

Information for facilitators

This teaching session is designed to be delivered by the roadside to a small group. It generally runs for 20 minutes followed by a debrief of approximately 20-25 minutes (40-45 mins total).

Aim

The aim for this session is to provide prehospital ALS in the context of an environment where the size of space is constrained.

What you will need

There are THREE components to this session:

Page 2 contains **background information** that can be read to the group and an expected sim progression.

Page 3 contains **details of the scenario** with expected progression for the sim technician.

Page 4 contains the **checklist for facilitators** to fill out during the scenario and a list of equipment required.

Introduction

“You are responding to a Category 1 call of a 60-year-old individual who is not breathing at a home address.”

Expected Progression

- To provide initial CPR and defibrillation.
- Continue ongoing ALS management.
- Maximise team leadership and effectiveness.
- Manage the post ROSC phase and plan for ongoing management.

Case title	Collapse in a confined space			Sim no.	PRU 11
Setting	Small cluttered room	Patient age	48	Patient sex	M
Diagnosis	STEMI resulting in VF arrest			Curriculum code	
Injuries	<ul style="list-style-type: none"> • STEMI • VF arrest 				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff				
Learning objectives	<ol style="list-style-type: none"> 1. To manage ALS in the prehospital environment 2. Maximise the prehospital environment by modifying as required 3. Manage the post ROSC phase 				

INITIAL SETUP

Observations				Arrival route	N/A
HR	VF	GCS	E 1 V 1 M 1 = 3/15	Carers?	None
RR	0			Visible external findings: Nil. Progression: VF responds following 4x shocks + amiodarone and adrenaline. Stabilises. Requires post ROSC management.	
SpO2	UTR	Pupils	4mm		
BP	UTR	Temp	35.7°C		
CRT	-	Weight	80 kg		
Glucose	6.1				
Equipment on arrival	Standard response bags	Additional info	Adult mannequin.		

DOMAIN	TASK	TIME	DONE
Preparation	Role allocations		
	Disposition discussions		
Initial Actions	Scene safety		
	Information gathering		
	Introductions to individuals on scene		
	Early update to control		
Assessment	Ensure BLS ongoing		
	Early confirmation of rhythm		
	4H's and 4T's		
Interventions	BLS		
	Defibrillation		
	Airway management		
	IV access		
	Adrenaline/Amiodarone		
	Optimising environment		
	Paralysis/sedation		
Decision-Making	Decision on appropriate physiological targets		
	Plan for destination		