AMPLIFY

Cardiac Arrest in Urgent Care: Readiness That Saves

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Financial Disclosures

No disclosures

Objectives

1. To identify key equipment and training standards that enable urgent care teams to respond effectively to cardiac arrest and other high-acuity emergencies.
2. To evaluate the impact of BLS, ACLS, and PALS certifications on clinical outcomes and team performance in urgent care settings.
3. To identify and discuss interventions with patients at risk for decompensation
4. To understand the role of post-event debriefing in improving care delivery, team communication, and emotional resilience following critical incidents.

Patient Story

84-year-old female presents complaining of cough and chest congestion

- Found to be unresponsive in waiting room bathroom
- EMS activated
- CPR initiated, AED attached to the patient --- no shock advised
- Difficult airway, managed first by using suction and ambu bag
- EMS arrived placed an IO and administered Epinephrine, applied LUCAS chest compression system

Cardiac Arrest in Urgent Care

Survival of out of hospital cardiac arrest= <10%

What really matters?

#1 Early defibrillation

#2 High quality chest compressions

Set Up For Success

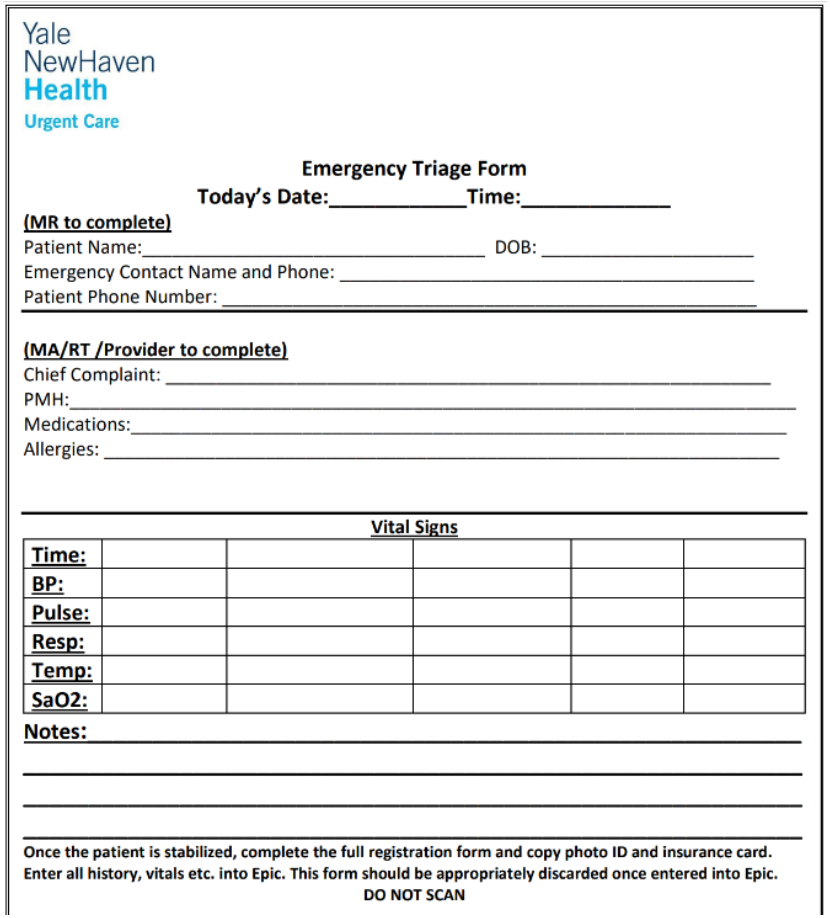
Be prepared

- Equipment
- Training
  - What is your provider background.
  - Types staffing
- Communication
  - With staff
  - With other patients
  - With family
- Know your community

UCA Standards

Medication	Form	Rationale
Epinephrine 1mg/1ml (1:1000)	IM	Anaphylaxis
Epinephrine 1mg/10ml (1:10,000)	IV	Cardiac Arrest
Antihistamine (diphenhydramine or cetirizine)	IV/IM or Oral	Allergic reaction
Albuterol	Inhaled	Bronchospasm
Glucose	Oral	hypoglycemia
Naloxone	IV/IM or Intranasal	Opioid Overdose
Aspirin	Chewable	ACS
Ondansetron	ODT or IM/IV	Nausea/emesis management
Acetaminophen	Oral	Fever/Pain
Ibuprofen	Oral	Fever/Pain

Policy & Procedures



Yale NewHaven Health
Urgent Care

Emergency Triage Form

Today's Date:_____Time:_____

(MR to complete)

Patient Name:_____ DOB: _____

Emergency Contact Name and Phone: _____

Patient Phone Number: _____

(MA/RT /Provider to complete)

Chief Complaint: _____

PMH:_____

Medications:_____

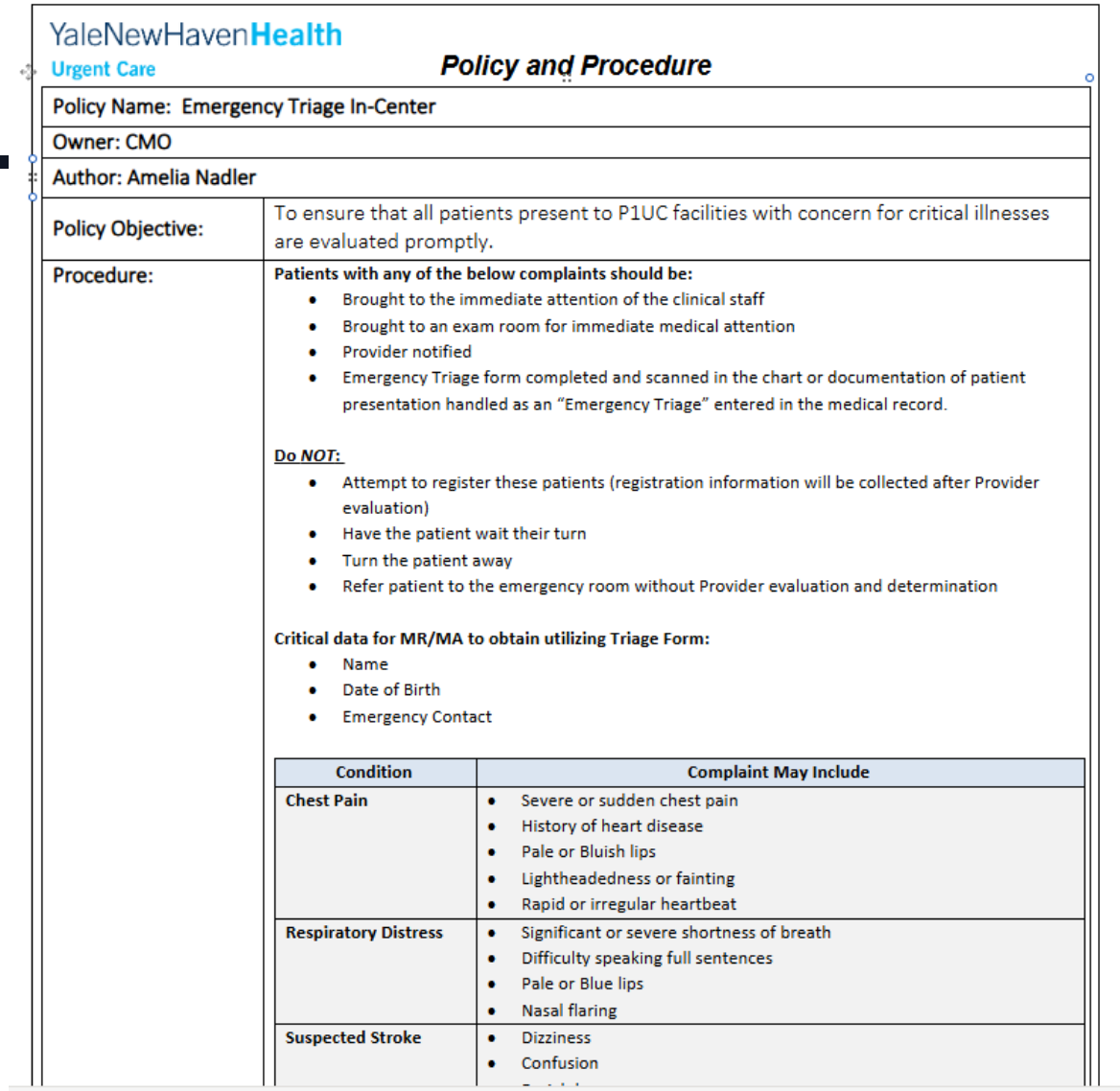
Allergies: _____

Vital Signs

Time:					
BP:					
Pulse:					
Resp:					
Temp:					
SaO2:					

Notes: _____

Once the patient is stabilized, complete the full registration form and copy photo ID and insurance card. Enter all history, vitals etc. into Epic. This form should be appropriately discarded once entered into Epic.
DO NOT SCAN



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Policy and Procedure

Policy Name: Emergency Triage In-Center	
Owner: CMO	
Author: Amelia Nadler	
Policy Objective:	To ensure that all patients present to P1UC facilities with concern for critical illnesses are evaluated promptly.
Procedure:	**Patients with any of the below complaints should be:** • Brought to the immediate attention of the clinical staff • Brought to an exam room for immediate medical attention • Provider notified • Emergency Triage form completed and scanned in the chart or documentation of patient presentation handled as an "Emergency Triage" entered in the medical record. **Do *NOT*:** • Attempt to register these patients (registration information will be collected after Provider evaluation) • Have the patient wait their turn • Turn the patient away • Refer patient to the emergency room without Provider evaluation and determination **Critical data for MR/MA to obtain utilizing Triage Form:** • Name • Date of Birth • Emergency Contact

Condition	Complaint May Include
Chest Pain	• Severe or sudden chest pain • History of heart disease • Pale or Bluish lips • Lightheadedness or fainting • Rapid or irregular heartbeat
Respiratory Distress	• Significant or severe shortness of breath • Difficulty speaking full sentences • Pale or Blue lips • Nasal flaring
Suspected Stroke	• Dizziness • Confusion

Accessible Emergency Equipment

- Where?
- What do you have?

Make it EASY!


Naloxone Intranasal Administration
Call 911
Transfer to ED
Epinephrine/Adrenalin (1:1000) Administration
Call 911
Transfer to ED
epinephrinesnap-v
snapmedical


OVERDOSE
NARCAN
ANAPHYLAXIS
EPINEPHRINE
HYPOGLYCEMIA
GLUCOSE
CHEST PAIN
ASPIRIN \ NITRO


Adult Bradycardia
Adult Cardiac Arrest Algorithm
American Heart Association.
Advanced Cardiovascular Life Support
SIZE 2
MCKESSON
Laryngeal Mask Airway
INFANT/CHILD
1 PER PACK | DO NOT REUSE
Satisfaction Guaranteed
Rx ONLY
MFR # 159-002
EPINEPHRINE
BROSELOW PEDIATRIC EMERGENCY TAPE


MCKESSON
Laryngeal Mask Airway
INFANT/CHILD
SIZE 2
1 PER PACK | DO NOT REUSE
Satisfaction Guaranteed
ACLS \ PALS
AIRWAY MANAGEMENT
Rx ONLY
MFR # 159-002
LUER-LOCK PREFILLED SYRINGE

Who is on your team?

Clinicians

- NP
- PA
- Physician

Clinical Team Members

- Nurses
- Medical Assistants
- EMT/Paramedic

Administrative Team Members

- Front Desk
- Medical Receptionist

Practice!

Yale NewHaven Health Urgent Care

Scenario #1			
Date		**Clinic**	
Facilitator		**Team Members Present**	

Patient Presentation
Henrietta is a 71 y/o F who comes in complaining of shortness of breath. She is speaking in 2–3-word sentences at the desk and is holding herself up on the counter as she bends forward.

Front Desk:	
	Identifies that this is an emergency triage.
	PSA quickly but calmly notifies the team in the back and identifies a room to bring the patient to.
	The patient is emergently escorted back to the room.
	The PSA asks for the patient's ID and requests an insurance card on the way back to the room if the patient is able.
	The provider is notified immediately
	PSA begins to complete the emergency triage form: ☐ Name – Henrietta Malcolm ☐ DOB – 6/6/1954 ☐ Emergency contact – Jessica (friend) phone – 860-555-5555
	Once the patient is handed off to the MA/RT, the PSA will return to the front desk. The PSA will enter the patient on Epic with basic information.
	PSA will calmly and with careful regard to HIPAA, notify any patients waiting that there may be a delay due to an emergency.

In the Exam Room:	
	MA/RT take over emergency triage form Patient is learning forward, sweaty (diaphoretic), working to breathe. Pale. Appears uncomfortable and is speaking in 2-3 word sentences. *What Questions will you ask this patient? (Provider may take over)* - *When did this start? Last 2 days gradually worse.* - *What are you feeling? I can't catch my breath.* - *Do you have chest pain? No.* - *Have you been sick recently? Yes, I had a cold last week and then it moved to a cough and congestion in my chest. I have been hacking up green and yellow stuff non-stop for 3-4 days.* - *Have you had a fever? No*

Key Points	
What was the diagnosis?	COPD exacerbation with acute respiratory distress. What else might be on the differential? - Pneumonia - CHF
Key Points	1. **Closed loop communication** (Provider: "Sara call 911", Sara "I will go call 911") is essential to ensure everyone is on the same page. Be direct. Assign roles. 2. Having the **correct equipment at the ready** for the provider allows for smooth, efficient, and effective care of the patient.
Target 02 sat for a patient with COPD?	Most COPD patients should have a target sp02 between 88 and 92%. Higher saturations in acute COPD exacerbations are linked to worse mortality and more hypercapnia and acidosis.
Debrief (Conduct with whole team)	
How did that feel? Was it chaotic? Calm? How was the communication?	
Did we have all the equipment we needed (meds, kits, oxygen tank ready, etc.)?	
What went well?	

Know your community

- Hazard vulnerability assessment
- Common presentations
- EMS relationship
- Response times
- Prep your team to communicate

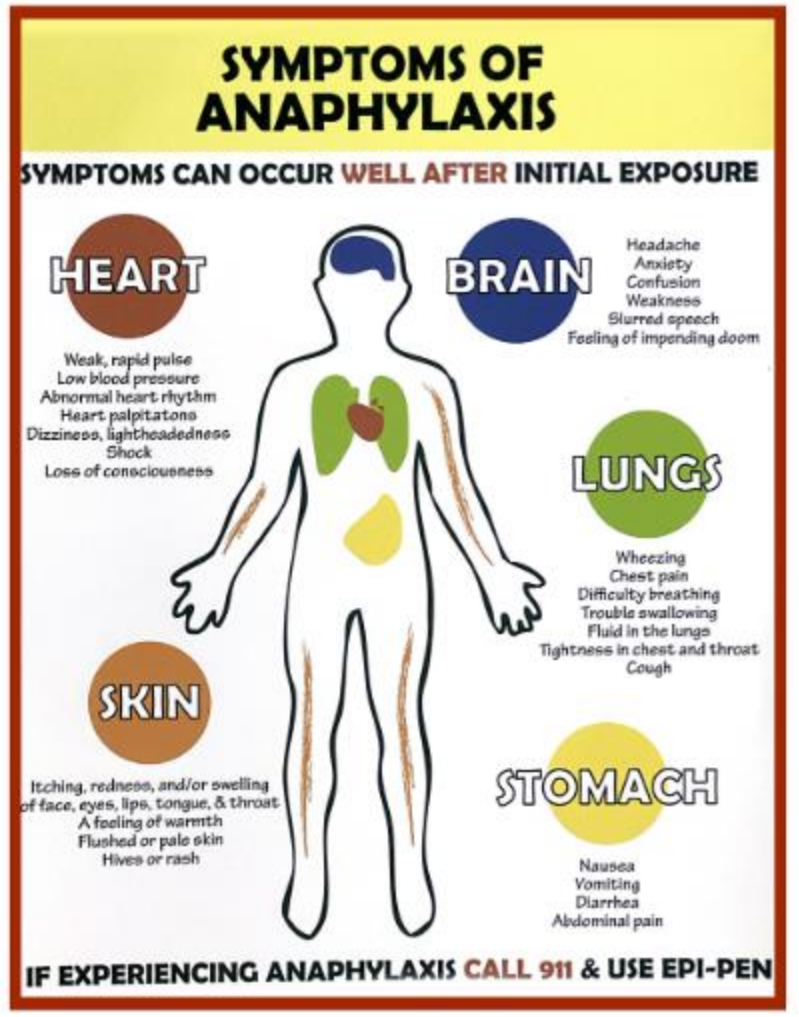
EMS Week | American Heart Association CPR & First Aid

Common Emergencies in Urgent Care

Pulmonary

- Anaphylaxis: EPI, EPI, EPI
- Pneumothorax: place on NRB, sit up right
- Severe COPD or Asthma: Nebulizer (DuoNeb) & Steroid (dexamethasone or methylprednisolone)

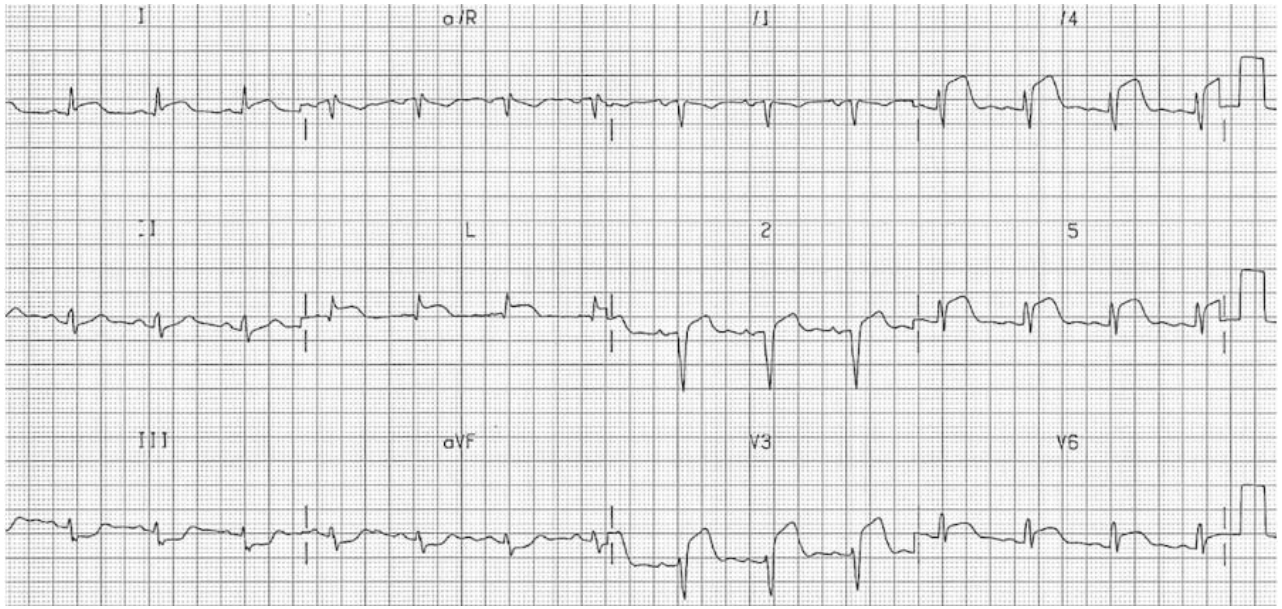
www.afterhourskids.com

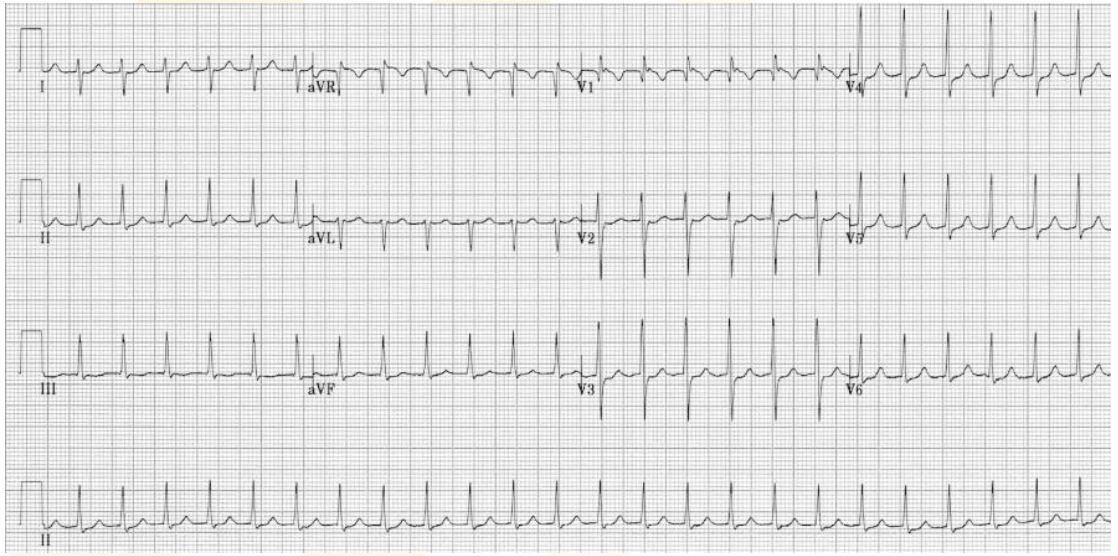


Allergy Emergency - Anaphylaxis Symptoms Poster

Cardiac

- ACS: aspirin/nitroglycerin/oxygen
- Arrythmias: monitor, meds if available
- Flash Pulmonary Edema: Oxygen, nitroglycerin





Metabolic

- Opioid Overdose: Narcan
- DKA: establish IV, start fluids
- Hypoglycemia: Oral Glucose

What Happens When Your Blood Sugar Is Too High? Signs and Solutions - Chart Attack

Intranasal Naloxone now available anonymously and free in NWT

What Happens After the Emergency?

Debriefing is essential:

- Strengthens team communication, role clarity and psychological safety
- Reduces staff stress, moral stress, and burnout
- Supports learning from near-misses and identifying system issues

Taking care of your team

Emotional Support

What went well?

Opportunities for next time?

Structure Counts

Set the Stage	Conversation Structure
Timing: Hot vs Cold Debriefing	Introduction
Setting	Team Wellness
Who is in the room	Information Sharing
Facilitator Prep	Follow-up

Barriers to Debriefing

- Lack of a skilled facilitator
- Time
- Lack of an appropriate setting
- Mental health resources

What makes debriefing effective

- Psychological safety
- Consistency
- Data-driven review
- Multidisciplinary inclusion
- Time-limited

HOT DEBRIEFING

Occurs **immediately** after the resuscitation, while the team is still present

Purpose: capture real-time impressions, fix communication gaps, and address emotional needs

Pros: fast, easy, prevents memory lapses

Limitations: less time for data analysis

COLD DEBRIEFING

Occurs **24-72 hours** later, after reviewing objective data

Purpose: Analysis of data, process and system issues

Pros: Data-driven, multidisciplinary, systems-focused

Limitations: requires scheduling and record review

Debrief: Introduction

- Remind all team members of the purpose
- Ground rules for debriefing
- Acknowledgement that high-stress event has occurred
- Open sharing of the team member's thoughts and emotions regarding the event
- Opportunity for members to comment and raise any concerns they have

DO NOT PLACE BLAME!

Debrief: Team Wellness

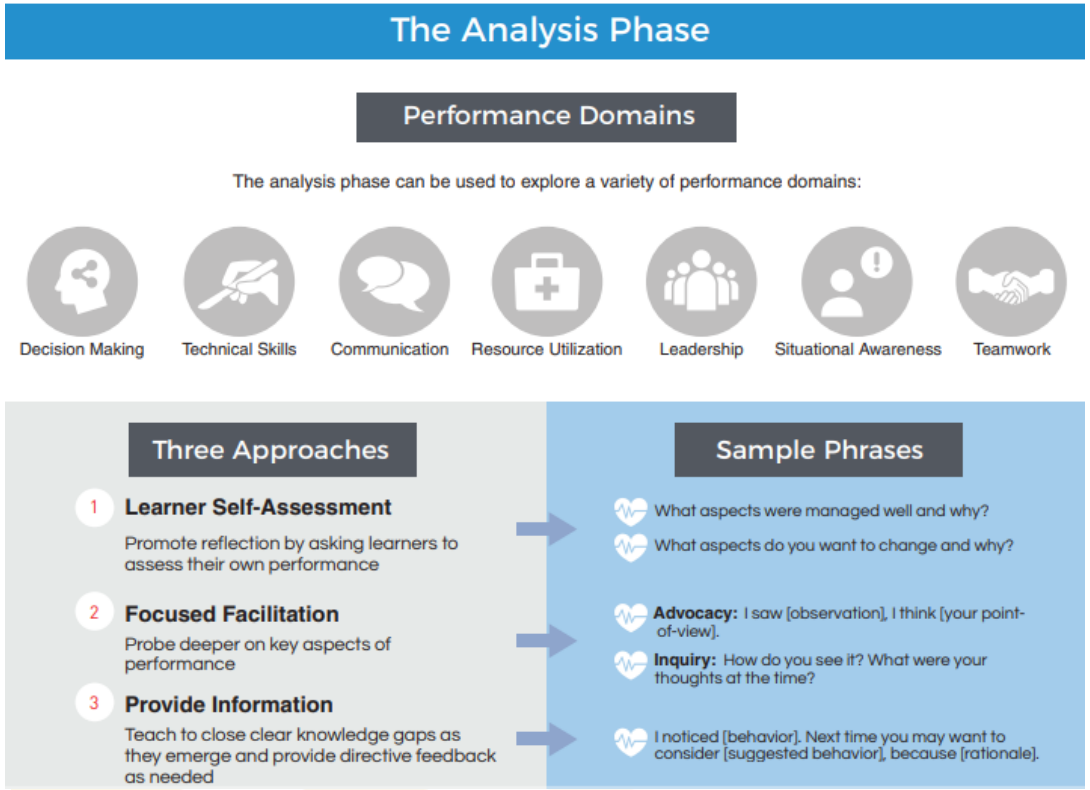
- Gauge the temperature of the room
- Team members should be able to share their thoughts and emotions
- Check-in frequently
- Acute and ongoing emotional support

Debrief: Information Sharing

- Event summary
- What went well
- Opportunities for improvement
- Systems / Environment issues

Debrief: Follow-up

- Action Items
- Ongoing support



PEARLS-Pocket-Card-5.8x7.2-PDF-EN.pdf

Tools for Debriefing

- Action
  - Closed-Loop communication
  - Clear messages
  - Clear roles
  - Know one's limitations
  - Knowledge sharing
  - Mutual respect
- Gather
  - Team member and facilitator observations
- Analyze
  - Areas for improvement
- Summarize
  - Are there any issues or concerns that we haven't been discussed yet before we start to close
  - Summarize what was learned
  - Main take home messages

Patient Story

62-year-old male presents to the clinic on a Saturday afternoon in July complaining of chest pain

- Quick recognition by staff to bring the patient into the room following Emergency Triage protocols
- Provider in the room with medical assistants obtaining his history, vital signs and EKG
- Patient became pulseless and unresponsive during EKG
- EMS activated, CPR initiated and AED applied, shock advised, airway supported
- EMS arrived and transported patient to the nearest to the ED with cath lab

Lessons Learned from Debriefing

- Someone needs to be there emergently
- Know the right time and place
- Details matter
- Support after is essential

Thank you!

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