PRACTICAL SKILL STATION

**Basic life support and choking**

**KEY TEACHING OBJECTIVES**

Each candidate should receive practical instruction on the following:

1. Basic life support of an infant
2. Basic life support of a child
3. Airway opening without mask application

**With the current Covid 19 situation expired air resuscitation will no longer be taught/practised. BVM ventilation will be substituted to ensure participant safety. We will practise one person BVM ventilation (as would occur in a non-Covid child) to enhance social distancing.**

**EQUIPMENT REQUIRED**

Resusci babe x 2

Resusci junior x 2

Face shields

Antibacterial wipes x 2

**ENVIRONMENT**

Divide the room into two halves. In each half of the room arrange the candidates’ chairs facing one junior and one baby manikin. Instructors should face students at all times during demonstrations.

**PLAN**

* Instructors should be positive and supportive throughout the session, reminding the candidates of the availability of the supervised and unsupervised sessions available to them during the course. They should also remember that this skill station produces stress in candidates and that they should attempt to alleviate this.

**SET**

“During this session we are going to teach you how to perform basic life support on a collapsed infant, and child, whilst at the same time ensuring your own safety. We will also practice airway opening and practice the procedure for the choking child. We will teach bag valve mask ventilation during this session rather than expired air resuscitation as part of Covid precautions”

**DIALOGUE**

This station is taught using the 4 part-technique described previously in the preface to Practical Procedures/workshops. The following techniques should be taught:

**BASIC LIFE SUPPORT**

|  |
| --- |
| 1. Initial DRS approach: |
| * Check for Dangers |
| * Assess Responsiveness |
| * Send for Help |
|  |
| 1. Open Airway |
|  |
| 1. Assess Breathing |
|  |
| 1. Give 2 Breaths **(BVM ventilation)** |
|  |
| 1. Determine need for Chest Compressions: |
| * no normal breaths |
| * no cough in response to resuscitation breaths |
| * no central pulse – take no more than 10 seconds |
|  |
| 1. Start chest compressions (see note below) |
| * hand position |
| * depth and recoil |
| * rate of 100 -120 per minute |
|  |
| 9. Ventilation |
| * **BVM ventilation by second participant** |
|  |
| 10. Ratio 15:2, continuing CPR for 1 minute |
|  |
| 11. Ensure Help is coming |

**INSTRUCTOR NOTES:**

**Pulse check**

Even experienced health professionals can find it difficult to be certain that the pulse is absent within 10 seconds. Therefore, the absence of responsiveness and normal breathing are indications to start chest compressions.

**Chest compressions**

Ensure that candidates are clear about the technique for chest compressions – lower half of the sternum. Two fingers or thumbs for an infant and the heel of one or two hands for a child. The number of hands is the candidate’s choice, but should be adequate to depress the chest by at least one third of its diameter. Ensure that each candidate has the opportunity to practise on a infant and child manikin. This is best achieved by dividing the group in two after step 3 of the 4 step teaching ,and each instructor taking the smaller group through step 4 with their manikin. The groups then swap around halfway through the allocated time.

**CHOKING**

Assess conscious level and effectiveness of cough.

**Choking in the conscious infant or child with an effective cough:**

Encourage coughing and monitor child continuously.

## Choking in the conscious infant or child with an ineffective cough:

## KEY TREATMENT POINTS

1. Call for help
2. 5 back blows
3. 5 chest thrusts
4. Assess child and examine mouth for FB, remove if visible
5. Continue with back blows and chest thrusts, reassessing and examining mouth until removal or unconsciousness

**Choking in the unconscious infant or child:**

## KEY TREATMENT POINTS

|  |
| --- |
| 1. Call for help |
| 1. Place child on a flat surface |
| 1. Open airway and remove foreign body if visible |
| 1. Attempt 2 resuscitation breaths **(BVM ventilation)** |
| 1. Even if breaths unsuccessful, proceed to 15 chest compressions at rate of 100-120 and 2 ventilations |
| 1. Before each set of ventilations look to see if the FB can be seen in the mouth and remove it if visible |
| 1. Continue cycle of CPR with FB assessment and removal before each set of ventilations |

**CLOSURE**

The instructors will ask if there are any questions and having answered them, close the session by having the class repeat the steps for basic life support.

**Note: Formative Assessment**

The candidate's performance should be assessed informally during the session and provided to them until they are able to demonstrate safe and effective practice. This performance is recorded on a mark sheet and reported back to the faculty meeting to ensure extra support is provided.