

STRIPE program



BLS—D

Basic Life Support and Defibrillation

By the end of the workshop learners will be able to

1. Describe and perform basic life support as outlined in the Australian Resuscitation Council guidelines
2. Be aware of the teamwork required to perform effective basic life support

Workshop outline (55 minutes)

PowerPoint presentation (15 minutes)

Practical session

Demonstration of airway skills (5 minutes)

Demonstration of CPR (5 minutes)

Demonstration of automatic external defibrillator (AED) (5 minutes)

Mini-scenarios (20 minutes)

Prevention is the best cure!

- Aim to involve learners using questions over a didactic approach
 - Gauge learner understanding early with definition of DRSABCD
 - Slides with no text are generally trigger slides to see what the learners understand
-
- mention clinical markers, alteration of normal signs which can predict deterioration

Your patient has just
collapsed on the floor

what now?

get learners to define DRSABCD

D
R
S
A
B
C
D

Ask participants what the letters stand for.

D – check for **danger**

R – check for **response**

S – **send** for help

A – open **airway**

B – **breathing** normally?

C – **cardiopulmonary** resuscitation

D – attach **defibrillator**

Dangers

What are they?

Ask the participants what dangers they are concerned about?

Get learners to identify potential dangers: e.g. bodily fluids, external hazards

Response

How will you get a response?

Get learners to describe methods of obtaining a response

1. Shake and shout
2. Painful stimuli: trapezius squeeze (Vulcan neck pinch), sternal rub, nail bed

Response



Send for help

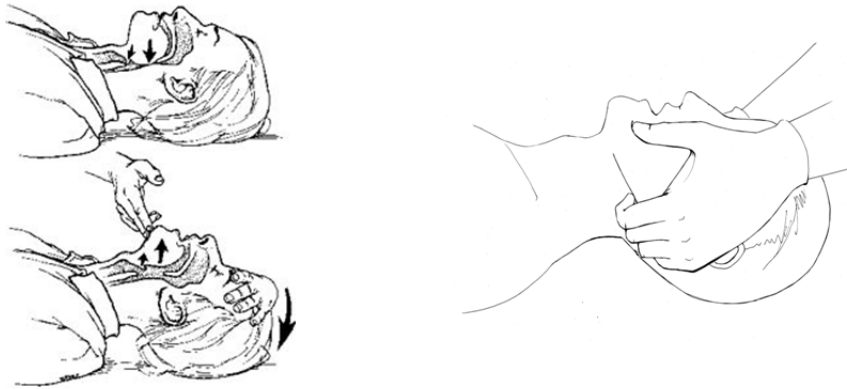
HELP!
who are you
going to
call?

What ways are there to send for help? Who are you going to call?

Learners to describe locations of help

- Local – call/yell; emergency buzzer
- Distant – 000, code blue/MET, note organizational differences

Airway



learners to recognize head tilt/chin lift, jaw thrust.

Vomiting – mention recovery position/suction

Breathing

- What is normal breathing?
- Start CPR if not responsive and not breathing normally
- Compressions before breathing now

Mention “abnormal breathing” – no more rescue breaths first because cause of arrest in most adults is cardiac.

CPR

What is the position?

Discussion about how to achieve effective compressions

CPR

**What is the
position?
Lower half of
chest**

No need to measure anymore, locate centre of chest

CPR

What is the
ratio?

CPR

What is the
ratio?

30:2

CPR

What is the
rate?

CPR

What is the rate?

100bpm =

Staying' Alive

Talk about how the staying alive song is good to remember as it helps guide how fast to go.

CPR

**What is the
depth?**

CPR

What is the
depth?

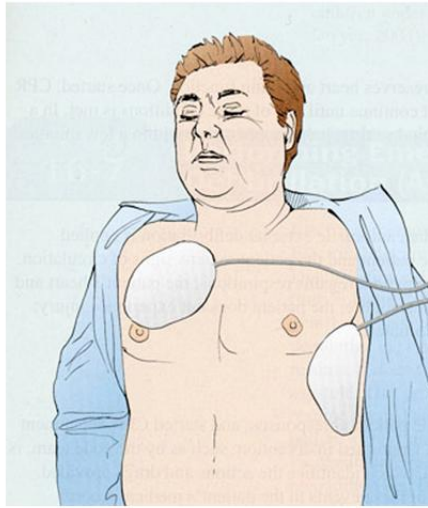
5cm – $\frac{1}{3}$
chest

Defibrillator



identify AED vs. manual and talk about the main differences in terms of operator being able to determine rhythm or machine determines rhythm.

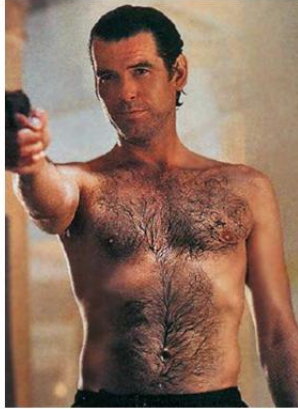
Defibrillator



pad placement – note that pads have pictures of placement

Mention to check for metal, moisture, central lines or pacemakers and to avoid anything on the chest when applying pads.

Defibrillator



When to shave or cut hair? Only if the pads are not sticking in an emergency situation.

What about large breasted women? Pads go under breast tissue not above.

Defibrillator



- 10% reduction in survival for every minute in VF/VT
(Guideline 7, 2011, Australian Resuscitation Council)
- Analyze every 2 minutes or 5 cycles of CPR

emphasize early defibrillation and “chain of survival”

- If able – anticipate and plan for arrival of code/MET team
- Resus trolley/cart - drugs
- Medical staff – airway adjuncts/IV access
- Nursing – check BSL/bloods
- Documentation – code blue chart
- Speak to family?

Importance of teamwork, and effective leadership

Teamwork issues

- What is the priority until help arrives?
- Good quality compressions are paramount
- As a team ensure basics are attended to
- Monitor each other

References

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