

Emergency Medicine Standard Operating Procedures

Operational Policy Resus Room

Written by	
Approved by	
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

Target Staff Categories

Role of the Resuscitation Room

To provide immediate resuscitation and high care to patients requiring urgent, lifesaving treatments

Clinical Responsibility

ED Clinical Lead and Matron

Features of the Resuscitation Room

4 bedded room with resuscitation equipment and full monitoring facilities for adults and children (in line with Resuscitation Council (UK) Guidelines 2013) available 24 hours a day, 7 days per week

Operation of Resuscitation Room

Patients with a clinical need for immediate resuscitation or high care will be admitted into Resus. Clinical need will be identified by either WMAS staff (as a pre alert) or by WRH ED staff.

Once identified, the patient will be moved without delay into the Resus room and the relevant staff called via Departmental Call System(DCS). The Nurse in Charge will be informed as soon as possible, once clinical situation allows.

Once clinically stable, patients will be “stepped down” either into ED High Care or ED Majors as need dictates.

Once referred, patients will be transferred to either ITU, High Care or a ward as need dictates.

Staffing

2 ED nurses at all times, supported by HCA as required (accessed via DCS)

ED Doctors as required (accessed by DCS)

Specialty doctors as required (accessed by bleep)