

APLS: Cardiac Scenario 5 PACIFIC

This is a Teaching Scenario. Some flexibility in how it progresses is possible according to individual learner needs.

History {initial candidate briefing prior to arrival of child}

You are called to the emergency department. A 9 month old who had presented with severe dengue fever and shock was hypotensive and then became pulseless. A nurse is performing chest compressions and another is giving bag valve mask ventilation with oxygen. The infant had been hypotensive, tachycardic, and had just received 10 mls/kg of N.Saline IV.

Estimated weight 9 kg

Initial impression {provide information as candidate assesses child and applies monitoring}

Apnoeic and pulseless.

Clinical Course {to be given to candidate as they progress}

Monitor shows VF.

The infant remains in ventricular fibrillation until the second shock. Sinus rhythm and output is then restored.

Febrile – 39 °C, petechial rash on the trunk

INSTRUCTORS INFORMATION

Key Treatment Points



Airway & Breathing	Establish airway patency	
	BVM ventilation with 100% O ₂	
	Consider LMA/intubation or arrange for intubation	
Circulation	VF protocol	
	IV/IO access if not in situ	
General Therapy	Uninterrupted BLS	

Diagnosis: Cardiorespiratory arrest, Ventricular fibrillation, Dengue shock syndrome

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to management and diagnosis during cardiac arrest
- Perform BLS/ALS effectively and safely
- Recall and apply the ALS VF/VT algorithm in their own practice
- Recall and apply the 4 Hs/Ts in their own practice

APLS: Cardiac Scenario 6

This is a Teaching Scenario. Some flexibility in how it progresses is possible according to individual learner needs.

History {initial candidate briefing prior to arrival of child}

Sam, a 2 week old infant, is brought into the Emergency department by his parents. He has a week long history of cough and wheeze. On arrival he is pale and floppy. Estimated weight 4 kg.

Initial impression {provide information as candidate assesses child and applies monitoring}

Unresponsive, pulseless and apnoeic.

Clinical Course {to be given to candidate as they progress}

There is ROSC when ventilation with oxygen and chest compressions are established, and two doses of adrenaline have been given. A slow sinus rhythm rapidly becomes a sinus tachycardia with good output. Temperature 34.8.

INSTRUCTORS INFORMATION

Key Treatment Points



Airway & Breathing	Establish airway patency	
	BVM ventilation with 100% O ₂	
	Consider LMA/intubation or arrange for intubation	
Circulation	Asystole protocol	
	IV/IO access	
General Therapy	Uninterrupted BLS	
	Rewarm	

Diagnosis: Cardiorespiratory arrest - asystole. Hypoxia secondary to apnoea from bronchiolitis. Hypothermia

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to management and diagnosis during cardiac arrest
- Perform BLS/ALS effectively and safely
- Recall and apply the ALS asystole algorithm in their own practice
- Recall and apply the 4 Hs/Ts in their own practice