

Lecture Title: How to Handle Non-Ocular In-Office Emergencies

Length: 1 hour

Speaker: Jade Coats, OD, FAAO

Course Description:

Seconds matter when a patient experiences a medical emergency in the office. This course prepares optometrists and their staff to recognize, triage, and respond effectively to non-ocular medical emergencies that may arise during patient care. Topics include the role of CPR training, emergency medical kits, staff preparedness, and the management of common crises such as anaphylaxis, cardiac arrest, seizures, syncope, hypoglycemia, and opioid overdose. Practical steps, do's and don'ts, and integration of emergency protocols will be emphasized to enhance safety and outcomes in clinical practice.

Course Objectives:

1. Identify the essential components of an in-office emergency medical kit and the role of staff training in emergency preparedness.
2. Recognize the signs and symptoms of common non-ocular emergencies, including anaphylaxis, cardiac arrest, seizures, syncope, and overdose.
3. Apply appropriate triage protocols and evidence-based interventions during in-office emergencies, including the use of epinephrine, nitroglycerin, Narcan, and AEDs.
4. Differentiate between recommended "do's and don'ts" in managing emergencies such as fainting, seizures, and cardiac events.
5. Integrate emergency response protocols into routine practice to optimize patient safety and team readiness.

1 hour Course Outline:

1. Overview

- a. Understand how to respond when a patient is having a medical emergency in office, seconds matter
- b. CPR training
- c. Emergency Medical kits
 - i. Location and access
 - ii. Patient type
 - iii. What should be in a medical kit
 1. Epi-pen
 2. Nitroglycerin tablet
 3. Narcan
 4. AED device
- d. Staff involvement

- i. Discuss whether staff should be trained in BLS or Advanced Cardiovascular Life Support (ACLS).
 - ii. Emphasize the role of staff in recognizing and responding to medical emergencies.
 - iii. <https://cpr.heart.org/en/>
 - iv. <https://cpr.heart.org/en/cpr-courses-and-kits/hands-only-cpr/hands-only-cpr-resources>
- e. Don't stop the beat playlist - <https://open.spotify.com/playlist/2mU2FNhSOtQwW0hBgQMak>

2. Medical emergencies

a. Anaphylactic shock

- i. Triage:
 1. Allergy to eyedrops
 2. Allergy to other things in office
 3. Dr. Allergy testing
 4. IVFA testing
- ii. Treatment
 1. Where is your epi-pen?
 - a. Back up Epi-pen?
 - b. Purpose of two epi-pens in a package?
 2. Benadryl
 3. Call 911?
- iii. Anaphylaxis: Do's & Don'ts
 1. Do recognize early: hives, swelling, breathing difficulty, hypotension
 2. Do give EpiPen IM immediately; repeat with 2nd pen if needed
 3. Do call 911 right away
 4. Do keep patient flat with legs up (or upright if trouble breathing)
 5. Do use Benadryl/Oxygen as adjuncts
 6. Do monitor until EMS arrives
 7. Don't delay epinephrine (Benadryl is NOT first-line)
 8. Don't let patient walk/stand
 9. Don't give oral meds if not fully conscious
 10. Don't rely on 1 pen — always have 2 available
 11. Don't skip EMS activation (risk of biphasic reaction)

b. Cardiac arrest/ heart attack

- i. Triage:
 1. Recognize the signs and symptoms of a heart attack.
 2. Learn the steps to take while waiting for emergency medical services to arrive.
 3. Understand the use of emergency equipment such as nitroglycerin and AEDs.
 4. Call 911

- a. Where is your jump bag
- b. IED?
- 5. CPR certification
 - a. Who in your office is certified?
- 6. AED device
 - a. Pros and cons of having in office
 - b. Proper use and maintenance of AEDs.
 - c. Post-incident care and follow-up.
- 7. Review of cardiac arrest do's and don'ts:
 - a. Do call 911 immediately.
 - b. Do keep the patient calm and seated.
 - c. Do administer nitroglycerin if prescribed and available.
 - d. Do use an AED if the patient loses consciousness and stops breathing.
 - e. Do not allow the patient to walk or move around.
 - f. Avoid administering anything orally if the patient is unconscious.

c. Seizures

i. Triage

- 1. Family member with the patient?
 - a. Known issue of seizures?
- 2. Lay the patient down
 - a. Do not put hands near mouth
- 3. Call 911?
- 4. Review Do/Don'ts of Seizures:
 - a. Do protect the patient from injury by removing nearby objects.
 - b. Do place something soft under the patient's head.
 - c. Do time the seizure.
 - d. Do demonstrate how to safely position the patient (e.g., laying them on their side).
 - e. When to call 911?
 - f. Post-seizure care and monitoring.
- 5. What not to do:
 - a. Do not restrain the patient.
 - b. Do not put anything in the patient's mouth.

d. Fainting (Fainting, Vasovagal Response, Hypoglycemia)

i. Triage: Check vital signs and possibly blood glucose

- 1. Identify the causes and symptoms of fainting and hypoglycemia.
- 2. Learn the immediate interventions to help the patient recover.
- 3. Understand the importance of assessing the patient's condition before and after the episode.
- 4. Check blood pressure and vital signs
- 5. Lie back in horizontal position with feet in air

6. Review of possible causes
 - a. Vasovagal response
 - b. Hypo or hyper glycemc
 - c. Is the patient diabetic?
 - i. Check glucose before giving food/drink
 - ii. Discussion and review of Do's and Don'ts of Syncope/Fainting
 1. Do lay the patient down and elevate their legs.
 2. Do check the patient's blood glucose level if they are diabetic.
 3. Do provide a sugary drink or snack if hypoglycemia is suspected.
 4. Do assess the patient's recovery and determining if further medical attention is needed.
 5. What not to do:
 6. Do not give food or drink if the patient is not fully conscious.
 7. Avoid sudden movements or getting the patient up too quickly.
- e. Overdose**
- i. Traige:
 1. Recognize the signs of opioid overdose.
 2. Learn how to administer Narcan (naloxone).
 3. Understand the importance of follow-up care after administering Narcan.
 - ii. Using Narcan
 1. Step-by-step instructions for administering Narcan in case of suspected opioid overdose.
 - iii. Review/Discussion the do's and dont's of narcan administration
 1. Do check for responsiveness and breathing
 2. Do administer Narcan according to instructions
 3. Do perform rescue breathing or CPR if needed
 4. Do call 911 immediately
 5. Do not leave the patient alone after administering Narcan
 6. Avoid delaying Narcan administration if overdose is suspected
 - iv. Then what?
 1. Steps to take after Narcan administration
 2. Educating patients and families on the use of Narcan and overdose prevention

3. Q&A / Discussion