Scenario Name: IM 8 CPE-Mock Code		
High Fidelity X	**Low Fidelity**	**Static Model**
Level:		

Objectives:

1. **Identify a patient in cardiac arrest (initial student on scene)**
2. **Respond to a cardiac arrest with a teamwork-oriented mindset (all)**
3. **Administer effective chest compressions (team of 2)**
4. **Administer effective ventilations (RT)**
5. **Administer medications accurately per ACLS algorithm (med nurse)**
6. **Document the code blue accurately on the assigned code sheet (scribe)**
7. **Ensure that ACLS algorithm is followed accurately (charge)**
8. **Accurately administer antiarrythmic (primary nurse)**
9. **Give a thorough report to receiving nurse via phone (charge nurse)**

Weight: Height:

Learner Preparation Exercise:

Completion of Instructional Module 8

Healthcare Provider's Orders:

ACLS Algorithms

Initial State	
BP- P- RR- T- O2 Pain- Cardiac rhythm: NO MONITOR Auscultation sounds: Left lung: Right lung: Heart: Bowel sounds:	
Action by Participant	
Check pulse (carotid)	Clear room
Begin compressions	
Call for crash cart	To Frame 1

Body System Assessment	Patient Finding
Neurological Sensory	Unresponsive
Cardiac	Pulseless
Pulmonary	Dusky color
Musculoskeletal	
Gastrointestinal (GI)	
Genitourinary (GU)	
Skin/Wound	
Vocal Complaint	
Lab/Diagnostic Results	

Facilitator Notes:

1. Basic life support: Assess carotid pulse for at least five seconds but no longer than ten. If pulse is not detected, begin compressions. Hand placement should be mid-sternum. Rate is at least 100 beats per minute. Pause every 30 compressions to deliver two full breaths.
2. Primary nurse is the initial nurse in the room—should assess pulse and immediately begin chest compressions.
3. Anyone can get the crash cart.
4. Charge nurse makes assignments as nurses arrive.

Scenario Progression: Nurse arrives with crash cart

Frame 1	
BP-P-RR-T-O2 sat- Pain- Cardiac rhythm: Ventricular fibrillation Auscultation sounds: Left lung: Right lung: Heart: Bowel sounds:	
Action by Participant	
1. Apply defibrillator pads	2. Place patient on monitor
3. Accurately identify rhythm	4. Defibrillate at 120-200j
5. Resume compressions	Frame 2

Body System Assessment	Patient Finding
Neurological Sensory	
Cardiac	
Pulmonary	
Musculoskeletal	
Gastrointestinal (GI)	
Genitourinary (GU)	
Skin/Wound	
Vocal Complaint	
Lab/Diagnostic Results/Orders	

Facilitator Notes:

1. Apply defibrillator pads as soon as crash cart arrives—do not cease compressions. (charge, med nurse, or alt compressor)
2. As soon as pads are affixed and monitor is turned on, halt compressions and analyze the rhythm.
3. Biphasic machine: defibrillate at 120-200j
4. Resume compressions—do NOT stop to check a rhythm prior

Scenario Progression: Advanced airway in place

Frame 2
BP- P- RR- T- O2 sat- Pain- Cardiac rhythm: Ventricular fibrillation Auscultation sounds: Left lung: Right lung: Heart: Bowel sounds: Airway: open Monitor controls: SpO2: Tperi: Respiratory rate: Blood pressure:

Action by Participant	
1. Ratio of 30:2 becomes a breath q 6-8 and at least 100 compressions/min	2. After 2 min, check rhythm again
3. Defibrillate at 120-200j	4. Resume compressions without checking rhythm
5. Administer Epi 1 mg IVP per algorithm. Flush.	

Body System Assessment	Patient Finding
Neurological Sensory	
Cardiac	
Pulmonary	
Musculoskeletal	
Gastrointestinal (GI)	
Genitourinary (GU)	
Skin/Wound	
Vocal Complaint	
Lab/Diagnostic Results	

Facilitator Notes:

1. Per BLS and ACLS, after advanced airway is in place circulatory efforts change from a ratio of 30:2 to compressions at 100 beats/minute and a breath every 6-8 seconds.
2. Biphasic defibrillator: 120-200j
3. See ACLS algorithm

Scenario Progression: Two minutes later---pause to analyze rhythm

Frame 3	
BP- P- RR- T- O2 sat- Pain- Cardiac rhythm: Ventricular tachycardia, pulseless Auscultation sounds: Left lung: Clear with vent. Right lung: Clear with vent. Heart: manual compression Bowel sounds: N/A Airway: open Monitor controls: SpO2: 90% Tperi: 97.2 Respiratory rate: 10/min, ET/BVM Blood pressure: N/A	
Action by Participant	
1. Analyze rhythm	2. Defibrillate 120-200j
3. Resume compressions	4. Administer Amiodarone bolus IVP, 300 mg

Body System Assessment	Patient Finding
Neurological Sensory	Unresponsive
Cardiac	VTach
Pulmonary	Pale, advanced airway in place, +capnography
Musculoskeletal	N/A
Gastrointestinal (GI)	N/A, no gastric distention noted with RR
Genitourinary (GU)	N/A
Skin/Wound	Pale
Vocal Complaint	N/A
Lab/Diagnostic Results	

Facilitator Notes:

1. Student should identify VT and understand that following Epinephrine an antiarrythmic must be given. Administer Amiodarone 300 mg IVP (6 ml in prefilled syringe).
2. Biphasic machine, 120-200j

Scenario Progression: Two minutes later---pause to analyze rhythm

Frame 3	
BP- P- RR- T-O2 sat- Pain- Cardiac rhythm: Sinus rhythm with PVCs Auscultation sounds: Left lung: Right lung: Heart: Bowel sounds: Airway: open Monitor controls: SpO2: Tperi: Respiratory rate: Blood pressure:	
Action by Participant	
1. Analyze rhythm	2. Check pulse
3. Physical assessment	4. Meds-cordarone drop
5. Call report	

Body System Assessment	Patient Finding
Neurological Sensory	
Cardiac	
Pulmonary	
Musculoskeletal	
Gastrointestinal (GI)	
Genitourinary (GU)	
Skin/Wound	
Vocal Complaint	
Lab/Diagnostic Results	

Facilitator Notes:

1. Amiodarone 300 mg IVP (ACLS algorithm), then maintenance is 0.5 mg/min for a total of 720 mg/24 hr (concentration 1-6 mg/hr or 360 mg/200 ml).