Objectives

• Discuss leadership and communication in an emergency situation
• Define common emergencies in LTC
• Discuss the importance of a debriefing session after an emergency
Consistency is Critical

• Why is it important to have policies for emergencies?
• Why do we need a consistent method to communicate?
  ▫ What if there were no stop lights?
  ▫ What is there were no stop signs?
  ▫ What if there was no speed limit?
  ▫ What is there was no “right” side of the road?
Key Players- The Leader

• The leader in a situation
  ▫ Not necessarily the most senior person
  ▫ The person with the most knowledge and who can take action and direct
  ▫ In the hospital during a code, MD is at the head of the bed directing care

• Responsibilities
  ▫ Reviews resources
  ▫ Leads actions
  ▫ Problem solves
  ▫ Documents the situation and their actions
  ▫ Conducts de-briefing session or further follow-up
Key Players- Other Staff

- Responsibilities
  - Take direction from the leader
  - May step up to lead secondary situations
    - Crowd control
    - Angry or distressed family and/or residents
    - Direct EMS or outside help
  - Documents the situation and their actions
  - Engages in the de-briefing session
Documentation is Critical

- The big picture of critical thinking
- Pre-emergency
  - Past history and documentation
    - What this unexpected or expected?
    - Could this have been prevented?
    - Was there clear direction?
- During the emergency
  - The scene
  - Signs, symptoms, people involved and interventions
- Post-emergency and follow up
  - Include above
  - Family contacted if applicable and other care team members
  - Outcome and Plan
  - SBAR
Stroke

- Blood clot or rupture interrupts blood flow to the brain
- Confusion, difficulty speaking, loss of coordination, numbness or weakness in arms and face, severe headache
- Risk factors
  - Hypertension
  - Hyperlipidemia
  - A-fib
  - Diabetes
  - Inactivity, smoking, alcohol
  - Obesity and Sleep apnea
Stroke

• Three Guidelines
  ▫ Acute stroke is a medical emergency that should be addressed immediately.
  ▫ Post-stroke involves care for a patient who has had a stroke recently.
  ▫ Stroke prevention involves measures to prevent a first or recurrent stroke.

• Interventions
  ▫ Keen assessment
    • Hypoxia, hypoglycemia, and hypotension may appear like a stroke
    • Treat cause and re-assess
    • If not resolved under 20 minutes continue with stoke interventions
Family Decision

• Pro’s of going to the ER
  ▫ Timely recognition of acute stroke and implementation to prevent complications
  ▫ Anticoagulant and antithrombotic therapies in ischemic stroke

• Con’s of going to the ER
  ▫ Adverse effects of medications
  ▫ Deconditioning
  ▫ Delirium
  ▫ Pressure ulcers
  ▫ Use of restraints
  ▫ Catheters
  ▫ Adverse drug effects
Stroke

• **Implement Treatment**
  ▫ **Curative**
    • Place resident in comfortable position
    • Obtain consent from resident and/or family for hospital consent
    • Proceed with transfer protocol
  ▫ **Restorative**
    • Therapies to assist in ADL’s
    • Heart healthy diet
    • Smoking cessation
    • Therapies to prevent
      • Pneumonia
      • Urinary tract infection
      • Deep vein thrombosis
      • Pressure ulcer
      • Depression
      • Spasticity or contracture
  ▫ **Palliative**
Just A Little Heart Attack

- [http://youtu.be/t7wmPWTnDbE](http://youtu.be/t7wmPWTnDbE)
Heart Attack

- Begins as angina
  - Coronary arteries lack blood and oxygen supply to the heart
  - Chest pain with or without radiation
- Progresses as the coronary arteries completely block blood flow to a part of the heart
- The longer the oxygen depravation, the more serious the damage
- Risk factors
  - Hypertension
  - High Cholesterol
  - Inactivity/ Obesity
  - Smoking
Heart Attack

- **Signs and Symptoms**
  - Chest discomfort
    - Pressure
    - Squeezing
    - Fullness
    - Pain
  - Shortness of breath
  - Sweating
  - Cool, clammy skin
  - Nausea or vomiting
  - Restlessness or anxiety
  - Fatigue
  - Denial
    - Heartburn
    - Indigestion
    - Back, jaw, shoulder, neck pain
Heart Attack

- **Treatment**
  - Oxygen and Nitro can be initiated immediately
  - Morphine and Aspirin if ordered
    - Curative
      - Place resident in comfortable position
      - Obtain consent for transfer, call EMS.
    - In hospital
      - Thrombolytics- “Clot busters” given
      - Angioplasty
    - Restorative
      - Beta-blockers, ACE inhibitors, anti-coagulants, “Statins”
      - Heart healthy diet
      - Smoking cessation
      - Exercise/Physio
    - Palliative
      - Residual and symptom management
Seizures

- Uncontrolled electrical activity in the brain, which may produce a physical convulsion, minor physical signs, thought disturbances, or a combination of symptoms.
  - In elderly most common
    - frontal or parietal lobe
  - Symptoms
    - Altered mental state
    - Confusion
    - Staring and blackouts
    - Simple partial seizure
      - Numbness in hands and legs
Seizures

http://youtu.be/o6xOW6qUprI
Seizure

• Keen assessment
  ▫ TIA can mimic symptoms

• Causes
  ▫ Stroke
  ▫ Alzheimer’s
  ▫ Trauma
  ▫ Tumors
  ▫ Metabolic disorders
    • Uremia
    • Hyper/hypoglcemia
    • Hyponatremia
    • Alcohol withdrawal
    • Infection
Treatment

- If physical convulsion is happening
  - Move resident to recovery position
  - Clear scene
  - Do not put anything in their mouth
    - Curative
      - Valium as mouth spray or suppository
      - Ativan IM
    - Preventative
      - Anti-epileptic drugs
      - Phenytoin, Gabapentin, Valproic acid, Carbamazepine
        - Side effects fatigue, renal impairment, osteoporosis, rashes
  - Palliative
    - Residual and symptom management
Diabetic Emergencies

• DKA
  ▫ Acute, severe, and can be life threatening with increased risk of cerebral edema.
  ▫ Causes
    • Associated with poor control of diabetes or other illness such as infection or surgery.
    • The body breaks down fat instead of glucose and ketones build up in the body resulting in osmotic diuresis.
  ▫ Symptoms
    • Hyperglycemia, dehydration, and electrolyte deficits.
    • Presents as shallow rapid breathing, dry skin, rapid pulse, nausea, vomiting, altered LOC, and fruity smelling breath.
  ▫ Testing
    • Ketones tests with a urine sample and blood sample.
  ▫ Treatment in hospital
    • NACL, Sodium, Potassium, Insulin, Bicarbonate, D5W
Diabetic Emergencies

Hypoglycemia
- Blood glucose less than 4 mmol/L
- May cause heart arrhythmias, falls, loss of consciousness

Causes
- Caused by too much insulin or oral drug therapy, missed meals, medication, and rapid increase in activity.
- Side effect of medications
  - Antipsychotics, Narcotics, Antidepressants, Beta blockers, ACE inhibitors, antibiotics

Symptoms
- Characterized by changes in concentration, vision
- Sweating, nausea, tingling, dizziness, headache
- Unconsciousness if less than 2.8 mmol/L

Treatment
- Bedtime snack
- Treat with 15 grams of fast acting carbohydrates
- If severe and unconscious treat with glucagon
  - Typical dose is 1 mg for adult x 2 doses max

Table 4. Examples of 15 g of carbohydrate for the treatment of mild to moderate hypoglycemia

- 15 g of glucose in the form of glucose tablets
- 15 mL (3 teaspoons) or 3 packets of table sugar dissolved in water
- 175 mL (3/4 cup) of juice or regular soft drink
- 6 Life Savers (1=2.5 g of carbohydrate)
- 15 mL (1 tablespoon) of honey
Choking

• A severe difficulty in breathing because of a constricted or obstructed throat or a lack of air.
• Mild
  ▫ Able to speak or cough forcefully
• Severe
  ▫ Unable to speak, breathe or cough
  ▫ Wheezing
  ▫ Lips become blue
  ▫ Clutching throat
• Prevention is the best key
  ▫ Denture fitting
  ▫ Swallowing studies
  ▫ Common choking hazards
    • Peanuts
    • Popcorn
    • Steak
Choking

- **Treatment**
  - If appropriate ask, “Are you choking. Can I help?”
  - Abdominal thrusts
    - Stand or kneel behind
    - Landmark hands above belly button
    - Thrust upward until object expelled or loss of consciousness
    - Lie on the floor
    - Call for help
    - Initiate CPR
Suicide Attempt

- **Direct**
  - Wrist slashing, hanging, smothering, overdose
- **Indirect**
  - Refusing to eat
  - Refusing to take medications
- **Risk factors**
  - Mental illness, depression
  - Past attempt and stressful situation
  - Life-limiting diagnoses with losses: ALS, MS
  - Persistent, unrelieved pain
- **Screening**
  - Depression scales and conversations
  - Giving away belongings
    - “I won’t be needing this anymore.”
  - Loss of appetite, interest in activities, loss of sleep
  - Physical health complaints
    - “I wish I were dead.”
    - “I can’t take it anymore.”
Suicide Attempt

- Proactive interventions
  - Anti-depressants
  - Set the environment
    - Casually remove harmful objects
    - Remove OTC medications
    - Bright light therapy
    - Pets, music, pictures of loved ones
  - Questions
    - Have you been feeling so sad lately that you were thinking about death or dying?
    - Have you had thoughts that life is not worth living?
    - Have you been thinking about harming yourself?
    - Are you having thoughts of suicide?
    - Do you have a plan?
    - Are you in so much pain that it feels unbearable?
Suicide Attempt

- If attempted
  - If found alive
    - Remain calm
    - Control the scene and involve the team
    - First aid
    - Call EMS
  - If found dead
    - Remain calm
    - Do not move the body
    - Control the scene and involve the team
    - Coroners Case
Debriefing Session

- After any incident or emergency
  - Led by qualified, comfortable leader
- Reduces the risk of moral distress
  - The sooner after the event the better
  - Conducted as a team
  - May use outside providers
    - Palliative Care Consultant
- Steps
  - Introduction
  - Fact gathering
  - Explore the reactions/symptoms of staff
  - Suggestions given by facilitator
  - Talk about what went wrong and what went right
  - Referral phase for further sessions or one-on-one sessions
Questions
References

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