

TRAINING UPDATE

Lab Location: SGMC and WAH **Date Implemented:** 8.15.2017
Department: Phlebotomy **Due Date:** 9.11.2017

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Outpatient Emergency Assistance

Description of change(s):

If a patient has a history of feeling dizzy or fainting during blood collection, the phlebotomist will

1. Position the patient in a reclining chair or on a bed for the venipuncture procedure.
2. Request assistance from a second person during the venipuncture procedure.

Electronic Document Control System



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Title: Outpatient Emergency Assistance

Owner: LESLIE BARRETT

Status: INWORKS

Effective Date: 08-Sep-2017

Next Review Date:

Non-Technical SOP

Title	Outpatient Emergency Assistance	
Prepared by	Leslie Barrett	Date: 7/13/2009
Owner	Stephanie Codina	Date: 8/8/2017

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

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- 1. PURPOSE**
This procedure describes the actions necessary to provide emergency assistance for patients and customers in the laboratory area.
- 2. SCOPE**
All Phlebotomy and Client Service staff members will understand and adhere to this procedure for providing emergency assistance to patients and customers in the laboratory area.
- 3. RESPONSIBILITY**
- All Phlebotomy and Client Service staff must respond appropriately when a patient requires assistance.
 - The Field Operations Supervisor/Manager is responsible for review and content of this procedure.
- 4. DEFINITIONS**
- A. **Rapid Response Team (RRT)**—A team of clinicians who bring critical care expertise to the patient’s bedside (or wherever it is needed) at Shady Grove Medical Center.
- B. **Medical Emergency Team (MET)**—A team of clinicians with emergency medicine expertise that will provide medical attention to non-patients when they become ill or sustain an injury while on Washington Adventist Hospital property.

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5. PROCEDURE

A. Guidelines

1. Client Services and Phlebotomy staff members are responsible for observing customers and patients in the laboratory area for loss of consciousness.
2. Client Services and Phlebotomy staff members will provide immediate assistance whenever the patient or someone accompanying our customer experiences a need for medical intervention.
3. The front desk area will never be left unattended when patients are present in the reception area.

B. Response to the bathroom emergency alarm


Step	Action
1	Knock on the bathroom door.
2	Identify yourself as a laboratory employee and ask if assistance is needed. <ol style="list-style-type: none"> A. If no response, <ol style="list-style-type: none"> a. Open the bathroom door. <ol style="list-style-type: none"> i. At SGMC, obtain the key from the front desk and unlock the door. ii. At WAH, roll the doorstop upward to recess, and pull the door towards you. b. Seek additional assistance as needed. <ol style="list-style-type: none"> i. At SGMC, dial x4444 to activate the Rapid Response Team. ii. At WAH, dial x0 (operator) to activate the Medical Emergency Team. B. If the patient responds that they do NOT need assistance, clear the alarm.

C. Medical Emergency or Loss of Consciousness (LOC)

Step	Action
1	Prior to performing a phlebotomy procedure, ask the patient if he/she has a history of fainting or feeling dizzy during blood draws. If the patient indicates he/she gets dizzy or faints during blood draw procedures, <ol style="list-style-type: none"> A. Request that a second employee be present during blood collection to assist if the patient experiences problems. B. Talk the patient through the procedure to help calm nerves. C. Place the patient in a reclining phlebotomy chair or on a bed for the blood collection procedure.

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Step	Action
2	<p>If the patient feels dizzy during the blood drawing procedure,</p> <ul style="list-style-type: none"> A. Terminate the procedure. B. Activate the safety buzzer in the phlebotomy drawing room or ask a coworker and/or other persons in the immediate area for help. C. Have the patient lay on the floor and elevate the patient's legs above the heart. Recline the phlebotomy chair, if applicable. D. Place wet towels on the patient's face and neck. E. Stay with the patient.
3	<p>If the patient loses consciousness or faints during the procedure,</p> <ul style="list-style-type: none"> A. Terminate the procedure immediately. B. Activate the safety buzzer in the phlebotomy drawing room or ask a coworker and/or other persons in the immediate area for help. C. Prevent the patient from falling. D. Lay the patient on the floor on his/her back. Position the patient so the feet are 8 to 12 inches above the heart to promote blood flow to the brain. If possible, orient the patient so the head is below the heart.  <ul style="list-style-type: none"> E. Turn the patient's head to one side to prevent the tongue from blocking the airway. F. Loosen any tight clothing. G. Apply moist towels to the face and neck and keep the patient warm. H. Stay with the patient. I. Continue to stimulate the patient by asking him/her how he/she feels throughout the process. J. Obtain help. <ul style="list-style-type: none"> a. At SGMC, dial x4444 to activate the Rapid Response Team. b. At WAH, dial x0 (operator) to activate the Medical Emergency Team. <p>DO NOT:</p> <ul style="list-style-type: none"> A. Shake or strike the patient in an attempt to arouse him/her. B. Give the patient anything to drink, not even water, until the patient is fully conscious. <ul style="list-style-type: none"> a. Adults must be able to carry on a conversation. b. Babies must cry or otherwise respond to outside stimuli. C. Lift or assist the patient to stand without assistance. Medical Emergency or Rapid Response Team members must be present before allowing the patient to stand.

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Step	Action
4	Document all incidents on a PI/variance form and submit to the supervisor or manager who will file an electronic hospital occurrence.

6. **RELATED DOCUMENTS**
 Medical Emergency Team (MET) Policy, WAH.5741
 Rapid Response Policy, 101.03.017

7. **REFERENCES**
 Adventist Healthcare policies

8. **REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP P015.001, S036.000		
000	10/9/2014	Section 5: add instruction to not lift patient, re-word warning for fainting, clarify incident documentation Section 6: add form Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	N Maskare	S Khandagale
1	9.30.2016	Header: added WAH Section 4: added definitions for RRT and MET Section 5: changed format and wording for clarity and understanding. Section 6: added hospital policies	SCodina	NCacciabeve
2	8.8.2017	Section 5: Added information to place a patient in a bed when there is a history of fainting	SCodina	NCacciabeve

9. **ADDENDA AND APPENDICES**
 None

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