MANAGEMENT OF CRASH CART

INTODUCTION

crash cart is a cart stocked with emergency medical equipment, supplies, and drugs for use by medical personnel especially during efforts to resuscitate a patient experiencing cardiac arrest.

Procedure to activate RRT

Sudden change in Patient's condition

Assigned Nurse — Floor doctor/Duty Doctor — First Responders

Nursing Supervisor/Team Leader

WITHIN 5 MIN.

Assess the patient for RRT triggers

If any RRT trigger positive, Announce RRT: "RRT Call – Room Number: Floor" Dial "11" in SKT

Call Centre

MSSH (West Block) — MSSH (East Block) — Cancer Care (South Block) — Max Balaji, Patparganj

Max Gurgaon — Max Noida — Max Pitampura

Intensivist on Call JC/ SR – Medicine Nursing Supervisor/ TL	Intensivist on Call Nursing Supervisor/ TL	Intensivist on Call JC Cardiology Nursing Supervisor/ TL	Consultant Medicine SR – OBG/ Paed (if required)	Intensivist on Call JC/ SR – Medicine Duty Doctor - Oncology	Hospitalist SR – Specific Speciality Nursing Supervisor/ TL	Intensivist on Call Hospitalist Nursing Supervisor/ TL

Within 5 mins of receiving a call from the Call Center

Rapid Response Team will perform the initial assessment on the patient

Admission in ICU — Management in Ward — Announce Code blue

OBJECTIVES

General Objective - Audit of Crash Cart in the Max hospital, Saket.

Objective –

- To perform a gap analysis of the crash cart maintenance.
- To achieve standardization for maintenance of the crash cart.
- To study the awareness on maintenance of standardization of crash cart by nursing staff (TL).

RESEARCH METHADOLOGY

Type of study:A Descriptive, quantitative, observational study.

Study area–East & WestBlock of Max Super Speciality Hospital, Saket, Delhi

Duration of Study– 3 Weeks

Type of Data- Quantitative& Qualitative.

Technique– Direct Observation.

Sample size – 48

Sampling technique- Simple Random Sampling.

Data collection-Primary and Quantitative & Qualitative (3 weeks)

Data entry- Manually

Data Analysis- Using bar charts, pie charts in Microsoft Excel.

OBSERVATIONS

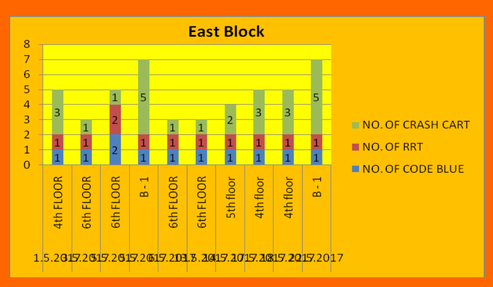
Total crash cart present in both east and west block is 48.

Out of 48 crash cart 45 were fully equipped. Crash cart at gastro opd, 2nd floor nursing station east block and blood bank were not fully equipped.

As per the study done, the number of times code blue announced was 18 (in east and west block)

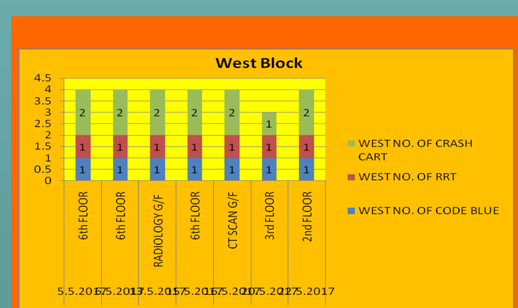
As per the data recorded , the number of times RRT (Rapid Response Team) announced was 18, (in east and west block)

DATA ANALYSIS



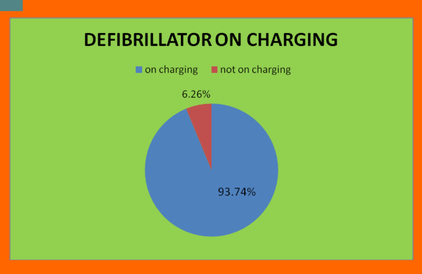
INFERENCE: The figure depicts the number of crash cart on the floors and number of RRTs and code blue announced on the floors in east block.

4th floor – oncology.
5th floor – metabolic access minimal bariatic surgery (MAMBS)
6th floor – pulmonary and gastro.
B – 1 – Dialysis



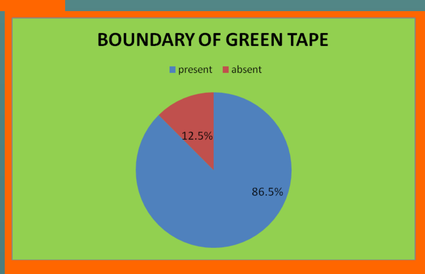
INFERENCE: The figure depicts the number of crash carts, number of RRTs and code blue announced in west block

2nd floor – neurology, stroke ICU
3rd floor – urology.
6th floor – nephrology, medical ICU
Ground floor – radiology, CT scan, opd.



INFERENCE: The figure depicts that 93.74% defibrillator were on charging and rest 6.26% were not on charging.

Total no. Of crash cart : 48
Defibrillator on charging : 45
Defibrillator not on charging : 3



INFERENCE: The figure depicts that 86.5% of crash cart's boundaries on floor were labelled with green tape.

Total no. Of crash cart : 48
Boundary of green tape present :42
Boundary of green tape absent : 6

RECOMMENDATIONS

Allowing the easy opening of crash cart as sometimes zip of the crash cart's cover stuck.

Increase in the normal expiry date protocol of store materials and medicine which is 6 months and 3 months respectively at present.

Increase the quantity of medicine and store materials.

Increase in the number of crash carts in required areas like oncology OPD area.

It is recommended to put crash cart in waiting lounge as well to handle the unwanted

Emergency.

Strongly Recommendation

Crash cart should be checked by weekly.

CONCLUSION

Identify the problem- Observed the practice of unorganized crash cart System in wards and intensive care units Data collection. Observation check list on crash cart maintenance.

Generation of solution- Development of protocol Structured teaching program.Conduct in service education program. Provide self instruction module (SIM).

Selection of solution- Develop a protocol on organized crash cart system

Implementation- Display protocol on organized crash cart system

Evaluation - Help nurses to update their knowledge and improve their practice .

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