

KINSTON EMERGENCY DEPARTMENT MEDICAL PAEDIATRIC RESUSCITATION TEAM POSITIONING AND ROLES

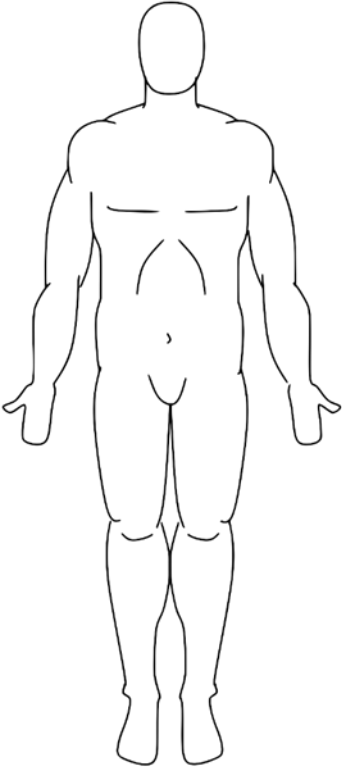
Airway Assistant (Nurse 1)
Assemble, prepare and check airway equipment
Complete pre-intubation checklist
Assist Airway Doctor
Assist Nurse 2 if available

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



PAEDIATRIC SHO **
Assist with documentation and ensure complete
Scribe/timekeeper if none available
Run blood gas
Order investigations
Liaise with STRS/others if Reg otherwise occupied

**DRIP AND DRUGS
RESUS NURSE**
Attach Defib paed
Undress patient
Assist in IV access
Administer fluids/meds
After ROSC:
Attach monitors and obtain 12 lead ECG

PAEDIATRIC REGISTRAR **
Obtain history from family/CRS
Book urgent investigations
Liaise with STRS/others
Coordinate disposition
Ensure safeguarding done if required

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

PAEDIATRIC CONSULTANT
Advise and provide expertise as appropriate
Assist/Perform procedures as instructed by TL
Complete child death examination and form

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

****Note that during times of ED staff shortage with simultaneous resus patients' doctors from Speciality teams may be required to perform the function of Doctor 1 or Doctor 2**

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

SPECIALITY DOCTOR **
Assist/Perform procedures as instructed by Team Leader
Coordinate disposition