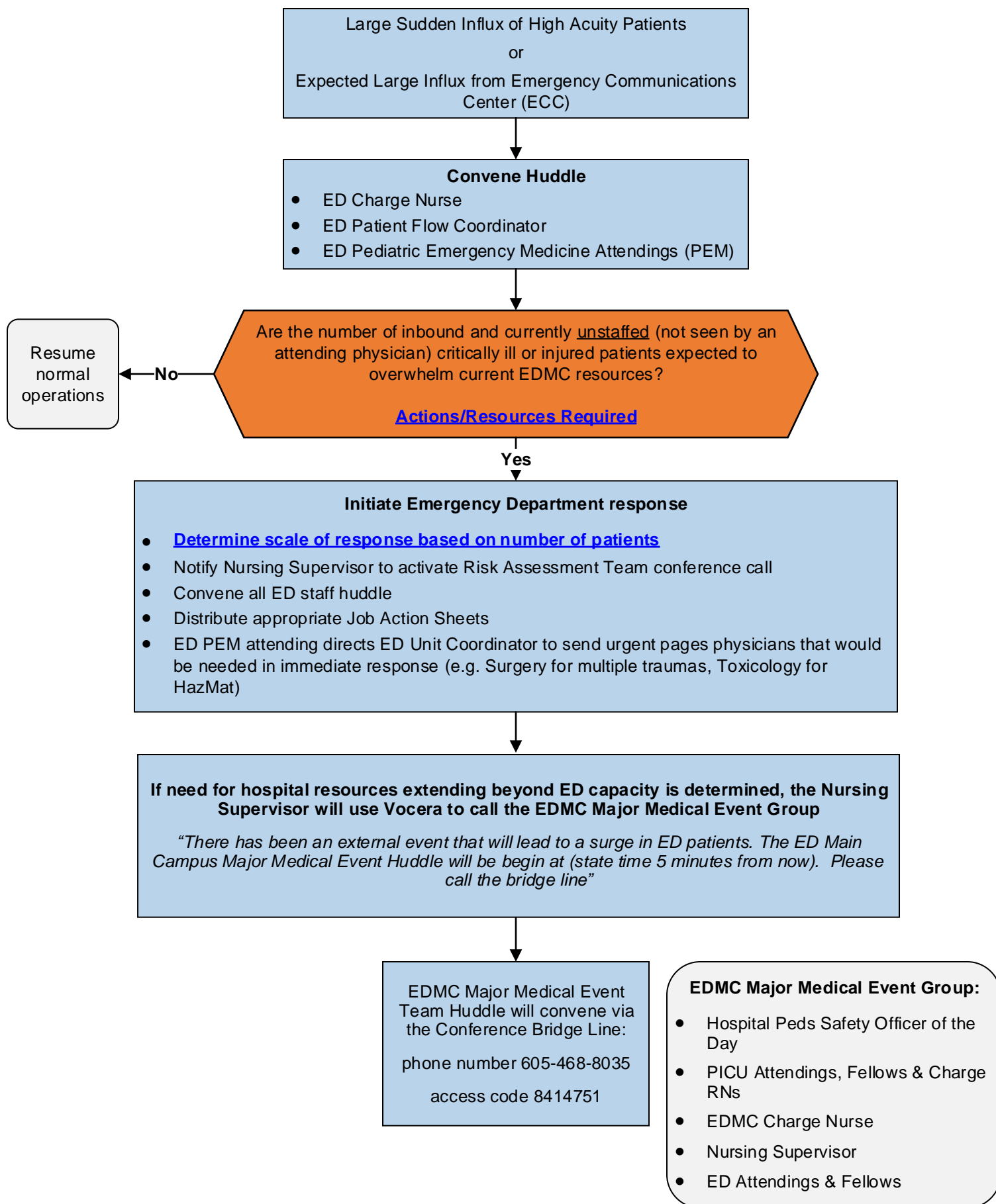


Major Medical Event Emergency Department Main Campus (EDMC)



| Scale Size | When to Consider Activation | Actions/Resources Required | Activation/Escalation/De-escalation |
|-------------------------------------|---|--|---|
| Major Medical Event (MME) | <p>The number of inbound and currently <u>unstaffed</u> critically ill or injured patients is beyond the current resources:</p> <ul style="list-style-type: none"> • Provider • Nursing • EDMC Critical care beds • Equipment | <p>Change to MCED operations; no major disruption of hospital operations.</p> <p>EDMC Attendings, Charge Nurse, and Patient Flow Coordinator (PFC) huddle and determine:</p> <ul style="list-style-type: none"> • Need for additional critical care physician(s) (PICU, CTICU, anesthesia), nurses (ICU, and Transport team), and support staff (RT, PCA, etc) to assist with medical resuscitations. • Involvement of medical transport for additional staff and patient transfers • Need for additional surgeons, surgical subspecialties, and burn/OR nurses for assistance with trauma/burn resuscitations. • Need for additional hospital services to assist (Transportation, Radiology, Lab, OR, EVS, Protective Services, Pharmacy, Blood Bank) <p>Expedite discharge of any current EDMC patients that have completed care. EDMC Patients will be shifted within the ED to provide best possible room assignments to critical patients.</p> <p>Nursing Supervisor will serve as initial event coordinator.</p> | <p>Activation of MME will be the decision of the EDMC attending in discussion with EDMC charge nurse and PFC.</p> <p>Nursing supervisor will be notified.</p> <p>Escalation to an MCI or Code Yellow will require discussion with Nursing Supervisor and Risk Assessment Team</p> |
| Mass Casualty Incident (MCI) | <p>The number of inbound and currently <u>unstaffed</u> critically ill or injured patients is Greater than 5 and beyond the current resources</p> <p>Consider Additional Complicating Factors</p> | <p>Moderate resources required – similar to MME but need for surge staffing in ED and other departments; expected hospital operations disruption.</p> <p>Nursing Supervisor will serve as initial incident commander for the MCI.</p> <p>Consider Hospital Command Center (NCHICS) activation at the discretion of the Nursing Supervisor and Risk Assessment Team.</p> <p>Request greater participation of other hospital departments. Current ED patients that are discharged or admitted will be rapidly dispositioned of the ED.</p> | <p>De-escalation of an MCI to an MME can be made at the discretion of the ED attending after discussing with Risk Assessment Team and/or Hospital Incident Command</p> <p>Escalation to a Code Yellow will require discussion with Hospital Incident Command and Administration</p> |
| Code Yellow | <p>> 20 inbound and currently <u>unstaffed</u> critically ill or injured patients</p> <p>Consider Additional Complicating Factors</p> | <p>Incident Command System activated. Requires full participation from other hospital departments. All admitted and discharged patients will be rapidly dispositioned out of the ED. Additional resources in the hospital will be adjusted/activated such as:</p> <ul style="list-style-type: none"> • ED Triage moved to outside EMS entrance, ED on lockdown • Lower acuity patients directed to Urgent Care/Outpatient Care Center for treatment and disposition • Labor pool opened • Family/Waiting Area opened | <p>Deactivation of a Code Yellow can be made at the discretion of Hospital Incident Command</p> |

Algorithm

Complicating Factors

Complicating factors can include but are not limited to:

- Hazardous Materials exposures (chemical, biological, radiation, nuclear, explosives) and need for decontamination
- Active shooter, civil unrest, structural collapse, or other situations where there is high potential for more critically injured patients beyond the initial influx
- Event within or near the hospital that could lead to increased numbers of unannounced patient arrivals

[Algorithm](#)

[Scale Size](#)

Pathway Team & Process

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Advisory Committee Date: *August, 2023*

Origination Date: *August, 2023*

Next Revision Date: *August, 2026*

Clinical Pathway Development

This clinical pathway was developed using the process described in the NCH Clinical Pathway Development Manual Version 6, 2022. Clinical Pathways at Nationwide Children's Hospital (NCH) are standards which provide general guidance to clinicians. Patient choice, clinician judgment, and other relevant factors in diagnosing and treating patients remain central to the selection of diagnostic tests and therapy. The ordering provider assumes all risks associated with care decisions. NCH assumes no responsibility for any adverse consequences, errors, or omissions that may arise from the use or reliance on these guidelines. NCH's clinical pathways are reviewed periodically for consistency with new evidence; however, new developments may not be represented, and NCH makes no guarantees, representations, or warranties with respect to the information provided in this clinical pathway.

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For more information about our pathways and program please contact:
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[Algorithm](#)

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Algorithm