Minor RTC & Cardiac Arrest

PRU Sim 15

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 presentation of cardiac arrest with a pseudo traumatic cause and how to try and differentiate between the different aetiologies.

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.

Minor RTC & Cardiac Arrest

PRU Sim 15

Introduction

> *"You are responding to a Category 1 call of a 78 year old who has crashed into a parked car on a residential street.*
>
> *He is reported to be not breathing and there is ongoing CPR at the scene."*

Expected Progression

- ☑ Approach to RTCs and assessment of the 'wreckage'.
- ☑ Ensure ongoing resuscitation efforts and make assessment of potential reversible causes.
- ☑ Highlight likely medical event responsible for arrest and ensure optimisation of resuscitation.
- ☑ Will regain ROSC and require optimisation of physiological state for ongoing management.

Minor RTC & Cardiac Arrest

PRU Sim 15

Case title	Minor RTC & Cardiac Arrest			**Sim no.**	PRU 15
Setting	Outside	**Patient age**	78	**Patient sex**	M
Diagnosis	Primary cardiac event			**Curriculum code**	
Injuries	• VF on presentation				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff				
Learning objectives	**1.** Recognise likely causes for cardiac arrest by understanding mechanism and history or presentation **2.** Management of prehospital ALS				

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 on arrival. Bystander CPR ongoing. May choose to approach from TCA but it is important to treat as 'medical' arrest to ensure ROSC including adrenaline as required. Will stabilise once ROSC achieved. (3x VF and 3x PEA).	
SpO2	UTR	**Pupils**	(L) 7mm (R) 4mm		
BP	UTR	**Temp**	36.2°C		
CRT	–	**Weight**	80 kg		
Glucose	9.1				
Equipment on arrival	Standard response bags	**Additional info**	Adult mannequin.		

Minor RTC & Cardiac Arrest

PRU Sim 15

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 BLS ongoing		
	Early confirmation of rhythm		
	4H's and 4T's		
	Review of the 'wreckage'		
Interventions	BLS		
	Airway management		
	Amiodarone		
	Adrenaline		
	TCA interventions (if performed)		
	IV fluid		
	IV access		
Decision-Making	Recognise likely medical cause for arrest		
	Leadership and ensuring interventions complete		