

Resuscitation Training (*UKCSF Level 2*)

Mandatory Life Support

Our Values and Purpose

To improve health and provide excellent care



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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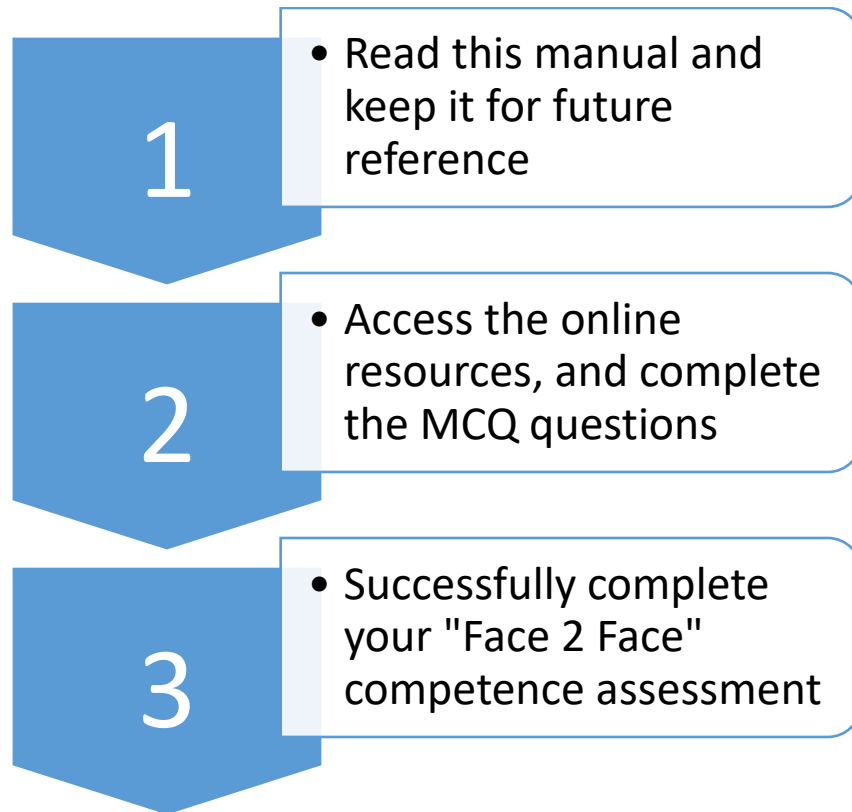
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Overview of Level 2 Training...

Please download and print this manual to accompany your learning through the online component.

Resuscitation Training at Level 2 is comprised of 3 steps...



Your Training...

STAGES 1 & 2...

The manual and online resources (Stages 1 and 2 of the MLS course) will provide you with the necessary knowledge, and an understanding of the processes and required skills to summon expert help and prevent cardiac arrest where possible; or to begin the initial resuscitation of a patient.

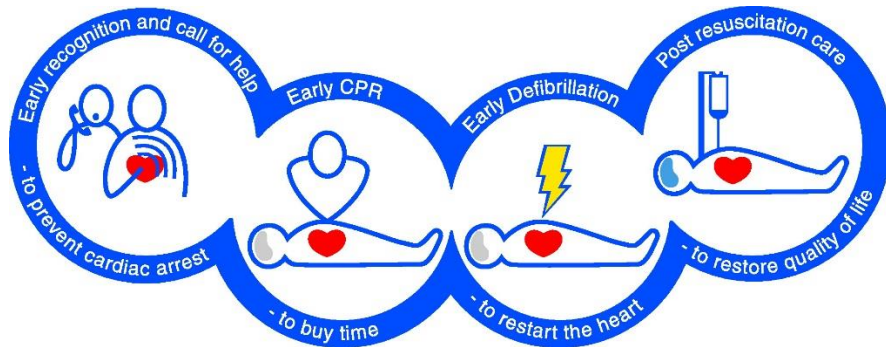
STAGE 3...

The "Face 2 Face" competence assessment will cement your existing knowledge into the practical ability to carry out effective and safe initial resuscitation in a physical setting.

Your competence assessment will complete your mandatory training and your compliance with BCUHB training requirements will then be recorded in your electronic staff record (ESR)



The “Chain of Survival”...



Resuscitation council (UK), 2017

The “Chain of Survival” represents the four key stages, which will optimise the chance of successful resuscitation and recovery; of patients suffering rapid deterioration or life threatening emergencies such as cardiac arrest.

This manual and training package incorporates the first three stages of the Chain of Survival. The fourth stage will occur following the timely escalation of care to either the paramedic services or (if you work on an acute hospital site) the Cardiac Arrest / Medical Emergency teams.

What numbers do I call?...

In the UK there are nationally standardised numbers that you may use to summon help and escalate care of a critically ill patient.



Paramedics if not in a hospital with a Cardiac Arrest team.

999 or 112

YOU MAY NEED TO ADD AN INITIAL “9” IF YOU NEED TO OBTAIN AN “OUTSIDE LINE”



Cardiac Arrest team in an acute hospital if cardiac arrest occurs, stating “**Cardiac Arrest**”.

2222

The Medical Emergency Team (MET) can be called before cardiac arrest occurs using the same number and stating “**Medical Emergency**”.

Please state all requested information clearly, and include as a minimum:

The nature of your emergency (E.g. Cardiac Arrest, Medical emergency....) and your location.

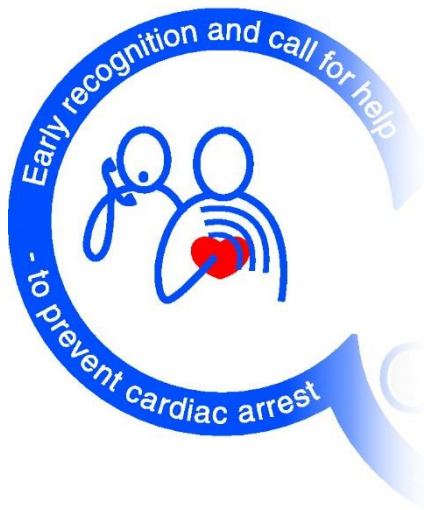
If in hospital, it is important not to use shortened or abbreviated versions of your location (E.g. State “High Dependency Unit”, not “HDU”)

If out of hospital, please give as much detail as possible to ambulance control so that they may support you as quickly as possible.

The “A.B.C.D.E” Process.....

Prevention is better than cure...

Despite most people’s expectations, cardiac arrests are rarely a sudden and unexpected event. Often patients will show signs of becoming increasingly unwell for hours or even days prior to having a cardiac arrest.



Should someone “look unwell” it is important to just take a few minutes to assess whether they require your support. A few moments now really could save a life...

...It starts with a simple

“Hello, are you feeling okay?”

...and continues with an assessment using the “ABCDE” process.

A-B-C-D-E.... and REPEAT..!

A AIRWAY

B BREATHING

C CIRCULATION

D DISABILITY

E EXPOSURE



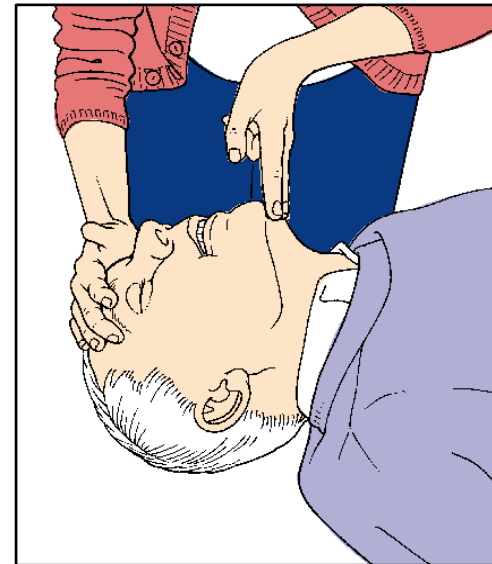
AIRWAY

- Can the patient talk?
If not **Call help!**
- Clear Quiet Breathing?
If Noisy breathing
Call help!
- Patient in distress, or
breathing looks like
hard work
Call help!

Airway...

Assess airway.

If snoring sounds, open the airway with a “**Head tilt : Chin lift**” as shown below...



Always ask yourself.....DO YOU NEED HELP?

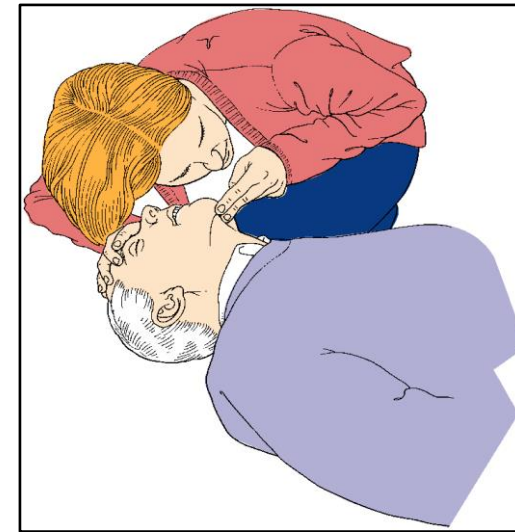
BREATHING

- Is the patient breathing adequately? Or are you "not sure?"
- **IF NOT BREATHING or NOT SURE : CALL FOR THE CARDIAC ARREST TEAM or PARAMEDICS AND IF SAFE TO DO SO, START CPR!**
- If breathing, give high flow Oxygen if it is available, and **Call help!**
- If able, monitor SaO₂

Breathing...

If the person is not conscious, maintain the "head tilt : chin lift" position shown previously, and assess for breathing with the "Look – Listen – Feel" process for **up to 10 seconds.**

- **LOOK** for chest movement
- **LISTEN** at the mouth and nose for breathing
- **FEEL** for breath on your cheek

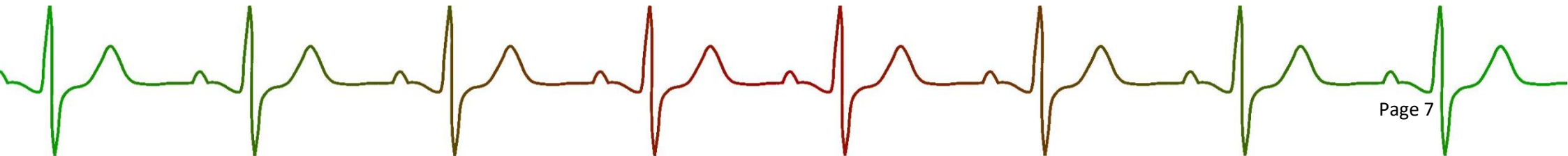


Always ask yourself.....DO YOU NEED HELP

CIRCULATION

- Are there signs of life?
Talking; Purposeful movements; Swallowing, Eyes following objects or people.
- **IF BREATHING, BUT THERE ARE NO OTHER SIGNS OF LIFE or YOU ARE NOT SURE : CALL FOR THE CARDIAC ARREST TEAM or PARAMEDICS AND IF SAFE TO DO SO, START CPR!**
- If Breathing, **and** there are other signs of life.
*Consider putting the patient into the recovery position. (See page 11)
If they look pale, or feel faint then elevate the patient's legs a little and summon help.*

Always ask yourself.....DO YOU NEED HELP



DISABILITY

- Is the patient conscious and alert?
- If not can you explain why?
- Check Blood Sugar levels if possible. Treat as per local guidance if blood sugar levels are low.

Disability...

“Disability” is the assessment of conscious level and responsiveness.

A simple way to assess conscious level is to use the AVPU system as shown below...

A Alert	The patient gives appropriate responses to normal conversation	Continue to observe the Patient. If any change in conscious level, seek help!
V Voice	The patient responds to your voice, but may be confused, or you may need to raise your voice if they are drowsy.	
P Pain	The patient only responds to painful stimulation.	Call either Paramedics or the CA Team/MET Team! Go back and re-assess AIRWAY!
U Unresponsive	The patient is completely unresponsive.	

Always ask yourself.....DO YOU NEED HELP

EXPOSURE

- Are there any clues as to what has caused the patient to deteriorate?
- Assess skin, limbs, abdomen, are there any rashes / bleeding?
- Are they hot / cold? If possible, check temperature.
- Check patient records/notes
- Does anyone know anything about what has happened?

Exposure...

- **Remember Dignity**
- **Keep patient Warm**
- **Think about Sepsis, use the screening tool.**
- **Remember to go back and re-assess ABCDE repeatedly, until expert help arrives.**

If you work in one of the acute sites, you can also call the Acute Intervention Teams (AIT) for support...

EAST - WMH

Bleep : 5090

CENTRAL - YGC

Bleep : 4495

WEST - YG

Bleep : 206

Always ask yourself.....DO YOU NEED HELP

What is the “NEWS” ...?

The “NEWS” (National Early Warning Score) score is a system of quantifying the patient’s condition to help identify any deterioration. As with any assessment tool, it works for the majority of cases but not all. The higher the “NEWS” score, the “sicker the patient” in general terms. If you work in an area that uses the “NEWS” system. Then your ABCDE approach will provide you with the information you require to complete a “NEWS” score.

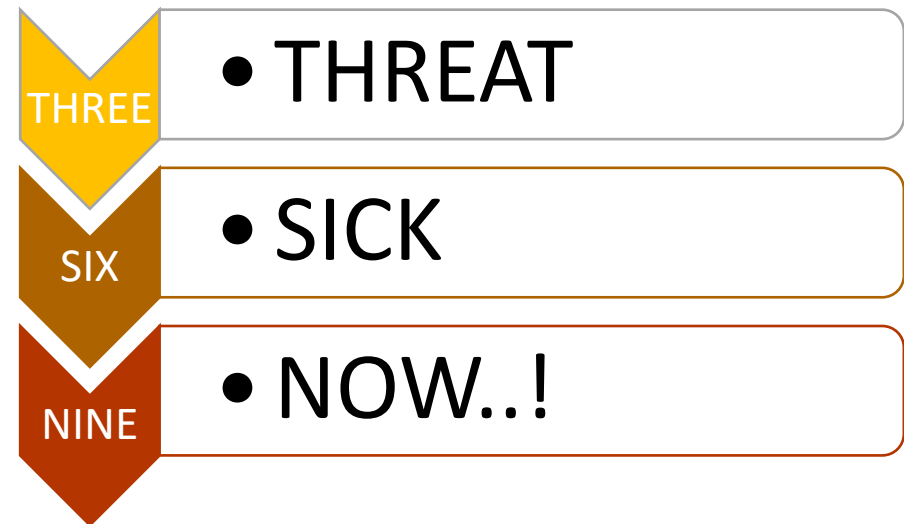
PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

A score of 3 should trigger escalation to the department clinical lead (E.g. Ward Sister) and increased observation frequency.

A score of 6 should trigger a higher level of escalation, and the medical team responsible for that patient should be contacted to arrange a timely patient review.

A score of 9 indicates urgent deterioration and an immediate response is required. In acute hospitals within BCUHB, patients who score 9 or more on the “NEWS” chart unexpectedly, require the support of the Medical Emergency team. They can be summoned by dialing **2222** and stating “**Medical Emergency**” and stating your location clearly.

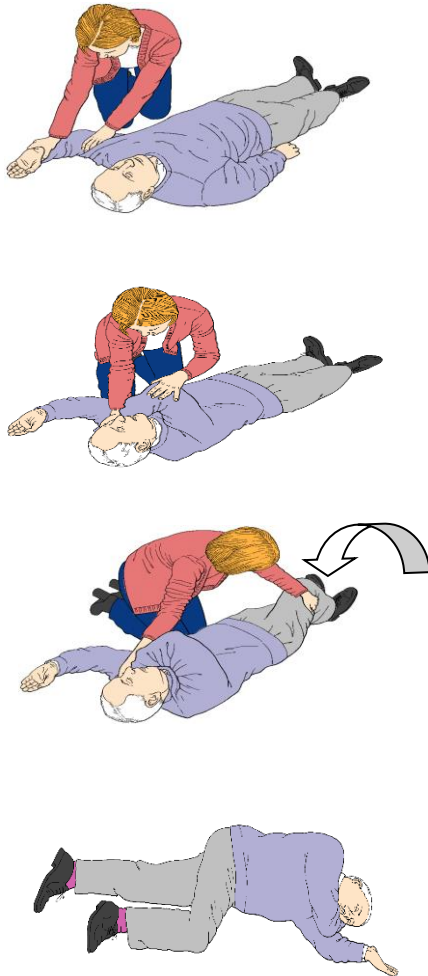
Think...



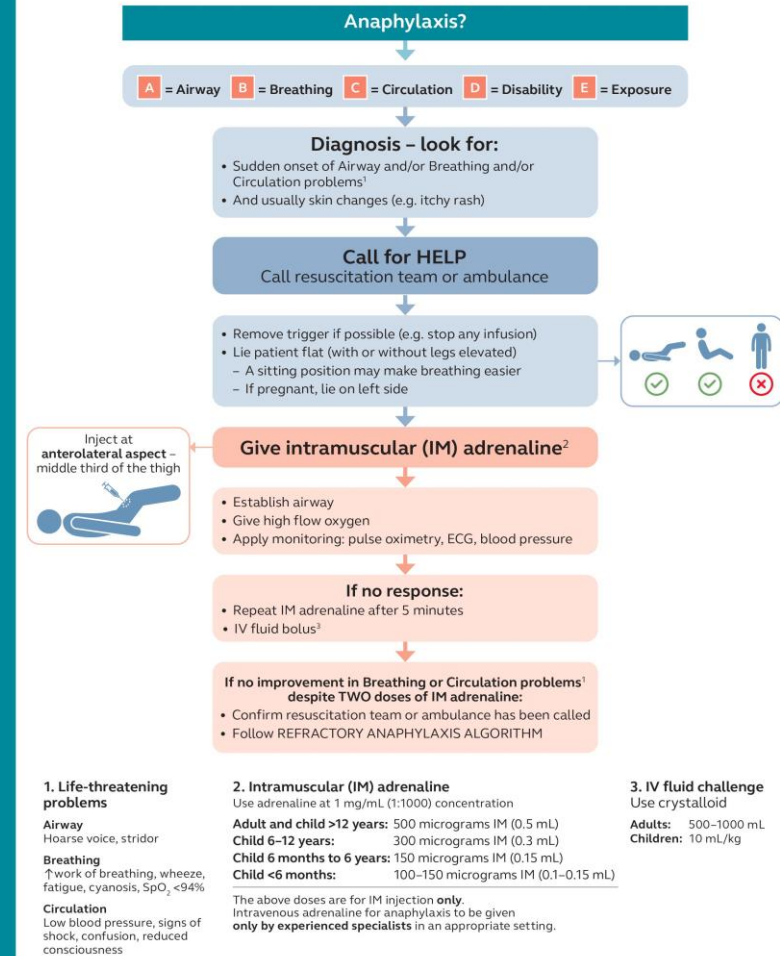
It is also important to remember that there are patients who are very unwell who might not trigger the “NEWS” score. In these cases it is important to escalate based on your clinical concern REGARDLESS of the “NEWS” score.

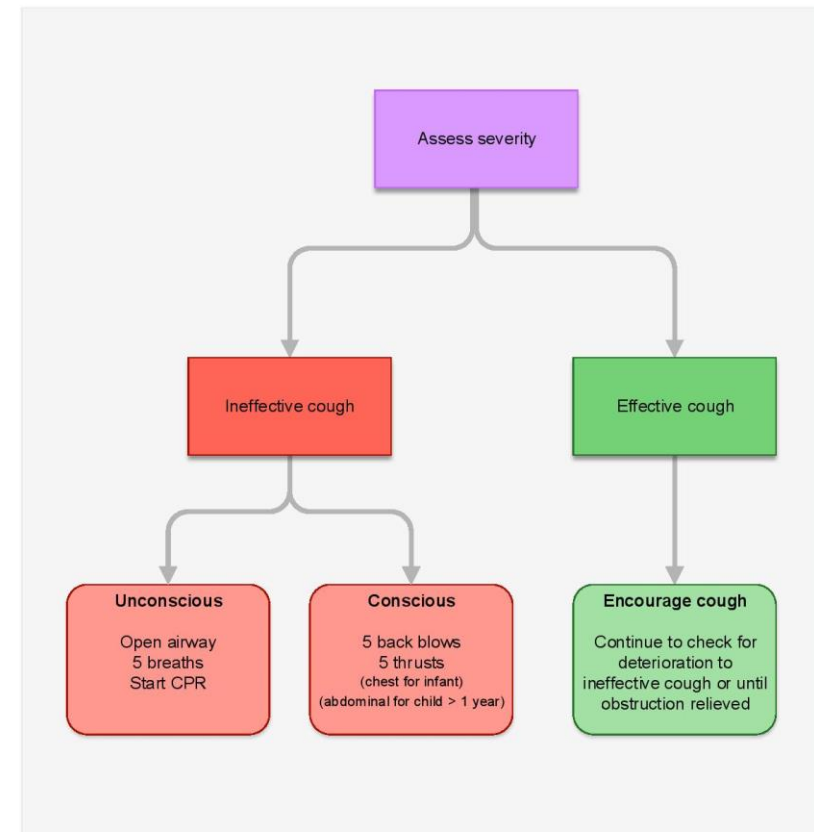
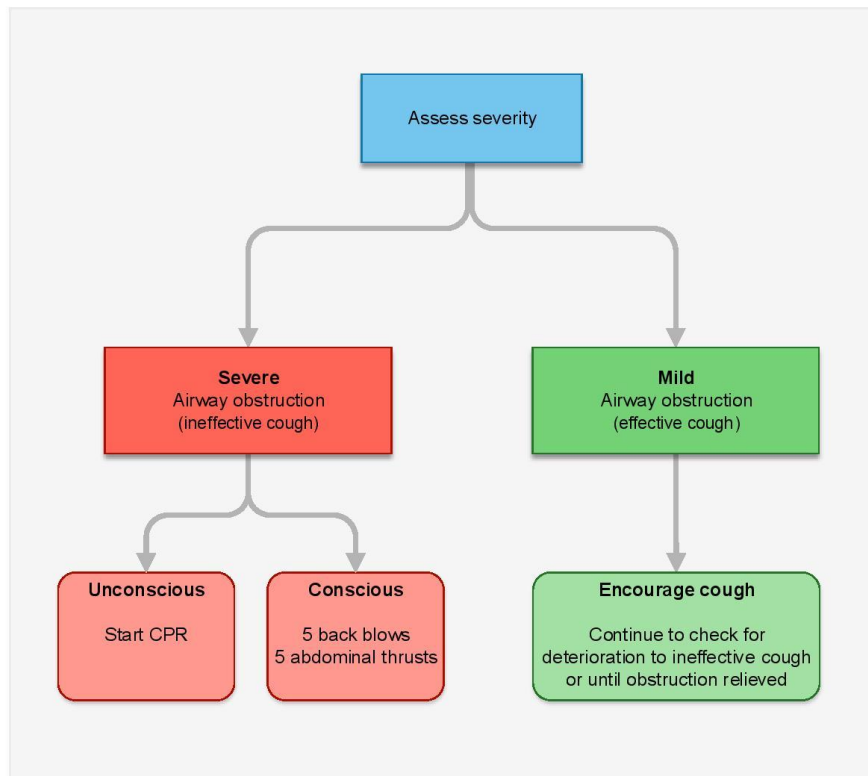


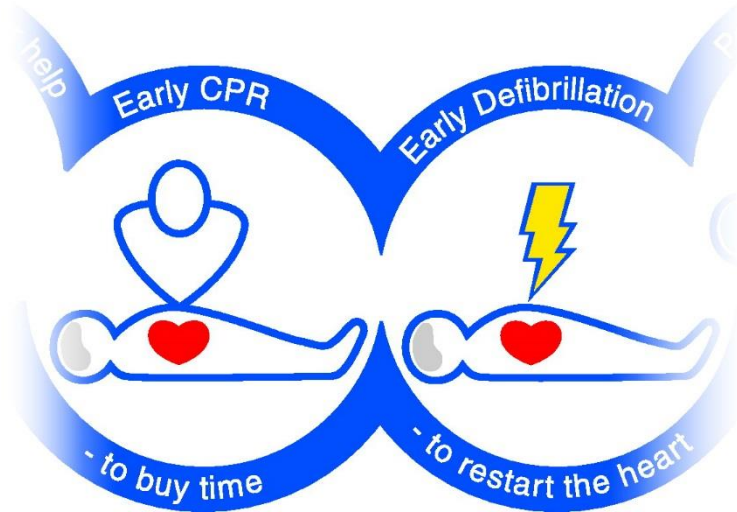
Recovery Position...



Anaphylaxis







Cardiac Arrest...

If cardiac arrest occurs, then treatment passes onto stages 2 and 3 of the Chain of Survival.

Please see the following charts for Resuscitation council UK guidelines on emergency treatment....

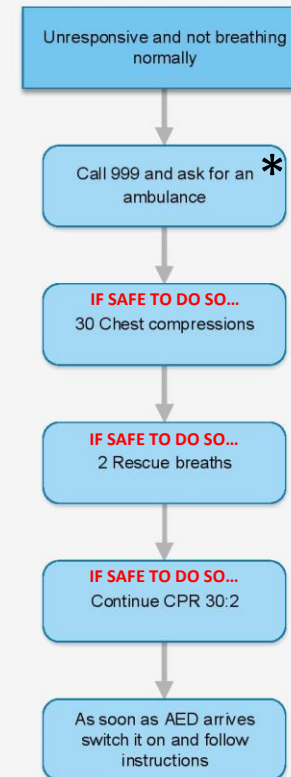
Continue until expert help (Paramedics or Cardiac Arrest team) arrives...



Resuscitation Council (UK)



Adult Basic Life Support

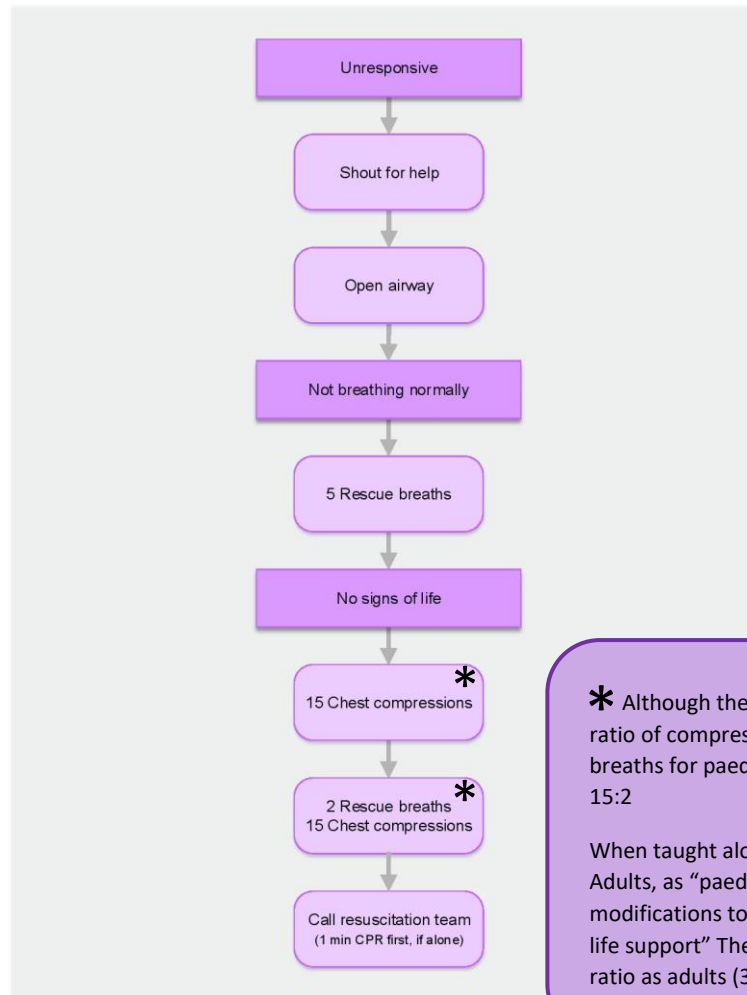


* If you are in an acute hospital with a cardiac arrest team. You should call them by dialing:

2222



Congratulations, and Next Steps....



* Although the specific ratio of compressions to breaths for paediatrics is 15:2

When taught alongside Adults, as "paediatric modifications to adult life support" The same ratio as adults (30:2) is also acceptable



- You have completed this stage!



- Now you need to access the online resources, and complete the MCQ questions



- Before booking to complete your "Face 2 Face" competence assessment

