

Resuscitation

29 January 2016

No: 22

Issue

There have been two recent patient deaths where the need for resuscitation was not promptly recognised and resuscitation efforts were inadequate. Early recognition and prompt management of the unwell, deteriorating patient is essential to promote survival.

Mental health and learning disability patients can be vulnerable to cardiac or respiratory arrest through coexisting physical illness, self-harm, and the effects of medication, including Rapid Tranquillisation. (NPSA 2008).

The Trust policy for Resuscitation states: *'Regular physical monitoring, an appreciation of the meaning and potential consequences of physical observations and the taking of appropriate action are considered the first line in prevention of cardiac arrest. The sooner CPR is initiated, the more likely it is that a better outcome is achieved.'*

Action

1. All staff must ensure that they are up to date with mandatory resuscitation training requirements and participate in any further resuscitation training offered.
2. All clinical staff must be able to recognise a collapsed patient, know how to call for help, know what equipment they have and where it is and initiate cardio pulmonary resuscitation (CPR) chest compressions promptly.
3. Staff must also commence defibrillation using a Automated External Defibrillator (AED) and CPR should continue uninterrupted until advised to stop by the London ambulance service or the emergency team.
4. Resuscitation must always be commenced when a patient is found in a collapsed condition unless there is a valid "Do Not Attempt Cardio Pulmonary Resuscitation" (DNACPR) decision recorded.