

RESUS4KIDS Scenario 1 Summary – 40 mins

John, an 11-month old (10 kg) arrives in the emergency department waiting room with his grandparents after collapsing in the car. His grandmother had decided to bring in her grandson as he has had a mild viral illness for the past few days. However, on the journey he collapses.

or

John, an 11 month old (10 kg), was admitted to the paediatric ward last night after becoming momentarily unresponsive at home. His initial work up had been unremarkable and he was admitted for observation of a possible first seizure. You are filling in paper work at the desk when John’s mother comes to you and says he doesn’t look well.

or

Pre hospital or Community Healthcare staff

You are called to an 11-month old boy (10 kg), who has been unwell for a few days. On arrival you find the patient is now collapsed. The bystanders, his grandparents, state that John has had a mild viral illness for the past few days.

Introduction	<ul style="list-style-type: none"> • Introduce how the scenario will run - ‘pause and discuss’ teaching • Explain the equipment on the table and that you don’t want participants to just tell you the answer but you want them to demonstrate the skill • Explain COACHED
Danger Participants 1	<ul style="list-style-type: none"> • Discuss potential dangers including dangers to: <ul style="list-style-type: none"> - The patient - The rescuer - Others • Discuss PPE
Response Participant 2	<ul style="list-style-type: none"> • Participant to demonstrate how to check for a response in an infant using 'talk and touch'
Send for Help Participant 3	<ul style="list-style-type: none"> • Participant to explain the different ways of calling for help in their healthcare environment including <ul style="list-style-type: none"> - Shouting for help - Emergency buzzer - Telephone



Airway Participant 4	<ul style="list-style-type: none"> Participant to: <ul style="list-style-type: none"> Place the infant in the neutral position Suction the infants airway Perform a chin lift and a jaw thrust Size and insert a guedel airway
Airway All participants	<ul style="list-style-type: none"> All participants to demonstrate: <ul style="list-style-type: none"> Chin lift Jaw thrust Inserting a guedels airway
Breathing Participant 5	<ul style="list-style-type: none"> Participant to demonstrate: <ul style="list-style-type: none"> Look, listen and feel How to use an adults size mask on an infant Perform 2 rescue breathing using the correct size bag and mask
Breathing All Participants	<ul style="list-style-type: none"> All participants to now demonstrate 2 rescue breaths using the correct size bag and mask <p>Note: After all participants have demonstrated this skill participant 5 returns to breathing and participant 6 arrives to help</p>
Circulation Participant 6	<ul style="list-style-type: none"> Participant to identify where to perform a pulse check on an infant. No pulse present Participant to demonstrate compressions: <ul style="list-style-type: none"> Lower half to the sternum Ratio 15:2 Rate 100- 120 compressions per minute 1/3 depth of the chest
Compressions and breaths	<ul style="list-style-type: none"> All participants to now work in pairs delivering breaths and compressions to the patient Ask the last pair to remain on breaths and compressions
Help arrives	<ul style="list-style-type: none"> Bring the rest of the group in as the 'help' that has arrived. The group is to work as a team to care for the patient. Allocate role: Team leader, defibrillation person, person preparing medication, person on standby to take over compressions at the 2 minute mark.
1st Rhythm check	<ul style="list-style-type: none"> Participant to demonstrate COACHED <ul style="list-style-type: none"> The patient is in VF Deliver shock CPR recommenced
During 2 minutes of CPR	<ul style="list-style-type: none"> During this 2 minutes of CPR participants are to: <ul style="list-style-type: none"> obtain IV/IO Access Prepare adrenaline 10mcg/kg COACHED in the last 15 seconds of the 2 minute cycle



2nd Rhythm Check	<ul style="list-style-type: none"> • Patient remains in VF <ul style="list-style-type: none"> - 2nd shock given - Recommence CPR - 1st dose of adrenaline given
2 minutes of CPR	<ul style="list-style-type: none"> • During this 2 minutes of CPR participants are to: <ul style="list-style-type: none"> - Participants to prepare dose of Amiodarone 5mg/ kg - COACHED in the last 15 seconds of the 2 minute cycle
3rd Rhythm Check	<ul style="list-style-type: none"> • The infant is in a non-shockable rhythm <ul style="list-style-type: none"> - Disarm the defibrillator - Assess for pulse: PRESENT - The patient is starting to cough <p>END SCENARIO</p>
Summary	<ul style="list-style-type: none"> • Summarise with your group the key teaching elements of the shockable pathway <ul style="list-style-type: none"> - Defibrillation joules 4J/kg - Adrenaline dose 10mcg/kg - Amiodarone 5mg/kg - 60 seconds to obtain IV access in an arrest before performing an IO



RESUS4KIDS Scenario 2 Summary – 5 mins

You are working in the emergency department / paediatric ward (use one) looking after a one year old boy who has gastroenteritis. He has successfully completed his trial of oral fluids but he now seems unhappy after eating a small lolly. Instructor holds manikin in own arms gives manikin to one participant stating – ‘I think he has inhaled a lolly. Can you help him?’

or

Pre hospital or Community Healthcare staff

You are picking up your lunch at a café. A small child is sitting with his family near where you are waiting for your meal. He is eating a lolly. He waves at you, you smile and turn away.

You feel a tap on the shoulder and turn - Instructor holds manikin in own arms gives manikin to participant’s stating –“I think he has inhaled a lolly. Can you help him?”

Introduction	Read the above scenario to the participants. Hand the manikin to one participant stating – ‘I think he has inhaled a lolly. Can you help him?’
Effective Cough	<ul style="list-style-type: none"> • Baby has an effective cough: - Participant to encourage the baby to cough.
Ineffective Cough	<ul style="list-style-type: none"> • The baby has an ineffective cough: - Participant to sit down if possible - Participant to give the baby 5 back blows - Participant to give the baby 5 chest thrusts
Unresponsive	<ul style="list-style-type: none"> • The baby is now unresponsive - Participant to state that they would commence CPR <p>End of scenario</p>
Summary	<ul style="list-style-type: none"> • Summaries with your group the key teaching elements in the management of a choking child - How to encourage coughing for different age groups - How to give a back blow - How to give a chest thrust - When to call for help - The important of starting CPR if the child becomes unconscious • Feel free to share an experience if you have one



RESUS4KIDS Scenario 3 Summary – 10 mins

Jodie is a one-year old baby girl (10 kg) who has had a one-day history of fever. Her mother feels she is just not herself and is starting to be less responsive. She calls an ambulance. The ambulance personnel bring her into the ED where, as they hand over to you, the infant seems to be deteriorating rapidly.

or

Jodie is a one year old baby girl (10 kg) who was admitted to the paediatric ward this morning for observation after a first febrile convulsion, presumably of viral cause. Her mother calls you over as she feels she is just not herself and is starting to be less responsive.

or

Pre hospital or Community Healthcare staff

Jodie is a one-year old baby girl (10 kg) who has been unwell for a few days, reduced oral intake and urine output with high fever. Her mother feels she is just not herself and is starting to be less responsive. She calls an ambulance. Prior to your arrival Jodie becomes unresponsive and pale.

NOTE: Start this scenario with one participant and when they send for help slowly add the others. It is important to make sure that at least one other participant has arrived before compressions to ensure that the correct CPR ratio of 15:2 is maintained

Introduction	<ul style="list-style-type: none"> ● Introduce participants to this scenario by explaining <ul style="list-style-type: none"> - The scenario will run in real time so they will be doing CPR for 2 minutes - The scenario starts with one person and when they call for help the rest of the team will slowly arrive - If multiple team members are present then multiple tasks can be done at the same time - Remind the group to think about the teamwork, leadership and communication elements discussed at the beginning of the practical course
DRS	<ul style="list-style-type: none"> ● There is no danger ● The patient is unresponsive ● Help is called
Airway/ Breathing	<ul style="list-style-type: none"> ● Participant to: <ul style="list-style-type: none"> - Place the infants airway in a neutral position - Check the airway: clear - Perform an airway opening manoeuvre - Look, listen and feel: the infant is not breathing



Breathing/ Circulation	<ul style="list-style-type: none"> • 1st responder gives breaths • 2nd participant arrives and checks for a pulse. No pulse • CPR commenced at a ratio 15:2
Help arrives	<ul style="list-style-type: none"> • The rest of the team arrives to help • Roles allocated • Defibrillation pads attached • COACHED
Non- Shockable Rhythm	<ul style="list-style-type: none"> • The infant is in a non-shockable rhythm <ul style="list-style-type: none"> - Defibrillator disarmed - Pulse check. No pulse - CPR commenced (performed for 2 minutes) - First dose of adrenaline prepared and given (10mcg/kg)
Reversible causes	<ul style="list-style-type: none"> • While CPR is in progress for 2 minutes the team is to treat reversible causes <ul style="list-style-type: none"> - Hypoxia (Good bag and mask ventilation) - Hypovolaemia (20mls/kg of 0.9% Sodium Chloride) - Hypoglycaemia (2-2.5mls/kg of 10% dextrose)
Rhythm check	<ul style="list-style-type: none"> • COACHED performed <ul style="list-style-type: none"> - Infant remains in a non-shockable rhythm - Defibrillator disarmed - Pulse check performed (If all 3 above reversible causes are treated there is a pulse present. If not then the infant remains in PEA and CPR should be recommenced).
Reversible causes	<ul style="list-style-type: none"> • Team continue to treat reversible causes as above • Prepare second dose of adrenaline (10mcg/kg)
Rhythm check	<ul style="list-style-type: none"> • Last 15 seconds of 2 minute cycle COACHED performed <ul style="list-style-type: none"> - Infant remains in a non-shockable rhythm - Defibrillator disarmed - Pulse check performed: Pulse present <p>End Scenario</p>
Summary	<ul style="list-style-type: none"> • Summarise with your group the key teaching elements of the non-shockable pathway <ul style="list-style-type: none"> - When to give adrenalin and the dose - 3 most common reversible causes in paediatrics and their treatment: hypoxia, hypovolaemia and hypoglycaemia - Discuss how the team performed as a team

