   c. Place the thumb side of your fist against the resident's abdomen – just below the lower end of the sternum and above the navel.
   d. Grasp the fist with the opposite hand.
   e. Using both hands, push forcefully with the thumb side of fist against the midline of the resident's abdomen, inward and upward with a quick trust.
   f. Repeat until the foreign body comes out or the resident loses consciousness.
   g. When normal breathing returns, watch for several minutes to be sure that breathing continues.

UNCONSCIOUS RESIDENT

EQUIPMENT:

Gloves (if available)
Ventilation device (i.e. ambu bag)
Pocket mask (if available)

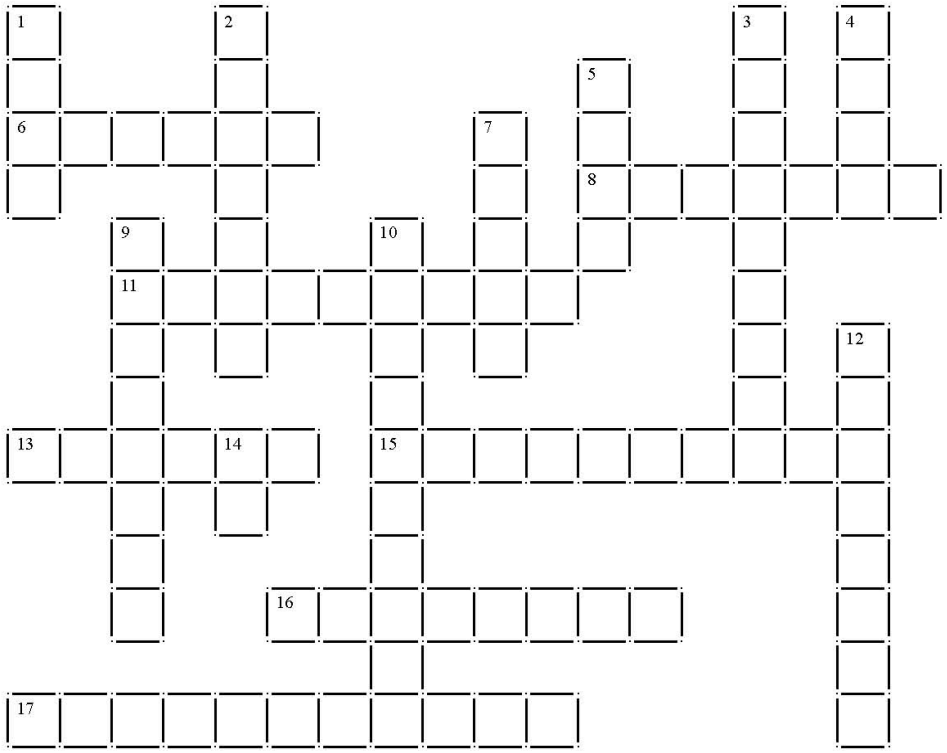
STEPS:

1. Call for help, but do not leave resident.
2. Lower resident to floor and position on back.
3. Apply gloves (if available), tilt head, open airway by pushing on forehead and lifting chin with fingertips.
4. Try two slow breaths using pocket mask, or ambu bag (one breath every five seconds).
5. Straddle resident's thighs.
6. Place heel of one hand on resident's abdomen below the lower end of the sternum and above the navel, place second hand over first (fingers pointing toward head), give six to ten thrusts.
7. Remove object if seen.
8. Attempt to give breaths through pocket mask or ambu bag.
9. If still obstructed repeat thrusts, checking for object and giving breaths until object is dislodged.
10. Continue until airway is open, help arrives, or rescuer cannot continue.

Module 12: Emergency Procedures

Handout 12.1a- Crossword

Emergency Procedures Crossword



Across

6 The heart or lungs stop.
8 Protective gloves.
11 A sudden threatening membranes.
13 Pale skin or mucous membranes.

15 Supports used to help prevent injury.
16 A bluish discoloration of the skin or mucous membranes.
17 Excessive perspiration.

Down

1 Immediately.
2 Difficult breathing
3 Restlessness.
4 Written Idea about what to do in case of a fire or disaster.
5 Unconscious.
7 Too much insulin produced.

9 A maneuver to help someone chocking.
10 Abnormal bleeding.
12 Someone having problems breathing has respiratory.
14 Abbreviation for oxygen.

Module 12: Emergency Procedures Handou

Emergency Procedures Crossword