

# KINSTON EMERGENCY DEPARTMENT MEDICAL ADULT RESUSCITATION TEAM POSITIONING AND ROLES

## Airway Assistant (Nurse 1)

Assemble, prepare and check airway equipment  
Complete pre-intubation checklist  
Assist Airway Doctor  
Assist Nurse 2 if available

## AIRWAY

### Airway Doctor

Open Airway  
Provide BVM ventilation  
Insert airway adjuncts  
Intubate if indicated

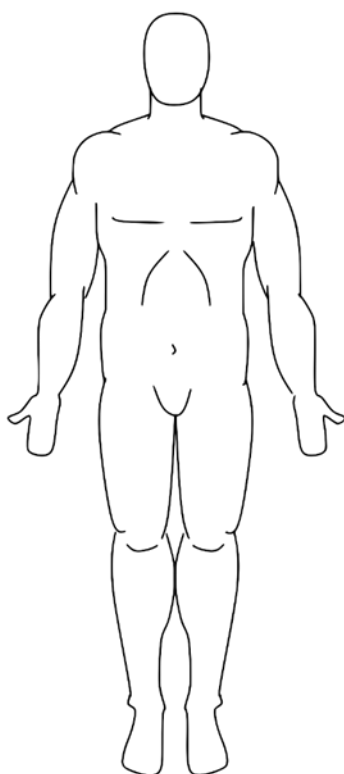
## Secondary ED Consultant (or ITU/Anaesthetics)

Supervise Airway management  
Supervise Procedures

## COMPRESSOR

### Doctor 1 or any suitably trained

Assess the patient  
Do 5 cycles of chest compressions (2 min)  
Rotate clockwise every 2 minutes  
After ROSC: assist with procedures



## DEFIB

### DOCTOR 2

Analyse the rhythm as soon as defib attached and shock if needed  
Obtain IV access  
Obtain bloods and gas  
Rotate clockwise with compressor every 2 minutes  
Perform RUSH/FEER exam  
Perform procedures required after ROSC

## DRIP AND DRUGS RESUS NURSE

Attach Defib pads  
Undress patient  
Assist in IV access  
Administer fluids/meds  
After ROSC:  
Attach monitors and obtain 12 lead ECG

## SCRIBE

Report to Team leader  
Timekeeper for arrest  
Ensure algorithm is followed  
Records frequency and duration of CPR interruptions and communicates these  
Records meds/interventions

## SPECIALITY DOCTOR

Assist/Perform procedures as instructed by Team Leader  
Coordinate disposition

## TEAM LEADER

### Resuscitation Team Leader

Identify oneself  
Direct and delegate medical team  
Makes decisions  
Limit the number of extraneous people in the room  
Periodic updates to entire team  
Supervise and teach  
Debrief

## NURSE TEAM LEADER ECN/P

Identify oneself  
Direct and delegate nursing team  
Ensure documentation complete  
Resus/trauma team activation  
Initial debrief  
Crowd control

### General Team Principles:

- Minimum required team for cardiac arrest are individuals with white labels. All other members are involved once ROSC obtained at direction of Team Leader
- Maintain role clarity
- Call out critical information
- Speak up if you see a safety issue
- Role flexibility as needed
- Employ closed loop communication
- Huddles to stay on the same page
- Debrief to improve performance

### Best Practice Reminders:

- 30 second time-out for EMS handover but without interruption in chest compressions
- High quality CPR at all times
- Minimise time off chest!
- Swop compressors every 2 minutes
- Prioritize defib pads on chest and rhythm analysis

## RADIOGRAPHER

Perform requested images

## PORTER

Run to blood bank/lab  
Transport patient to x-ray/CT scan