

## ALGORITHM FOR SCENARIO ASYSTOLE/PEA

for 6th year students for the OSQE

1. **Wear gloves before starting the assignment.**
2. **Assess the risk and placement of the patient on a flat hard surface.**
3. **Check condition of:**
  - a. **consciousness** – speak loudly to the patient, palpably pat him on the shoulders.
  - b. **breathing** - perform a triple Safar maneur: extension of the neck, movement of the lower jaw, opening of the mouth. After that, bring the ear to the patient's mouth and act according to the algorithm “hear, see, feel” - watch the movements of the chest, feel and listen to the breath. Normally, in <10 seconds a person performs 2-4 respiratory movements .
  - c. **circulation** - perform pulse palpation of the carotid artery.

**NB !!!** The patient's condition coincides with the condition in the task list, i.e. HR and RR correspond to those in the task list.

4. **Call for help, report the diagnosis and assign tasks**
5. Request a device for ECG evaluation ( preferably Autonomous External Defibrillator with the ability to assess the rhythm ).
6. Along with calling for help , start CPR with chest compressions :
  - a. **2 fingers above the xiphoid process, place the base of the palm of the main hand , the fingers of which are parallel to the patient’s ribs and do not touching the chest ; the hand of the other hand is placed on top. The trunk is tilted forward so that your shoulders horizontal axis coincides with the axis of the sternum of the patient. Arms straight .**
  - b. **pressing on the chest are carried out with a frequency of 100-120 per minute, depth 5-6 cm; the ratio of compressions and breaths 30: 2.**
7. Inhalations to the patient are performed using an AMBU bag or with the availability of personal protective equipment according to the “mouth-to-mouth ” method , while re-providing the airway with a triple Safar maneur . Duration of inhalation should not exceed 6-8 s., With watch for swelling of the chest.
8. After 5-6 cycles of CPR or 2 min. Re-evaluate the patient's consciousness , respiration, and circulation . In the absence of vital indicators - continue with CPR.
9. **At 2 minutes, you must give the command to the nurse to inject Epinephrine intravenously in a dose of 1 mg every 3-5 minutes .**

**NB !!!** Administration of an Epinephrine must be verbalized loudly, for example, "Nurse, administered intravenously 1 mg of Epinephrine!". In the absence of verbalization - not done .

10. Simultaneously with the continuation of the compression and after the introduction of adrenaline it is necessary to verbalize the need for rhythm assessment using an ECG.

**NB !!!** Carrying out an assessment of an electrocardiogram is necessary to verbalize loudly, for example " Nurse, take an electrocardiogram!". In the absence of verbalization - an ECG will not be provided. **IMPORTANT:** For the ECG assessment is given no more than 10 seconds! If you are not sure about the diagnosis of ECG - continue the chest compressions.

11. After the signal “ One minute left ”:
  - a. continue CPR in the amount of 1 cycle;
  - b. eassess the patient's vital functions ;
  - c. verbalize possible causes of cardiac arrest according to the “4H and 4T” rule .

**Do not forget to take the route sheet and personal items after completing the task.**

**GOOD LUCK ON EXAM !**