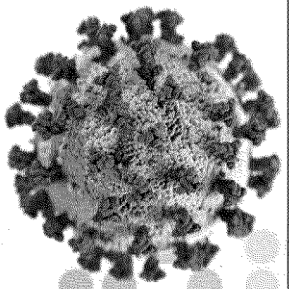
NHS
Essex Partnership University
NHS Foundation Trust

Important Changes During Covid-19 Pandemic



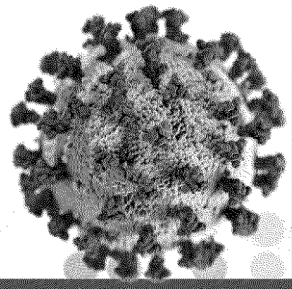
Important Changes During Covid-19 Pandemic

NHS
Essex Partnership University
NHS Foundation Trust

For the interim period during the COVID-19 pandemic it is recommended by the Resuscitation Council UK, that **CPR should be delivered using chest compressions only** (no mouth to mouth or mouth to mask)

- If you are in the community: ensure you have informed 999 that you are doing compression only CPR – **if you know the patient is positive for COVID 19 please inform 999**

- If you are in an in-patient setting: Compression only CPR until the grab bag arrives, AED then bag valve and mask with Oxygen. **If you know the patient is positive for COVID 19 please put on PPE and inform 999**



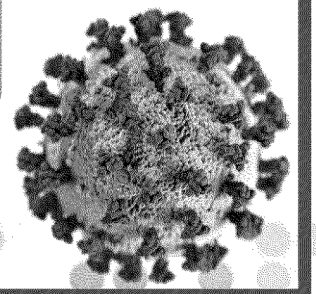
IMPORTANT CHANGES DURING COVID-19 PANDEMIC

NHS
Essex Partnership University
NHS Foundation Trust

Any further information can be found on the Resuscitation Council UK website:

https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/

If you have ANY concerns re: Resus training at this time please contact [redacted]



NHS
Essex Partnership University
NHS Foundation Trust

Grab Bag Training
Revision session

Course outline

Essex Partnership University
NHS Foundation Trust

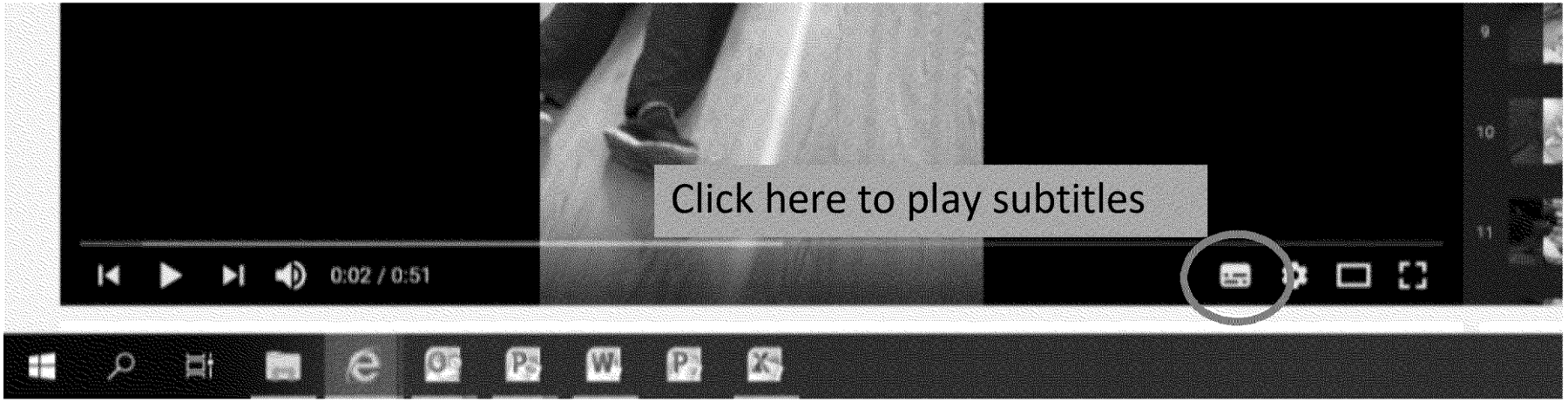
- Mews scenario
- Temperature, Sepsis
- Blood Pressure ,Pulse Oximetry
- Oxygen Saturations
- Conscious levels
- Neurological observations over view of Glasgow Coma Scale
- Falls & SBAR, Pupil dilation
- Cardiac arrest or heart attack, Stroke
- Anaphylactic shock signs and symptoms
- Recovery position front and back
- Airway obstructions
- Choking , practice with the choking vest
- Ligature Cutters, Magill's Suction, OP airway
- Oxygen and safe use: Pocket mask, Bag Valve and Mask , high concentration mask
- Pocket mask
- Basic life support ,AED
- Bag Valve and mask ,IGEL
- Human factors, Lead role
- Resuscitation event form , DATIX
- Scenarios

YouTube clips

Essex Partnership University
NHS Foundation Trust

Throughout this presentation you will find links to YouTube videos.

•The audio takes a few seconds to come in on these clips but hopefully you wont loose much, as most clips are predominately visual. Try playing subtitles to help.



•Stop each video when finished or it will continue onto another one. Then return to the presentation.

Essex Partnership University
NHS Foundation Trust

MEWS

Modified Early Warning System

50 year old Male admitted to the ward

Essex Partnership University
NHS Foundation Trust

Baseline vitals on admission:

- Temperature: 36.5
- Blood pressure: 130/80 record both but score on Systolic only
- Pulse: 80
- Respiration rate: 16
- Spo2: 98%
- Conscious level: Alert

MEWS Score : 0

Then the patient complains of central pain radiating to lower jaw

Essex Partnership University
NHS Foundation Trust

- Temperature: 36.5
- Blood pressure: 110/80 record both but score on Systolic only
- Pulse: 50, poor volume
- Respiration rate: 21
- Spo2: 95%
- Conscious level: Alert

Mews score: 5

What do you do?

Inform Senior Nurse and Dr, call for medical help and grab bag, and continue observations

5 minutes later

Essex Partnership University
NHS Foundation Trust

- Temperature: 36.5
- Blood pressure: 90/50 record both but score on Systolic only
- Pulse: 35
- Respiration rate: 9
- Spo2: 89%
- Conscious level: Voice

Mews score: 13

What do you do?

Prepare to treat patient for possible arrest

Temperature

Essex Partnership University
NHS Foundation Trust

Hyperpyrexia >40.0 – 41.5 is a term for a very high fever. This normally occurs due to another medical condition and is considered an emergency

Fever / Hyperthermia >37.5 – 38.3 is a condition where an individual's body temperature is elevated beyond normal due to failed thermoregulation.

Normal 36.5 – 37.5

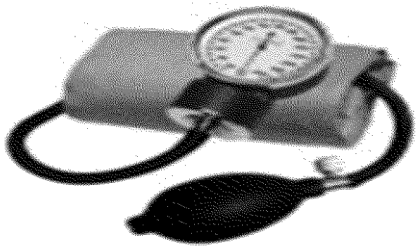
Hypothermia <35.0 Occurs when the body loses heat faster than it can produce it, due to prolonged exposure to cold weather or water. Symptoms include shivering, weak pulse, drowsiness, confusion, and loss of consciousness. Treatment includes first aid procedures, or medical treatments such as blood warming, and airway warming.

Sepsis

Essex Partnership University
NHS Foundation Trust

- Sepsis is a life-threatening reaction to an infection.
- It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.
- You cannot catch sepsis from another person.
- Sepsis is sometimes called septicaemia or blood poisoning.

Blood Pressure

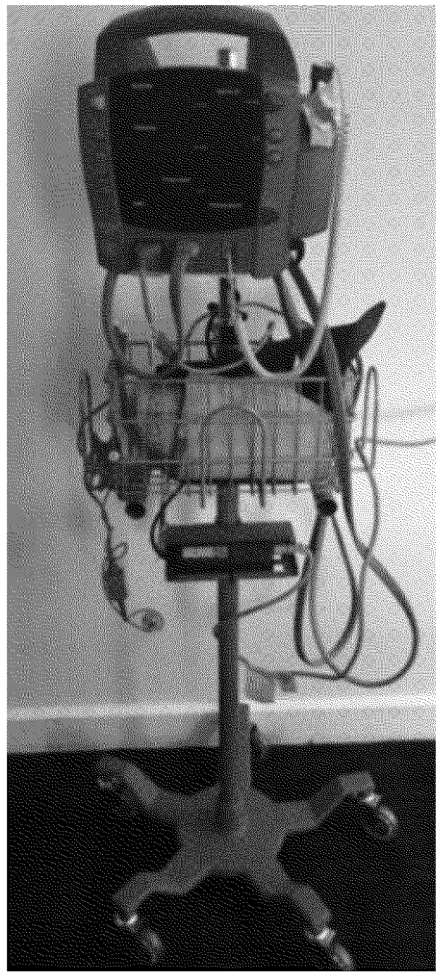


Essex Partnership University
NHS Foundation Trust

Blood pressure is measured in millimetres of mercury (mmHg) and is given as 2 figures:

Systolic pressure – the pressure when your heart pushes blood out

Diastolic pressure – the pressure when your heart rests between beats



For example, *if your blood pressure is "140 over 90“or 140/90mmHg, it means you have a systolic pressure of 140 a diastolic pressure of 90.*

What does the reading mean

Essex Partnership University NHS Foundation Trust

- 'Normal' blood pressures vary widely
  - generally a blood pressure that is persistently raised above 140/90 is considered high blood pressure.
- ***Hypertension*** – isn't easily recognised by physical means.
  - For that reason, it has sometimes been called 'the silent killer'.
- ***Hypotension*** (low blood pressure) is considered less than 100/60
  - OK if it is the person's natural state/normal blood pressure
  - A sudden and unexplained hypotension could be very serious and must be reported immediately.
  - Some people with hypotension feel dizzy or may even faint if they get to their feet too quickly, so must be taught to do so gradually.

Pulse Oximetry

Essex Partnership University
NHS Foundation Trust

The pulse oximeter can quickly measure the haemoglobin that is saturated with oxygen, providing a digital readout on a display screen.

Pulse oximeters also measure the pulse rate, which is also displayed on the screen



What can effect the reading?

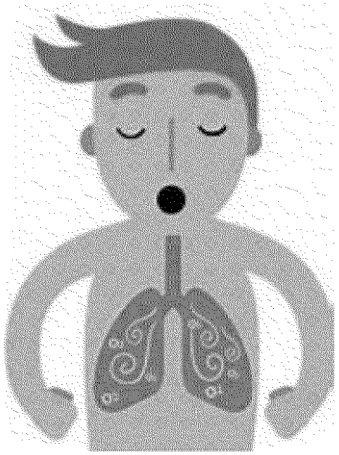
Nail varnish, False nails, dirt, cold, poor circulation, smoking within the last 20 minutes

Only use a finger pulse oximeter on the fingers

Oxygen saturations

Essex Partnership University
NHS Foundation Trust

- Normal saturation: 96% - 98%
- Evidence of Hypoxia: 90%-95%
- Severe Hypoxia: 85%-90%
- Critical Hypoxia: below 85%
- COPD (Chronic obstructive pulmonary disease) 88% - 92%



Conscious Levels

Essex Partnership University
NHS Foundation Trust

- **A - Alert Patient:** Fully awake, although not necessarily orientated. They will normally spontaneously open eyes as it is usual to open your eyes when someone approaches. They may be confused.

- **V - Responding to voice**. The patient makes some sort of response when you talk to them. This could be through the eyes, which open when you speak to them, or by voice which may only be as little as a grunt. Or, it could be by moving a limb when prompted to do so.

- **P – Pressure or pain.** The patient makes a response to the application of some kind of stimulus e.g. pressure on the finger nail, trapezius squeeze / supra-orbital notch pressure. The patient may open their eyes, make some verbal response even if only to groan; may make some motor response such as moving away from the stimulus or trying to push you away.

- **U - Unresponsive.** This outcome is noted if the patient does not give any eye, voice or motor response to voice or pressure.

- **C = New confusion**

Neurological Observation

Essex Partnership University
NHS Foundation Trust

Minimum frequency of neurological observations and MEWS post fall

½ hourly for 2 hours, 1 hourly for 4 hours then 2 hourly for 24 hours

(See Slips, Trips & Falls Guideline for more detail)

Hand out on the back of MEWS

GCS

Essex Partnership University
NHS Foundation Trust

The Glasgow Coma Scale (GCS).

The Glasgow Coma Scale is a comprehensive tool to estimate levels of consciousness following any fall. It will provide staff with indicators of the impaired level of consciousness as described below. Each criterion is assessed separately and the total of the three scores provides the GCS result. This will be recorded on the observation chart

Best eye response	
Score	Description
4	Spontaneous
3	To sound
2	To pressure
1	None
NT	Non testable

Best verbal response	
Score	Description
5	Orientated
4	Confused
3	Words
2	Sounds
1	None
NT	Non testable

Best motor response	
Score	Description
6	Obeys commands
5	Localising
4	Normal flexion
3	Abnormal flexion
2	Extension
1	None
NT	Non testable

Score	Description	Action
3 – 8	Indication of a severe head injury. The patient's airway will not be self-maintained and will require airway management. The patient may have no signs of life, be unconscious or show abnormal signs of raised inter-cranial pressure.	Call for immediate help and commence post falls protocol. Call emergency services (9)999 as GCS indicates severe head injury. Commence CPR if there are no signs of life; continue until emergency services arrive and take over resuscitation. If there are signs of life: manage patient's airway and their safe environment; commence EWS observations and neurological observations in accordance with NICE CG176 every 30 minutes until the emergency services arrive
9 – 12	Indication of a moderate head injury. The patient may be conscious but restless, agitated or confused	Call for immediate help and commence post falls protocol – call emergency services (9)999 as GCS indicates moderate head injury. Manage patient's safe environment, commence EWS observations and neurological observations in accordance with NICE CG176 every 30 minutes until the emergency services arrive.
13 – 15	Indication of a mild head injury. The patient will be conscious, may be fully alert and orientated but may also have confusion or may require to be roused to undertake the assessment.	Call for immediate help and commence post falls protocol, manage patient's safe environment, commence EWS observations and neurological observations in accordance with NICE CG176 every 30 minutes. Call a doctor for immediate assessment. Follow post falls plan of care.
Caution	Any deterioration in the GCS by 2 points	Seek immediate medical assessment and increase neurological observation in accordance with NICE CG176 recommencing half hourly observations

Falls

Essex Partnership University
NHS Foundation Trust

- Vital signs, including an assessment of the patient's neurological condition must be recorded and must include use of the Glasgow Coma Scale (GCS) to determine whether any neurological impairment has resulted from the fall.
- GCS must be recorded by a qualified member of staff and recorded on the appropriate neurological chart.
- A patient's condition that may be difficult to assess using the GCS (such as in advanced dementia) **must** be assessed using the AVPU scale.
- Information relating to the fall and condition of the patient should be relayed to the doctor using SBAR (Situation, Background, Assessment and Recommendation) who will make a decision on further action.

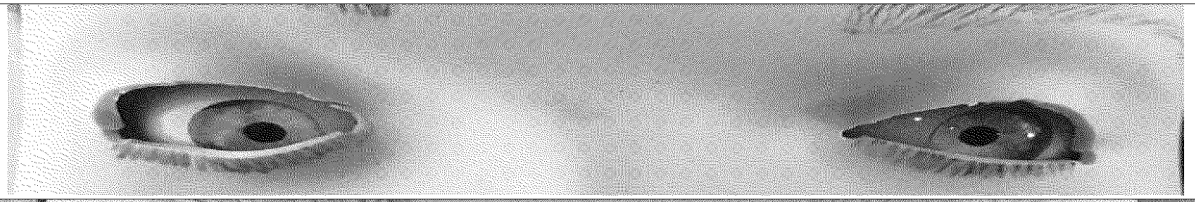
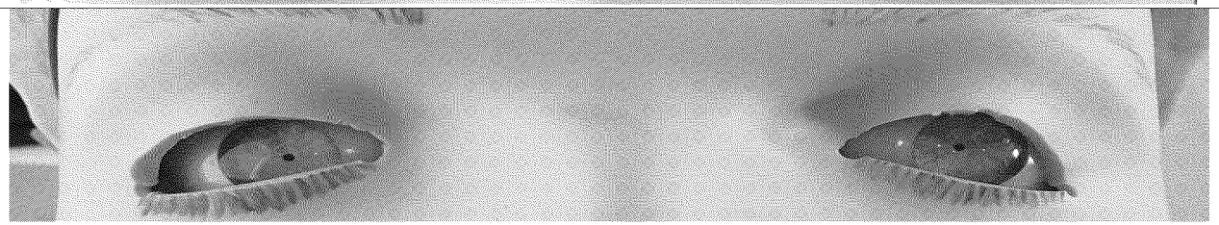
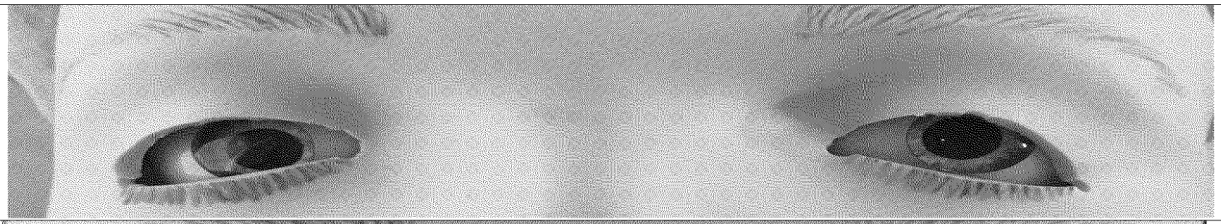
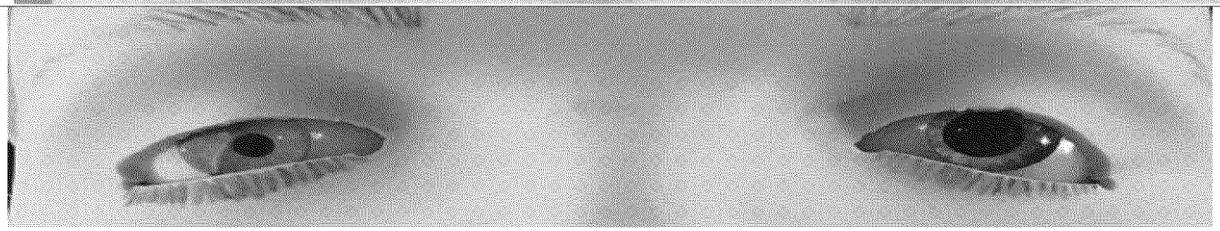
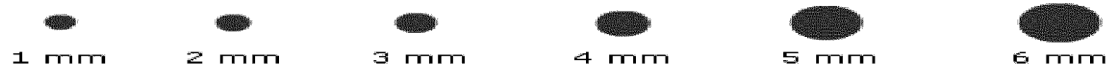
- If a head, neck or spinal injury is suspected do not move the patient, wait for the paramedics to arrive and they can use specialised manual handling equipment.

- If the patient has a possible lower limb fracture or hip fracture (limb is shortened and leg externally rotated) and the patient is complaining of pain, do not hoist patient from the floor, wait for the paramedics. (unless you have specialised equipment)

- At all times the patient will require reassurance and observation, and every attempt should be made to keep the patient comfortable and pain-free

Pupils

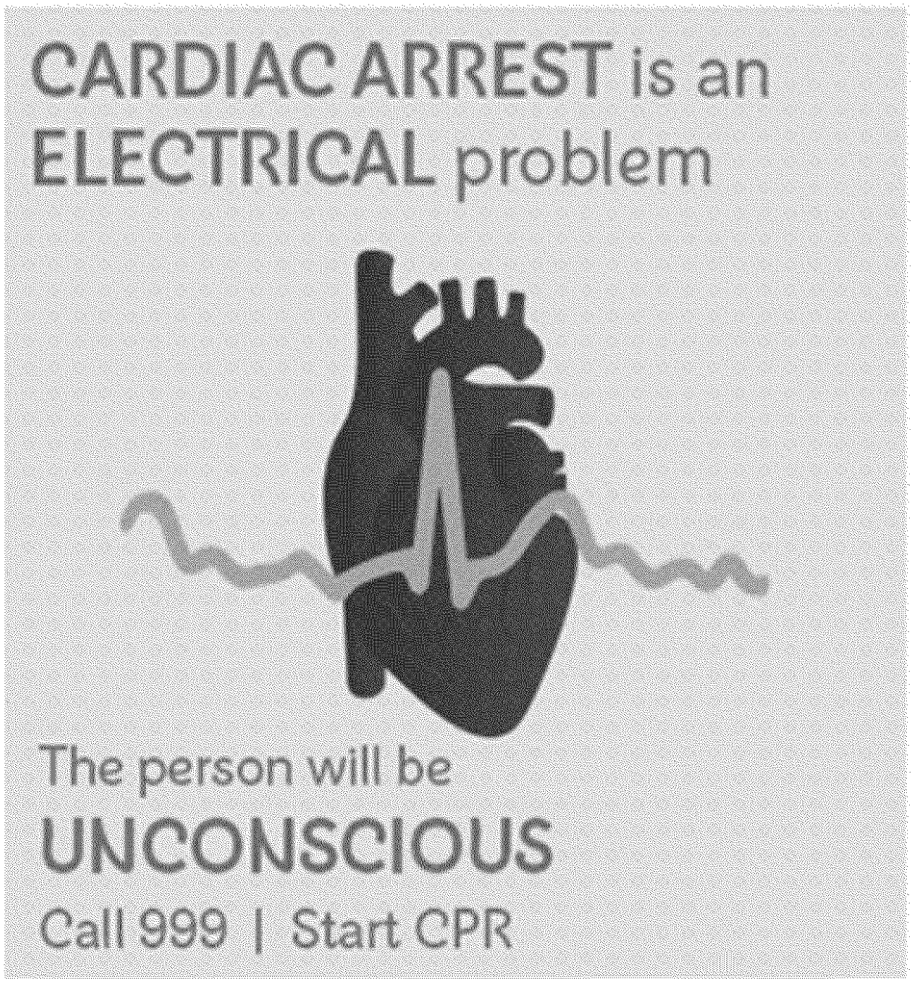
Essex Partnership University
NHS Foundation Trust

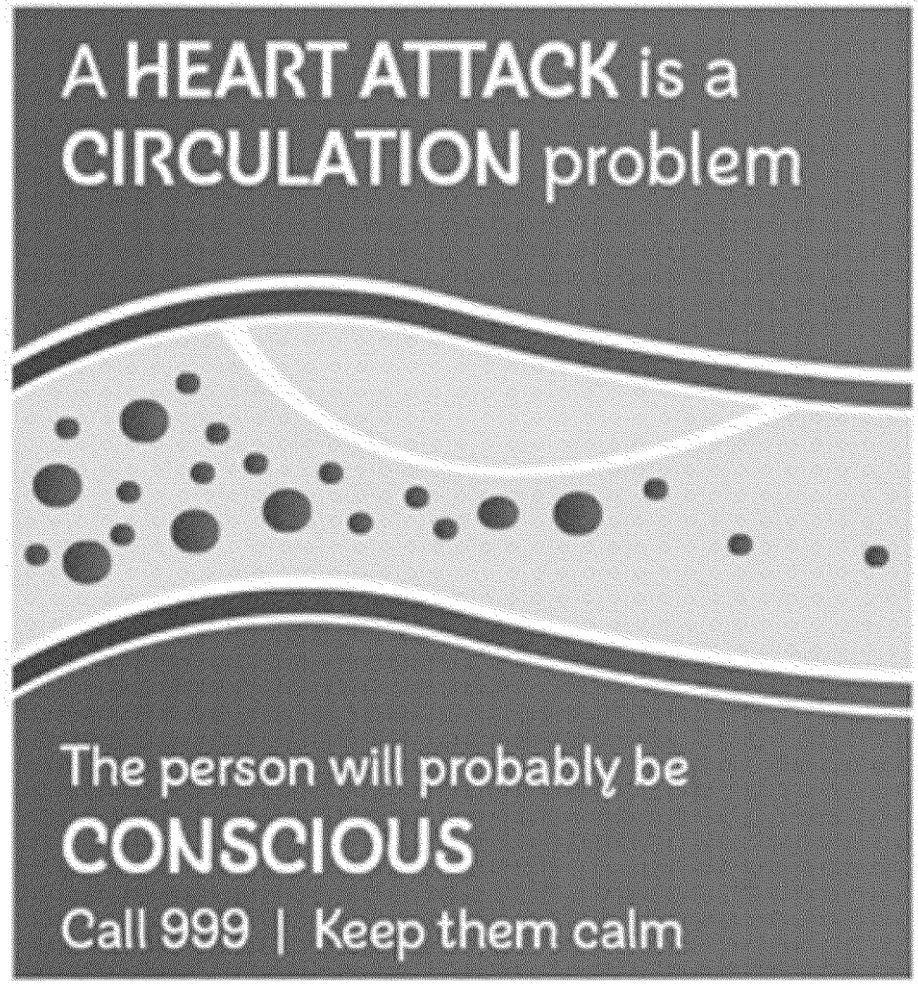
Normal pupils: Size 4mm	
Constricted Pupils: Bright light Narcotic use CNS disorders	
Dilated pupils: Darkness Shock	
Unequal Pupils: Head Trauma Stroke	
Pupil sizes	

Cardiac arrest or a heart attack?

Essex Partnership University
NHS Foundation Trust

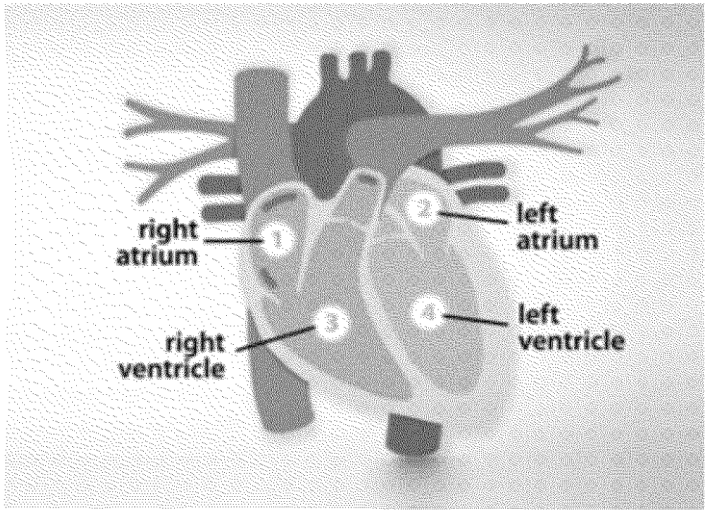
A person having a heart attack has a **high risk** of experiencing a cardiac arrest.





https://www.bhf.org.uk/informationsupport/conditions/cardiac-arrest

Inside the heart there are four chambers – two on the left and two on the right.



The two small upper chambers are called the **atria**.

The two larger lower chambers are called the **ventricles**.

The left and right sides of the heart are divided by a thin muscular wall called the **septum**.

To keep your heart pumping, the **sinus node** – known as your heart's natural pacemaker – sends electrical signals through your heart.

What causes your heart & circulatory system to go wrong?

Essex Partnership University
NHS Foundation Trust

- Problems with your heart and circulatory system, including heart attack, angina and stroke can occur when your arteries become narrowed.
- This is caused by a gradual build-up of fatty material within the blood vessel walls.
- In time, your arteries may become so blocked that they cannot deliver enough blood to your heart or brain, which can lead to a heart attack, stroke and vascular dementia.

Cardiac Arrest

Essex Partnership University
NHS Foundation Trust

Signs and symptoms:

Some individuals may experience chest pain, nausea, shortness of breath, or dizziness before cardiac arrest.

Those in cardiac arrest will:

- not be responsive
- lose consciousness
- be breathing abnormally or not at all.

Causes:

Heart attack

Coronary heart disease

Cardiomyopathy and some inherited heart conditions

Congenital heart disease

Heart valve disease

Acute myocarditis

Electrocution

Drug overdose

Severe haemorrhaging

Drowning.

Stroke

Essex Partnership University
NHS Foundation Trust

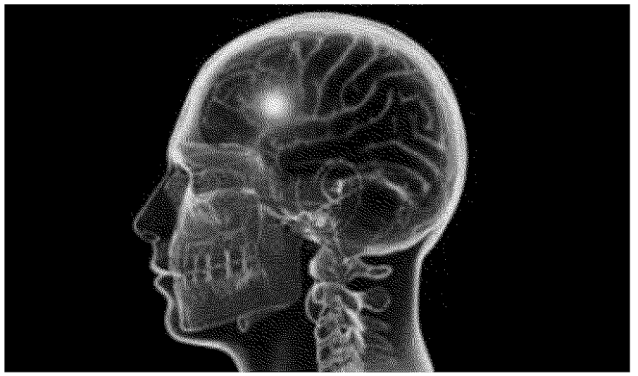
Effective treatment of stroke can prevent long-term disability and save lives.

The specific treatments recommended depend on whether a stroke is caused by:

•a blood clot blocking the flow of blood to the brain (ischaemic stroke)

•bleeding in or around the brain (haemorrhagic stroke)

Treatment usually involves taking 1 or more different medicines, although some people may also need surgery.



Stroke

Essex Partnership University
NHS Foundation Trust

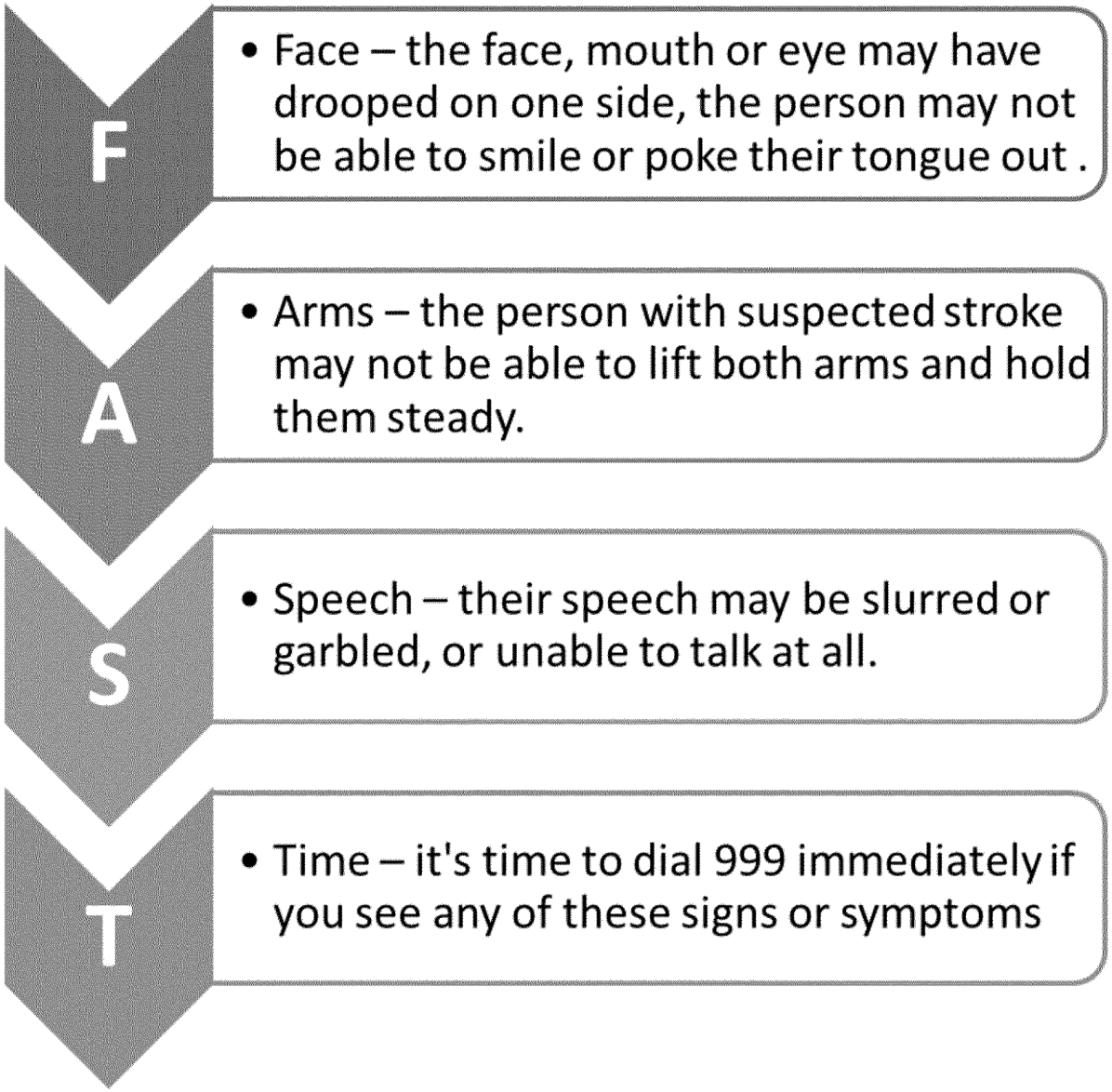
A stroke is a serious medical condition that occurs when the blood supply to part of the brain is cut off.

If you suspect a Stroke:

Act **FAST**

Call **999**

The sooner a person receives treatment for a stroke, the less damage is likely to happen.



Signs and symptoms of Anaphylactic shock

Essex Partnership University
NHS Foundation Trust

- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Sense of impending doom, Difficulty in swallowing or speaking
- Swelling of throat and mouth
- Alterations in heart rate
- Severe asthma
- Abdominal pain, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness

A patient would not necessarily experience all of these symptoms in the same episode

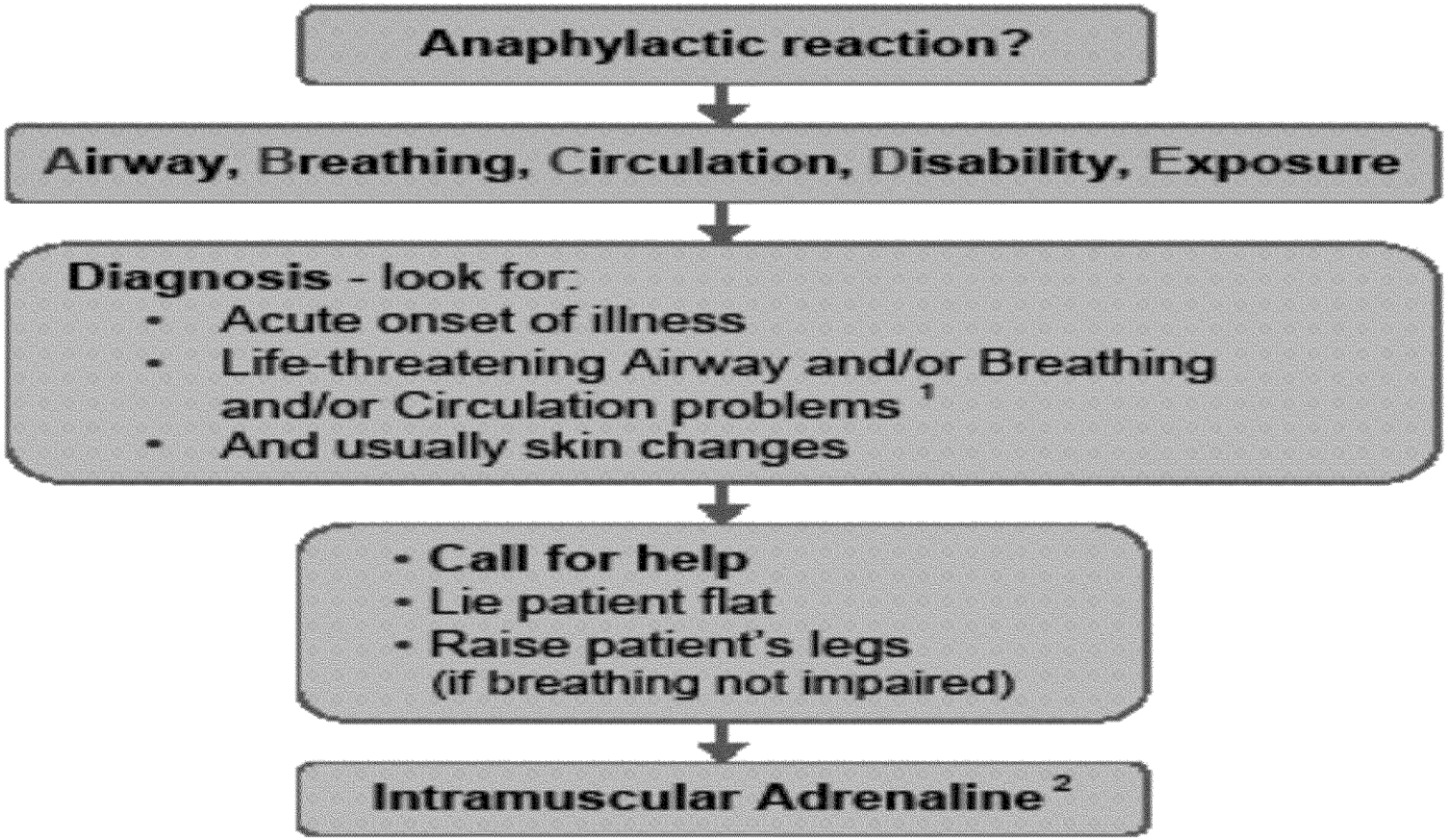
The symptoms are caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored.

The release is triggered by the interaction between an allergic antibody called Immunoglobulin E (IgE) and the substance (allergen) causing the anaphylactic reaction.

This mechanism is so sensitive that minute quantities of the allergen can cause a reaction. The released chemicals act on blood vessels to cause swelling. In people with asthma, the effect is mainly on the lungs. There may also be a fall in blood pressure

[I/S]

An estimated 20 deaths from anaphylaxis are reported each year in the UK. NICE 2016.



[1] Life-threatening problems:

Airway:	swelling, hoarseness, stridor
Breathing:	rapid breathing, wheeze, fatigue, cyanosis, SpO_2 < 92%, confusion
Circulation:	pale, clammy, low blood pressure, faintness, drowsy/coma

[2] Intramuscular Adrenaline

IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

• Adult	500 micrograms IM (0.5 mL)
• Child more than 12 years:	500 micrograms IM (0.5 mL)
• Child 6 -12 years:	300 micrograms IM (0.3 mL)
• Child less than 6 years:	150 micrograms IM (0.15 mL)

Recovery Position

Essex Partnership University
NHS Foundation Trust

- Kneel beside the person
- Check the pockets for items that could cause harm, Look for visible injuries and remove the persons glasses
- Place the arm nearest to you out at a right angle to the body
- Bring the far arm across the chest, and hold the back of the hand against the person's cheek nearest to you, keep the airway open
- With your other hand, grasp the far leg just above the knee and bring it up, keeping the foot on the ground
- Keeping the persons hand pressed against their cheek, use the far leg to roll the persons towards you on to their side
- Adjust the upper leg so that both the hip and knee are bent at right angles
- Tilt the head back to make sure that the airway remains open
- If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth, Check breathing regularly

Be prepared to start CPR immediately if the person deteriorates or stops breathing normally

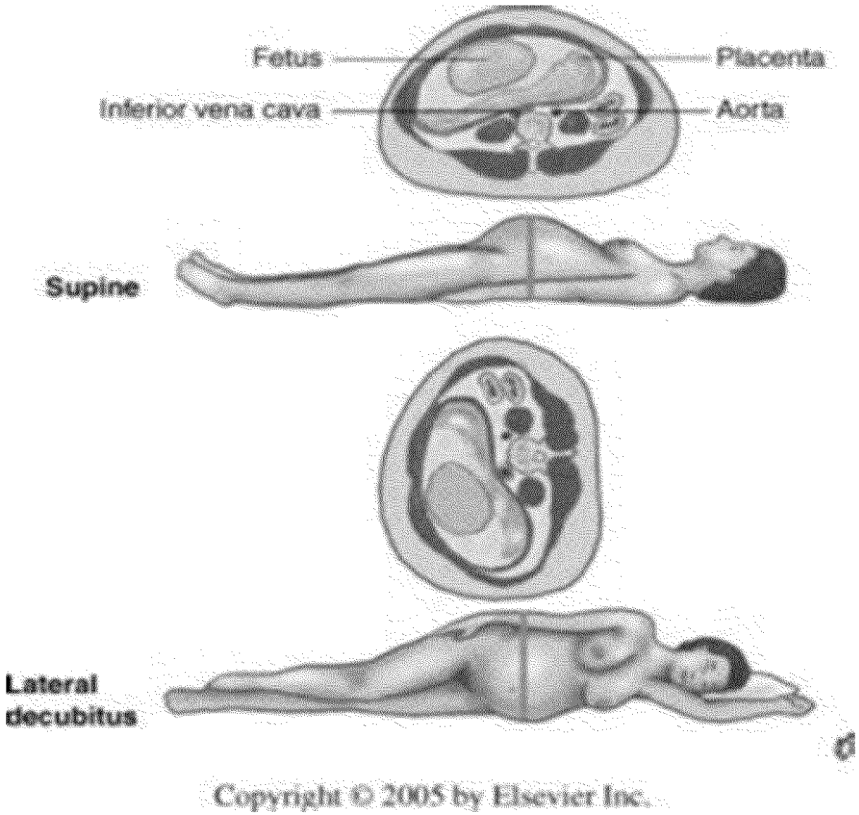
Adapted Recovery Position

NHS
Essex Partnership University
NHS Foundation Trust

- Kneel to the top of the patients head, lift their head slightly and place the hand they are facing under the lower cheek, open the airway
- Place the other arm a few inches away from the side of the body, take care when rotating the arm
- Check the pockets on the same side as the arm down the body for items that could cause harm, Look for visible injuries and remove the persons glasses
- Kneel the opposite side of the patient, place one hand on the hip and the other on the inside of the knee closet to you
- At the same time rotate the hip upwards and bring the knee towards you on their natural movement
- If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth, Check breathing regularly

Be prepared to start CPR immediately if the person deteriorates or stops breathing normally

During pregnancy use the traditional method of the recovery position but roll to the left to take pressure off the inferior vena cava and the uterus.



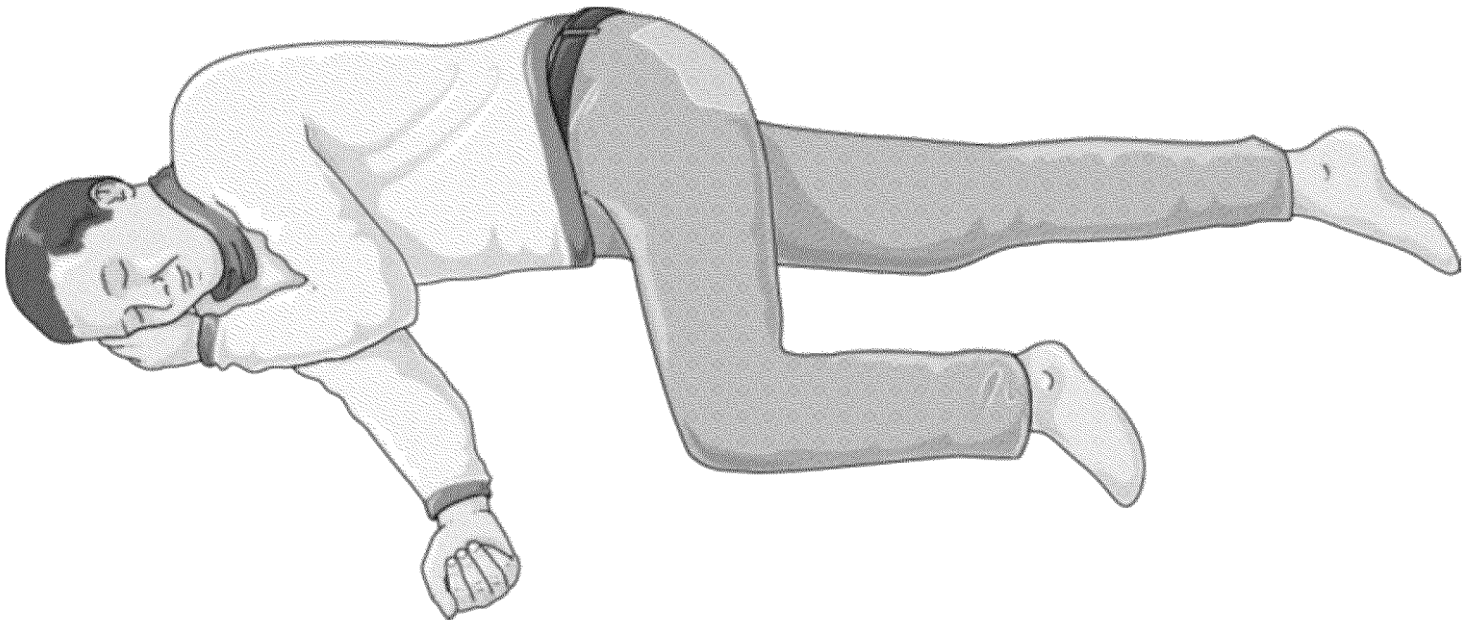
Copyright © 2005 by Elsevier Inc.

[I/S]

Recovery position clip

Essex Partnership University
NHS Foundation Trust

Click on picture for video



Airway Obstructions

Upper airway obstruction

This can be due to internal or external sources

Choking, blockages and ligatures

Lower airway obstruction

This is usually due to the bronchial tubes in the lungs going into spasm, this is common if the casualty suffers from asthma or has been exposed to smoke or other noxious gases.

Recognition of airway obstruction

Essex Partnership University
NHS Foundation Trust

- **LOOK** for chest/abdominal movement
- **LISTEN** at mouth and nose for breath sounds and abnormal noises
- **FEEL** at mouth and nose for expired air

Abnormal sounds in airway obstruction

- **Snoring** - due to obstruction of upper airway by the tongue
- **Gurgling** - due to obstruction of upper airway by liquids (blood, vomit)
- **Wheezing** - due to narrowing of the lower airways
- Complete airway obstruction is **silent**.

Choking

Essex Partnership University
NHS Foundation Trust

Do not confuse this emergency with fainting, myocardial infarction, seizure or other conditions that may cause sudden respiratory distress, cyanosis or loss of consciousness. Choking usually occurs while the person is eating or drinking

People at increased risk of choking include those with;

- reduced consciousness, (drug and/or alcohol intoxication)
- neurological impairment with reduced swallowing and cough reflexes (e.g. stroke, Parkinson's disease),
- respiratory disease,
- mental impairment,
- dementia and older adults

Choking Clip

Essex Partnership University
NHS Foundation Trust

Click on picture for video

[I/S]

Choking into CPR

Essex Partnership University
NHS Foundation Trust

Click on picture for video

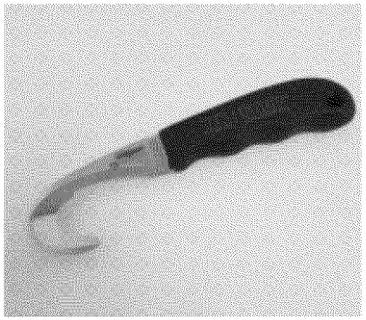
[I/S]

Ligature Cutters

Essex Partnership University
NHS Foundation Trust

The trust uses 3 approved Ligature Cutters

ResQhook



Barrington LC1



Big Fish 9mm



The ligature cutters must be kept in at least 2 places on the ward: In the Resuscitation Grab Bag which is kept in the Clinic/Treatment Room, and With the Red Ligature Wallet in the Ward office

1.0 As a critical safety item, relying on its sharpness to save life:

•The Big Fish blade must be replaced after every use. Details in section 4.0

•The ResQhook & Barrington LC1 must be sharpened after every use as detailed in the section 3.0

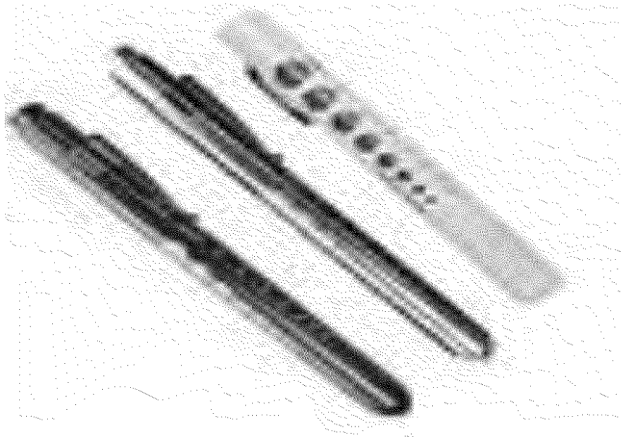
•Whichever type of Ligature Cutter you must ensure that you always have spares.

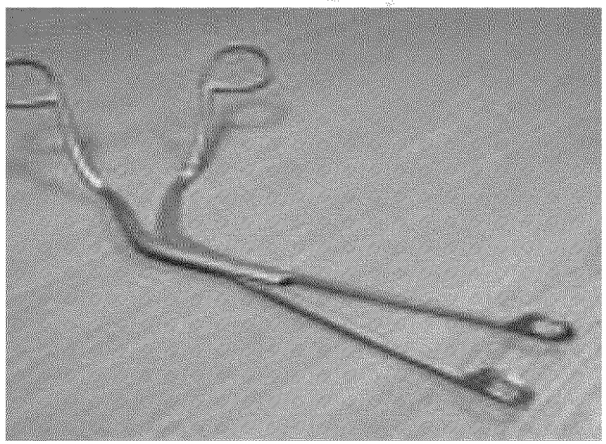
CPG75 Appendix 5

Magill Forceps

Essex Partnership University
NHS Foundation Trust

Only to be used after traditional measures have failed to move an object that is visible in the mouth, the person is unconscious and the gag reflex is absent. A pen torch MUST be used





2 staff required: Open the airway, use the pen torch to locate the item.

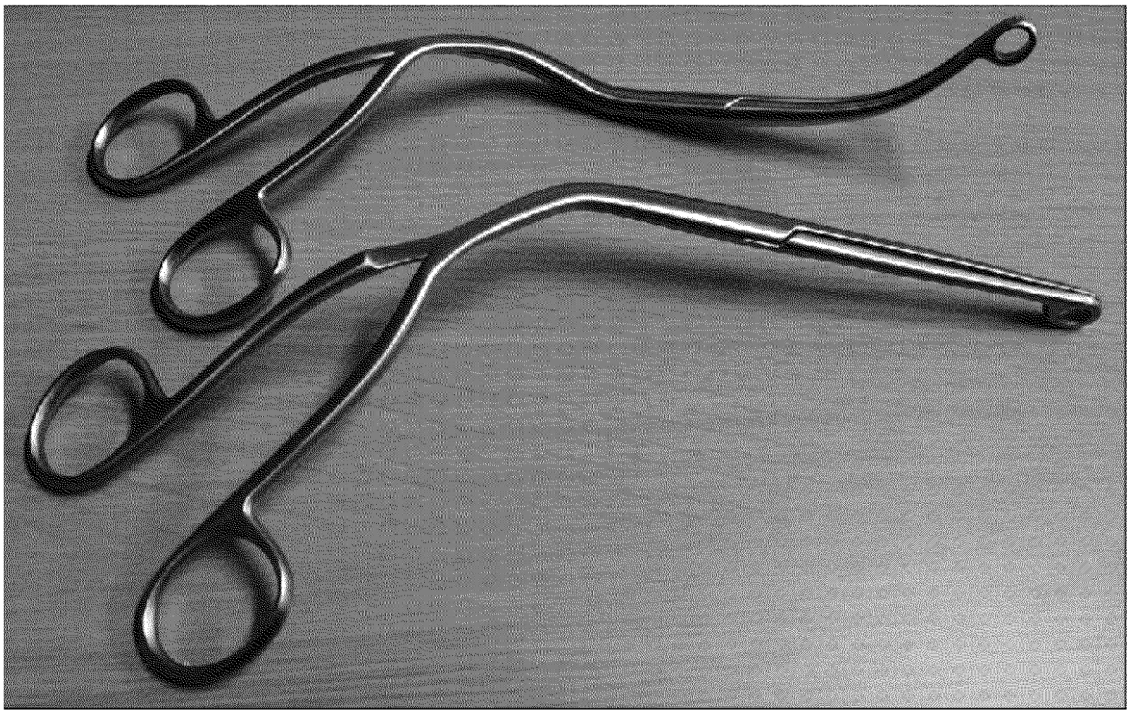
Only remove the object if you will not interfere with the Uvula or tonsils

Using the Magill forceps remove the object, if successful check the airway and breathing

Magill forceps

Essex Partnership University
NHS Foundation Trust

Click on picture for video



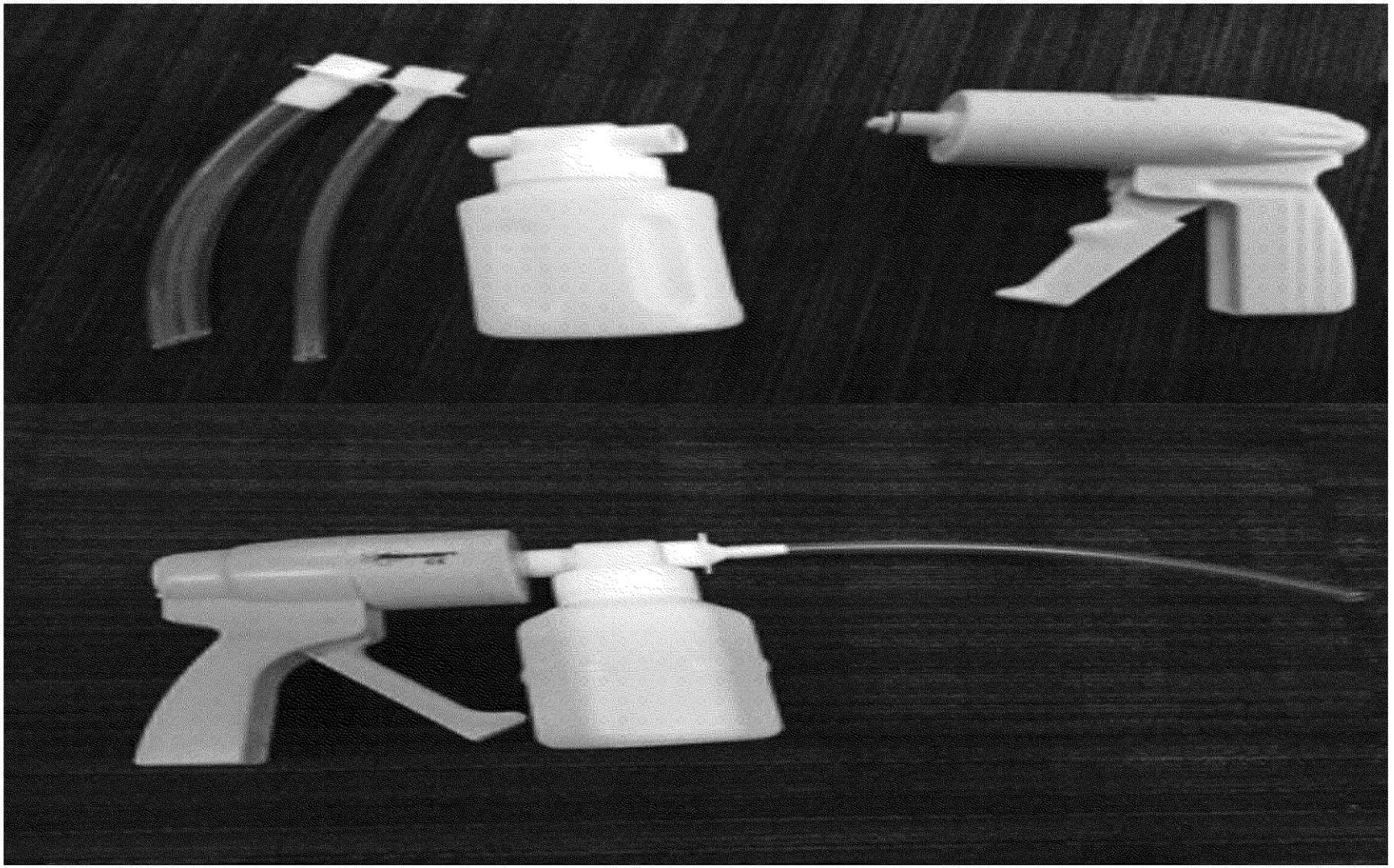
Suction

Place the 3 parts of the manual suction unit together. handle, bottle, catheter

Roll the casualty on to their side and support the head.

Hold the catheter about 1 inch from the end and place in the space between the teeth and cheek.

Ensure you have a good line of sight into the mouth, only suction whilst there are fluids, do not touch the inside of the mouth with the catheter as this may damage the mouth or airway

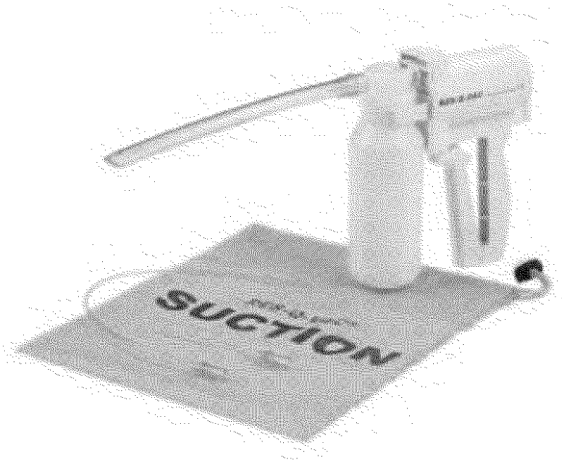


Suction – Assembly and Use

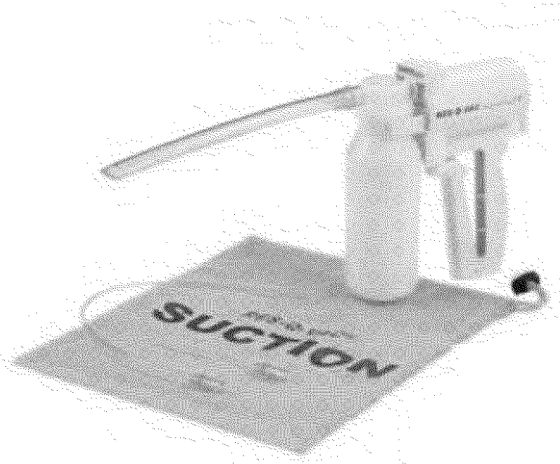
Essex Partnership University
NHS Foundation Trust

Click on picture for video

Assembly…



…and use

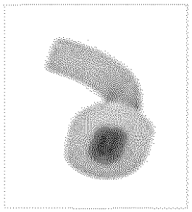


Guedel Oral Pharyngeal Airway

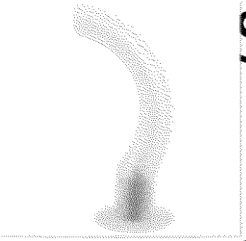
Essex Partnership University NHS Foundation Trust



Size 1



Size 2



Size 3



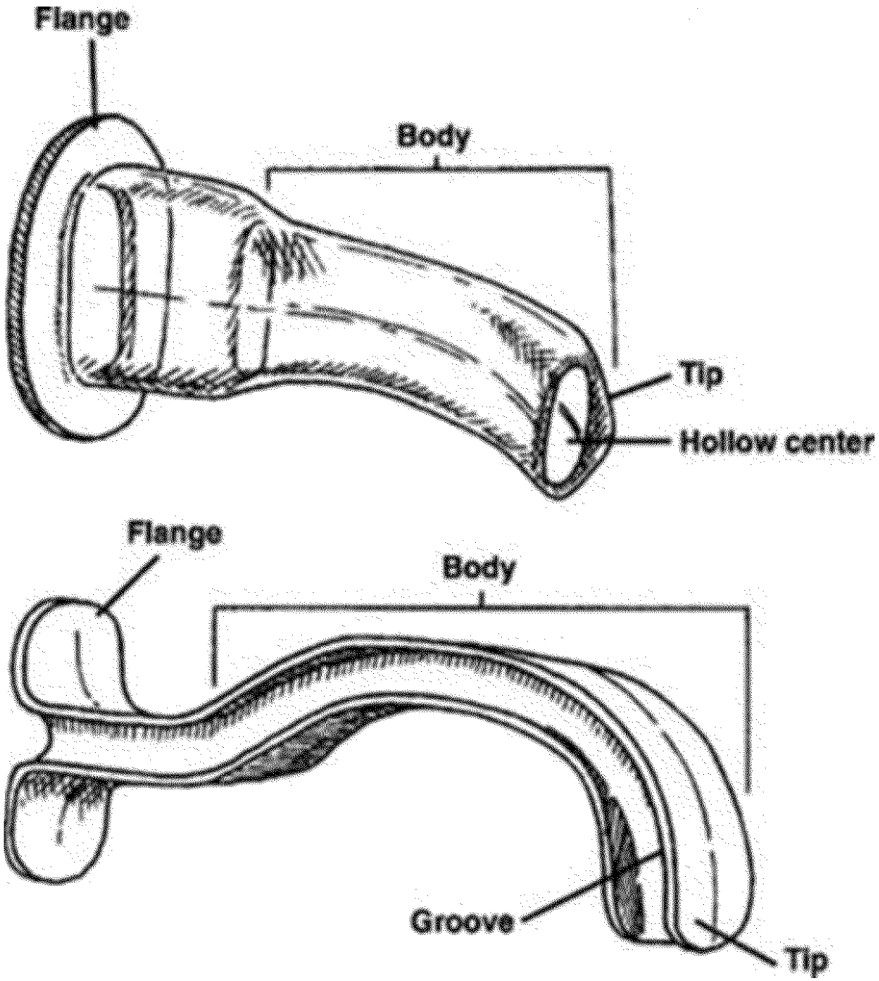
Size 4

These are used to support the tongue and maintain an open airway. They do not prevent vomit entering the airway so strict observation is necessary.

If the patient regains their gag reflex remove the airway, open the airway and check for breathing and reassess

If the patient vomits remove the airway, turn the patient to the side and use the suction machine when fluids are clear open the airway, check for breathing and vital signs and reassess

Sizing an Guedel O.P Airway



Place the flange by the corner of the lips

The tip should sit just under the bottom of the ear lobe

Guedel O.P airway

Essex Partnership University
NHS Foundation Trust

Click on picture for video



Oxygen % and safe use

Essex Partnership University
NHS Foundation Trust

Mouth to mouth	14-15%
Mouth to pocket mask	14-15%
Bag Valve and Mask	21%
Mouth to pocket mask & 10 litres oxygen	40-50%
Bag Valve and Mask 15 litres oxygen	95%+
High Concentration mask 15 litres oxygen	95%+

Oxygen Safety

Essex Partnership University
NHS Foundation Trust

In an emergency, oxygen should always be given immediately and documented later. Oxygen is prescribed in all other situations in accordance with British Thoracic Society (BTS) guidelines

Do not use any lubricants , do not place hands or face above the cylinder, Oxygen must be stored and used whilst secure, either in the grab bag or trolley

Portable (CD Size) Oxygen Cylinders

Essex Partnership University NHS Foundation Trust

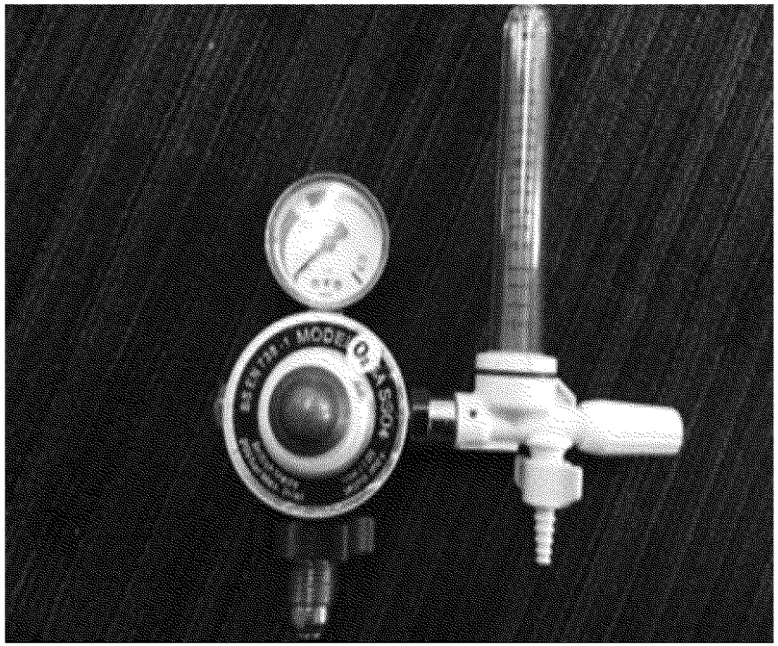
- To check the oxygen level in a CD cylinder, take a reading from the gauge rather than turning the cylinder on, as the reading is valid even when cylinder and valve are both switched off.
- When full: 460 litres at 15 litres per minute will provide oxygen for 30 minutes.
- To turn the oxygen on, turn the black regulator ½ a turn towards open , then choose the flow rate by turning the white regulator on top.
- Ensure the oxygen is turned to 0 on defibrillator is about to shock



Traditional Metal / Large Oxygen Cylinders

Essex Partnership University NHS Foundation Trust

- To check the oxygen level, turn open the valve to check and record the available level.
- Please replace the cylinder when the reading falls to ¼ full (red area) – do NOT wait until this reaches zero.





CPR procedure

Essex Partnership University NHS Foundation Trust

1.3 **The Resuscitation Council (UK)** requires all healthcare staff to have ongoing training in basic life support, and additionally suggests that Automated External Defibrillators (AEDs) should be provided in any healthcare setting that might reasonably expect to use them at least **once every five years.**

2.3 **Basic Life Support (BLS)** comprises the following elements:

initial assessment

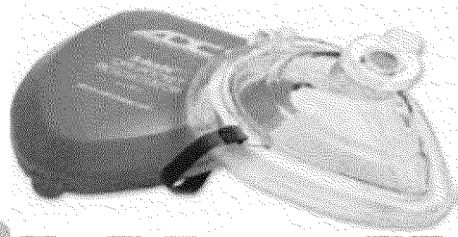
airway maintenance,

chest compression and

expired air ventilation (rescue breathing) with

or without the use of a mouth-shield or mask.





2.7 **Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR**) is an order that can be communicated only following a thorough consultation and assessment which must be recorded on the appropriate form. Evidence of the assessment process must be documented.

4.8 If staff are unable to deliver rescue breaths, they should give **chest compression only CPR** (i.e. continuous compressions at a rate of at least 100–120 min)

(Resuscitation Council UK, 2015)



Basic Life Support

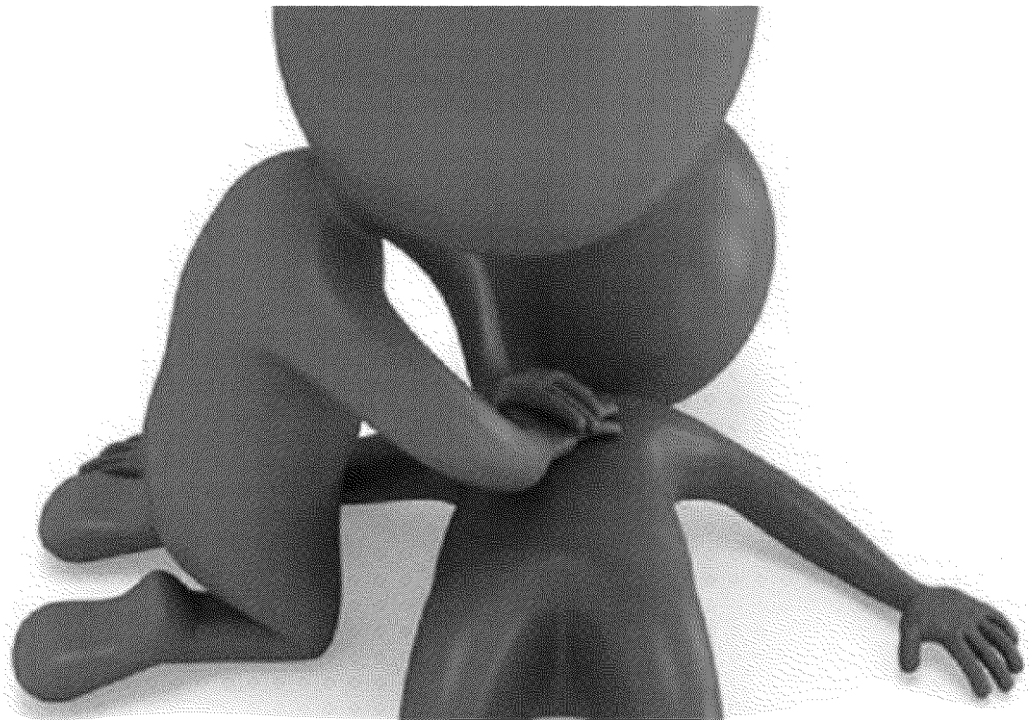
Essex Partnership University
NHS Foundation Trust

- D - Danger
- R - Response
- S - Shout for help
- A - Airway
- B - Breathing
- C - Circulation CPR 30:2

Basic Life Support CPR

Essex Partnership University
NHS Foundation Trust

Click on picture for video



Using an AED (Defibrillator)

Essex Partnership University
NHS Foundation Trust

Turn the AED on

- Some machines need turning on, other turn on automatically
- Check the pads for placement instructions

Prepare the patient

- Chest must be free of clothing, hair, jewellery/piercings, patches and dry
- You may need to shave the areas the pads attach to. Check for a pacemaker.

Follow AED prompts

- The AED voice will give you instructions, do not touch the patient as it checks for cardiac activity.

Stand clear

- If the AED needs to shock the casualty, ensure no one is touching them before shocking them
- Resume CPR after shock is given – 30 compressions to 2 breaths

The Trust uses a variety of defibrillators and currently not all have the capability to print or download. Staff are to ensure activity details from the main screen are recorded as part of the medical record

AED

Essex Partnership University
NHS Foundation Trust

Click on picture for video



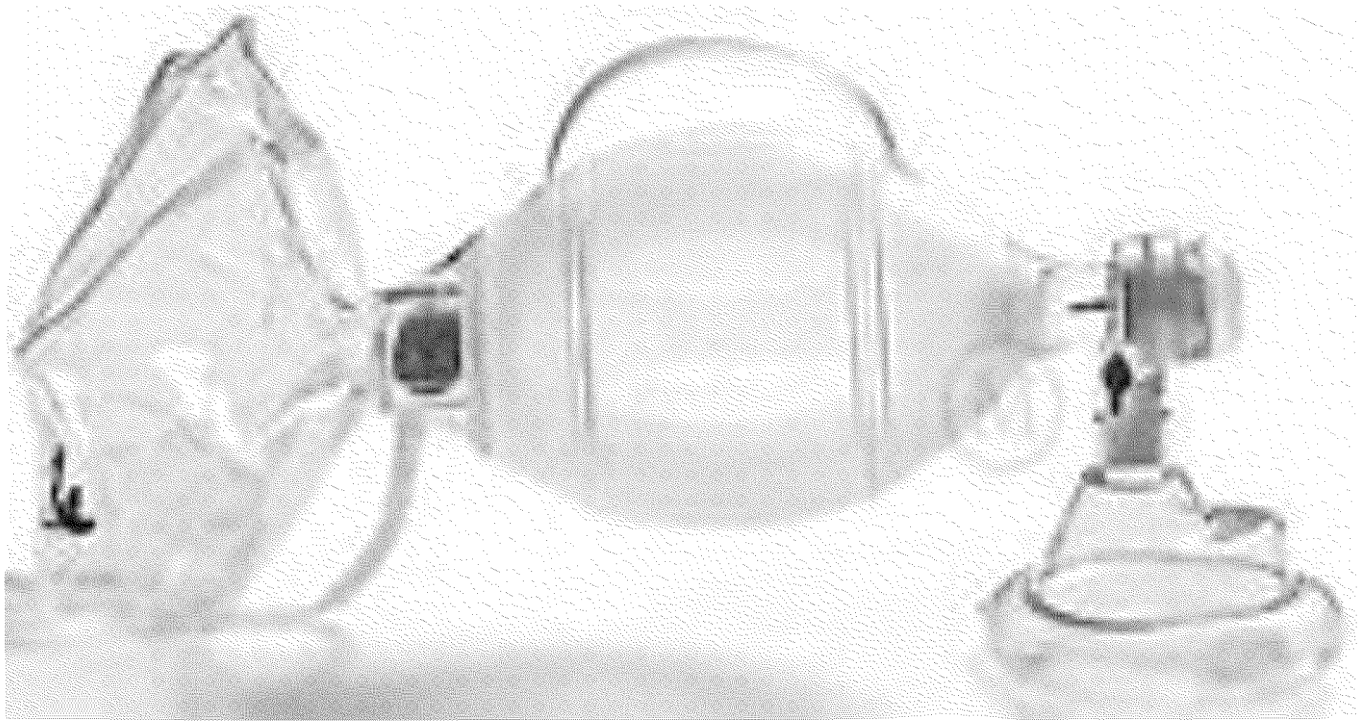
Using a pocket mask

Essex Partnership University
NHS Foundation Trust

Click on picture for video



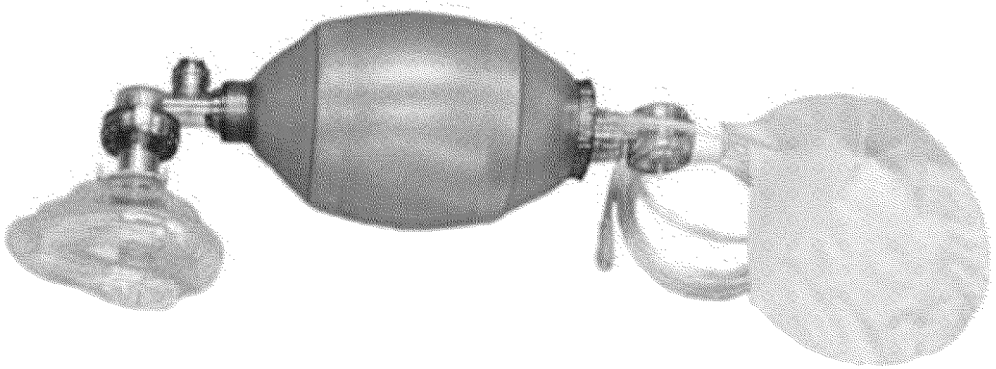
Bag Valve and Mask



Bag Valve and Mask

Essex Partnership University
NHS Foundation Trust

Click on picture for video



Bag Valve and Mask with Oxygen

Essex Partnership University
NHS Foundation Trust

Click on picture for video

[I/S]

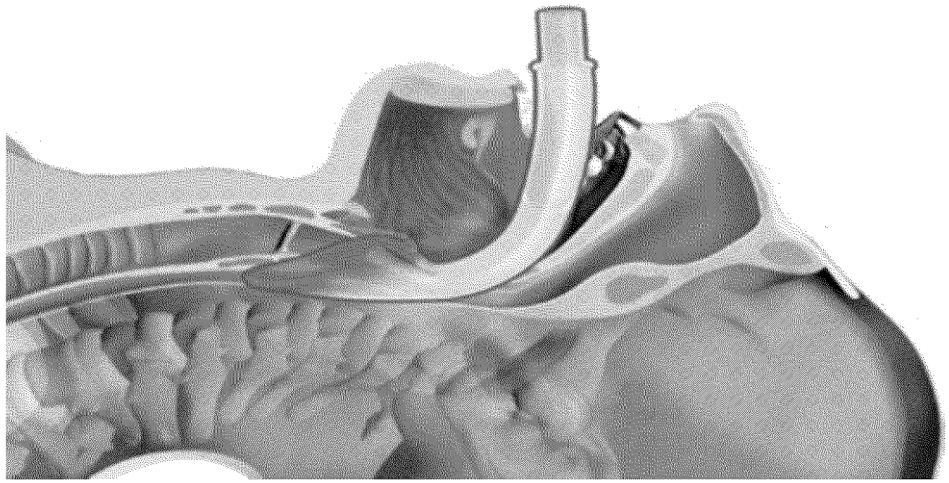
I GEL

Essex Partnership University
NHS Foundation Trust

3 Adult sizes

- Size 5 : Large 90+ kg
- Size 4 : Medium 50-90kg
- Size 3 : Small 30-60kg





I GEL

Essex Partnership University
NHS Foundation Trust

Click on picture for video



Scenario

Essex Partnership University
NHS Foundation Trust

Click on picture for video

[I/S]

Human Factors

Essex Partnership University
NHS Foundation Trust

- Fixation
- Leadership/Followership
- Communication
- Situation Awareness
- Decision Making

The most senior clinician present will assume the lead role in the co-ordination of the resuscitation attempt until emergency services arrive

- The situation is assessed for any specific risks to staff or patient;
- The patient is assessed to establish if resuscitation is indicated;
- Emergency assistance is summoned;
- Management and safety control of the environment;
- Ensuring appropriate equipment is available for the incident;
- Basic life support is commenced if appropriate without any delay by an appropriately trained individual

- That an AED is brought immediately [if available] and set up without any delay;
- Tasks are assigned to team members who have the most appropriate skills;
- Witnesses, including other patients, staff and relatives who are involved/witness a resuscitation attempt are supported at the time if possible and after the event.
- That the appropriate documentation is completed.
- That emergency equipment is replenished immediately after the resuscitation attempt

The Resuscitation Event Reporting Procedure

Essex Partnership University
NHS Foundation Trust

- 5.1 The outcome of the CPR event must be clearly documented in the patient's care record by the doctor and the clinician in charge.
- 5.2 It is imperative that a DATIX Incident Report Form is completed at the earliest possible opportunity.
- 5.3 The Resuscitation Event Report Form (Appendix 7) should be completed for all incidents and attached to the DATIX report.
- 5.4 The senior member of staff on duty at time of the resuscitation incident is responsible for ensuring the Resuscitation Event Report Form (see Appendix 7) is completed accurately.

The Resuscitation Event Reporting Procedure

Essex Partnership University NHS Foundation Trust

- 5.5 Following the conclusion of a CPR event, the clinician in charge OR the senior member of staff must ensure that all resuscitation equipment is cleaned, checked and, if necessary, replaced immediately, including all single use equipment, in accordance with infection control procedures.

- 5.6 The Nurse Consultant for Physical Health will review if the Resuscitation Event Report Form (Appendix 7) has been done following an event.

DATIX

Essex Partnership University
NHS Foundation Trust

