

This patient has just arrived in Resus. He has taken an OD of unknown tablets with alcohol. He is unconscious and has noisy breathing. RR = 28.

- Wash hands / alcohol gel / gloves
- SAFE approach
- Initial assessment – shake and shout

- Open mouth +/- suction
- Assess breathing (10 seconds)
- Oxygen
- Airway opening techniques – head tilt / chin lift, jaw thrust

- **Airway adjuncts:**
- OP – sizing, insertion, reassess patient
- NPA – contraindications, sizing, insertion, reassess patient

- **Intubation:**
- Preoxygenation
- Check equipment
- Technique
- Check tube position / identify oesophageal intubation

- **Needle cricithyroidotomy:**
- Equipment
- Technique
- Insufflation technique
- Limitations / temporary measure

- **Surgical cricothyroidotomy:**
- Equipment
- Technique (transverse incision – ATLS)
- Checks position / reassess patient

Your SHO asks you to review Mr. Jones in resus. He is an 84 year old man who presented following a collapse at home. He is alert. BP 80/50. ECG shows complete heart block, ventricular rate 30 bpm. He has already had 3mg atropine with no effect on his ventricular rate...

- Wash hands / alcohol gel / gloves
- Introduce yourself
- Confirm identity of patient
- Consent
- Appropriate rapid initial assessment
- Ensures oxygen, IV access, ECG monitoring

- Explains external pacing to patient
- Consent – discomfort, potential failure, temporary measure
- Analgesia / sedation if required

- **External pacing:**
- A-P position ideally
- Demand mode
- Select pacing rate (60-90)
- Set current at lowest level
- Turn on pacemaker
- Increase current while observing patient and ECG
- Increase until electrical capture (typically 50-100 mA)
- Check for pulse (mechanical capture)
- Reassess patient comfort

- Ask for expert help (transvenous pacing)

- Explains plan to patient
- Reassures / thanks patient

Perform a saphenous venous cutdown using the equipment provided.

- Wash hands / alcohol gel / gloves
- Introduce yourself to patient
- Confirm identity of patient
- Consent
- Rapid ABC assessment

- Explain procedure to patient
- Consent – complications: cellulites, haematoma, phlebitis, venous thrombosis, misplacement
- Contraindications – DVT, severe trauma ipsilateral lower limb, CABG using saphenous graft
- Allergy – local anaesthetic

- **Saphenous vein cutdown:**
- Identify site – 2cm anterior and superior to MM
- Prepare skin
- Local anaesthetic
- Incision
- Identify and dissect vein
- Ligate distal vein
- Pass a tie around proximal portion
- Transverse venotomy
- Introduce cannula
- Secure with proximal tie
- Attach IV line, ensure patent
- Close incision
- Sterile dressing

- Thank patient
- Explain you would continue to assess / re-assess patient

Perform DPL on the manikin using the equipment provided.

- Wash hands / alcohol gel / gloves
- Introduce yourself
- Confirm identity of patient
- Consent
- Rapid ABC assessment

- Explain procedure to patient
- Consent – complications: injury to intra-abdominal structures, wound infection
- Contra-indications – absolute: pre-existing indication for laparotomy, relative: previous lower abdominal surgery, advanced cirrhosis, morbid obesity, coagulopathy
- Allergies – local anaesthetic

- **DPL (open technique):**
- NG tube / urinary catheter
- Identify site for incision: infraumbilical usually, supraumbilical if pelvic # or advanced pregnancy
- Prepare skin
- Local anaesthetic
- Vertical incision to fascia
- Elevate fascial edges and incise
- Insert peritoneal dialysis catheter
- Aspirate: gross blood = +ve DPL
- If no blood, instill 1 litre warmed N saline and gently agitate abdomen
- After few minutes, allow peritoneal fluid to drain (adequate amount >30%)
- Send samples to lab
- Positive test: +ve gram stain, >100,000 RBCs/mm, >500 WBCs/mm

- Close wound and dressing
- Thank patient
- Ensure comfortable
- Inform patient of result if available