

Recognizing, Responding to, & Preventing Medical Emergencies



Frontline
Network
Partner



Please be aware

We will be discussing case studies that will detail medical emergencies.

If you find any of the discussion upsetting then please feel comfortable to leave the room at any point.

Learning Outcomes

Keyworkers to develop knowledge and confidence identifying and managing the following conditions/emergencies:



Seizures



Sepsis



Overdose

Seizure case study

You hear a loud bang and find Tom, a 44 year old male on the floor of a corridor. His body is stiff, then his arms and legs begin jerking.

You see he has bitten his tongue and is incontinent of urine.

Tom is not known to have epilepsy. He is alcohol dependent, but hasn't had a drink today after his money was stolen.

Immediate First Aid...

STAY

STAY with the person

SAFE

Keep the person **SAFE**

SIDE

Turn them onto their **SIDE** once the convulsions have stopped.

Call an ambulance if...

- it's the **first time** someone has had a seizure
- the seizure **lasts longer** than is usual for them
- the seizure **lasts more than 5 minutes**, if you do not know how long their seizures usually last
- the person **does not regain full consciousness**, or has several seizures without regaining consciousness
- the person is seriously **injured** during the seizure

What to communicate...

- Any **Triggers** and or warning signs?
- **Timing** -how long did the seizure last?
- **Seizure description** - jerking movement/ incontinence / tongue biting
- **Recovery** -How were they after the seizure?



Background

What is a seizure?

- A seizure is a surge of electrical activity in the brain
- Seizures can be unpredictable, disruptive and potentially harmful

St
Martin
in
the
Fields

Frontline
Network
Partner



Types of seizures

- Focal 60% Generalised 30%
- Tonic-clonic
- Absence

Not everyone who has a seizure has epilepsy



Alcohol

- Alcohol withdrawal can lead to seizures 6-72 hours after drinking stops
- Seizure medications may lower alcohol tolerance
- Seizures linked to alcohol withdrawal can lead to epilepsy



What is epilepsy?

- A lifelong condition affecting the brain, the main symptom is recurrent seizures
- Cause: Often unknown, sometimes genetic, a head injury, stroke, brain tumor etc.
- Triggers: Missing medication doses, flashing lights, periods, stress, lack of sleep, skipping a meal

Treatment

- Medication
- Surgery
- Vagus Nerve Stimulation
- Diet (Ketogenic) –see GOSH study



Epilepsy and Homelessness

- People who are homeless are at increased risk/higher prevalence (Silva & Marques, 2023).
- Seizure frequency increases when a person with epilepsy becomes homeless (Laporte et al, 2006)
- Seizures are a common cause of hospital admission amongst homeless (Rosendale et al, 2019)
- Inadequately managed (Doran et al, 2021)

Epilepsy and Homelessness

Epilepsy is less well controlled in this group due to:

- Poor access to care
- Difficulties taking medication
- Substance use

What can be done to help?

- Dosset boxes, prompts/reminders to take medications
- Support with attending appointments (Free bus pass)
- Be mindful of the anxiety related to fear of seizures
- Ensure friends, keyworkers and hostel staff are aware

What can be done to help cont.

- Seizure diary
- Carry ID/ Medical alert bracelets
- Support to minimise stop substance use
- Binge drinking and alcohol withdrawal carry a high risk for seizures



Sepsis Case study

Jess is 34 and has had a leg ulcer for the past 2 years. For the last 2 weeks Jess has not had any woundcare from the nursing team.

You see Jess in the lobby of the hostel where she lives, and she looks in pain and is walking with more of a limp. She tells you her leg is more swollen and painful.

Jess looks pale, she tells you she feels hot and cold, has been very tired. She is breathless and appears a bit confused.

Immediate First Aid...

Think SEPSIS

Could this be
SEPSIS ?

999

Call for an
ambulance

Monitor

Monitor level of
response

Call an ambulance if...

- You suspect **SEPSIS**
- **Fever, confusion, fast breathing, not passing urine.**
- Not all wound infections lead to sepsis.
- Think – would GP appointment or seeing nursing team be appropriate?

What to communicate...

- **Suspected SEPSIS**

- Chronic wound – or other source of infection; chest, UTI

- Symptoms:

- Temperature
- Shivering
- Confusion
- Breathlessness

Background

What is SEPSIS?

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

It occurs when the body's immune system – which normally helps to protect us and fight infection – goes into overdrive. It can lead to shock, multiple organ failure and sometimes death, especially if not recognised early and treated promptly.

Sepsis is indiscriminate: while it primarily affects very young children and older adults, and is also more common in people with underlying health conditions, it can sometimes be triggered in those who are otherwise fit and healthy.

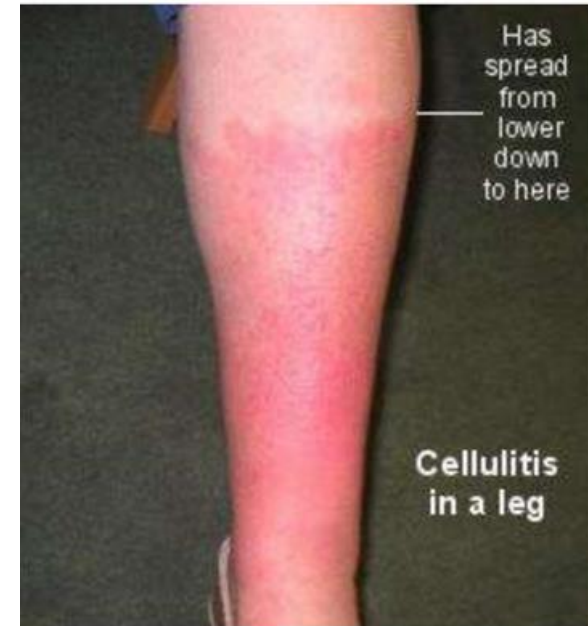
Sepsis always starts with an infection, and can be triggered by any infection including chest infections and UTIs. It is not known why some people develop sepsis in response to these common infections whereas others don't.

Wounds

Chronic Wounds >6weeks, often on lower legs.

Infected Wounds

Cellulitis



What can be done to help.

- Encourage to see GP/nurses before infection or when first signs of infection.
- Start/complete antibiotics if have been prescribed.
- Vaccinations
- Encourage frequent wound care.
- Inform – awareness of Sepsis and signs

Overdose case study

You find Louise, a 27 year old female on her bed. She has vomited and is unconscious.

Her skin is pale and clammy and she is gurgling. When you check she has Pinpoint pupils.

She was recently discharged from hospital following a 4 week stay.

Immediate First Aid...

Danger

Check for
DANGER

999

Call for an
ambulance

AIRWAY

Check her
airway isn't
obstructed.
Place her in the
recovery
position.

Immediate first aid cont

Give Prenoxad Injection or Nyxoid nasal spray

*You will not cause harm giving Naloxone if it isn't an opioid overdose



Demonstration

Recovery Position



St
Martin
in
the
Fields

Frontline
Network
Partner



Demonstration

- Open and assemble Prenoxad Injection
- Hold the syringe like a pen
- Inject the casualty with the first dose of Prenoxad (0.4ml). The needle should be inserted into the casualty's outer thigh or upper arm muscle, straight through clothing if required
- Withdraw the needle from the casualty's outer thigh or upper arm muscle and put the syringe (with the needle still attached) back into the 'cradle' in the Prenoxad Injection case. It will fit into the cradle even with the needle attached
- DO NOT ATTEMPT TO REMOVE OR RE-SHEATH THE NEEDLE

CGL

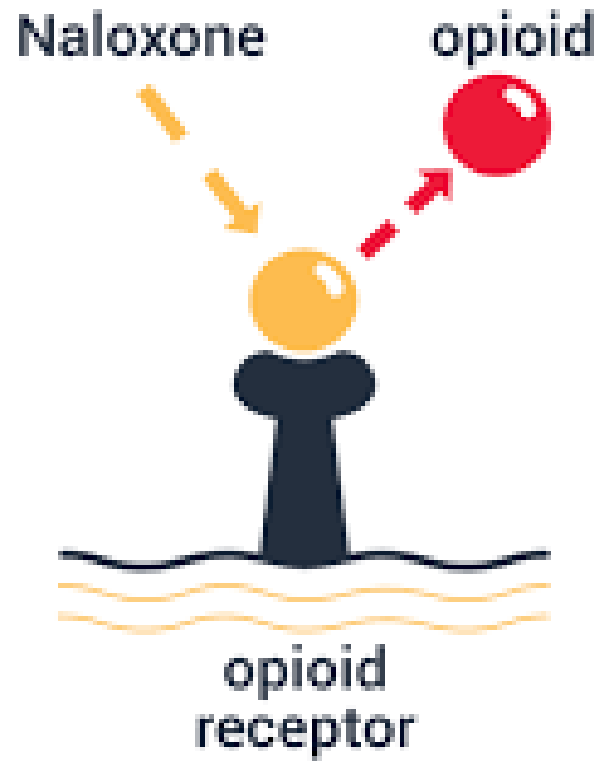
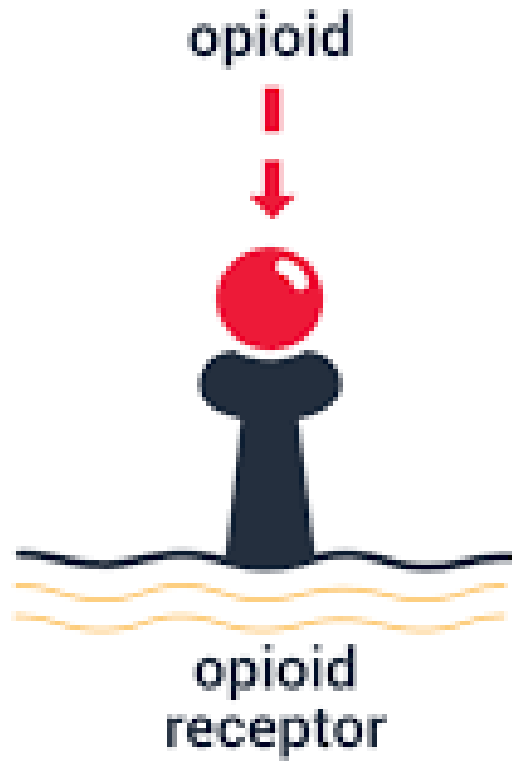
St
Martin
in
the
Fields

Frontline
Network
Partner



Background

- Opioid use can lead to death due to the effects of opioids on the part of the brain which regulates breathing.
- 35% of deaths amongst homeless people were related to drug poisoning. ONS 2021
- Those who are using after prolonged abstinence are at higher risk of opioid overdose eg, following detox, a hospital stay, or release from prison.



What can be done to help?

- Ensure stock of Naloxone in your workplace and check expiry dates
- Training to administer Naloxone and BLS
- Encourage not to use alone
- 'BuddyUp' App
- Encourage substitute prescribing

Thank you

Any Questions?



Frontline
Network
Partner



Useful resources

[Epilepsy and the homeless - the challenges | Epilepsy Society](#)

[About Sepsis | Sepsis Symptoms | The UK Sepsis Trust](#)

[Naloxone – the overdose reversal drug | Change Grow Live](#)

[How to do the primary survey and DR ABC - First Aid Advice | St John Ambulance \(sja.org.uk\)](#)

