Scenario

7 year old child arrives with parents – placed on stretcher

rushed into resuscitation room, no signs of life.

Became unresponsive en route to hospital.

Designate team leader

Nurse to confirm no signs of life and start CPR.

Other nurse to hook up to monitor and start IV

Monitor shows sinus tachycardia but no cardiac output (no pulse): PEA arrest

Cap refill ++++delayed

When nurse asked, patient weighs 22 kg.

(Not going to actually intubate a patient - but will want staff to gather equipment for it)

**Observer 1 Checklist: Pediatric Arrest**

Learning Objectives:

1. Complete assessment in child
2. Recognize and implement resuscitation in pediatrics using PALS algorithms
3. Utilize collaborative teamwork in caring for the arresting child
4. Initiate intravenous and fluid resuscitation in pediatric patient using Baxter pump
5. Identify and demonstrating understanding of Broselow tape/patient weight to determine appropriately sized equipment

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene |  |  |  |
| Assessed for signs of life & called for help, including other professions (RT/MD) |  |  |  |
| Initiated compressions or directed someone to do so immediately  Rate 100 beats per min |  |  |  |
| Initiated airway opening and ventilating via BVM; rate 15:2 |  |  |  |
| Attached pt. to a monitor or directed someone to do so (ECG leads, SpO2) |  |  |  |
| Attached patient to defib pads or directed someone to do so |  |  |  |
| Performed a pulse and rhythm check after 2 minutes |  |  |  |
| Compressions resumed by another team member |  |  |  |
| Appropriate weight/size was determined using Braslow or getting weight from parent |  |  |  |
| Initiated IV using appropriately sized IV catheter |  |  |  |
| Used Baxter pump to administer IV fluids (20 mL/kg) |  |  |  |
| Determined correct dose of epinephrine using stopcock technique  (22 kg = 2.2 mL of 1:10,000) |  |  |  |
| Discussed definitive airway strategies |  |  |  |
| Did this event occur in correct sequence (as per PALS asystole algorithm?) |  |  |  |

**Observer 2: Team Communication Checklist**

Objectives:

1. Demonstrates clear communication with team members including closed loop communication
2. Demonstrates understanding and use of team resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Members** | **Y** | **N** | **Comments** |
| Communication of team leader is concise, clear and specific |  |  |  |
| The team leader directed team members with specific tasks ensuring they understood. Did not overburden team members with too many tasks at once |  |  |  |
| The team leader was open to suggestions from his/her team |  |  |  |
| The team leader communicated with parent: plan of care, answered questions, demonstrated empathy |  |  |  |
| The team members communicated with each other, readily assisted each other. |  |  |  |
| The team members ensured team leader knew when their tasks were completed  i.e ‘The epinephrine is in” |  |  |  |
| Additional observations |  |  |  |

**Observer 3: Team dynamics**

1. List examples of effective communication you observed during this scenario (including closed loop communication).
2. Have you observed times in which communication was unclear and you did not observe closed-loop communication? If so, provide examples and explained how the closed loop communication would have improved the scenario.
3. Were appropriate resources utilized well and in a timely fashion?

Give examples.

**Observer 4: Assessment Observations of RN 1**

1. Were key assessment and interventions organized and prioritized appropriately?
2. Describe collaboration efforts of this team.
3. Describe the interactions with team leader and members.
4. Describe the interactions with team leader and family member.