

Cardiac Arrest Facilitator Script

1. Announce the Basic Life Support Call:

EMS is bringing a 5-year-old boy found in bathtub pulseless and apneic. Unknown downtime and immediate CPR by parent brought in by BLS team. They will be here in 1 minute.

After 1 minute, remove the sheet covering the mannequin and state “PATIENT HAS ARRIVED, BEGIN SIMULATION”

- 2. If asked about patient history, direct the participants to the parent.**
- 3. Vital signs should be displayed after they place the patient on the monitor. Initial vitals: Temp 35.6 (96) RR: 0 HR:0 BP and SpO2: Cannot be picked up**
- 4. Give the following information according to their actual physical examination. If they ask, “how is the child’s abdomen?” instruct them to palpate the abdomen and then give them the information.**

General appearance: Cold and hypotonic, there is no IV access, not breathing, grey

HEENT: PERRL, no signs of trauma,

RESP: Coarse sounds with BVM

CV: Pulseless, cap refill 8 seconds

ABD: Soft, mild distended

EXT: Cool, mottled

NEURO: Unresponsive, hypotonic

If certain labs and/or X-ray is ordered, give them the printouts in about 2 minutes.

***** Refer to “Cardiac Arrest Case Progression” for detailed progression of symptoms and vitals according to management.**

Cardiac Arrest Case Progression

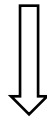
Facilitator's Guide

Initial Presentation

Temp 35.6 (96) RR: 0 HR:0 BP and SpO2: Cannot be picked up

Significant Symptoms:

1. Patient not moving and is having CPR performed
2. Small amount of secretions in mouth and nose
3. No pulse without CPR; faint pulses with CPR



Managements and Progression of Cardiac Arrest:

<p>Phase 1 – PEA</p> <p>After 2 doses of epinephrine, the patient goes into VFib</p>	<p>Respiratory status - breath sounds with BVM Capillary refill - least 6 secs and (no pulses) Mental status - unresponsive and limp General appearance - grey and mottled. His fingers and toes are cold. Temp 35.6 (96) RR: 0 HR:0 BP and SpO2: Cannot be picked up</p>
<p>Phase 2 – VFib</p> <p>After defibrillation and epinephrine, the patient will go into perfusing rhythm and go to PICU</p>	<p>Work of breathing - intubated or receiving BVM Capillary refill - still prolonged, no pulses Mental status - still unresponsive. General appearance – still grey and mottled Temp 35.6 (96) RR: 0 HR:0 BP and SpO2: Cannot be picked up</p>
<p>Phase 3 – Recovery, post defib</p>	<p>Work of breathing - intubated or receiving BVM Capillary refill - He now has 1+ pulses and slightly better perfusion Mental status - starting to move a bit and he has more tone General appearance – has more color now and he is less mottled Temp 36.1 (97) RR: 20 HR:11 BP: 70/50 and SpO2: 98%</p>

Cardiac Arrest Parent Script

Instructions:

Throughout case make sure to ask for updates **every 1-2 minutes** if not provided by team. Expect people to inform you of what is going on, you can ask for updates.
You will be confused and frustrated.

1. Upon arrival, state:

"I started CPR at house and ambulance brought us here right away. I left him for just a few minutes to answer the phone and I found him under the water...why did he stop breathing???? I was talking to him from the other room and he did not answer. Is he going to be okay???"

2. At 5 minutes, state:

"he had a seizure before - is this a seizure?"

3. If asked, give this information:

Signs/symptoms: He is unconscious and pulseless, grey color, mottled extremities

Allergies: None that I know of.

Meds: In the past, he was on medications (Topamax 50 mg/day) for 2 years and no seizures, so 6 months ago he was removed from seizure med.

Past medical history: History of seizures. No recent trauma, no recent fevers, good oral intake, acting fine before his bath.

Last meal: He ate breakfast cereal this morning.

Events proceeding: The child was taking a bath.

Family history: Insignificant

***** Note everything else that they may ask is normal or you don't know.**

4. If they start talking about intubation or bring intubation equipment, ask:

"Is this because his lungs are sick? Will they get better? How long does he have to have the breathing tube?"

5. When doing CPR:

"Is he dying? Does that hurt him? Can he feel it? What is happening? Is he going to be OK? Is he breathing? I need to call his dad- what do I tell him?"

6. After return of circulation:

"Is he moving? Is he hurting?"