WHO Emergency Care Toolkit

Resuscitation Area Designation – Frequently Asked Questions

1. **Which health facilities should have a Resuscitation Area?**
   Every emergency unit should have a designated resuscitation area, no matter what the level of hospital.

2. **Which patients should be in Resuscitation Area?**
   Patients triaged as “red” or highest priority should be immediately transferred to the resuscitation area.

3. **Who is responsible for putting the patient in the Resuscitation Area?**
   The triage personnel will transfer the patient and alert the emergency unit staff as patients are transferred to the resuscitation area.

4. **If a patient deteriorates in the emergency unit, can they be moved quickly the resuscitation area?**
   Yes, it is common for patients to change their clinical status while in the emergency unit. If a patient acutely worsens and the equipment and medications are not readily available at the bedside, they should be moved to the resuscitation area.

5. **Do we really need this type of location?**
   Yes, physical design of the emergency unit is well known to correlate with the efficiency and safety of patient care. This is particularly true for severely ill and injured patients.

6. **Is there special training for doctors and nurses that treat patients in the designated resuscitation area?**
   Providers working in the resuscitation area should have specific training in managing critically ill patients. The approach to the acutely ill and injured patient is taught in the WHO/ICRC Basic Emergency Care course. More advanced principles are covered in the WHO Basic Critical Care course. The most senior provider should participate in the care of all patients seen in the designated resuscitation area.

7. **If the physical space of my emergency unit will not allow the designated resuscitation area to be both close to the triage area and close to the nurses’ workstation, which should I prioritize?**
   The designated resuscitation area should be located so that it is easily visible from the main nurses’ station (most important) and physician work area, if possible. All staff should be aware of its location and function.

8. **Does the resuscitation area need to be open all the time?**
   Yes, severely ill or injured patients may present at any time of night or day.

9. **Can the resuscitation area medication and equipment be modified for my setting?**
   Yes. While the medication and equipment has been determined by the critical interventions commonly performed in resuscitation areas, some modifications might be necessary for certain contexts. For example, if all post-partum complications are sent immediately to an obstetrics ward, a
uterine tamponade device may not be required in the resuscitation area. Resuscitation Area Equipment and Medications lists should be reviewed and modified for the specific setting.

10. **How long should the patient stay in the Resuscitation Area?**
   The patient should stay in the resuscitation area at least until they have been fully assessed for ABCD conditions (see [WHO BEC Course](#) for definitions) and critical interventions have been performed. If vital signs have improved, the patient may be moved out of the resuscitation area to make room for other patients at the senior clinician’s discretion. If the patient requires ongoing critical care (e.g., ventilation or ongoing fluid resuscitation), they should stay in the resuscitation area to ensure close monitoring.

11. **How often do we need check the availability of the medication and equipment for the resuscitation area?**
    The Resuscitation Area Equipment and Medication list should be checked every day to ensure ongoing availability of critical items needed for resuscitation.

12. **Who should be responsible for assessing the necessary medication and equipment in the resuscitation areas?**
    A nurse or senior technician should be assigned to complete the checklist daily to ensure that the proper medication and equipment is always available.

13. **What if we do not have all the available equipment and medications?**
    All emergency unit may not have all the available equipment and medications. Essential medications and equipment to manage ABCD interventions should be procured and prioritized.

14. **What key interventions should we be performing in the Resuscitation Area? Can these be done in other beds in the emergency unit?**
    Emergent ABCD interventions are performed in the resuscitation area. These services can be provided in other locations in the emergency unit. However, the movement of patients to the resuscitation area often ensures that these patients have the correct prioritization of staff attention and the necessary equipment and supplies.

15. **Can the supplies in the designated resuscitation area be used for patients in other areas of the emergency unit?**
    Supplies should be prioritized and kept in the resuscitation area for critically ill patients. If materials must be taken from the resuscitation area, ensure that they are immediately restocked.