



Life Support Competency

Tuesday, May 24th, 2022

Each CMH PHS staff member is required to complete this competency annually. Your deadline each year is to complete it on or before your birthday month.

This competency is designed as an opportunity to practice and demonstrate your skills in the resuscitation of an adult and a pediatric patient in an out-of-hospital setting. Come to class ready to demonstrate your proficiency as a life support resuscitator professional. Reference materials available to you in the back of the ambulance are permitted during the high-fidelity simulations.

MANDATORY PRE-REQUISITES BEFORE COMING TO CLASS:

ALL STAFF:

- Bring your stethoscope and any other personal equipment you normally use on cardiac arrests.

ALS ONLY:

- Bring a completion certificate with you for both:
 - ACLS: <https://elearning.heart.org/course/423> (remediation: 424)
 - PALS: <https://elearning.heart.org/course/427> (remediation: 426)

SUGGESTED PRE-REQUISITES BEFORE COMING TO CLASS:

ALL STAFF:

- Review Protocol 2-198 - Cardiac Arrest
- (<https://www.emsprotocols.online/cmhems/2-198.php>).
- Brush up on equipment used and procedures practiced during a cardiac arrest or peri-arrest period (i.e. defibrillation, pacing, IO, airway).
- Discuss and practice with your partner your skills and techniques in managing a cardiac arrest with only two staff members in an austere environment with limited resources

Time	Student Team A	Student Team B	Instructors	Evaluator
09:00 - 11:00	Keller, Steven Frye, Robert		Flynn, Brice McDonald, Ryan Young, Morgan	Becker, Theron
12:00 - 14:00				
14:00 - 16:00				

Location: SBU Donald Babb Simulation Center on the Second Floor of the Jester Building:

- Park here: <https://w3w.co/clip.tolerance.monk>
- Sim Lab location: <https://w3w.co/brotherhood.length.origins>



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More information contact: theron.becker@citizensmemorial.com
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What to Expect:

- Two simulations will be conducted by each team. Each simulation and each debriefing takes about 30 minutes. Expect the entire event to last about two hours.
 - ACLS-style mega code on an adult simulator followed by a debriefing.
 - PALS-style shock case on a pediatric simulator followed by a debriefing.
- The student team will be alone in the room with a simulator manikin. Manikin features:
 - Adult only: If eyes are open, assume the patient is responsive. If they are closed, assume unresponsive.
 - Palpable pulses at carotid, brachial (on non-IV arm), radial, femoral (adult only), and dorsalis pedis (adult only).
 - Breath sounds audible in typical anatomical locations.
 - Chest will rise and fall indicating respiratory rate.
 - Right arm may be used to start IVs, run fluids, and push medications. Use 22 ga IV, larger size may be verbalized. Left tibia may be used to start IOs, run fluids, and push medications. It is common for IV and IO sites to leak if a lot of volume has been administered. This is OK.
 - Perform CPR like you would on a real person. Rate and depth will be recorded and breaths given should elicit chest rise if mask seal or intubation is correct.
 - May be intubated. Spray lubrication is helpful and should be done prior to your scenario, but more can be added if you feel the airway is dry. The ET size in the bag has been pre-selected for best use with the manikin.
 - Seizures can be simulated and will present like the manikin's head is vibrating.
- The LifePak monitor is simulated and on a touch-screen. Monitor features:
 - The monitor should perform just like a LifePak 15.
 - Once appropriate cables are attached, touch the part of the screen that should be displaying the data (i.e. place the patient on the capno canula, then touch the area of the screen for capno, and it will be displayed).
 - A new blood pressure will be displayed once you touch the BP area and "start." Then every ten minutes after. Additionally BPs can be obtained by pressing the BP area again.
 - Sync, charging, and shocking buttons work just like the real monitor.
 - Must have "paddles" enabled on the screen to charge or shock.
- The simulation is video recorded and reviewed after the simulation. Debriefing format:
 - After the simulation, your team and an evaluator will watch the video together.
 - This is your opportunity to self-critique. We understand there is a difference between simulation and real life. These will be taken into account, especially if you indicate in the debriefing where you see areas of self-improvement.
 - The purpose of the debriefing is to learn how to manage cardiac arrest and critical patients better. **Learning from mistakes and embracing areas of excellence are the outcomes that are desired.**



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