Paediatric Resuscitation training for non training grade anaesthetists

Draft - For consultation

- All clinical staff who encounter sick children should be trained in paediatric resuscitation and have regular annual updates.
- The EPLS/APLS courses are purpose made courses run by instructors trained in educational theory. They are quality controlled by their co-ordinating bodies (Resuscitation Council [UK] and the Advanced Life Support Group respectively). Both offer internationally recognised qualifications.
- Repeat attendance at these courses may not be optimal for certain professional groups. For example, much time in the above courses is spent in learning airway opening, mask ventilation and vascular access – skills that anaesthetists who care for babies and children practice every day.
- Although EPLS/APLS certification provide good evidence of resuscitation training, it is possible that locally organised, focussed, role specific training may be more relevant and responsive to local need in certain circumstances.
- The local Resuscitation Committee is best placed to determine the needs of healthcare providers in its area of influence and should determine the most appropriate training for them.
- A problem with this approach is that it may encourage a simple ‘box ticking’ approach to resuscitation training, allowing quality to decline.
- A possible way of reducing or eliminating this threat is to develop (nationally) a set of resuscitation competencies which anaesthetists would be expected to maintain and allow Resuscitation Committees to determine how these can be best achieved and assessed.
- We will seek consensus on the above in a number of ways

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Suggested Core Knowledge, Skills, Attitudes-an example of how this might be delivered

Annual 2.5 hour session

1. Knowledge - Tutorial - 1 hour duration
2. Skill station scenarios run by EPLS/APLS instructors – minimum 1 hour duration
3. Attitudes - best explored via. a recent M and M case

Knowledge

Recognition of the acutely ill or injured baby or child

Common Drug and Fluid doses for the acutely ill or injured baby or child

Defibrillation

ALS algorithm in babies and children

Update on network arrangements, guideline development with reference to local PICU

Skills

Difficult airways – can’t intubate/ventilate

Chest compression

Defibrillation

IO needle insertion

Practice and demonstrate Knowledge and Skills in

2 paediatric Resuscitation scenarios

These would be in a setting appropriate to the anaesthetist. For example:

Anaphylaxis in an anaesthetised child with PEA arrest

VF arrest in child secondary to LA overdose e.g. post caudal Block

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