OREGON STATE HOSPITAL
Office of the Chief Nursing Officer
Tina Kotek, Governor

Oregon Health Authority

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July 11, 2024

To all OSH staff,

To all OSH RN's,

This directive provides a Nursing Medical Emergency Response Guide and modifies the Nursing Medical Response system template in the nursing progress note in AVATAR.

To improve our standard of care and to keep the hospital in compliance with Centers for Medicare & Medicaid Services (CMS), it is my directive that effective3 p.m. July 11, 2024:

- The Nursing Medical Emergency Response guide is present on all units and available electronically for Registered Nurses to reference.
    - o This guide will be utilized to help guide *ANY* medical response that may or may not result in activating a Code Blue.
    - o This guide is not an official medical record document and does not have to be retained.
- The Nursing Medical Response system template, located in the Electronic Medial Health Record under Nursing progress note, must be used when documenting your assessment, interventions and outcome related to medical response to patient's clinical presentation.

This directive will remain in effect until the directive is rescinded or protocol created.

Sincerely,

Nicole Mobley
Chief Nursing Officer Oregon State Hospital
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Desk: 503-945-7740
Cell:503-569-5145

Nursing Medical Emergency Response Guide

Section 1 - Emergency Signs

If any one of these indicators are present, STOP ASSESSMENT → Call CODE BLUE

Airway & Breathing				Circulation	
Not Breathing	Obstructed Breathing	Shortness of Breath	O2 Saturation < 90%	No Pulse	Hemorrhage-Uncontrolled

Seizure	Altered Mental Status	Other		
Current Convulsions or Seizure	Unresponsive/Responsive to pain only (via Sternal Rub)	Pregnant with Abdominal Pain	Fracture - Open	Threatened Limb (no pulse or pale/discolored)

Section 2 - Vitals Warning Score

Take vitals and use matrix below to determine next course of action.	HR	BP	Temp (F)	RR	O_2 %	Pain
			°F		%	/10

	6	2	1	0	1	2	3	Score
RR	<9			9 -> 16	17 -> 21	22 -> 29	> 29	
HR	<41	41 -> 50	51 -> 60	60 -> 100	101 -> 110	111 -> 129	> 129	
SBP	< 71	71 -> 80	81 -> 100	101 -> 199		> 199		
Temp		Cold < 95°		95° -> 100.9°		Hot > 101°		
								Total

If total Score is 1-2 → Call 2nd RN for validation	If total Score is 3-5 → Call Reception to Page On-call Psychiatrist	If total Score is 6 or above → Call CODE BLUE

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