ADVANCED PAEDIATRIC LIFE SUPPORT COURSE\_6e course updates August 2017

### APLS COURSE PROGRAM: DAY 1

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| --- | --- | --- |
| 0900-1000 | Faculty EducationAll faculty attend – so good to commence with introductions etc | * 6e updates (manual & course)
* ALSi – check scenarios as while some case scenarios haven’t changed – all scenarios were re-programed. Check through sequence to ensure no unexpected surprises!
* Team teaching BLS/ALS/AED to organise/clarify demonstrations/sequence
 |
| 1000-1030 | FACULTY MEETING/MT for faculty |  |
| 1030 - 1045  | Welcome and Aims |   |
| 1045-1130(45 mins) | Interactive Plenary:*Cardiac Arrest and Advanced Life Support*Including approach to neonatal resuscitationAims: -Early interaction between faculty and candidates -To recall and consolidate online learning and demonstrate:* To demonstrate an understanding of the **structured approach** for managing a child who has arrested.
* To highlight specific management for prevalent pre-arrest cardiac conditions
* Briefly outline resources for managing neonatal arrest.
 | Led by:Assistants – faculty at each table according to 1st colour group of skill station* Session objectives revised
* Notes under slides revised
* VT activity removed
* Neonatal algorithm no longer hidden
 |
| 1130-1230 | Basic & Advanced Life Support Skill StationsAirway Management (A)Airway Management (B)Choking & BLS/Rhythms, Defibs & AED | * Read 6e chapter to know what candidates have read. Emphasis on airway management for ventilation/oxygenation – caution with unskilled intubation
* Choking/BLS & Rhythns/Defib/AED needs a “session leader” for guiding initial demonstrations to 12 candidates.
* 6 instructors: therefore 3 groups of 4 candidates. BLS – use 2 manikins – practice both child/infant at same time. For manual defib practice, candidates rotate through all roles– aim for 2 practices each of defib drill.
* Finish with AED demonstration.
 |
| 1230 - 1315 | Lunch (45 mins) | Mentors meet Mentees |
| 1315 – 1415 | Basic & Advanced Life Support Skill StationsCont’d as above | Cont’d |
| 1415-1430 | DemonstrationCardiac Scenario | No change – except new calculation sheetPlease use I/O when access needed.Instructor: Candidate: Assistants x2: Co-instructor to model debrief by 2nd instructor. |
| 1430-1630 | Scenario Teaching Stations (3 x 40 mins)Cardiac Scenario A - scenario 1 / 2Cardiac Scenario B - scenario 3 / 4Cardiac Scenario C - scenario 5 / 6Cardiac Scenario D - scenario 7 / 8 | * Check all scenarios
* NOTE – HR sound defaulted to OFF - so please turn ON if you want to use this auditory cue.
* Esp scenario 7 (need to build realism & be prepared for unpredictable candidate actions:- recurrence of pulseless VT after initially reverting with 1 shock)
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| 1630-1700 | Tea/CoffeeFaculty meeting | All faculty |
| 1700-1800 | Practical skills testing | No change |
|  | Mentor meeting |  |
|  | Faculty meeting |  |

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COURSE PROGRAM: DAY 2

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| 0800 - 0845 | Interactive Plenary:*Structured approach to serious illness*Aim: To recall and consolidate online learning and demonstrate:* The structured approach to the seriously ill child
* The clinical assessment sequence to identify life-threatening illness in a child.
 | Led by:Assistant:* Added tips to facilitation of session underneath slides
 |
| 0845 – 0945 | Workshops on Seriously Ill Child (2x 30 mins)1. Pain Management 2. Fluid and Electrolytes3. Sepsis4. Transportation | 1. Pain Mx - ? Conclusion slide
2. F&E: Note 4%n/5 saline in online learning
3. No change
4. ATMISTER in 6e- local preference ISBAR
 |
| 0945 - 1000 | TEA/COFFEE |  |
| 1000 – 1100 | Workshops on Seriously Ill Child (2x 30 mins)Cont’d  | Cont’d |
| 1100 - 1115 | Demonstration Illness Scenario | No changeInstructor: Candidate: Assistants x2:  |
| 1115 – 1235 | Illness Scenario Teaching Sessions (2x 40 mins)Serious Illness A - scenario 1 / 2Serious Illness B - scenario 3 / 4Serious Illness A - scenario 1 / 2Serious Illness B - scenario 3 / 4 | Check all scenarios as minor updates re temperature, weights etc, some story lines.-Scenario 1: be clear on 40mls/kg then inotropes (page 73 of 6e manual)- Scenario 4 – Dose of Midazolam 0.15mg/kg in online/formulary/Monash Drug book BUT 0.1mg in algorithm (pgs 102-104) |
| 1235 - 1320 | LUNCH |  |
| 1320 – 1440 | Illness Scenario Teaching Sessions (2x 40 mins)Serious Illness C - scenario 5 / 6Serious Illness D - scenario 7 / 8Serious Illness E - scenario 9 / 10Serious Illness F - scenario 11 / 12 | Scenario 10 -have A3 defib sequence in room to revisit the ‘drill’ – as case has PEA arrest. |
| 1440 - 1450 | BREAK |  |
| 1450 – 1610 | Illness Scenario Teaching Sessions (2x 40 mins)Serious Illness C - scenario 5 / 6Serious Illness D - scenario 7 / 8Serious Illness E - scenario 9 / 10Serious Illness F - scenario 11 / 12 |  |
| 1610 - 1630 | TEA/COFFEE Mentor meetings | All faculty |
| 1630 - 1715 | Lecture Theatre Plenary:*Structured Approach to Trauma*Aim: To recall and consolidate online learning and demonstrate:* The structured approach to managing seriously injured child
* The identification of life-threatening injuries in a child
 | Led by:Assistant:Updates to slidesInstruction slide for ActivitiesModification to A3 worksheets |
| 1715 - 1745 | Spinal Skills 4 Groups | Consider collar removal & MILS with whole group and then splitting for logrolling/discussion of spinal clearancex8 faculty members |
| 1745 | FACULTY MEETING | All faculty |

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COURSE PROGRAM: DAY 3

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| 0800 - 0820 | Demonstration Trauma Scenario | Instructor: Candidate: Assistants x2: Scenario Updated **& turn calculations sheet over for TXA & 10mls/kg****Note error: KTP – Mj haemorrhage protocol (should be Mj Transfusion) Diagnosis has left leg (should be right leg)** |
| 0820 – 0940 | Trauma Skills Stations (2x 40 mins)1. Vascular Access (IO / UVC)
2. Chest procedures (ICC, Pericardiocentesis)
3. Airway Rescue
4. Radiology
 | 1. No changes
2. No changes, (anatomy app coming)
3. Airway rescue – greater emphasis on oxygenation - LMA. New material yet TBC
4. Radiology\_2017 version
 |
| 0940 - 0950 | BREAK |  |
| 0950 – 1110 | Trauma Skills Stations (2x 40 mins)1. Vascular Access (IO / UVC)
2. Chest procedures (ICC, Pericardiocentesis)
3. Airway Rescue
4. Radiology
 | Cont’d |
| 1110 – 1130 | TEA/COFFEE |  |
| 1130 – 1330 | Scenario Teaching Sessions (3x 40 mins)1. Trauma Scenario A - scenario 1 / 22. Trauma Scenario B - scenario 3 / 43. Trauma Scenario C - scenario 5 / 64. Trauma Scenario D - scenario 7 / 8 | All kids arrive in collars , except burns (#4)**Turn calculation sheet over to Trauma**Check all scenarios as updates made to reflect 6e changes.**Read Trauma Updates under Instructor Development/Notices** Bags of blood in kitsMimic head blocks |
| 1330 - 1415 | LUNCHFACULTY MEETING | All faculty |
| 1415 - 1545 | Testing Stations 1. MCQ – 2. Scenarios 1 2 3 Retesting | Minor changes to MCQ\_ Sept 2017Testing scenarios have been updatedIllness - Faculty clarity re boluses - 40mls/kg before inotropesTrauma - TXA not a fail/pass point (on calculation sheet) |
| 1545 - 1615 | FACULTY MEETING | All faculty |
|  1615 | Feedback to candidates and course closure. | All faculty |