

# Your patient is sick...Do you have the equipment to deal with it?

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## Aims

To assess the prompt sourcing, and correct use of, emergency equipment in the psychiatric setting.

## Methods

- An emergency drill, 18 point checklist, was designed in collaboration with the resuscitation team at the Royal Edinburgh Hospital.
- All emergency equipment needed in the acute response was listed in the checklist, (e.g. O2 cylinder, suction machine).
- The collection and use of the equipment was measured against the checklist and timed during various peri-arrest scenarios.
- To simulate minimal staffing numbers (e.g. on nightshift), groups of 3 nursing staff were tested across 17 different wards.
- Questionnaires on nursing staff confidence in the sourcing, correct assembly and use of the equipment were collected from The Royal Edinburgh Hospital and then sent out to other psychiatric hospitals across Scotland.



## Results

### DRILLS

A total of 51 nurses representing 17 wards completed the drill over a 12 month period. 17 wards, (100%) compliance, was achieved in the following areas;

- ➡ 2222 emergency call made,
- ➡ correct oxygen cylinder,
- ➡ patient monitor and blood glucose monitor brought to the scene.
- ➡ 13 (76%) wards appropriately called an ambulance,
- ➡ 8 (47%) wards named a team leader,
- ➡ 6 (35%) were able to identify the member of staff with the drug keys.

The time taken to complete the drill ranged from 4 -13.5 minutes. Average time 7 minutes.

### QUESTIONNAIRES

33 questionnaires were returned.

The results showed high confidence in the following areas;

- ➡ 33 (100%) were confident in when to dial 2222,
- ➡ 31 (93%) could name a team leader.

Low levels of confidence were found in;

- ➡ 24 (72%) knew the drugs available on the ward and their uses,
- ➡ 23 (69%) were confident in assembling an oxygen cylinder correctly,
- ➡ 20 (60%) knew how to assemble a suction machine and use it effectively.



## Conclusions

The emergency drills and accompanying questionnaire have identified that there are significant time delays in retrieving essential equipment in the psychiatric setting. Even if the equipment is quickly available, confidence in correctly assembling and using certain items is low, both locally and in other hospitals across Scotland.

Following these results we are:

- 1) Organising essential equipment teaching workshops with agreed learning outcomes and accompanying certificate.
- 2) Re-running the timed drill scenarios with nursing staff, in order to continue practicing emergency care with the appropriate equipment. Hopefully this will lead to an improvement in performance.