RCH Simulation Program Skill Stations
Initial Responders – 1ˢᵗ 3 mins of resuscitation

LEARNING OBJECTIVES:

By the end of this module, candidates should be able to :

    (1) Demonstrate resuscitation of an infant & child according to the Australia Resuscitation Council (ARC) Basic Life Support & Advanced Life Support Guidelines

    (2) Allocate and assume roles of primary responders in the agreed standardised way to optimise effective resuscitation

E-LEARNING MODULES RELEVANT TO THIS SKILL STATION:

Title	Web link
Nursing Basic Life Support	http://www.learningseat.com/rch
Resus4Kids	http://www.resus4kids.com.au/

FORMAT SUITABLE FOR: **TIME REQUIRED:**

- Instructor / participant   ☒   **30 mins**
- Self directed learning   ☐

ROOM SET UP:

- Whiteboard/butcher paper
- 2 skill stations
- BSL infant & child mannequin each _with IV in-situ_
- Standard ward set up with minimum
    - oxygen & suction (with flow meter and suction system)
    - Hand gel
    - Gloves

NB: 2 facilitators required

EQUIPMENT REQUIRED:

Part-task trainer(s):   BLS infant mannequin
                                BLS child mannequin
Other: ARC BSL & Advanced Life Support Flow Chart laminated posters
                                Laminated role cards (8)
                                2 stop watches
                                White board/butcher paper & markers
                                ? Consider Sim Mon

Consumables: Infant Nasal Prong oxygen cannula

Peripheral IV bungs 's X 2

Yankuer sucker

Suction catheters

2 resuscitation trolleys, containing minimum of

- Sat probe
- ECG dots
- Oxygen masks (infant & child) and tubing
- Range oral airways
- Laerdal self inflating bags (500ml & 1500 ml) & masks suitable for infant & child
- Resuscitation board

Self-directed training sheet offered? ☐

GENERAL COMPETENCIES THAT CAN BE REINFORCED THROUGH THIS SKILL STATION

Hand Hygiene	☒
Patient Identification	☒
Safe Prescribing	☐
Establishing a Sterile Field	☐
Good Documentation	☒
Patient Handover	☒
	☐

CRITCAL STEPS CANIDATES MUST DEMONSTRATE FOR COMPETENCY:

Assess for <u>D</u>anger	
Assess <u>R</u>esponsiveness of infant/child	
Call for Help – Emergency buzzer - MET (777)	
Airway opening manoeuvres	
Look/listen/feel	
Effective bag-mask ventilation	
Effective chest compressions at ratio 15;2 & rate 100/min	
Monitoring attached	
Rhythm articulated	
Clear role allocation	

DISCUSSION POINTS:

1. Bag & mask technique
2. Chest compressions technique
3. Effective role allocation

ADDITIONAL READING:

1. ARC Paediatric Advanced Life Support Guidelines
2. ARC Basic Life Support flowchart
3. ARC Paediatric Advanced Life Support flowchart

(Y:\Clinical Resources & Guidelines for Scenarios or Skill Stations\Guidelines\Resuscitation)

STEP- TO- STEP GUIDE TO SKILL STATION: 1ST 3 MINUTES OF EFFECTIVE TEAM RESUSCITATION

A . Set Learning Objectives & review ARC Basic & Advanced Life Support algorithms (3mins)

Outline learning objectives of the skill station:
- Reinforce current ARC guidelines in the hospital environment
- Ensure correct technique for Paediatric BLS
- Explore effective role allocation for initial responders

Refresh DRSABC flow chart (refer to ARC Basic Life Support flowchart poster)

Refresh Paediatric Advanced Life Support flowchart (refer to poster)

B . Brain Storming Role Allocation (5mins)

Facilitator 1: leads brief discussion on role allocation of 1st, 2nd & 3rd responders. Then touches on subsequent additional staff

Facillitator 2: has laminated role card & white board's roles under clear headings
- 1st responder
- 2nd responder
- 3rd responder

C . Orientate to environment

Facilitator 1: orientates participants to area & equipment
- Nurse call
- Emergency bells
- MET call process
- Resuscitation trolleys and contents
- Monitoring

D . Practice BLS & role allocation in 3 minute scenarios (10mins x 2)

Instruction for facilitator:

Introduction

In a minute we will break into 2 groups

Undertake a short scenario where we practice putting into action the ARC guidelines & the roles we have just discussed.

We will let the scenario run for 3 minutes & then stop the team
We will have 5 mins to discuss: • how did it go trying to do in practice
                                         • review BLS technique
                                         • role allocation

Then we will swap over to the other mannequin & have a second practice

Break into 2 groups with 1 facilitator each (*with stopwatch*)

Allocate 1 person from each group to be patient nurse & identify emergency responders (2-3 others)
Give scenario outline

Short Scenario (Infant): Greg Kelly, six month old, admission day 3 bronchiolitis, 1 L NP oxygen
               Mother asks you to come quickly as he looks grey & lifeless

Short Scenario (Child): Peter Butt, 6year old asthma, admission day 3, oral prednisolone & 4 hrly
               Salbutamol via spacer
               Mother asks you to come quickly as he is not responding

Run scenario (3mins) with a stop watch stopping at 3 mins

1ˢᵗ Responder: Assess for Danger
                           Check Responsiveness of infant/child
                           Activate Emergency buzzer
                           Moves to assume AIRWAY role
                           Airway opening manoeuvres (+/- bed position; suction; oral airway)

Infant	Neutral	
Young Child	Sniffing	chin lift / jaw thrust
Older Child	Hyper-extend	

Assesses breathing (look, listen and feel)
Start bag-mask ventilation –*as soon as Laedal bag & mask available*
               Select correct size bag and mask
               High flow oxygen(10-15L/min)
               2 rescue breaths
               Observes for adequate rise and fall of chest
               Re assesses breathing

May start chest compressions if delay in getting advanced airway equipment

2nd Responder: Collects resuscitation trolley
Enters room & passes Laerdal bag & appropriate sized mask to 1st responder
Ensures MET call made (777)
Moves to assume CIRCULATION role
Start chest compressions if infant/child unresponsive & not breathing +/- absent pulse

Infant	2 fingers / encircle 2 thumbs	Lower 1/2 of sternum	Chest depth 1/3	Ratio 15:2	Rate 100 /min
Young Child	1 hand				
Older Child	2 hand				

3rd Responder: Moves to LEADERSHIP role

Ensures effective ABC
Ensures MET call made (777)
Ensures monitoring attached
   • ECG dots (can be defibrillation pads)
Ascertains if there is IV access
Directs break in CPR to assess rhythm
Articulates rhythm and 'shockable' or 'non-shockable'

Next steps (probably not in 1st 2-3mins)
Allocates roles of incoming staff : 2 people to drugs
                                              1 person to volume
                                              1 to scribe
Handover to MET team

5mins debrief: • how did it go trying to do in practice
(+/Δ model)   • review BLS technique
                             • review role allocation

Facilitator 2: reset environment

Swap and repeat

D . Session wrap up (2mins)

Reinforce objectives of session:

   (1) Demonstrated resuscitation of infant & child according to ARC Guidelines
   (2) **Allocated and practiced a standardised set of roles for 1° responders**

Name of facilitator:	Department:
Date:	Program:

1st scenario:

Start Time:
Finish Time:

	Danger	
	Responsiveness assessed	
	Emergency buzzer pushed	
	Airway opening manoeuvres	
	Look/listen/feel	
	Bag-mask ventilation	effective	
	Resuscitation trolley in room	
	MET call made	
	Chest compressions	effective	
	Monitoring attached	
	Rhythm articulated	

Role Allocation

1st responder - Airway	
2nd responder - Circulation	
3rd responder - Leader	

2nd scenario:

Start Time:
Finish Time:

	Danger	
	Responsiveness assessed	
	Emergency buzzer pushed	
	Airway opening manoeuvres	
	Look/listen/feel	
	Bag-mask ventilation	effective	
	Resuscitation trolley in room	
	MET call made	
	Chest compressions	effective	
	Monitoring attached	
	Rhythm articulated	

Role Allocation

1st responder - Airway	
2nd responder - Circulation	
3rd responder - Leader	