

## 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 aims of this session is to provide management to a post ROSC patient who is being extricated from a train and how to manage common complications of this group of patients.

## 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 person in cardiac arrest on a train that has stopped at a nearby railway siding.*

*You are responding as an additional ‘doctor’ based resource to help with the ongoing management.”*

## Expected Progression

- Patient had a sudden collapse on the train. He was in cardiac arrest and had a total of 3x DC shocks for VF. He is intubated and ventilated.
- He is starting to make some respiratory effort and coughing on the ETT. The crew are planning extrication from the train.
- During extrication the patient will have a further episode of VF requiring a short period of CPR and a further DC shock.

<b>Case title</b>	Cardiac arrest on a train			<b>Sim no.</b>	PRU 6
<b>Setting</b>	Train	<b>Patient age</b>	58	<b>Patient sex</b>	M
<b>Diagnosis</b>	Post VF cardiac arrest STEMIC			<b>Curriculum code</b>	
<b>Injuries</b>	<ul style="list-style-type: none"> <li>Anterolateral STEMI</li> </ul>				
<b>Staff required</b>	1 x PRU Paramedic, 1 x PRU Doctor, 3 x Ambulance staff, RIO				
<b>Learning objectives</b>	<ol style="list-style-type: none"> <li>To gain familiarity with railway environment</li> <li>Understand extrication from trains</li> <li>Introduction to post ROSC management</li> </ol>				

## INITIAL SETUP

<b>Observations</b>				<b>Arrival route</b>	N/A
<b>HR</b>	110	<b>GCS</b>	E 1 V 1 M 1 = 3/15	<b>Carers?</b>	None
<b>RR</b>	12 (ventilated)			<b>Visible external findings:</b> None.  <b>Progression:</b> During extrication the patient will have a further episode of VF requiring a short period of CPR and a further DC shock.	
<b>SpO2</b>	99%	<b>Pupils</b>	4mm		
<b>BP</b>	112/45	<b>Temp</b>	36.7°C		
<b>CRT</b>	<2 secs	<b>Weight</b>	80 kg		
<b>Glucose</b>	9.9				
<b>Equipment on arrival</b>	Standard response bags	<b>Additional info</b>	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	A-E assessment		
	Identification of anterolateral STEMI		
	Required for rapid extrication		
Interventions	Consider paralysis/sedation		
	Consider 2nd IV access		
	Plan for ongoing ventilation		
	Defibrillation in a timely manner		
	Successfully lead extrication		
Decision-Making	Plan for extrication		
	Safety halt extrication to allow management of VF arrest		