

**FACILITY RESPONSIBILITIES REGARDING IDT REVIEWS AND NOTICE REQUIREMENTS WHEN AN  
EMERGENCY MEDICAL INTERVENTION WAS ADMINISTERED TO A RESIDENT [HSC 1418.8]**

*Use this flowchart for cases when the medical treatment is deemed immediately necessary for:*

- a) The preservation of life,*
- b) The prevention of serious bodily harm, or*
- c) The alleviation of severe physical pain or severe and sustained emotional distress.*

Facility receives from the attending physician:

- 1) An order for an **emergency** medical intervention that requires informed consent **and**
- 2) The determination that the resident lacks capacity to make healthcare decisions.

- 1) Facility may administer the medical intervention prior to:
  - a) The facility issuing the required notice to the resident and resident representative **and**
  - b) Convening an IDT team review.
- 2) Document the emergency in the resident's records.

- 1) Promptly search for/identify a legal decision-maker.
- 2) If a legal decision-maker is not identified, promptly seek a friend or relative to serve as the patient representative to participate in an IDT review.
- 3) Document the efforts to complete steps 1 and 2 in the resident's records.

***If the facility is not able to identify a private patient representative to participate in an IDT review, the facility must:***

- 1) Request the LTCPRP to assign a public patient representative.
- 2) Make the resident's medical and clinical records and relevant facility policies and procedures available to the public patient representative assigned.
- 3) Facilitate the public patient representative's in-person or virtual meeting with the resident prior to the IDT review meeting.

*Within 24 hours of administering the intervention, provide the required oral and written Emergency Intervention Notice to the resident and patient representative.*

**Was the medical intervention ordered to treat severe and sustained emotional distress or involve the application of physical or chemical restraint?**

**YES**

*Within 24 hours of administering the intervention, submit a copy of the Emergency Intervention Notice to the LTCPRP, even if an alternative patient representative is available.*

**NO**

*Conduct the IDT review within one week of administering the intervention.  
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Convene the IDT review meeting, which can be held in-person or virtually and must include -

- 1) The physician's assessment of resident's condition.
- 2) The reason for the proposed medical intervention.
- 3) A discussion of whether the proposed treatment is consistent with the resident's preferences/prior expressions of their health care wishes. The IDT shall give particular consideration to the resident's preferences/prior expressions of health care wishes unless they are inconsistent with the best interest of the resident, require medically ineffective health care, or contrary to generally accepted health care standards.
- 4) The type of medical intervention – its frequency and duration and risks and benefits.
- 5) Probable impact on the resident's condition, with or without the intervention.
- 6) Any reasonable alternatives considered or utilized and reasons for their discontinuance or inappropriateness.

