

## APLS: Cardiac Scenario 5

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### **History** {initial candidate briefing prior to arrival of child}

You are called to the paediatric cardiology ward to a collapse. John is a 4/12 old baby transferred to the ward this morning from ICU. He had cardiac surgery and repair of a Tetralogy of Fallot five 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 are two intravenous lines in situ in the right and left 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



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

**Diagnosis:** Cardiorespiratory arrest – VF secondary to 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

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**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



<b>Airway &amp; Breathing</b>	Establish airway patency	
	BVM ventilation with 100% O <sub>2</sub>	
	Consider LMA/intubation or arrange for intubation	
<b>Circulation</b>	Asystole protocol	
	IV/IO access	
<b>General Therapy</b>	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