Demonstration ALS/Illness Scenario Refresher Course Day 1

Key Teaching Objectives
To demonstrate an ALS/illness scenario and emphasise the following:

- An understanding of how scenarios are run on the APLS course
- ABC / ALS algorithm / Structured approach to serious illness
- Supportive learning conversation

Environment

The room should be large enough to accommodate the instructors and equipment and ensure that all the candidates have a good view. Place equipment at an angle to facilitate the audience's ability to view the demonstration; with the instructors facing the audience. Plan for use of white board & use of A B C D etc to guide preparation

Personnel required:

5 x instructors to carry out the demonstrations in the following roles:
Instructor 1 – intro/conduct scenario, Instructor 2 – learning conversation
Team leader
Assistants – by 2

Instructor:

Introduces the format of the demonstration then plays the role of the instructor.
As this demonstration is before the scenarios, in the set, emphasise that the demonstration is what will be expected of candidates during the ALS_illness simulations. *"The ALS/illness scenarios provide an opportunity to use the information and skills from the pre course online learning and the provider course in a clinical context. Each candidate will take on the role of "hands-on team leader" which differs to the usual "hands off team leader" familiar to you clinically and in other simulation formats. The "hands on team leader" teaching model is used by APLS to optimize individual learning and to simulate potential practice models in resource challenged areas. We encourage you to take an active role in assessing and managing the patient. A learning conversation will follow where the candidate and the group can reflect on the scenario and implications for clinical practice."*
Allow time for a learning conversation and give the candidates an opportunity to ask questions.

Please see next page for Demonstration Dialogue (laminated copy will be in face to face course kits)

At the end of the scenario:

Lead feedback
Terminate demonstration

Closure

Invite questions
Summarise and close

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Set, Instructor:
Instructor reads the case to the person who is a hands-on team leader
Candidate repeats scenario back to assistants. Whiteboard calculations with support from team and use of medication book.

History {initial candidate briefing prior to arrival of child}
A 15 month old boy was still asleep in his cot at 10am. He was difficult to wake and hypotonic. His mother brought him to emergency. On arrival at the hospital the triage nurse rushed him to the resuscitation bay and reported: "slow shallow breathing and he was cyanosed.
Estimated weight 10 kg.

Additional History & Observations

If additional history is requested indicate that mother appears drowsy, erratic behaviour and evasive to answering questions.

Initial impression {provide information as candidate assesses child and applies monitoring}
He is cyanosed in face mask oxygen, not breathing and unresponsive to stimulation.

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

The child is in PEA. If the PEA algorithm is followed the child develops ROSC after effective ventilation in oxygen and one dose of adrenaline.
But he remains unresponsive to pain and has no spontaneous ventilation. He has pinpoint pupils. BSL 4.2. Temp 35.5

Differential diagnosis of coma to be considered including CNS trauma, NAI, drugs/opioids, sepsis and metabolic causes.

INSTRUCTORS INFORMATION

Key Treatment Points ☑

Airway	Establish airway patency Consider LMA/intubation or arrange for intubation	
Breathing	BVM ventilation with 100% O_2	
Circulation	IV/IO access PEA protocol	
General Therapy	Uninterrupted BLS BSL Consider antibiotics & acyclovir to cover sepsis Consider naloxone Consider CT brain	

Diagnosis	PEA, Opioid OD

Potential Issues to be Discussed

- Review ALS, PEA algorithm
- Classification and diagnosis of causes of coma