

## MODULE OF SKILL LABORATORY PRACTICE

**BLOCK : DISASTER RELIEVE MEDICINE**  
**TOPIC : ADULTS ADVANCED LIFE SUPPORT**

### I. GENERAL OBJECTIVE

After completion of skill laboratory practice the student will be able to perform adults advanced life support intervention for patients with cardiac arrest.

### II. SPECIFIC OBJECTIVES

At the end of skill laboratory practices, the student will be able to perform understand the procedure of ALS including:

- a. High Quality CPR
- b. Rhythm recognition
- c. Defibrillation
- d. Drug Therapy
- e. Sign of return of spontaneous circulation
- f. Assessment of reversible causes

### III. SYLLABUS DESCRIPTION

#### Sub Model Objective

After finishing skill practice of clinical examination, the students will be able to perform advanced life support intervention for patients with cardiac arrest.

#### Expected Competencies

- a. Student will be able to demonstrate procedure of ALS in patients with cardiac arrest

#### Methods

- a. Demonstration
- b. Coaching
- c. Self-practices

#### Laboratory Facilities:

- a. Class Room
- b. Mannequin for ALS
- c. Reading Material
- d. Trainers
- e. Student Learning Guide

#### Equipment

- a. IV Cannule
- b. Drugs
- c. Syringe
- d. ECG monitor

#### Venue

Training room (Skills Laboratory)

## Evaluation

- a. OSCE
- b. Point nodal evaluation

## V. LEARNING GUIDE

ADULTS ADVANCED LIFE SUPPORT CHECKLIST				
NO	STEPS	SCORE		
		0	1	2
1.	Confirm cardiac arrest: check for sign of pulse and breathing			
2.	Call resuscitation team			
3.	Perform uninterrupted chest compressions while applying self-adhesive defibrillation/monitoring pads – one below the right clavicle and the other in the V6 position in the midaxillary line			
4.	Stop chest compressions; check the rhythm from the ECG monitor. (This pause in chest compressions should be brief and no longer than 5 seconds)			
5.	Resume chest compressions immediately; warn all rescuers other than the individual performing the chest compressions to “stand clear” and remove any oxygen delivery device as appropriate			
6.	The designated person selects the appropriate energy on the defibrillator and presses the charge button. Choose an energy setting 360 J (monophasic) or 120-200 J (biphasic) for the first shock, or follow the manufacturer’s guidance for the defibrillator. If unsure of the correct energy level for a defibrillator choose the highest available energy			
7.	Ensure that the rescuer giving the compressions is the only person touching the patient			
8.	Once the defibrillator is charged and the safety check is complete, tell the rescuer doing the chest compressions to “stand clear”; when clear, give the shock			
9.	After shock delivery immediately restart CPR using a ratio of 30:2, starting with chest compressions. The total pause in chest compressions should be brief and no longer than 5 seconds			
10.	Continue CPR for 2 min; the team leader prepares the team for the next pause in CPR			
11.	Pause briefly to check the rhythm in monitor			
12.	If VF/pVT, repeat steps 6–12 above and deliver a second shock			
13.	Resume chest compressions immediately			
14.	Give adrenaline 1 mg IV while performing a further 2 min CPR.			
15.	Pause briefly to check the rhythm in monitor, If VF/pVT, repeat steps 6–12 above and deliver a second shock.			
16.	Resume chest compressions immediately. Give amiodarone 300 mg IV while performing a further 2 min CPR.			
17.	Repeat this 2 min CPR – rhythm/pulse check – defibrillation sequence – drugs if VF/pVT persists			
18.	If organised electrical activity compatible with a cardiac output is seen during a rhythm check, seek evidence of ROSC (check for signs of life/central pulse)			

19.	Mention If there is ROSC, start post-resuscitation care			
20.	If there are no signs of ROSC or asystole is seen, continue CPR and switch to the non-shockable algorithm			
21.	Start CPR 30:2			
22.	Give adrenaline 1 mg IV as soon as intravascular access is achieved			
23.	Continue CPR 30:2 until the airway is secured – then continue chest compressions without pausing during ventilation			
24.	Recheck the rhythm after 2 min: If electrical activity compatible with a pulse is seen, check for a pulse and/or signs of life If there is ROSC, start post-resuscitation care If there are no signs of ROSC, continue CPR, recheck the rhythm after 2 min, give further adrenaline 1 mg IV every 3-5 min			
25.	Mention Treat reversible causes: 5 Hs: hypoxia, hypovolemia, hydrogen (acidosis), hyper/hypocalcaemia and other metabolic disorders, hypothermia 4 Ts: Thrombosis, tension pneumothorax, tamponade, toxins			

## VI. CRITERIA OF PERSONAL PERFORMANCE EVALUATION

SCALE	PERFORMANCE ACHIEVEMENT	COMMENT
1	If students are doing the task that only fill less than 35% of whole items for each step precisely	LOW
2	If student are doing the task that only fill 35% - 60% from whole items for each step precisely	MILD
3	If student are doing the task that only fill 60% - 78% from whole items for each step precisely	MODERATE
4	If student are doing the task that fill at least 80% from whole items for each step precisely	EXCELLENT

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