PRU Sim 16

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 competing management priorities in the post-ROSC patient.

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.

PRU Sim 16

Introduction

"You are responding to a crew request for a 68-year-old patient, post-ROSC."

Expected Progression



Patient with acute STEMI requiring PPCI.



Highlight the post ROSC patient with management priorities.



Plan for ongoing hypoxia and hypotension.



Management to achieve definitive care.

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Case title	Post-ROSC instability			Sim no.	PRU 16	
Setting	Outside	Patient age	68	Patient sex	М	
Diagnosis	STEMI		Curriculum code			
Injuries	 STEMI required 3 x shocks 'Downtime' of approximate 15 minutes Ongoing hypoxia Ongoing hypotension Untreated hypoglycaemia 					
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff					
Learning objectives	 Recognise current management priorities Management of the post-ROSC patient 					

Observations				Arrival route	N/A	
HR	110		E 1 V 1 M 1 = 3/15	Carers?	None	
RR	Ventilated	GCS		Visible external findings: Nil.		
SpO2	84%	Pupils	(L) 5mm (R) 5mm	Progression: Intubated on arrival. History given. No 12-lead ECG performed.		
BP	68/43	Temp	35.2°C			
CRT	4 secs			STEMI on 12-lead ECG. Requires rapid packaaina		
Glucose	2.1	Weight 80 kg		and interventions to correct abnormalities. O2 has run out, vasopressors required, hypoglycaemia.		
Equipment on arrival	Standard response bags	Additional info	Adult manned	quin.		

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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	A-E assessment		
	Note inadequate oxygenation		
	Note hypotension		
	Note hypoglycaemia		
Interventions	Troubleshoot oxygenation (new O2 bottle)		
	Troubleshoot hypotension (start vasopressor)		
	Treat hypoglycaemia		
	2nd IV access		
	Scoop and packaging		
	IV fluid		
	12-lead ECG		
Decision-Making	Rapid identification of management priorities		
	Identify definitive management and arrange transfer		