

Cardiac Week: Arrest

K.McCarthy, Karen Miller Kristina Burgard

St. Vincent Mercy Medical Center

Care of the Cardiopulmonary Arrest Patient (Willie Makit, IMA Goner)

Facilitator notes

Set-up

- Ø Lunch tray scattered on the floor, empty urinal, water pitcher, plastic cup, dinner tray, plastic food
- Ø Overbed table turned over
- Ø Cards, fake flowers, etc (clutter the room)
- Ø Manikin face down with moulage blue to sim cyanosis, spray slightly water for diaphoresis
- Ø Need red-hazardous waste bag
- Ø Hep lock to right forearm
- Ø Code cart
- Ø Patient gown
- Ø I.D. band “Mr. Freeze”
- Ø May wish to have someone act as the family member who was in the room and run out screaming “help”!

Scenario starts normal with patient face-down in room

Head laceration due to fall (blood on the floor)

Facilitator will give report

Kris drop Metal bedpan or other loud object to simulate “crash”

Patient will be in Ventricular Fibrillation or VT with **no pulse**

### **Learners follow ACLS guidelines**

V-fib-CPR, monitor, A-B-C-D(c-spine due to fall)

Defib-CPR, safety, I.V., meds,

2 minutes of actual CPR

Defib again, more meds?

Sinus rhythm after 2<sup>nd</sup> defib and proper meds, PEA-resolve with fluid bolus

Report to ICU using SBAR transfer document

Now **hypothermia protocol** orders and institute the hypothermia protocol with simulated application to patient(talk in classroom on this topic)

### **DEBRIEF**

- Ø Call for help correct number
- Ø ACLS followed
- Ø Safety defib, lifting
- Ø Documentation/roles
- Ø Communication during arrest and report SBAR
- Ø C-spine
- Ø Backboard
- Ø ROSC-hypothermia
- Ø Family presence during code
- Ø Fall protocol follow-up: Quantros, vs, Neuro checks

**Care of the patient who develops Cardiopulmonary Arrest (Prep Questions)**

1. What risk factors predispose a patient to cardiac arrest?
2. What assessment findings establish that a patient is in cardiopulmonary arrest?
3. Discuss the basic steps of basic life support and explain why the sequence is important?
4. Describe these rhythms and explain what is happening to the heart and cardiac output:
  - a. Ventricular tachycardia,
  - b. Pulseless ventricular tachycardia
  - c. Ventricular fibrillation
5. What immediate steps must be taken if the patient has pulseless V-tach or V-fib?
6. Describe the safety measures that need to be taken when a patient needs defibrillation
7. Discuss the difference between monophasic and biphasic defibrillators
8. Review and discuss major changes in AHA 2005 guidelines for managing cardiac arrest
9. Identify common medications used to treat pulseless VT and VF
10. Provide the correct dosages of above and explain how they affect the heart
11. Discuss the interaction between the cardiovascular medications and defibrillation. Why are they given in tandem?
12. Why is it necessary to check for a pulse during CPR and when the patient has a sinus rhythm showing on the monitor?
13. If the patient's family were present at the time of cardiac arrest should they be allowed to stay during the code? Explain why or why not.