

APLS: Cardiac Scenario 5

History {initial candidate briefing prior to arrival of child}

You are called to the paediatric ward to a collapsed infant. The 4/12 old infant had cardiac surgery and repair of a Tetralogy of Fallot, 8 days earlier. He has been found limp and lifeless in his cot.

Recorded weight 5 kg.

Initial impression {provide information as candidate assesses child and applies monitoring}

A nurse is ventilating the child with a bag-valve-mask and there is no spontaneous respiratory effort. The child is pulseless. There is an intravenous line in situ in the antecubital fossa.

Clinical Course {to be given to candidate as they progress}

The monitor shows VF. The child remains in VF until satisfactory ventilation with oxygen, chest compressions and a total of 3 DC shocks have been given (i.e. after adrenaline, amiodarone). A sinus rhythm with output is then achieved.

INSTRUCTORS INFORMATION

Key Treatment Points



Airway & Breathing	Establish airway patency	
	BVM ventilation with 100% O ₂	
	Consider LMA/intubation or arrange for intubation	
Circulation	VF protocol	
General Therapy	Uninterrupted BLS	

Diagnosis: Cardiorespiratory arrest – VF, congenital cardiac disease, cardiac surgery

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to management and diagnosis during cardiac arrest
- Perform BLS/ALS effectively and safely
- Recall and apply the ALS VF/VT algorithm in their own practice
- Recall and apply the 4 Hs/Ts in their own practice

APLS: Cardiac Scenario 6

History {initial candidate briefing prior to arrival of child}

Sam, a 2 week old infant, is brought into the Emergency department by his parents. He has a week long history of cough and wheeze. On arrival he is pale and floppy. Estimated weight 4 kg.

Initial impression {provide information as candidate assesses child and applies monitoring}

Unresponsive, pulseless and apnoeic.

Clinical Course {to be given to candidate as they progress}

The child remains in asystole until ventilation with oxygen and chest compressions are established and two doses of adrenaline have been given. A slow sinus rhythm rapidly becomes a sinus tachycardia with good output. Temperature 34.8.

INSTRUCTORS INFORMATION

Key Treatment Points



Airway & Breathing	Establish airway patency	
	BVM ventilation with 100% O ₂	
	Consider LMA/intubation or arrange for intubation	
Circulation	Asystole protocol	
	IV/IO access	
General Therapy	Uninterrupted BLS	
	Rewarm	

Diagnosis: Cardiorespiratory arrest - asystole. Hypoxia secondary to apnoea from bronchiolitis. Hypothermia

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to management and diagnosis during cardiac arrest
- Perform BLS/ALS effectively and safely
- Recall and apply the ALS asystole algorithm in their own practice
- Recall and apply the 4 Hs/Ts in their own practice