

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 understand the management of refractory VF.

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 54 year old in cardiac arrest with ongoing CPR.

There is a crew on scene who has requested a ‘doctor’ to the scene.”

Expected Progression

- Approach to established cardiac arrest scenes.
- Continue ongoing ALS management.
- Maximise team leadership and effectiveness.
- Manage refractory VF.
- Advance decision making options in sustained cardiac arrests.

Case title	Refractory VF		Sim no.	PRU 14	
Setting	Anywhere	Patient age	54	Patient sex	F
Diagnosis	VF arrest (refractory)		Curriculum code		
Injuries	<ul style="list-style-type: none"> STEMI resulting in VF 				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff				
Learning objectives	<ol style="list-style-type: none"> Gain familiarity with established prehospital resuscitation scenes Management of refractory VF Decision making over advanced hospital techniques 				

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: Ongoing ALS. Intubated and 2 x IV access. 4x VF shocks on crew arrival. Despite further shocks no response. Maintains positive prognostic signs throughout.	
SpO2	UTR	Pupils	5mm		
BP	UTR	Temp	36.2°C		
CRT	-	Weight	80 kg		
Glucose	9.1				
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 and further resources		
Assessment	Ensure ALS ongoing		
	Early confirmation of rhythm		
	4H's and 4T's		
	Assessment of positive signs (good ETCO ₂ , movement during compressions)		
Interventions	BLS		
	Airway management		
	Amiodarone		
	Magnesium Sulphate		
	Pad positions		
	Packaging (if decision to transfer)		
	LUCAS		
Decision-Making	Recognise potential intra-arrest transfer		
	Leadership and ensuring interventions complete		