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| **Case Title** | Rodney Dangerfield-Cardiac Arrest |
| **Scenario Name** | Cardiac Arrest |

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| **Learning Objectives (3 or more) -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Recognition of STEMI 2. Management of Cardiac Arrest 3. Focus on Quality CPR minimal interuptions 4. AVR the forgotten lead - the widow maker | |
| **Skills:**   1. Demonstrate high quality CPR | |
| **Attitude/Behaviours**   1. Demonstrate team skills 2. Demonstrate situational awareness 3. Demonstrate graded assertiveness | |
| **Scenario Environment** | |
| **Location** | ER |
| **Monitors** | Cardiac |
| **Props/Equipment** | Crash cart |
| **Make-up/Moulage** | None |
| **Potential Distractors** | None |

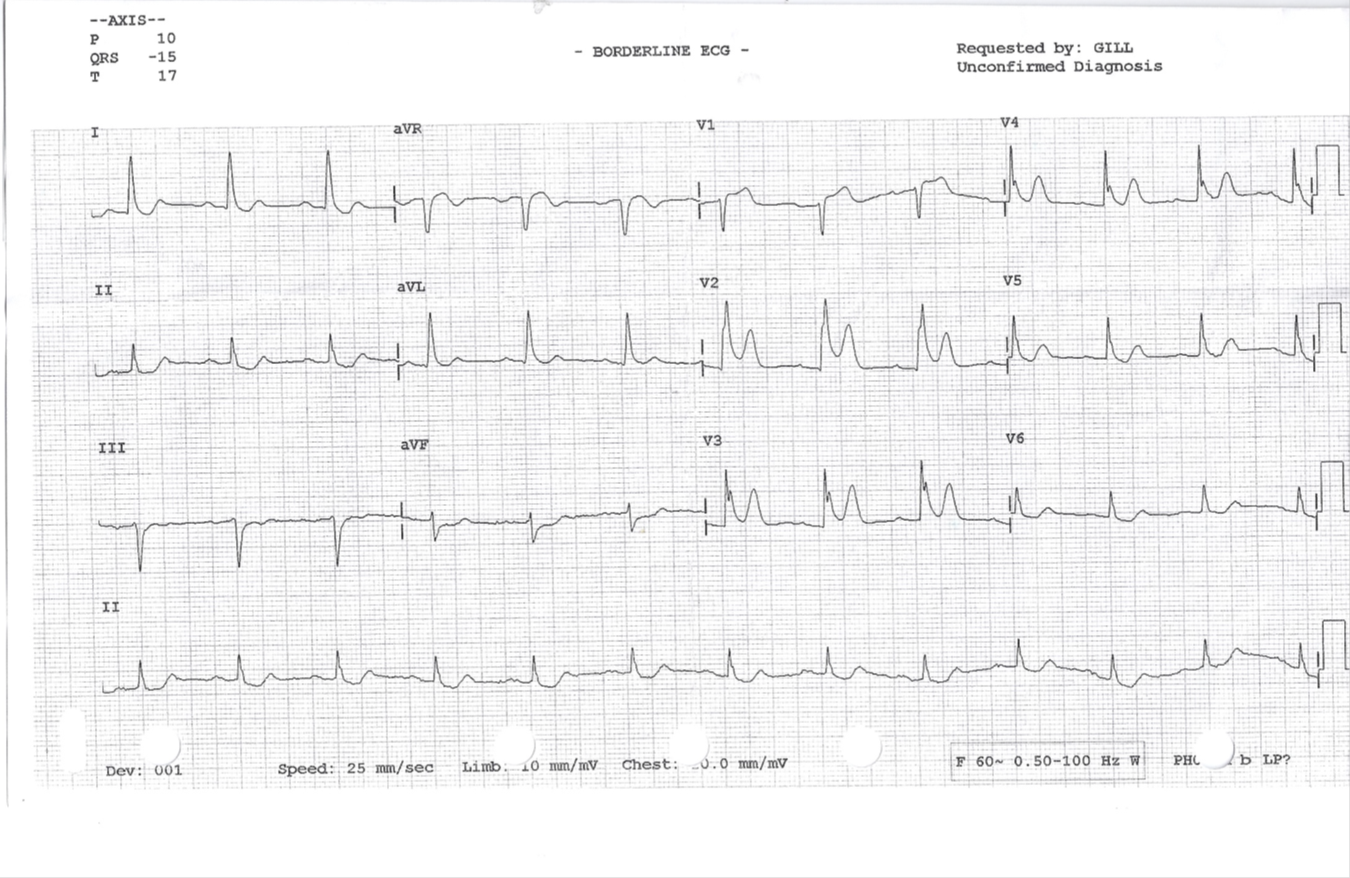
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| **Case Introduction:** |
| 66 year old male presents with RSCP (retrosternal chest pain) x approx 1 hr with radiation to jaw and arm. He has had similar pain intermittently for the past couple of weeks but increased intensity tonight.  (STEMI progresses into cardiac arrest) |

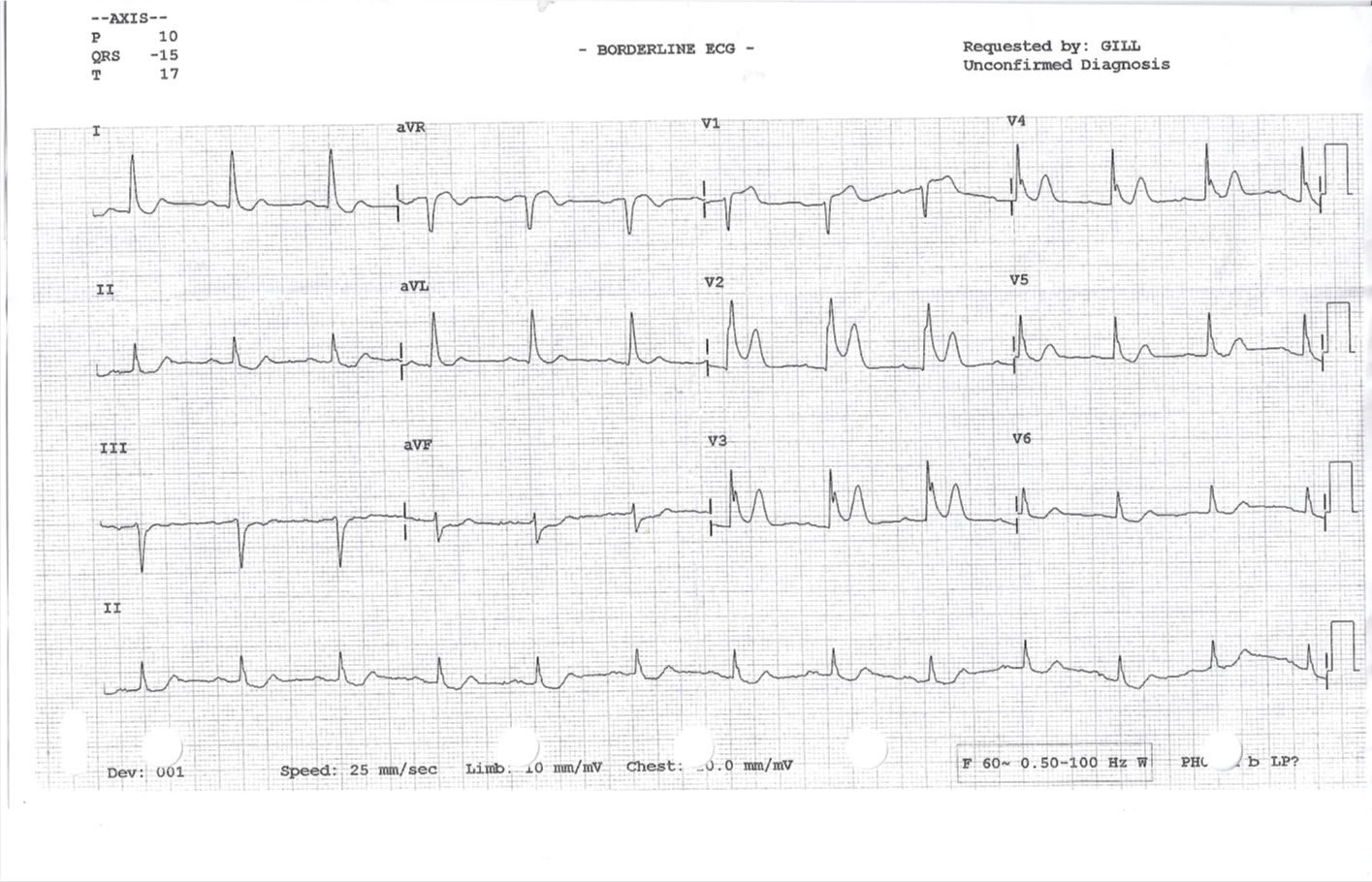
| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: Stable Chest Pain**  **Condition:** Stable  Diaphoretic with c/o chest, jaw and arm pain, otherwise normal exam.  **Initial Assessment**   * **Heart Rhythm:**  NSR * **HR:** 74 * **BP:** 164/117 * **RR:** 19 * **SP02:** 99% * **T:** 35.8 C * **Chest:** Clear with good air entry bilat. * **CNS:** GCS 15 * **CVS:** HS Normal * **RESP:** * **GI:** Abd soft, nontender | 1. **Take a focused history** (see Notes column) 2. **Medical Management**  * ECG \* note avR * O2 * IV * Cardiac monitor * Cardiac labs * Meds | 1. **Focused history**  * Pain past couple of weeks on and off, increasing significantly tonight   **PMHx**   * Dyslipidemia * MI small 2002   **Meds**   * Statin   **Allergies**   * None |
| **Phase 2: Unstable MI**  **Condition:** Unstable  Diaphoretic,eyes closed, looks unwell, increased resp effort,pale/blue  **Physical Examination**   * **Heart Rhythm:** NSR, AMI ECG #2 * **HR:** 72 * **BP:** 122/86 * **RR:** 32 * **SP02:** 82%, pleth not reading well * **Chest:** clear, decreased air to bases * **CNS:** GCS 14 * **CVS:** decreased pulses | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management:**  * LMCA stenosis is bad - 70 % mortality without surgery / PTCA. * ST Elevation of more than 1mm in aVR in the setting of Acute Coronary syndrome is: * associated with left mainstem disease and 3 vessel disease. * suggests urgent angiography is necessary. * associated with an increase in mortality. * Probably not an indication for emergent angiography @ 3am unless the patient is not settling with standard medical therapy. | 1. **Patient Reassessment**   **Airway**   * patent   **Breathing**   * Increased effort & rate, shallow, c/o SOB   **Circulation**   * Pale, diaphoretic, pulses weaker in limbs |
| **Phase 3: Cardiac Arrest**  **Condition:** Coding  Unresponsive, pulses absent, apneic, pale, cool, clammy  **Physical Examination**   * **Heart Rhythm:** ECG #3 PEA STEMI * **HR:** 66 * **BP:** not obtainable * **RR:** apneic * **SP02:** pleth not able to pick up * **Glucose:** * **Chest:** decreased air to bases * **CNS:** unconscious * **CVS:** absent pulses | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management:**  * Start CPR early initiation of compressions, adequate depth (1/3-1/2 AP diameter of chest), frequent change of compressor * Thrombolytics | 1. **Patient Reassessment**   **Airway**   * obstructed   **Breathing**   * apneic   **Circulation**   * absent pulses |
| **Phase 4: ROSC**  **Condition:** Unstable  Localizes to pain, rejects oral a/w, spontaneous resps irreg  **Physical Examination**   * **Heart Rhythm:** ECG #4 * **HR:** 70 * **BP:** 92/64 * **RR:** 12 * **SP02:** 88%, pleth not reading well * **Chest:** decreased air to bases * **CNS:** GCS 12 * **CVS:** peripheral pulses absent, central strong | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management:**  * Consult ICU * ? hypothermia protocol * Transfer | 1. **Patient Reassessment**   **Airway**   * Rejects oral a/w if placed   **Breathing**   * Spontaneous, allows assistance of own resps   **Circulation**   * Weak peripheral pulses, strong central |

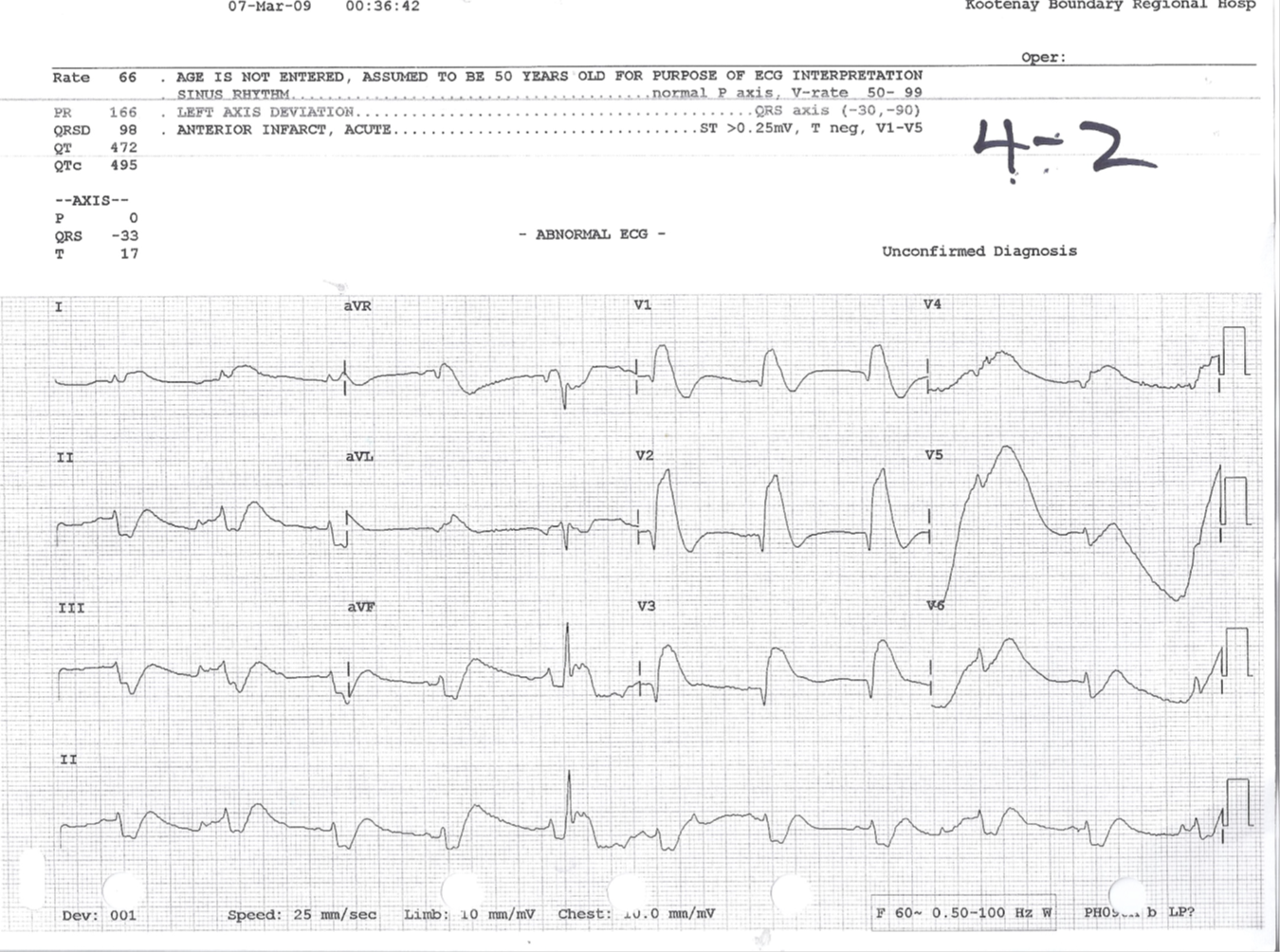
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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student** 2. **R1** 3. **Senior IM resident** |  |

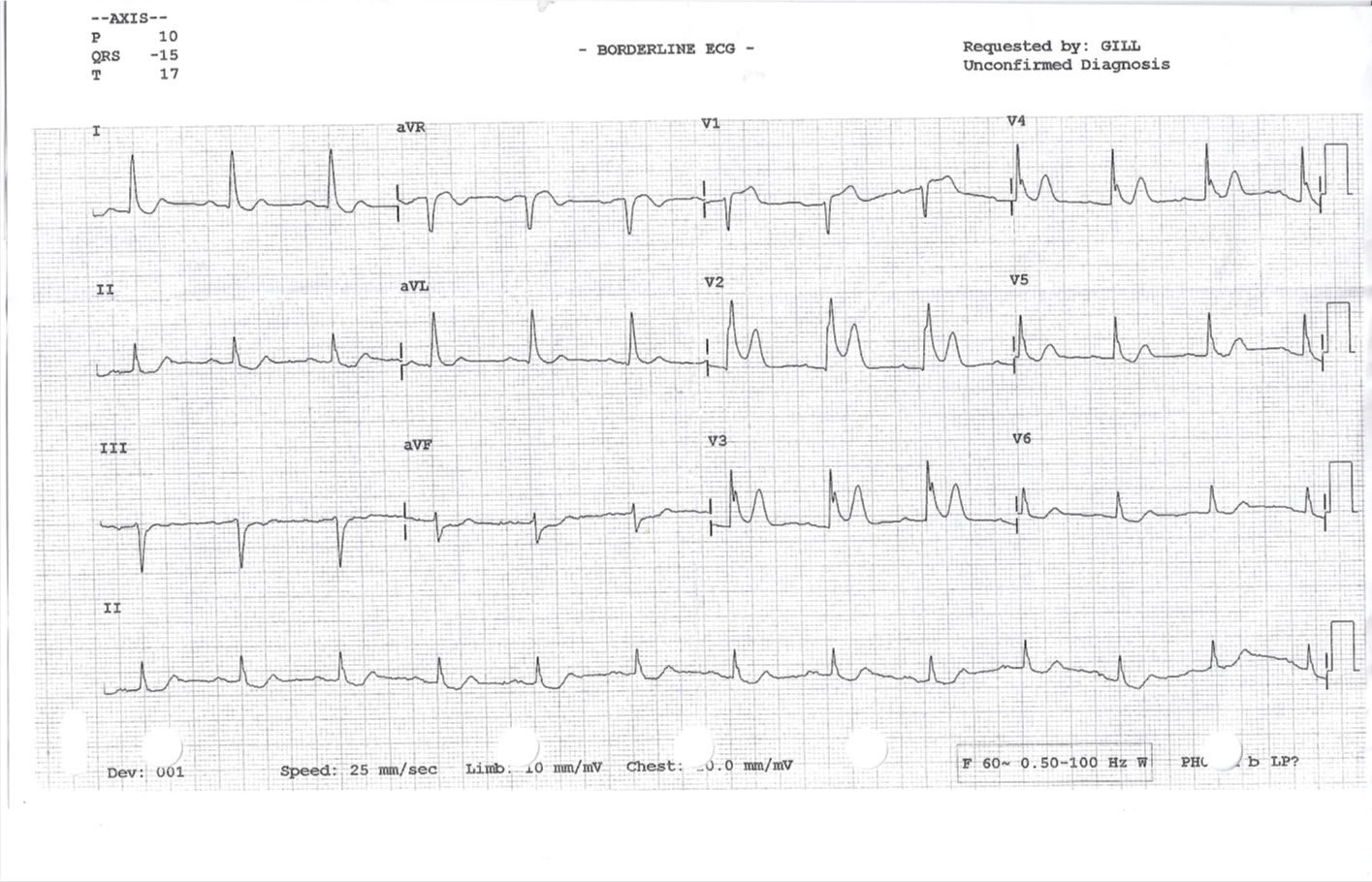
**References:**

**EKGs –**

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