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ANCILLARY DIVISION HOSPITAL POLICIES AND PROCEDURES MANUAL APPROVAL MATRIX	Page No. of
Policy Title: **POLICY ON HANDLING OF PATIENT WITH MEDICAL EMERGENCY CONDITION**	Section / Department **PT AND REHABILITATION MEDICINE**

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I. Statement of Policy

These guidelines on the handling of patients with common medical emergencies shall be followed to provide assistance and remedy to persons having medical problems by immediately helping and rescuing the patient, stabilizing the condition, and preventing secondary complications during therapy sessions.

II. Policy Guidelines

1. Definition of Terms
   - 1.1 Medical Emergency - a dangerous situation that arises suddenly and threatens the life or welfare of the patient, including life-threatening episodes, events that interfere with potential therapeutic functional effects of rehabilitation treatments, and the potentially deleterious effects of rehabilitation treatments.
   - 1.2. Cardiac Dysrhythmias – any cardiac irregularity as observed during pulse taking or as recorded by the cardiac monitor.
   - 1.3. Abnormal Vital Signs
     - 1.3.1. Hypertension/ Hypotension – BP increase that is 30 – 40mmHg above the baseline systolic BP, or more than 30mmHg decrease in systolic and diastolic BP.
     - 1.3.2. Tachycardia/ Bradycardia – increase of >50% of baseline, and decrease of >20% of baseline
     - 1.3.3. Tachypnea/ Bradypnea
   - 1.4. Abnormal Blood Glucose Levels
     - 1.4.1. Hyperglycemia – fasting blood sugar of ≥240mmHg
     - 1.4.2. Hypoglycemia – fasting blood sugar of ≤70mmHg
   - 1.5. Fever – temperature of ≥ 38°C
   - 1.6. MAP – mean arterial pressure > 100 mmHg
   - 1.6 Seizure - a paroxysmal event, caused by abnormal, excessive, hypersynchronous discharges from central nervous system neurons ranging in presentation which may be preceded by abdominal sensations, light-headedness/ dizziness, nausea, chest

discomfort, visual hallucinations, olfactory hallucinations, déjà vu, flushing, limb jerking, fear, paresthesias, and minor tonic-clonic movements.

2. Protocol for Medical Emergencies During Therapy

2.1. The Physical Therapist-in-Charge shall be responsible in monitoring the patient's condition.

2.2. The treatment session is discontinued and the patient is assisted into a comfortable position.

2.3. All the necessary vital signs shall be taken:

2.3.1. In the case of abnormal or unstable vital signs, the blood pressure and pulse rate shall be taken every 5 minutes

2.3.2. In the case of onset of new signs/ symptoms such as angina, difficulty in breathing, dizziness, cyanosis, or other signs/symptoms of cardiopulmonary distress during exercises, the pulse rate is taken every 5 minutes.

2.3.3. The vital signs are noted and the patient is observed for a period of 30 minutes.

2.4. If the patient has a loss of consciousness or is unresponsive, and exhibits a life-threatening event affecting the cardiopulmonary systems, respiratory and cardiovascular support (Basic Life Support, Advance Cardiac Life Support, and medications) are given.

2.5. If the patient's condition improves after resting, the treatment session is resumed but with modification of exercise parameters

2.6. If the patient's condition does not improve, the treatment session is deferred and the out-patient is referred to the Emergency Room, while the in-patient is referred to the ward nurse-in-charge on duty.

2.7. An Incident Report is prepared by the Staff-in-Charge within 24 hours since the incident, and submitted to the Chief Physical Therapist and the Physiatrist-in-charge.