Gloucestershire Medical Aesthetics

Adverse Incidents Policy

Policy Statement

It is the responsibility of all clinical staff to be aware of and minimise the risk of serious adverse events and should they occur, to be competent to recognise and instigate appropriate first aid treatment.

*Aesthetic Complications Expert Group Protocols will be followed in the event of a complication and are accessible to all clinical staff in hard copy format for reference.

Categories of Adverse Events

Possible serious adverse events (this list should be modified)

- Anaphylaxis
- Pending necrosis

Anaphylaxis

Minimise Risk

All patients will complete medical history which shall include information about allergies.
Patients having an anaphylactic reaction in any setting should expect the following as a minimum:

- Recognition that they are seriously unwell.
- An early call for help.
- Initial assessment and treatments based on an ABCDE* approach.
- Adrenaline therapy if indicated.
- Investigation and follow-up by an allergy specialist.

Resuscitation Council, 2012

- All clinical staff will have anaphylaxis training updates as appropriate (annual/every two years)
- All clinical staff will be familiar with Resuscitation Council Guidelines
- Resuscitation Council Algorithm will be displayed in clinical settings
- Resuscitation kit will be located in (accessible location)
- Clinicians will dial 999 immediately/instruct clinic staff to dial 999 immediately

Resuscitation Kit will contain, as a minimum standard:

- Two Adrenaline (epinephrine) ampoules 1, or x2 auto injectors such as ***Emerade® auto injector*** with adult dose

• Four 23-gauge Needles for IM injection
• Four Graduated 1ml Syringes
• Laerdal or equivalent adult mask
• Drugs should be checked regularly for expiry dates

Diagnosis and treatment protocol as per Resuscitation Council Guidelines. It is recommended practitioners download and print for display and easy referral, the Resuscitation Council Algorithm; https://www.resus.org.uk/pages/anaalgo.pdf

As a life-threatening event requiring hospital treatment, anaphylaxis is a reportable event. If related to a prescription only medicine, it should be reported using the MHRA Yellow card Scheme, if to a dermal filler (a medical device) then reporting button as directed on MHRA home page; http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Devices/index.htm. Of course, manufacturers should be notified also.

Pending Necrosis

Minimise Risk

• Be familiar with related anatomy of arteries and veins
• Be aware of high-risk zones for treatment
• Be familiar with signs and symptoms of vascular compromise
• Use blunt tip cannula as appropriate
• Draw back, when possible, before injecting with a needle
• Inject slowly
• Observe patient for pain
• Observe skin for signs of blanching

In the event of vascular compromise:

• Stop injecting immediately, if blanching observed
• Instigate immediate measures to restore circulation. These may include:
• Vigorous massage
• Injection with Hyalase as per protocol
• Application of heat
• If circulation restored patient should be observed and contact maintained until recovery

Clinician should consider further remedial treatment options (with reference to medical history):

• Administration of aspirin 300mg
• Application of GTN patch at site
• Continued warming
• Assess risk of necrosis
• Patients pain level
• Document decision making process to treat or refer

If referring:

• Clinician should either accompany patient or provide referral letter and maintain contact
• Notify insurer
• Maintain documentation of any further assessment, treatment, and communication.