



Resuscitation Services BTH



Training People - Saving Lives

www.bfwh.nhs.uk/resuscitation

Blackpool Teaching Hospitals 
NHS Foundation Trust

R.E.A.C.T

WELCOME TO BLACKPOOL

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WELCOME

- THANK YOU FOR SUBMITTING YOUR APPLICATION TO BE PART OF THE CRASH TEAM WORKING ALONGSIDE ONE OF THE CLINICAL RESUSCITATION OFFICERS.
- WE WELCOME YOU TO OUR DEPARTMENT AND INVITE YOU TO MAKE MAXIMUM USE OF THIS LEARNING PACK.
- PLEASE INFORM OUR DEPARTMENTAL MENTOR WHAT YOU WANT TO GET OUT OF THIS PLACEMENT, AND WE WILL DO OUR ABSOLUTE TO ENSURE YOUR LEARNING OBJECTIVES ARE MET....



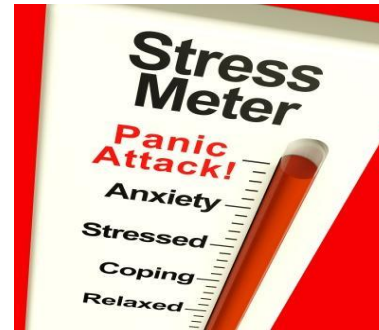
MEET THE TEAM

- **ANTHONY FREESTONE** **Head Of Resuscitation**
- **HEATHER JORDAN** **Senior Resuscitation Officer**
- **LUCY CARDWELL** **Clinical Resuscitation Officer- Adult Lead**
- **PATRICK HIGGINS** **Clinical Resuscitation Officer- Paediatric Lead**
- **ADAM WRIGLEY** **Resuscitation Technician**
- **SAMANTHA SALISBURY** **Resuscitation Administrator & PA to Head of Resuscitation**

FOR MORE INFORMATION PLEASE USE THE LINK BELOW

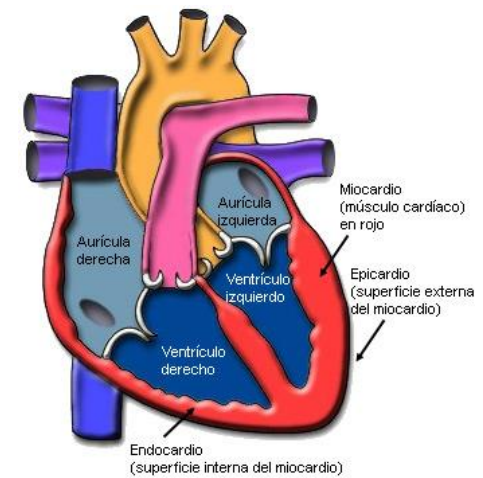
<http://blackpoolhr3.multi2.sitekit.net/resus-team/meet-the-team.htm>

YOUR FIRST DAY....



- You will be expected to collect the REACT bleep from the Resuscitation Office at 08:30am on your first day, you will then be handed the bleep and ID badge located on the 2nd floor of the main hospital in-between wards 3 & 8
- This will give you an opportunity to meet the team and ask any questions regarding what to expect
- You will be based in your designated clinical area with a supernumerary status
- You will be responsible for the bleep and ID badge during your placement with us.
- You must wear your clinical uniform whilst on placement with us
- Please let a member of the team know if you have any medical issues or physical impairment that may prevent you from carrying out CPR.

THE CARDIAC ARREST TEAM



- When attending an adult cardiac arrest or medical emergency, you can expect to see the following core team members:
- **Specialist Registrar (SpR Medicine)**
- **Medical FY 2**
- **Medical FY 1**
- **Duty Clinical Resuscitation Officer**
- Nurse in Charge of the Hospital (002)
- CCOS Practitioner (600)
- Yourself- as the **REACT** bleep holder



PAGER 683



- You will hold bleep no 683.
- If you are unfamiliar with the use of bleeps, please let the team know.
- All emergencies come through with '2222' to which you should LISTEN to the message received from switchboard.
- Once you have understood this message, there is no need to contact switchboard, simply just make your way to the area in a swift and safe manner.

HOSPITAL LAYOUT



- Please ensure you are familiar with the layout of the hospital. Maps are available but if you are still unsure, please highlight this to us.
- We attend all **2222** Adult & Paediatric cardiac arrests / Medical Emergencies, Trauma, Neonatal, Ante/Post Natal and Major Haemorrhage calls throughout the organisation. (These may be to outside areas).
- YOU will not be expected to respond to all and this will be discussed with you on the day you hold the bleep
- Take care when attending calls to outside areas, such as car parks, on or near the roadside. Your own safety is paramount.
- Our 3 public access automated external defibrillators (AED's) within the Trust are located in Oliver's Restaurant, the new main entrance and on the main corridor near X-Ray Central.

GUIDELINES



- We adhere to the guidelines stipulated by The Resuscitation Council UK 2015.
- The guidelines can be found using the links below. Please familiarise yourself them
- <https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/>
- <https://www.resus.org.uk/resuscitation-guidelines/adult-advanced-life-support/>

CAUSES AND PREVENTION OF CARDIAC ARREST.



- We use the **ABCDE** approach to assess the acutely unwell patient which may prevent a cardiac arrest
- This allows us to intervene effectively and re-assess the patient
- In the event of a cardiac arrest we identify what reversible causes may have precipitated the cardiac arrest
- Make yourself familiar with the 4 H's and 4 T's:
- Hypoxia – Hypovolaemia – Hypo/hyperkalaemia – Hypothermia
- Tension Pneumothorax – Toxins – Tamponade – Thrombosis

EMERGENCY DRUGS...



- Do you know the emergency drugs we use? Here are an example of some:
- **Adrenaline 1:10,000**
- **Adrenaline 1:1,000**
- **Amiodarone**
- **Naloxone**
- **Flumazenil**
- **Sodium Bicarbonate**
- **Calcium Chloride**



TO SHOCK OR NOT TO SHOCK??

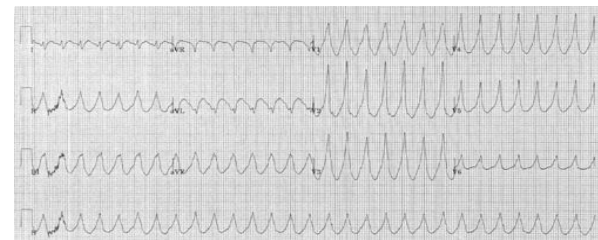
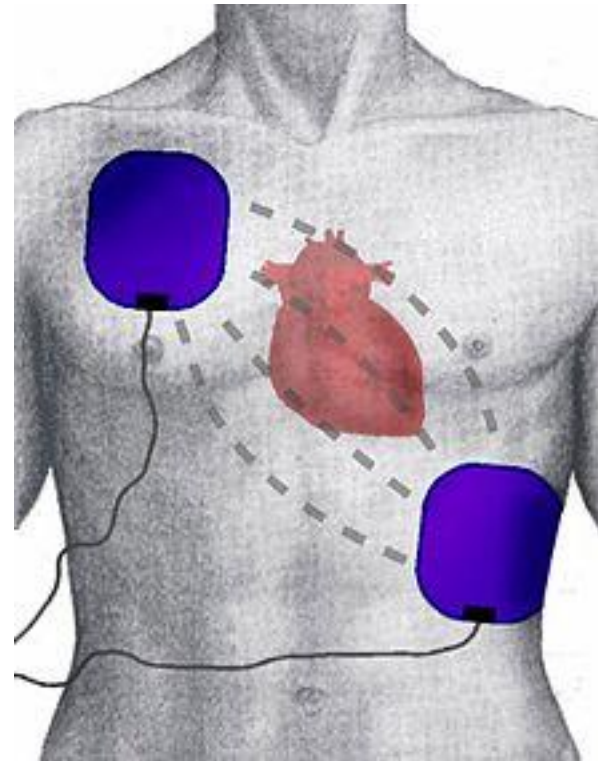
Do you know which rhythms we need to defibrillate....

Asystole

Ventricular Fibrillation (VF)

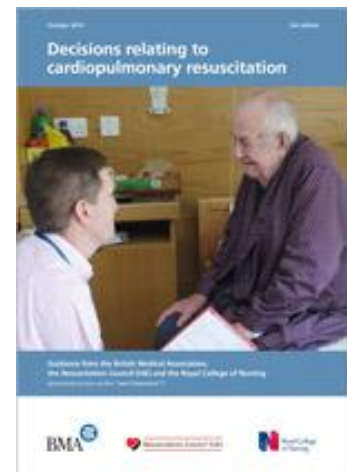
Ventricular Tachycardia (pulseless) (PVT)

Pulseless Electrical Activity (PEA)



DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION.

- Not all patients who suffer a cardiac arrest require resuscitating. Some will have a Do Not Attempt Cardiopulmonary Resuscitation order due to poor prognosis and/or existing medical conditions
- It is important to realise that these patients deserve the right to pass away with dignity as opposed to a traumatic resuscitation attempt which they will be unlikely to survive
- This is also traumatic for the patients loved ones
- Are you familiar with the DNACPR process:
- <https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>





- ALL ANSWERS ARE EITHER TRUE OF FALSE.

AMIODARONE IS GIVEN AFTER THE THIRD SHOCK IN PEA? **TRUE** **FALSE**

IN ADULT BASIC LIFE SUPPORT IT IS ACCEPTABLE TO CHECK FOR A PULSE FOR UP TO TWENTY SECONDS? **TRUE** **FALSE**

A SIZE SIX NASAL AIRWAY MAY BE SUITABLE FOR SMALL ADULTS? **TRUE** **FALSE**

A PATIENTS RELATIVE CAN OVERRIDE A CURRENT DNAR ORDER IF THEY FEEL IT IS NOT IN THEIR BEST INTERESTS? **TRUE** **FALSE**

CHEST COMPRESSIONS MUST NOT BE INTERRUPTED FOR THE PLACEMENT OF DEFIBRILATOR PADS? **TRUE** **FALSE**

Quiz

PATIENTS WHO HAVE COLLAPSED BUT ARE STILL BREATHING AND HAVE A PULSE, SHOULD HAVE THE BLOOD GLUCOSE LEVELS CHECKED? **TRUE** **FALSE**

IN CARDIAC ARREST, THE IM ROUTE IS THE PREFERRED OPTION SHOULD IV ACCESS BE DIFFICULT TO OBTAIN? **TRUE** **FALSE**

MOST IN HOSPITAL CARDIAC ARRESTS ARE PREDICTABLE ? **TRUE** **FALSE**

ATROPINE SHOULD BE GIVEN TO TREAT ASYSTOLE? **TRUE** **FALSE**

THE CONSULTANT RESPONSIBLE FOR A PATIENTS CARE, SHOULD ALWAYS BE THE CARDIAC ARREST TEAM LEADER IF THEY ARE PRESENT? **TRUE** **FALSE**

IN AN UNWELL PATIENT, THE AIRWAY AND BREATHING SHOULD BE ASSESSED BEFORE CHECKING FOR A PULSE? **TRUE** **FALSE**

CONTACT

If you are not able to attend your placement
for any reason,

You **MUST** contact the Resuscitation Office
on ext. (95) 7778 or alternatively contact
switchboard 01253 300000 and ask to be
put through to the

Duty Resuscitation Officer

Good Luck

THANK YOU

