

APLS: SIMULATION C-3

History *{initial candidate briefing prior to arrival of child}*

Daniel, a 1 year old boy, is an in-patient on the paediatric ward. He has a tracheostomy tube in situ following surgery for a tracheal haemangioma and has been admitted due to a lower respiratory tract infection. You are alerted to attend his cubicle as his oxygen saturation monitor is alarming, suction of his tracheostomy tube has failed to improve his oxygenation and he is unconscious and gasping.

Initial Impression *{to tell candidate as child arrives}*

Unresponsive, centrally cyanosed and floppy, occasional silent gasps with retractions.

Clinical Course *{to be given to candidate as he/she progresses through the assessment and treatment of the child}*

The child remains in asystole, until the tracheostomy tube is *either* effectively suctioned or removed & replaced or removed and stoma occluded and BVM ventilation AND asystole protocol is carried out. Child gains ROSC at 2nd dose of adrenaline. Guide weight 11kg

INSTRUCTORS INFORMATION

Key Treatment Points

Airway	Establish airway patency Using any of following methods: <i>Suction tube</i> <i>Remove and replace tube</i> <i>Remove tube, occlude stoma with clean gauze</i>	<input checked="" type="checkbox"/>
Breathing	Bag and mask with added O ₂ or ventilate through tracheostomy tube	
Circulation	IV or IO access	
	Asystole protocol	
General Therapy	Uninterrupted BLS	

Diagnosis

Cardiorespiratory arrest -asystole. Secondary to blocked tracheostomy tube

Note to co-ordinator: ensure equipment for tracheostomy change is available. See APLS text p 216