ADVANCED PAEDIATRIC LIFE SUPPORT COURSE\_6e course updates August 2017

### APLS COURSE PROGRAM: DAY 1

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| 0900-1000 | Faculty Education  All 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 resuscitation  Aims:  -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 Stations  Airway 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 Stations  Cont’d as above | Cont’d |
| 1415-1430 | Demonstration  Cardiac Scenario | No change – except new calculation sheet  Please 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 / 2  Cardiac Scenario B - scenario 3 / 4  Cardiac Scenario C - scenario 5 / 6  Cardiac 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) |
| 1630-1700 | Tea/Coffee  Faculty 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 Electrolytes  3. Sepsis  4. 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 change  Instructor:  Candidate:  Assistants x2: |
| 1115 – 1235 | Illness Scenario Teaching Sessions (2x 40 mins)  Serious Illness A - scenario 1 / 2  Serious Illness B - scenario 3 / 4  Serious Illness A - scenario 1 / 2  Serious 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 / 6  Serious Illness D - scenario 7 / 8  Serious Illness E - scenario 9 / 10  Serious 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 / 6  Serious Illness D - scenario 7 / 8  Serious Illness E - scenario 9 / 10  Serious 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 slides  Instruction slide for Activities  Modification to A3 worksheets |
| 1715 - 1745 | Spinal Skills  4 Groups | Consider collar removal & MILS with whole group and then splitting for logrolling/discussion of spinal clearance  x8 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 / 2  2. Trauma Scenario B - scenario 3 / 4  3. Trauma Scenario C - scenario 5 / 6  4. 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 kits  Mimic head blocks |
| 1330 - 1415 | LUNCH  FACULTY MEETING | All faculty |
| 1415 - 1545 | Testing Stations  1. MCQ –  2. Scenarios 1  2  3  Retesting | Minor changes to MCQ\_ Sept 2017  Testing scenarios have been updated  Illness - Faculty clarity re boluses - 40mls/kg before inotropes  Trauma - TXA not a fail/pass point (on calculation sheet) |
| 1545 - 1615 | FACULTY MEETING | All faculty |
| 1615 | Feedback to candidates and course closure. | All faculty |