APLS Course setup for Coordinator June 2024

Day 1 - Welcome & Aims 1000 - 1030

Plenary Room setup for Welcome & Aims.

Candidates to sit in their coloured groups of 6. Use tables if available. Pink and yellow at the rear as they will leave the room after the plenary.

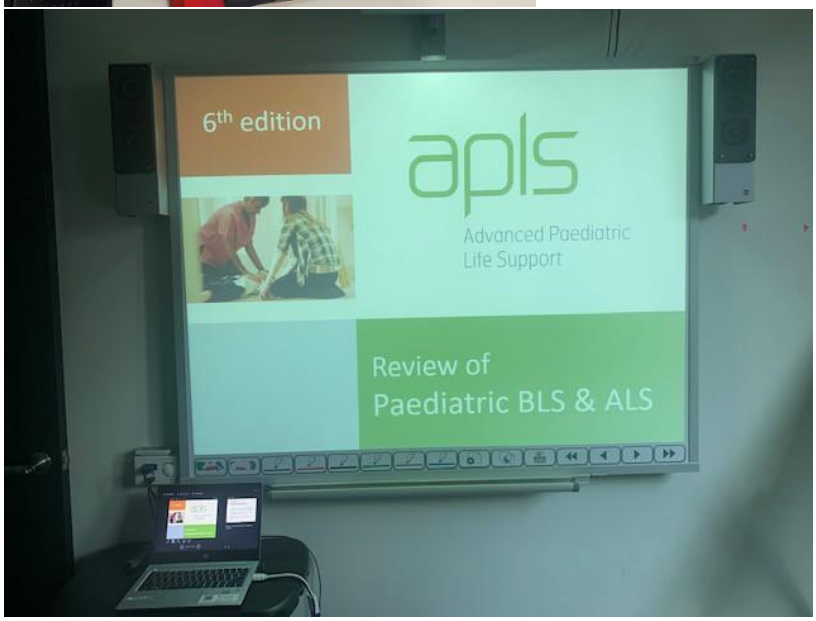
Faculty to sit at rear of Plenary room for introductions.

Day 1 – Interactive Plenary 1030 – 1115

Cardiac Arrest & Advanced Life Support

Equipment. Clipboard and activity pack for each of the 4 coloured groups.

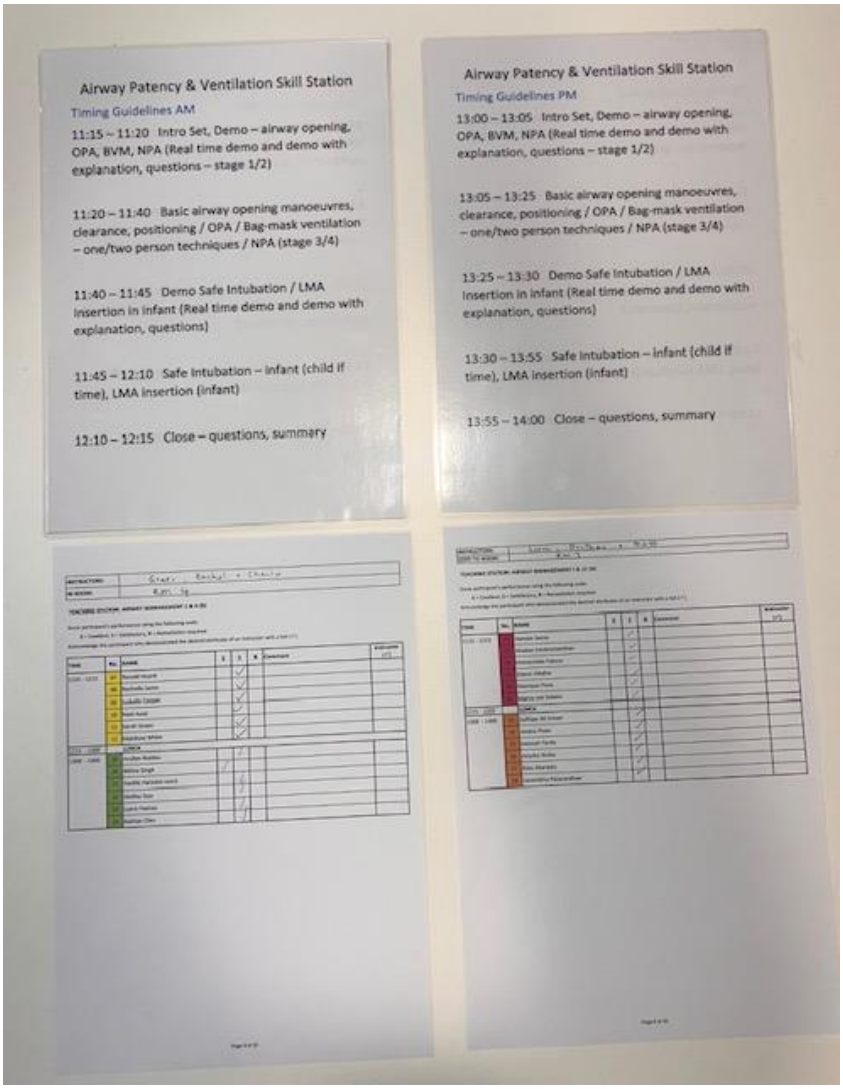
Projector displaying Cardiac Plenary from desktop located on laptop.



Day 1 – Skill Stations 1115 - 1400

Equipment Setup for Airway Patency & Ventilation skills (2 rooms for skill station A & B)

Airway Timings Guidelines (1 laminated double sided, 1 for each room) & marking sheet.



Airway Patency & Ventilation Skill Station

Timing Guidelines AM

11:15 – 11:20 Intro Set, Demo – airway opening, OPA, BVM, NPA (Real time demo and demo with explanation, questions – stage 1/2)

11:20 – 11:40 Basic airway opening manoeuvres, clearance, positioning / OPA / Bag-mask ventilation – one/two person techniques / NPA (stage 3/4)

11:40 – 11:45 Demo Safe Intubation / LMA insertion in infant (Real time demo and demo with explanation, questions)

11:45 – 12:10 Safe Intubation – infant (child if time), LMA insertion (infant)

12:10 – 12:15 Close – questions, summary

Airway Patency & Ventilation Skill Station

Timing Guidelines PM

13:00 – 13:05 Intro Set, Demo – airway opening, OPA, BVM, NPA (Real time demo and demo with explanation, questions – stage 1/2)

13:05 – 13:25 Basic airway opening manoeuvres, clearance, positioning / OPA / Bag-mask ventilation – one/two person techniques / NPA (stage 3/4)

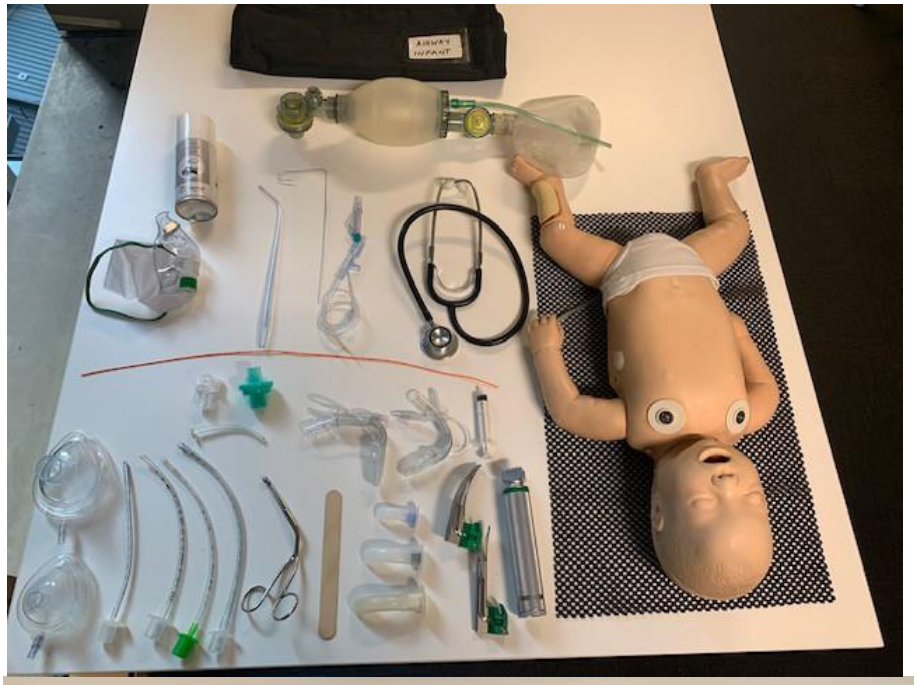
13:25 – 13:30 Demo Safe Intubation / LMA insertion in infant (Real time demo and demo with explanation, questions)

13:30 – 13:55 Safe Intubation – infant (child if time), LMA insertion (infant)

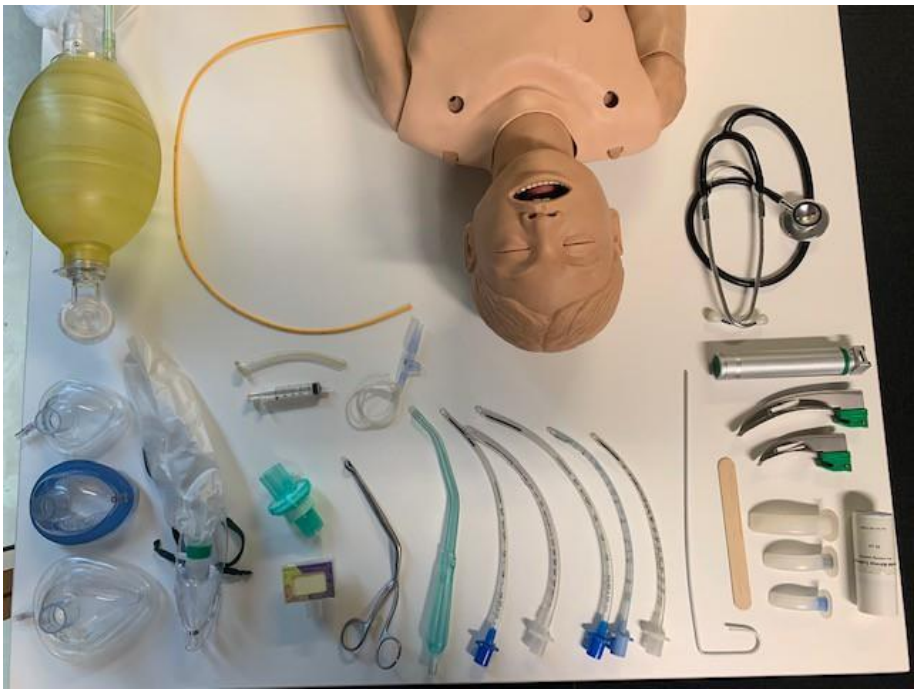
13:55 – 14:00 Close – questions, summary

Equipment for each room includes:

3 Infants & 3 Airway bags (In Box 5)



2 x Junior ALS Manikins

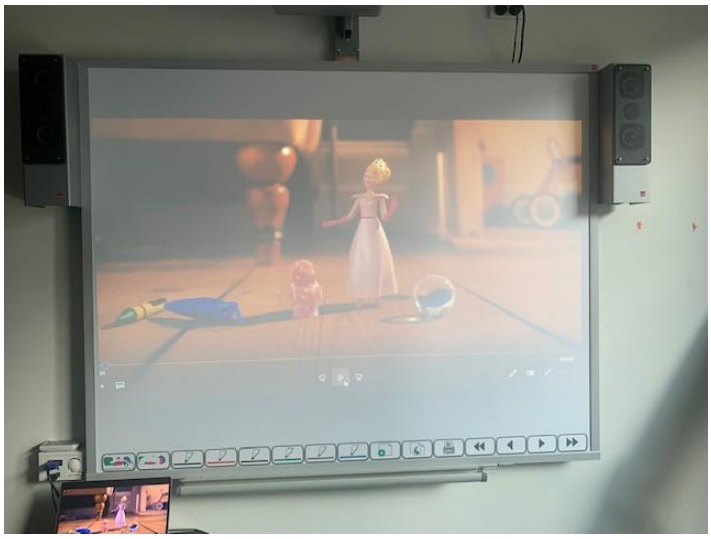


2 x Junior Airway bags (In Box 5)

Day 1 – Skill Station 1115 - 1400

Equipment Setup for BLS & Choking child

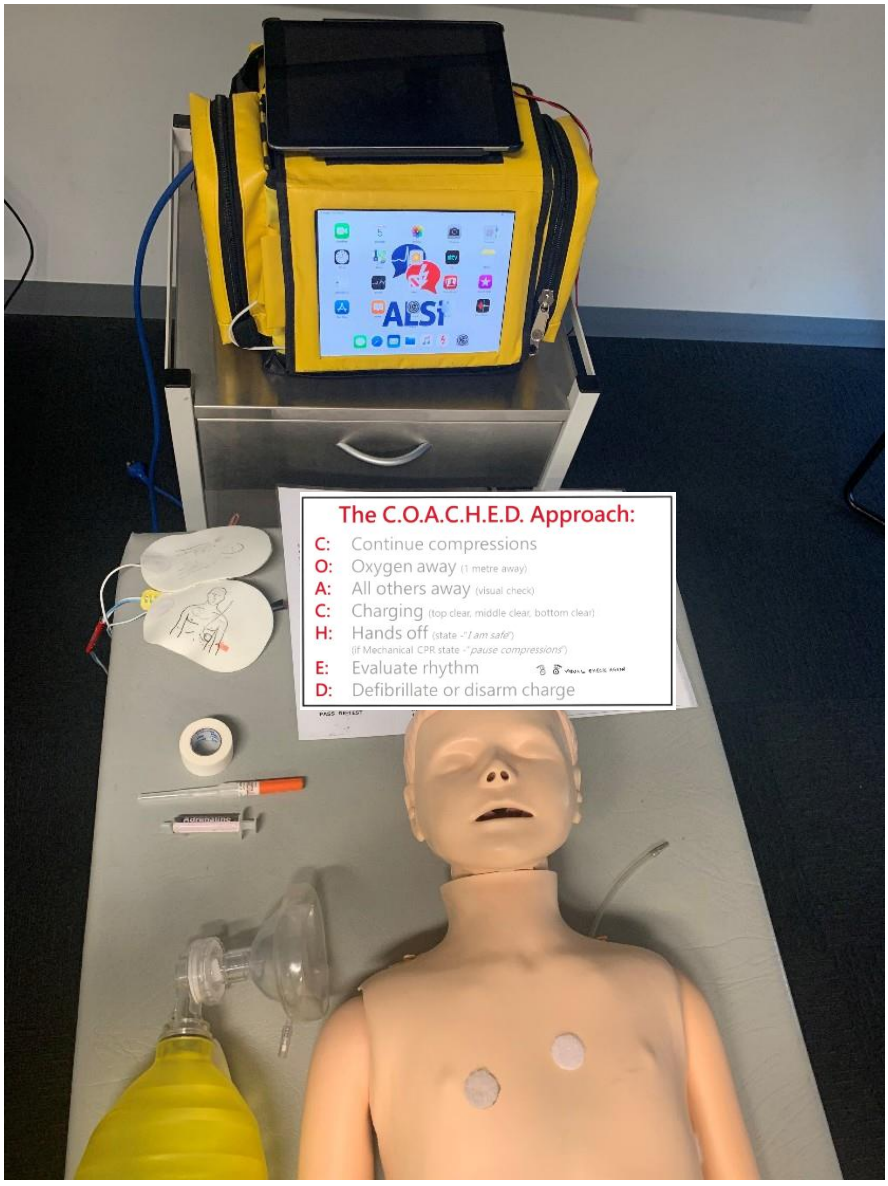
Choking Child St Johns video



BLS manikin x 3 with small bag for BVM ventilation

Equipment Setup for Defibrillation & Rhythms skill stations x 3 (Use BLS Junior manikins)

The “COACHED Approach” mnemonic pictured is also included for instructors use.



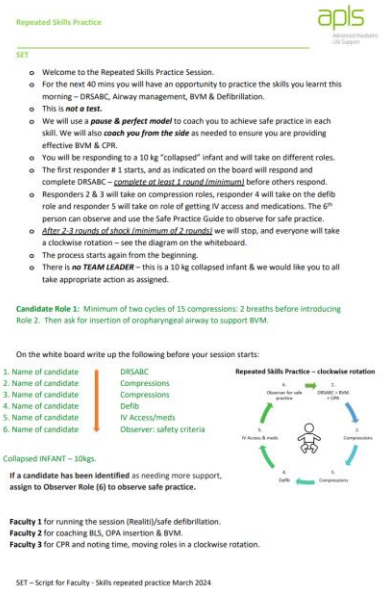
Day 1, 2 & 3 - Scenario Teaching Stations

Scenario Demonstrations & Teaching set up

Blue Boxes 1 to 4 contain a complete scenario kit including an REALITi.

Repeated Skills Safe Practice - 1715 - 1745

Each group to go to a room to undertake Repeated Skills Practice. Provide 3 laminates below.



Repeated Skills Practice

apls

SET

- Welcome to the Repeated Skills Practice Session.
- For the next 40 mins you will have an opportunity to practice the skills you learnt this morning – DRSABC, Airway management, BVM & Defibrillation.
- This is ***not a test.***
- We will use a ***pause & perfect model*** to coach you to achieve safe practice in each skill. We will also ***coach you from the side*** as needed to ensure you are providing effective BVM & CPR.
- You will be responding to a 10 kg "collapsed" infant and will take on different roles.
- The first responder # 1 starts, and as indicated on the board will respond and complete DRSABC – *complete at least 1 round (minimum)* before others respond.
- Responders 2 & 3 will take on compression roles, responder 4 will take on the defib role and responder 5 will take on role of getting IV access and medications. The 6th person can observe and use the Safe Practice Guide to observe for safe practice.
- *After 2-3 rounds of shock (minimum of 2 rounds)* we will stop, and everyone will take a clockwise rotation – see the diagram on the whiteboard.
- The process starts again from the beginning.
- There is ***no TEAM LEADER*** – this is a 10 kg collapsed infant & we would like you to all take appropriate action as assigned.

Candidate Role 1: Minimum of two cycles of 15 compressions: 2 breaths before introducing Role 2. Then ask for insertion of oropharyngeal airway to support BVM.

On the white board write up the following before your session starts:

1. Name of candidate – DRSABC
2. Name of candidate – Compressions
3. Name of candidate – Compressions
4. Name of candidate – Defib
5. Name of candidate – IV Access/meds
6. Name of candidate – Observer: safety criteria

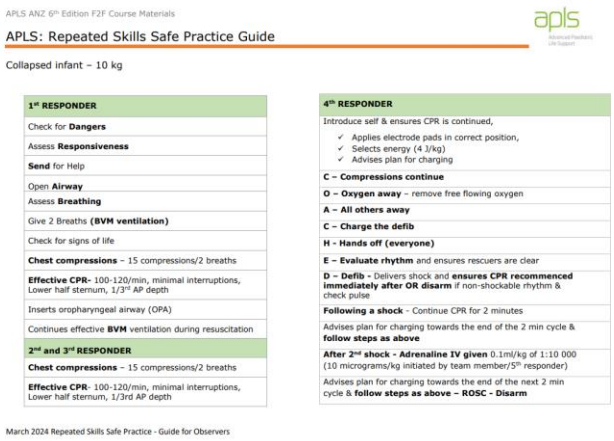
Repeated Skills Practice – clockwise rotation

Collapsed INFANT – 10kgs.

If a candidate has been identified as needing more support, **assign to Observer Role (6) to observe safe practice.**

Faculty 1 for running the session (Realiti)/safe defibrillation.
Faculty 2 for coaching BLS, OPA insertion & BVM.
Faculty 3 for CPR and noting time, moving roles in a clockwise rotation.

SET – Script for Faculty - Skills repeated practice March 2024



APLS ANZ 6th Edition F2F Course Materials

apls

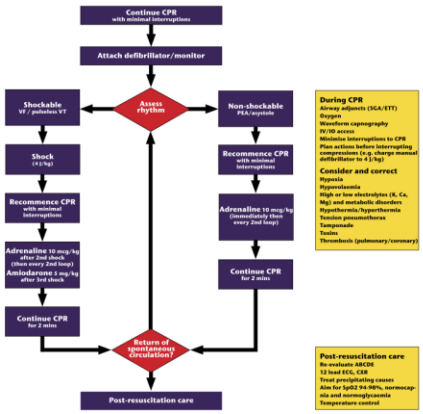
APLS: Repeated Skills Safe Practice Guide

Collapsed infant – 10 kg

1st RESPONDER
Check for **Dangers**
Assess **Responsiveness**
Send for Help
Open **Airway**
Assess **Breathing**
Give 2 Breaths **(BVM ventilation)**
Check for signs of life
Chest compressions – 15 compressions/2 breaths
Effective CPR- 100-120/min, minimal interruptions, Lower half sternum, 1/3rd AP depth
Inserts oropharyngeal airway (OPA)
Continues effective **BVM** ventilation during resuscitation
2nd and 3rd RESPONDER
Chest compressions – 15 compressions/2 breaths
Effective CPR- 100-120/min, minimal interruptions, Lower half sternum, 1/3rd AP depth

4th RESPONDER
Introduce self & ensures CPR is continued, ✓ Applies electrode pads in correct position, ✓ Selects energy (4 J/kg) ✓ Advises plan for charging
C – Compressions continue
O – Oxygen away – remove free flowing oxygen
A – All others away
C – Charge the defib
H - Hands off (everyone)
E – Evaluate rhythm and ensures rescuers are clear
D – Defib - Delivers shock and **ensures CPR recommenced immediately after OR disarm** if non-shockable rhythm & check pulse
Following a shock - Continue CPR for 2 minutes
Advises plan for charging towards the end of the 2 min cycle & **follow steps as above**
After 2nd shock - Adrenaline IV given 0.1ml/kg of 1:10 000 (10 micrograms/kg initiated by team member/5th responder)
Advises plan for charging towards the end of the next 2 min cycle & **follow steps as above – ROSC - Disarm**

March 2024 Repeated Skills Safe Practice - Guide for Observers



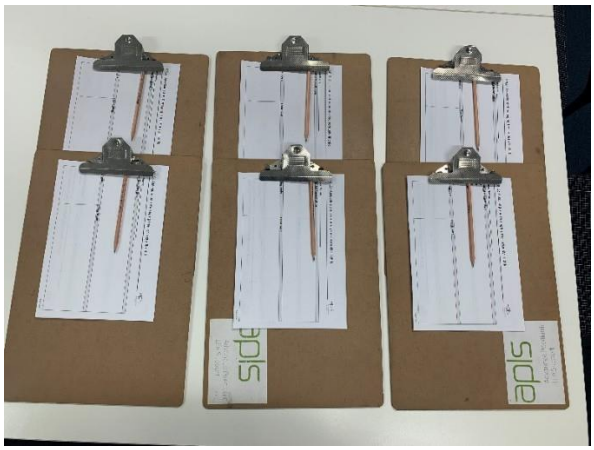
Day 2: Morning - Interactive Plenary 0800 - 0845

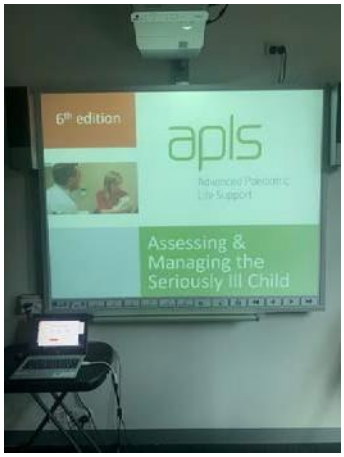
Structured approach to Serious Illness

Equipment: Clipboard, 2 activity sheets and pencil.

Projector displaying Illness Plenary from desktop located on laptop.

Candidates to sit in 6 groups of 4. (Mixed colours)





Day 2: Morning - Workshops 0845 - 1100

4 rooms each with 8 chairs set in semicircle around projector screen.

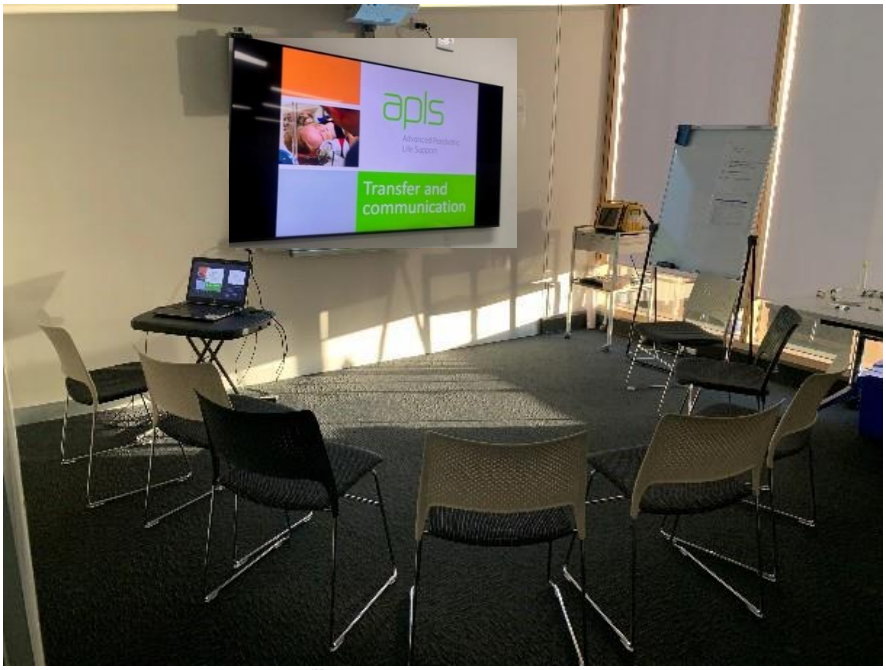
Pain Management Workshop

Fluid & Electrolytes Workshop

Sepsis Workshop

Transfer & Communication Workshop

(Provide laminates, paper & whiteboard)



Retrieval – Assessment & Coordination	Pt Name: DOB: Age: Weight: Sex: Male ☐ Female ☐
Identification/Introduction	
Call taken by:	Date of call: Time:
Caller:	Accepting MO:
Referring Hospital:	Referring MO:
Retrieval Nurse on call: yes / no	Location in referring hospital: Emergency ☐ ICU ☐ Operating Theatre ☐ Ward ☐ Maternity ☐ Trauma: Yes ☐ No ☐ If Yes has PATCH/Trauma Service been notified ☐
SITUATION	
BACKGROUND	
Diagnosis: Immunizations:	Infection Precautions: Allergies:
ASSESSMENT	
Airway: - Patent - NPA/OPA - ETT	Circulation: - HR - BP - CRT
Breathing: - RR - SPO2 - WOB - NP/NRB/HM/HHFNC	Ventilation: PIP: PEEP: Rate: FiO2:
	Disability: - GCS/AVPU - Pain - Pupils - BSL

Laminates for Transfer & Communication Workshop

CASE (Only for Referring Team)

Setting:

Regional ED, 1hr from nearest tertiary hospital

I Introduction/Identification

By old (26kg) boy Lin Cheung - pedestrian MVA 1 hour ago

S Situation

Pedestrian hit by a car 1 hour ago

Unconscious at scene

Left sided head injury

Large contusion over lateral aspect of Left thigh

B Background

GCS –10 on arrival then 8, Nil other medical history, IMUTD, NKA

A Assessment & Treatment

Intubated with size 5.5 cuffed ETT → Ventilated TV 190ml, PEEP 3 cm H20, rate 12, sats 97% FiO2 40%

HR 110/m, BP 110/70, CRT 3 secs

22G IV cannula left forearm

0.9% saline at 35 ml/hr

Midazolam 4 mg/hr + Fentanyl 200 mcg/hr

Temp 35.7°C

Right pupil 3 mm, Left pupil 6 mm & sluggish

CT scan: left extradural haematoma

R Request/recommendations

Child now needs transfer for ongoing care in a Paediatric Tertiary Trauma Centre & neurosurgical management.

Laminates for Transfer & Communication Workshop

LAMINATE 1

REFERRING TEAM

2 candidates

Referring team things to consider:

A. Most senior clinician available.
B. Ensure all information gathered before making the phone call.
C. Refer to Retrieval Form to gather all required information.
D. What is the most important piece of information to convey in the first few words after your introduction – ***what important information will "sell" this patient for retrieval.***
E. Use ISBAR –
   a. Identify themselves. Who they are and their role.
   b. Situation. What has happened, what you have done, what you want.
   c. Latest observations including weight.
   d. Parents weight - important in organising flight.
F. Advice re continued management while you wait.
G. Referring doctor clarifies management as per recommendations (close loop communication)

Laminates for Transfer & Communication Workshop

LAMINATE 2

TRANSPORT COORDINATOR AND TRANSPORT DOCTOR

2 candidates

Coordinating team things to consider:

A. Need information at start of call to triage urgency eg do they just want advice vs want retrieval ASAP.
B. Need to activate transport team/vehicle depending on urgency.
C. Get remaining information about the patient.
D. Makes decision with referring doctor on where and how.
E. Uses Retrieval Form to gather all required information.
F. Dials in receiving team to call.
G. Transport coordinator informs referring & receiving team of arrangements.

Laminates for Transfer & Communication Workshop

LAMINATE 3

RECEIVING TEAM

2 candidates

Receiving team things to consider:

A. Case conference with referring doctor, transport doctor and any necessary accepting doctors or sub-specialists required to discuss further management.
B. Recommendations for ongoing management of patient while awaiting transfer.
C. Check referring doctor has understood.
D. Check with transport coordinator details of logistics.

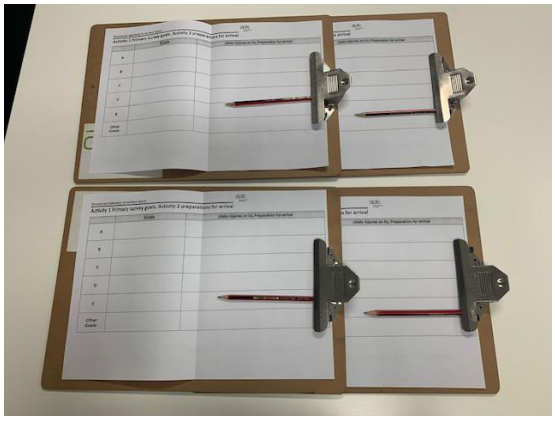
Day 2: Afternoon - Interactive Plenary 1630 -1730

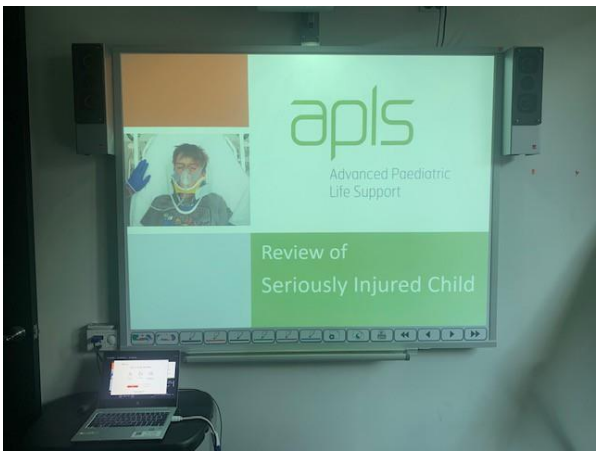
Structured approach to serious injury

Equipment: Clipboard, 2 activity sheets and pencil.

Projector displaying Trauma Plenary from desktop located on laptop.

Candidates to sit in 4 groups of 6. (Mixed colours





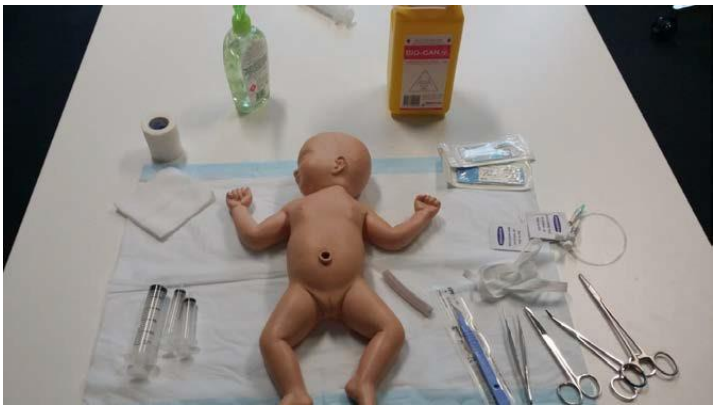
Day 3 – Emergency Skills Stations 0800 -1050

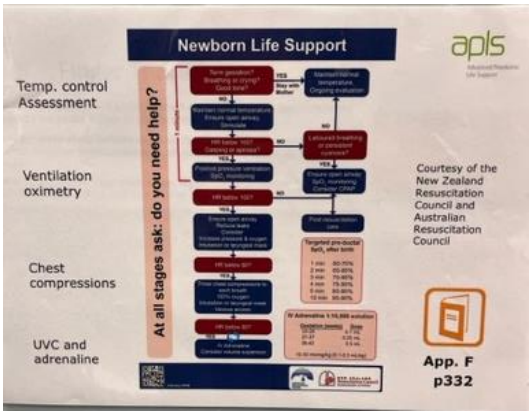
4 rooms – Vascular Access (IO/UVC), Chest procedures, Safe Emergency Airway Management and Radiology.

Vascular Access

IO x 1 skill station on a table

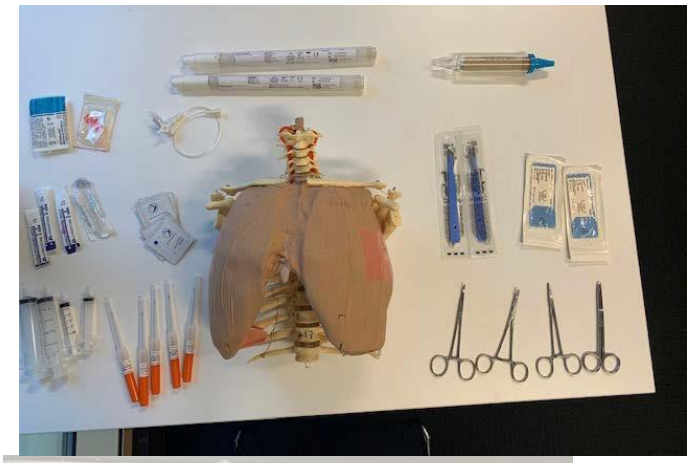
UVC x 3 umbi babies skill stations set up on 1 or 2 tables

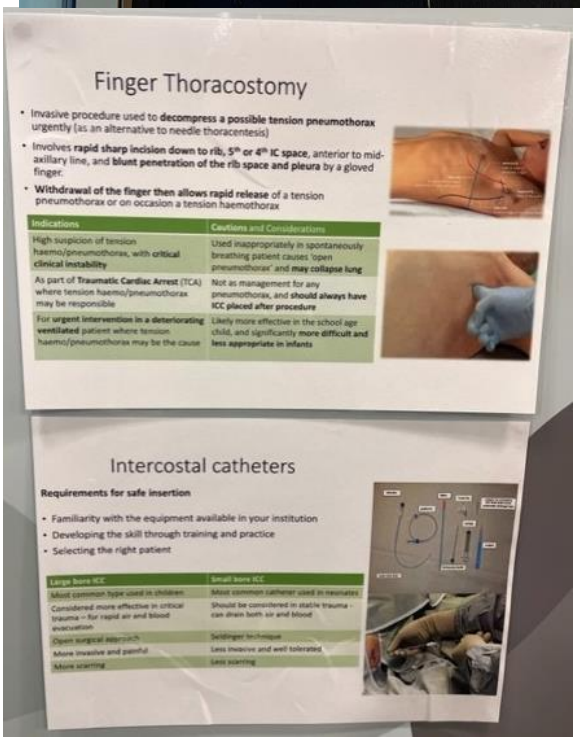




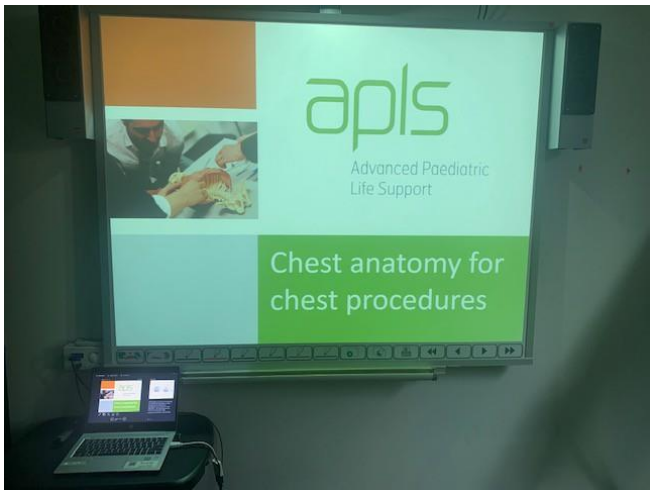
Chest Procedures

Equipment: Set up as pictured x 2 chest skill stations



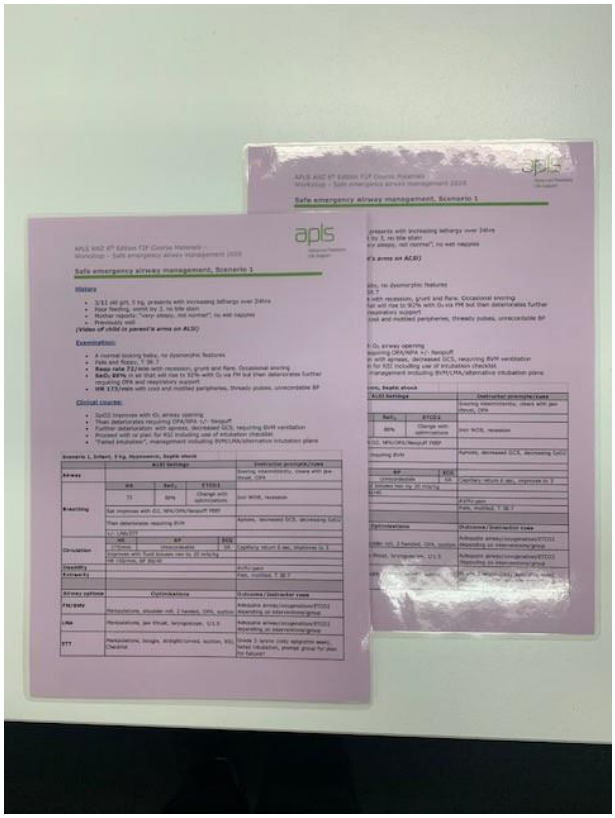


PowerPoint as supporting resource.



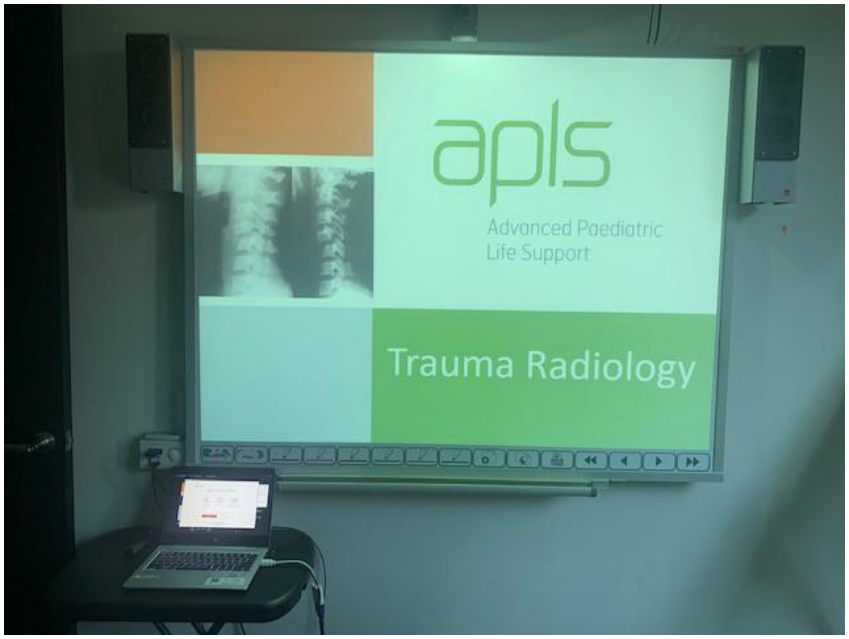
Safe Emergency Airway Management

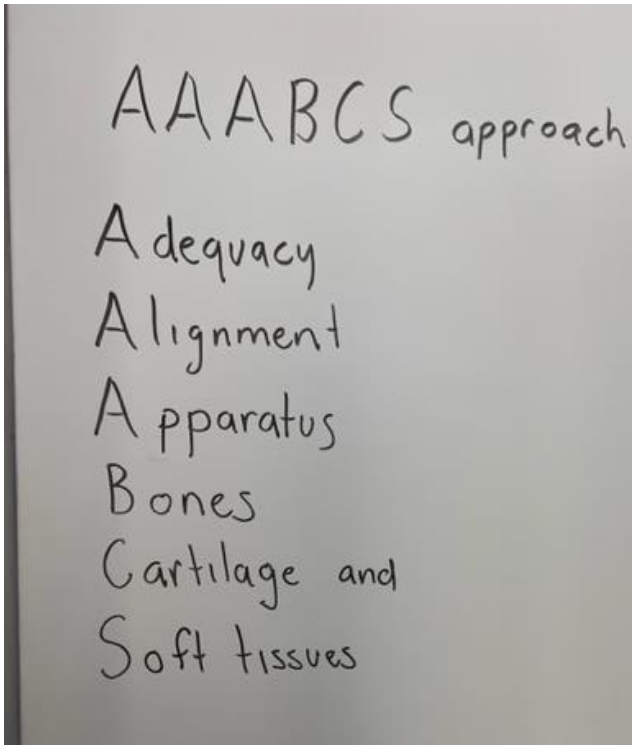
Table setup pictured. REALITi monitor, whiteboard & laminates.



Radiology

Equipment: PowerPoint presentation projected and 2 slide advancers. 8 chairs in a semicircle around screen. Whiteboard with AAABCS approached displayed.





Day 3 Testing 1410 – 1545 approximately

Label testing sheets with candidates' names.
Provide pencil and eraser and question sheet for 12 candidates to do the T and False test.
Scenario testing sheet on right of image.