

Dear Co-ordinators

Here is a summary of the changes to the course and administration that you'll need to be aware of and check that the Course Directors have also reviewed current changes:

- **Course Revisions**

- **Reducing use of paper: A3 copies of the program and faculty/candidate list:** ask candidates to take photos at registration.
- **Laptop material update:** latest version is July 2023

Day 1

Changes to Airway Testing (see laminated cards – only teaching LMA insertion/not testing)

Display Candidate PowerPoint during faculty meetings with the APLS Instructor Attributes slide visible. Cut and paste candidate's names and work designation from the Faculty and Candidate list. Mentors can be added to the bottom table.(see image below)

Inclusion of 3 A3 "COACHED Approach" laminates for Defib & Rhythms skill station

- **Day 2**

- **Revision of Transport Workshop.** Transport Workshop has been revised. Updated pptx and resources for 3 groups (sending, communication link, receiving)
- **Scenarios** and ALSi settings have been updated as a result of course feedback (Illness 6/7, Cardiac 5)
- **Videos to support Thoracic Workshop.** Tracey Merriman succinctly describes thoracic anatomy (5 mins) and describes a technique for chest insertion (7 mins). QR codes/link addresses have been added **to the end of the Trauma Plenary pptx.**

- **Day 3 Emergency Skills**

- **Additional A3 posters** for Thoracic workshop. Copy of QR codes for videos and Finger Thoracostomy/Intercostal catheter instructions. (see image below)
- **Newborn Life Support – A3 copies of algorithm and link to video resource to be added for UVC set up.**

- **Faculty Development**

- **7e: final proof reading of UK version in April.**
- **Instructor Day 2023.** Hold the date 17th November 2023. (Directors workshop on afternoon 16th November). Plans are for a program that provides practical application of facilitation skills. No cost for Instructor Day program
- **Coaching on Courses** – Please share with coaches the rotation sheets so they can plan the rooms they may enter
- **Instructor Candidate Feedback Forms** – Please ask IC's to take a scan/photo of their Completed Feedback Forms for their own records (all pages). Send hard copy of all pages of the completed IC forms back to APLS office with paperwork.

• **Course Administration – refunding expenses.**

- **Expensify/Reimbursements:** for APLS to responsibly manage costs, please submit your claims **within 7 days of participating in a course**. Use of apps for UBER and Expensify facilitate this process for you. If you are having difficulties -for APLS Courses (aplscourses@apls.org.au) 03 7003 7615. Refresher/GIC courses Refresher Courses (faculty@apls.org.au) or 03 7003 7619
- **Faculty Feedback** – If you have comments or suggestions for the office, CEO, committees and or the Board - please use the QR code (ask the co-ordinator). This generates a report that is viewed monthly by the relevant teams. There is an A3 laminated poster with QR code
- **Via MyAPLS and My Courses** -Accommodation and Faculty dinner venues are listed for the courses you are attending. (Faculty and Candidate lists are also available for CDs and Coaches. Also a Course Directors ‘hub’ is under development so that link will be on you MyAPLS page soon.)

As always- thanks for your commitment to APLS- improving the management of seriously ill and injured children in Australia and overseas.

Geraldine

Thoracic Workshop

Prep for Thoracic Skills

Landmarks (5 mins) **SCAN ME**
<https://flowcode.com/p/02Pn3K087te-0>

Chest Tube Insertion (7 mins) **SCAN ME**
<https://flowcode.com/p/02Pn3K087te-0>

Finger Thoracostomy

- Invasive procedure used to decompress a possible tension pneumothorax urgently (as an alternative to needle thoracostomy)
- Involves rapid sharp incision down to rib, 5th or 4th IC space, anterior to mid-axillary line, and blunt penetration of the rib space and pleura by a gloved finger.
- Withdrawal of the finger then allows rapid release of a tension pneumothorax on an occasion a senior team member

Indications: High suspicion of tension pneumothorax, with critical clinical instability. As part of Traumatic Cardiac Arrest (TCA) where tension haem/pneumothorax may be responsible.

Contraindications and Cautions: Used inappropriately in spontaneously breathing patient causes open pneumothorax and may collapse lung. Not as management for any pleural disease, and should always have ICC placed after procedure.

For urgent intervention in a deteriorating ventilated patient where tension haem/pneumothorax may be the cause

Intercostal catheters

Requirements for safe insertion

- Familiarity with the equipment available in your institution
- Developing the skill through training and practice
- Selecting the right patient

Large bore ICC	Small bore ICC
Most common type used in children	Most common catheter used in neonates
Considered more effective in critical trauma - for rapid air and blood evacuation	Should be considered in stable trauma - can drain both air and blood
Open suction approach	Sealing technique
More invasive and painful	Less invasive and well tolerated
More suctioning	Less suctioning

UVC Skill station

Newborn life support

At all stages ask: do you need help?

Umbilical Venous Catheterisation (UVC)

Umbilical venous catheter (UVC) insertion

<https://www.neoresus.org.au/learning-resources/video-resources/>

Candidate PowerPoint

The C.O.A.C.H.E.D. Approach:

- C:** Continue compressions
- O:** Oxygen away (1 metre away)
- A:** All others away (visual check)
- C:** Charging (top clear, middle clear, bottom clear)
- H:** Hands off (state -"I am safe")
(if Mechanical CPR state -"pause compressions")
- E:** Evaluate rhythm
- D:** Defibrillate or disarm charge

1. Elly Mae Mountain Beauty Beverly Hills California	2. Milburn Drysdale Banker Beverly Hills California	3. Jed Clampett Millionaire Beverly Hills California	4. Miss Hathaway Secretary Beverly Hills California	5. Granny Matriarch Beverly Hills California	6. Jethro Eternal student Beverly Hills California
Mentor: Bruce	Bruce	Chris	Chris	Kate	Kate