



Resuscitation Training Department Induction Information



The Resuscitation Training Department

We are a small lead consisting of a senior resuscitation officer, resuscitation officer and a resuscitation trainer. We are supported by an administrator.



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Getting help in a medical emergency

Dial **2222** on internal phones if the emergency is located on the main hospital site (Highlighted in Red). A&E, Critical care and theatres manage cardiac arrests within their own departments and do not put a 2222 call out.

If you are making a call about a cardiac arrest and the patient is not an adult e.g. paediatric or obstetric, you will need to tell the operator so that additional expertise can be sent.



Further information.

Further local information, including all resuscitation courses, can be found on the resus intranet pages, accessed via the QE Staffzone home page, under R in the A-Z list.

National guidance can be accessed via the resuscitation council website at www.resus.org.uk and the advanced life support group at www.alsg.org.uk

International guidance can be accessed via the European resuscitation council via www.erc.org.uk

For further information please contact the Resuscitation department via email

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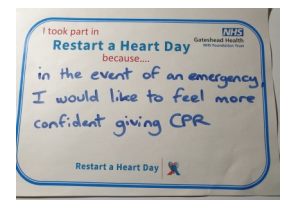
Drew.griffiths@nhs.net

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We also have a regularly monitored generic email address for enquiries at ghnt.resus@nhs.net



The Resuscitation Department with staff from the North East Ambulance service and the HEENE Melissa Bus team at the Intu Metrocentre for the Restart a Heart Campaign.



Courses available.

We offer a range of resuscitation courses from advanced adult and paediatric life support, through to immediate adult and paediatric courses, all of which are accredited by either the RCUK or the ALSG. We also offer a range of in-house basic life support course which are in line with national core skills framework standards. In addition we offer courses specifically for HCSW's focused on the recognition and management of sick and deteriorating patients.

Ad hoc training in subjects such as use of defibrillator or suction can also be locally arranged.

A wide range of e-learning resuscitation related topics can be accessed via the e-learning for health portal www.e-lfh.org.uk. This is accessible via ESR. ALS and APLS course can be booked via vikki.maxfield@nhs.net whilst all others are booked via the learning and development site on the intranet.



Purpose of Cardiac arrest team.

The team respond not only to patients in cardiac arrest but also to patients who are rapidly deteriorating and at risk of cardiac arrest. Our ethos is to stabilise patients and prevent cardiac arrest wherever possible.

Who is in the Cardiac Arrest Team?

- Anaesthetic F2 (min) with Anaesthetist back-up
- Coronary Care Nurse (from Ward 8)
- Senior House Officer / F2 for Medicine, .
- F1 For Medicine
- Registrar for Medicine
- (Resuscitation Officer)

The Ward 8 nurse will attend with:

- An AED and IO (Intraosseus) equipment
- additional "advanced" drugs for cardiac arrest management e.g. Sodium Bicarbonate
- A backpack of additional equipment - in outlying areas only.
- Cardiac Arrest audit form for national and local data collection.

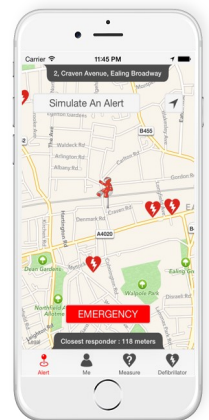
Dial **(9)999** if emergency assistance including Cardiac Arrest is required in the following areas:

- Tranwell unit
- Cragside unit,
- Education Centre / Trust HQ
- Women's health
- Pathology lab
- lower car parks and grounds
- Bensham hospital
- Blaydon Walk in centre

For staff working in community and visiting homes, personal or residential you can either dial **999** or use **112** from a mobile phone.

Apps such as "what 3words" are useful in identifying location which can be provided to the call handler. For more information visit <https://what3words.com/>

Operating Internationally, **GoodSAM** incorporates the world's most advanced alerting, dispatching and tasking platform with a community of highly governed trained and trusted responders. The GoodSAM Cardiac system integrates with ambulance service CAD (computer aided dispatch) systems to trigger bystander response while the ambulance service is on route. GoodSAMPro provides a Community First Responder (CFR) dispatch system dispatching advanced care beyond cardiac arrest.



<https://www.goodsamapp.org/>

Cardiac Arrest Prevention/ Patient monitoring



The Trust has embraced the Nervecentre system and National Early Warning Scores 2 (NEWS2) for monitoring and recording patient observations. You will receive training on the system.



Chart 1: The NEWS scoring system

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9-11	12-20		21-24	≥25
SpO ₂ Scale 1 (%)	≤91	92-93	94-95	≥96			
SpO ₂ Scale 2 (%)	≤83	84-85	86-87	88-92 ≥93 on air	93-94 on oxygen	95-96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91-100	101-110	111-219			≥220
Pulse (per minute)	≤40		41-50	51-90	91-110	111-130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0		≥39.1

Resuscitation Trolleys



The majority of the Resuscitation trolleys at the QEH are of the standard red metal design with a lockable drawer. Intubation equipment is **NOT** kept on the trolley and is brought to the patient in an "intubation roll" by Critical Care and Cardiology staff. Supraglottic devices such as LMAs and i-gels are available on the trolley.

To open the trolley – break the plastic seal by pulling on the seal and lift the bottom drawer upwards and slide it horizontally. You will not be able to open the drawers unless the bottom drawer has been lifted.



Replacing equipment

Most equipment can be replaced from ward stocks, however for some items such as defibrillator pads which are not routinely stored on a ward there is a 24 hour accessible storage area in the decant store of the logistics department. Access within working hours is via the logistics team, out of hours is via bleeping the chargehand porter.

Bags of seals to secure the resuscitation trolley are stored in the Agile office. Contact a member of the resuscitation team for supplies.

Defibrillators

Most wards and departments have AED defibrillators. They are easy to use and enable inexperienced staff to defibrillate quickly without expert knowledge of cardiac arrest rhythms.

Areas where patients are deemed to be of a higher risk of cardiac arrest (Cath Lab, Critical Care, Theatres, A&E etc.) have manual defibrillators (which also have an AED mode). Staff in these areas may have completed advanced resuscitation training and will be experienced in using these devices.



The default energy level for defibrillation is **150J**. All of the manual devices will enable the operator to cardiovert and some have a built in pacing capacity. All manual defibrillators have been set to analyse/ monitor rhythms through the pads, **NOT** the leads.



"Slow" VT is not always recognised as a shockable rhythm and may say "no shock advised". Press the 2 override buttons simultaneously to convert the machine into manual mode to defibrillate where VT has been diagnosed.

Defibrillator pads placed in the anterior-anterior position for infants and children under 55 lbs (25 kg) or 8 years old. All AEDs have a paediatric "key" which, when plugged in will modify the energies delivered



Replacement batteries for defibrillators can be obtained from medical electronics. A defibrillator which requires a battery change will emit an intermittent beep accompanied by a flashing red cross on the defibrillator indicator light. In this state the defib will continue to deliver effective shock energies during a cardiac arrest, however the battery should be replaced as soon as possible. If the indicator light changes to a solid red cross and the beeping stops the defibrillator is non-functioning and will not deliver a shock.