**V.fib /PEA Arrest**

42 year old male presents with chest pain while playing hockey. No known past medical history. Comes with EMS, has IV in situ, given ASA. EMS vital signs: BP 152/90, HR 82 regular, RR 22, T 36.5, SpO2 95% RA. Pain 5/10 – no radiation, no nausea, no vomiting, some diaphoresis, looks gray in color, restless, “I feel like I’m going to die” “Call my wife”

Monitor: initially normal sinus rhythm. BP 156/86, HR 88, RR 20, T 36.3 SpO2 94% RA. While ECG coming, patient becomes unresponsive. To be bagged.

Monitor shows pulseless ventricular tachycardia.

Apply pads, defibrillate. While getting ready, CPR in progress.

Patient shocked, CPR, 2 minute check, no pulse, Vfib. Shocked a 2nd time. Draw up Epinephrine q3-5; Amiodarone 300 mg to give IV after 2nd shock.

CPR, 2 minute check, no pulse, rhythm: PEA – CPR, epinephrine, h’s and t’s

Cause: myocardial thrombosis.

**Observer 1 Checklist: Overdose Megacode Day 6**

Learning Objectives:

1. Systematic assessment of critically ill patient
2. Recognize and implement resuscitation in ACLS algorithms
3. Utilize collaborative teamwork in caring for the arresting patient

\*Checklist below: can answer Yes if team leader directed member to do – does not have to do him/herself

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene, PPE |  |  |  |
| Assessed for signs of stability (LOC, Chest pain, SOB, BP) |  |  |  |
| Applied monitor |  |  |  |
| Initiated oxygen therapy |  |  |  |
| Initiated compressions upon loss of pulse |  |  |  |
| Initiated PPV |  |  |  |
| Systematically able to defibrillate |  |  |  |
| Demonstrates understanding of  V-fib/pulseless V-tach algorithm |  |  |  |
| Compressions restarted immediately after shocked |  |  |  |
| Mixed up and administered epinephrine as per direction |  |  |  |
| Mixed up and administered Amiodarone as per direction |  |  |  |
| Discussed 5 H’s and 5 T’s |  |  |  |
| Family presence identified |  |  |  |
|  |  |  |  |

**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 atropine 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 any interactions with team leader and family member.