

APLS: Cardiac Scenario 5 – PACIFIC

History {initial candidate briefing prior to arrival of child}

You are called to the paediatric ward where a 12 year old girl is an inpatient. She has known rheumatic heart disease and has acute carditis and prolonged PR interval on ECG. Her monitor has been going off due to tachycardia

Estimated Weight 30kg.

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

She is agitated and looks pale. HR 190 and irregular, BP 79/51, RR 40, SpO2 89% room air. Airway is patent, Chest is clear, Systolic murmur, CRT 2 sec

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

As she is being reassessed, she starts turning blue and becomes unresponsive, apnoeic and pulseless. The monitor shows VF
She remains in VF until after the 2nd shock.

INSTRUCTORS INFORMATION

Key Treatment Points

Airway & breathing	Establish airway patency
	BVM ventilation with 100% O ₂
	Consider LMA/intubation
Circulation	VF protocol
	IV/IO access
General Therapy	Uninterrupted BLS

Diagnosis

Rheumatic Heart Disease (RHD), Arrhythmia, Cardiopulmonary arrest, Ventricular fibrillation

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}

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