

PAEDIATRIC SCENARIO PEA ARREST

3 yr old girl brought in by parents limp in fathers arms. 24 hour history of Vomiting + Diarrhoea.
Triage nurse rapidly leads them to 'resus' and starts scenario.

Facilitators:

- 1 Runs scenario + operates ALSI
- 2 Observes scenario and acts as required

Actors:

- 1 Father
- 2 Triage nurse
- 3 ICU+/-Anaesthetics

Room set up: standard equipment as listed for scenario

Scenario detail:

Patient unconscious.

Expected actions:

- 1 Note arrested patient, call code blue/hit buzzer
- 2 Assemble teams, allocate roles
- 3 Attach monitoring/ pads and note HR 150, sats not being picked up, pale
- 4 Feels for pulse, diagnose PEA rythmn
- 5 Treatment down non-shockable pathway (see flowchart chart attached);
 - Access IV or IO to be obtained
 - Adrenaline 0.1mls/kg of 1:10000 stat
 - 4Hs and 4Ts, specifically 20mls/kg bolus 0.9% nacl
 - Blood gas as shown: treat glucose with 2.5mls/kg 10% dextrose
- 6 Potential stems:
 - Long arrest with no recovery; end of life discussion
 - Post arrest care (cooling, maintenec fluid calculation, d/w family, debrief)

- Output after 3 cycles but hypotensive 60/30 after 2 boluses of fluid, adrenaline infusion to be started
- Intubation of arrested patient (discussion regarding size of tube, blade, securing tube, initial ventilation)
- Referral to ICU of patient

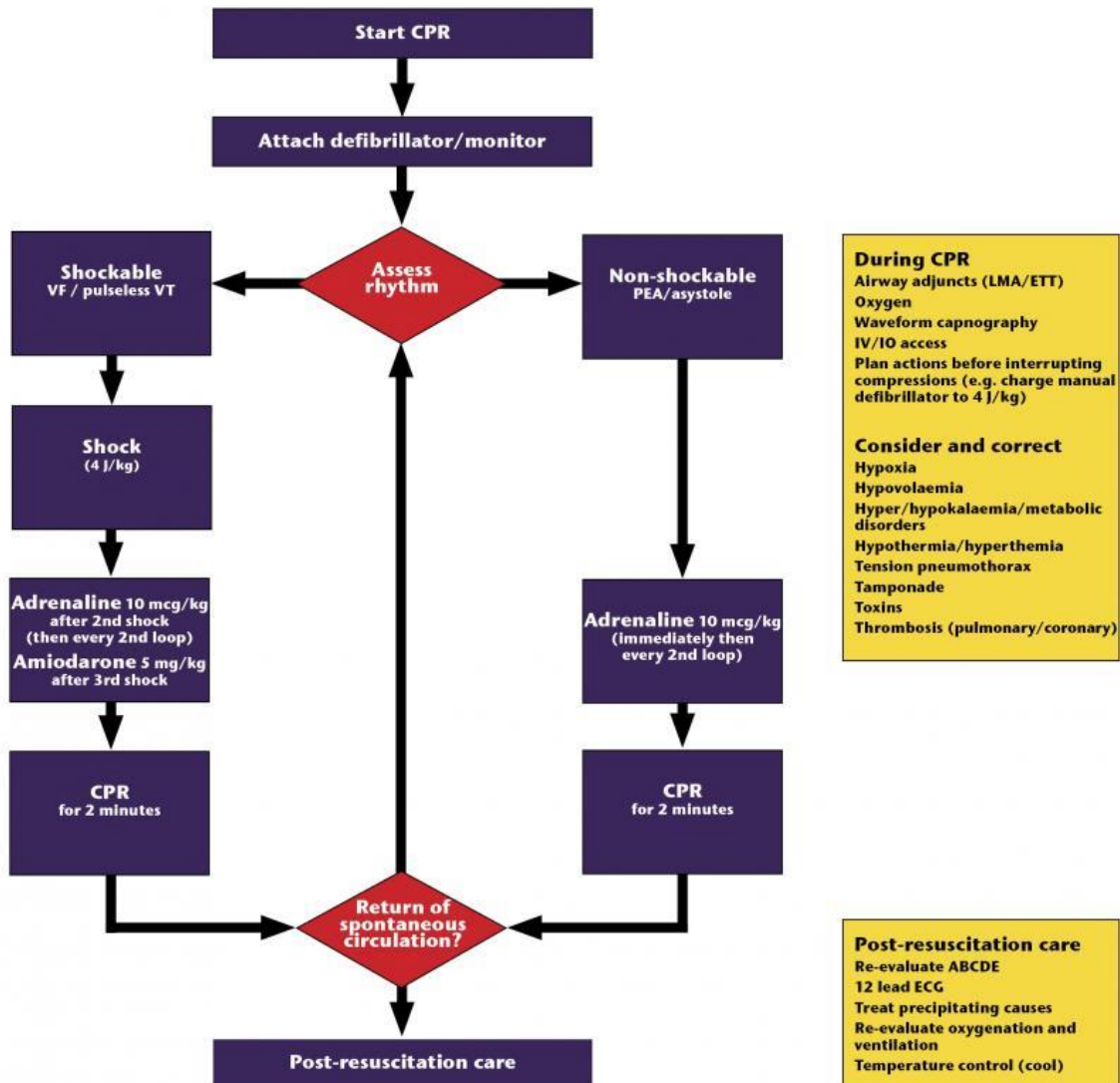
Learning points:

1 Algorithm for management of PEA arrest

2 Team work : closed loop communication, using names, role allocation, leading/following

3 Management of hypoglycaemia

Paediatric Advanced Life Support



Blood Gas:

pH	7.05
pCO ₂	70
HCO ₃	15
BE	-13
pO ₂	47
K	3.0
Na	146
CL	105
Gluc	1.4
Lactate	4.9