\* see below

Pre-brief faculty to minimise their contributions to the small group discussion, to promote candidate interaction/participation.

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| **Slide No.** | **Activity** | **Resources/Action** | **Time (mins)** |
| 1 & 2 | Introduction & Objectives | Nominate spokesperson & scribe/group | 1 |
| 3 | 3 reasons for structured approach | Question on candidate activity sheet \* | 1-2 |
|  | Whole group answers | 1-2 from faculty | 3 |
| 5 | Arranging algorithms  (this is recall - don’t dwell – be quick) | Packs of laminated sections of BLS & ALS algorthim | 5 |
| 5 | Tap/clap 110/min | Use CPR rate on ALSi – set at 110 | 1 |
| 6 & 7 | Check BLS in correct sequence | Note differences for children | 1 |
| 8 & 9 | Check ALS in correct sequence | Group Questions on ppt notes.  - worksheet included in packs\* | 5 |
| 10 |  | Highlight similarity with ARC, & rationale for not re-charging in subsequent cycles of asystole | 1 min |
| 11 | Causes of serious illness leading to bradycardia | Image of bradycardia on sheet with table of causes & relevant treatment \* | 3 mins |
|  |  | Shared feedback | 1-2min |
| 12 | Causes of serious illness leading to SVT | Image of SVT on sheet with question \* | 3 mins |
| 13 | SVT algorithm | Complete the missing gaps\* | 2 mins |
| 15 | Skills for working in a team | Scope of team work at APLS  - communication/accountability | 2 mins |
| 16-18 | Newborn resuscitation | Scope of APLS - Skill stations for intubation/umbilical catheter | 5 mins |
| 19/20 | Questions and Closure |  | 2 mins |

40 mins

Candidate activity packs and A3 clipboards

Co-ordinators often prepare this, but always pays to check everything you need is there and in order so that group work goes smoothly.

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Slide 3 Activity Sheet

**Write down three reasons to have a structured approach to a serious ill child.**

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Slide 5

Next activity in candidate packs

Laminated cards for BLS and ALS to be arranged into algorithms

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Slide 9 Activity\* (These questions are on a worksheet)

**How long is a cycle?**

**What do you do during the 2 minute cycle?**

**When is adrenaline given? VT/VF vs asystole?**

**Which of the Hs and Ts are of particular importance in asystole**?

hypoxia

hypovolaemia

anything else suggested by history of child’s illness/injury

**Which of the Hs and Ts are of particular importance in PEA?**

hypovolaemia

hypocalcaemia

tension pneumothorax

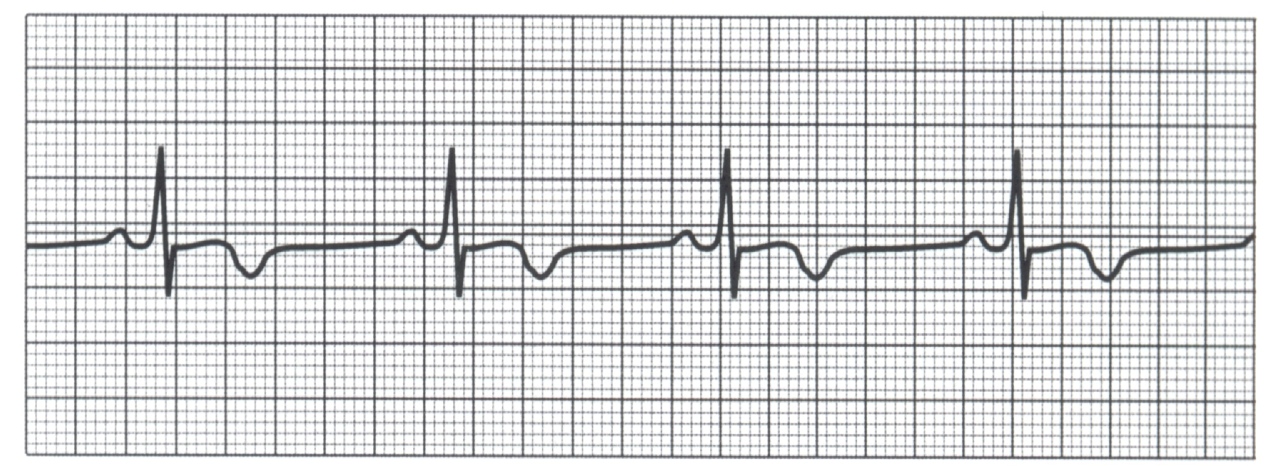
cardiac tamponade

hypothermia

pulmonary embolus

**How is ROSC assessed?** – why feel for a pulse? And or Where do you feel for a pulse in a child?

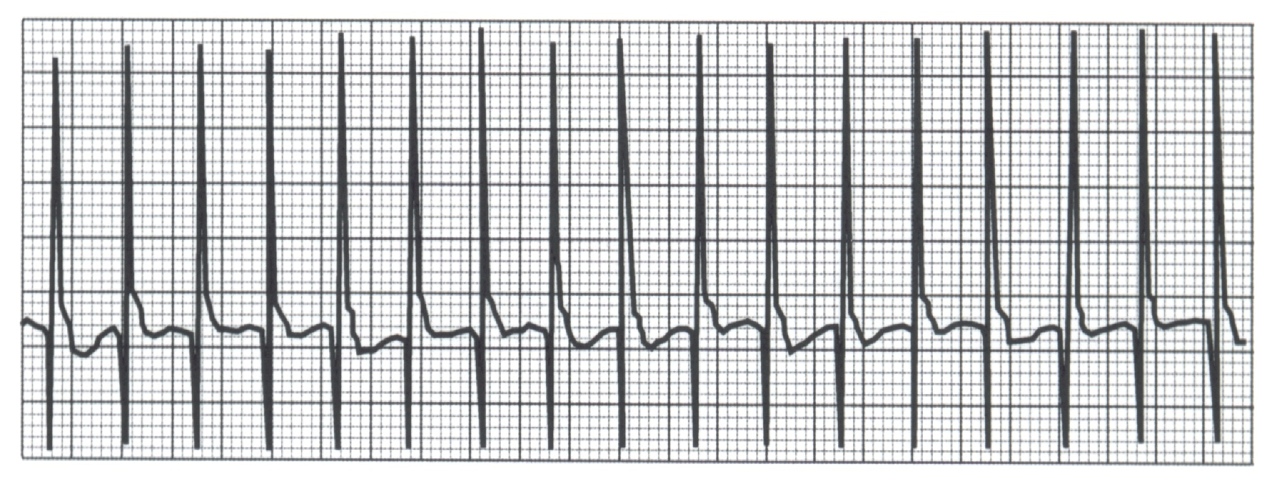
Slide 11 Activity sheet on A3



List treatment options for these common causes of bradycardia

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| --- | --- | --- |
|  | **Cause of Bradycardia** | **Most appropriate treatment** |
|  | pre-terminal in respiratory / circulatory failure |  |
|  | vagal stimulation |  |
|  | raised intra-cranial pressure |  |
|  | poisons, eg digoxin, beta-blockers |  |
|  | complete heart block |  |

Slide 12 Activity on reverse side of previous activity

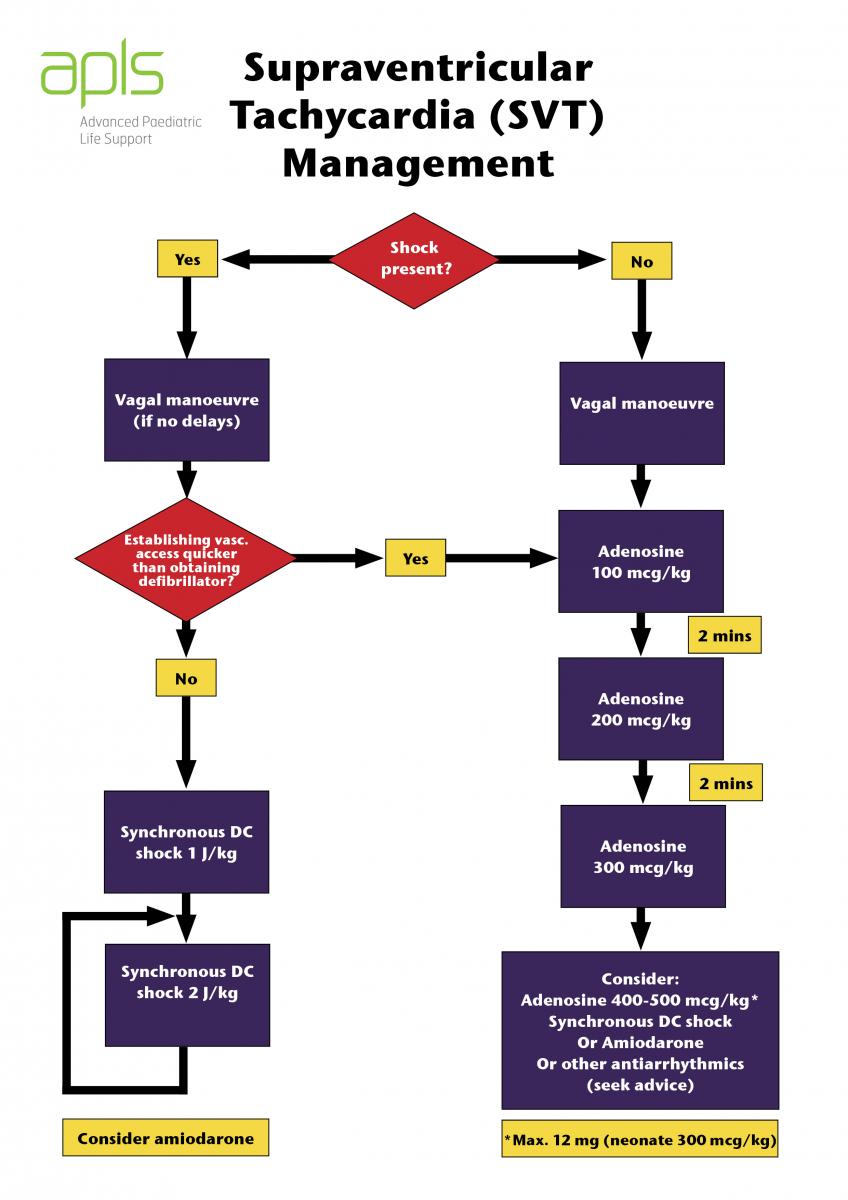


**Name 5 clinical features that assist you differentiate between SVT and Sinus tachycardia?**

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Slide 13 Activity

Fill in the missing gaps – post it notes in packs



Describe vagal manoeuvres used in paediatrics