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Cross Referenced:	**Origin:** **Center for Sleep Disorders**
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Revised Date:	**Page:** **1 of 1**

PURPOSE: Explicit criteria for defining cardiac, respiratory and other life threatening events and the specific actions to be taken by the sleep center personnel when these situations arise, ensure that patients receive appropriate emergency medical care when in the Sleep Center.

POLICY: All sleep center staff will follow approved medical emergency procedures. All personnel with patient care responsibilities must be certified in CPR. CPR is initiated in medical emergencies according to standard procedures. These procedures are reviewed, approved and signed annually by the Medical Director.

- *ECG – Sustained cardiac arrhythmia*
    - *Any sustained potentially lethal arrhythmia including:*
    - *Asystole (> 5 seconds)*
    - *Bradycardia (< 40 bpm, > 1 minute)*
    - *Ventricular Tachycardia (> 1 minute)*
    - *Supraventricular Tachycardia (> 1 minute)*

PROCEDURE:
1. Attempt to awaken patient first. If normal sinus rhythm returns, call physician on call. Keep patient awake until further instruction.
2. If patient awakens, but tachycardia continues, call physician on call for further instruction.
3. If unsuccessful, initiate Code by hitting Code Button to alert fellow co-worker for assistance (Local Alert only) or dial x6000 to initiate a Rapid Response.
4. Make sure door to Sleep Laboratory is unlocked.
5. Initiate CPR.
6. Call physician on call once Code Team arrives.

Seizure or Patient Unresponsive:
   If seizure is ongoing, or patient appears cognitively impaired or unresponsive, initiate CODE by dialing x6000. Once patient is stabilized notify the physician and Manager of Cardio Pulmonary Services.

Equipment:
   Crash Cart (Wound Healing Center Across the Hall)
   Airway Box (Sleep Center)
   Ambu Bag (Sleep Center)
Redo to reflect codes and Nursing super using code cart

Reference: HRMC Safety Manual.