

# Pediatric Mock Code Practice using Simulation

Thank you for volunteering to participate in the Pediatric Mock Code Simulation Practice as part of the NAEMS Arizona Pediatric Symposium. Evidence supports simulated practice of cardiopulmonary resuscitation. This practice allows participants to function more effectively during real use of cardiopulmonary resuscitation. Practice allows the team to recall algorithms not frequently used. It also allows participants opportunity to evaluate effectiveness of interventions such as effective compressions when utilizing smart technology. With proper practice, the participants are allowed to build muscle memory of infrequent highly skilled tasks in order to provide greater recall in stressful situations.

Pediatric cardiac arrest and respiratory arrest places responders immediately in a heightened stress response. Additionally due to the infrequency of the exposure to these types of patient events, our teams often have greater feelings of stress. The solution to partially alleviate these feelings involves the use of regular practice in simulating pediatric cardiac arrests. This breakout practice is designed to expose learners to these practice environments. It is important to understand several things about this training in order for it to be effective:

Rules of Engagement:

1. Practice within your scope.
2. Bring any tools you would normally carry in your uniform, if you want wear your uniform. Example: scissors, Maricopa pediatric emergency card, stethoscope.
3. The mock code practice will last between 5-15 minutes. The first 5 minutes of a cardiac arrest are the most important—speaking statistically from a survivability standpoint. The responding teams will be split and have a two-part response to simulate arrival of more help from initial team that responds.
4. The mock code practice will immediately be followed by a debrief in order to enforce practice routines, and ensure the team had understanding and learning from the simulated practice.
5. The simulators are real life, they will have rhythms. They will breath (or not in cardiac arrest); they have the ability for IV/IO access. Your rhythm will display on a monitor, rather than a manual defibrillator.
6. **DO** all things to the mannequin that you would normally do to a real patient.
  - a. **DO** compressions.
  - b. **DO** push the right medication in the right amount into the child mannequin.
  - c. **DO** use the broselow tape to measure the child.
  - d. **DO** assign team roles as you normally would.
  - e. **DO** breath for the mannequin.
  - f. **DO** follow the AHA PALS algorithm.
  - g. **DO EVERYTHING LIKE IT IS REAL!**
7. The mannequins use smart technology. Ensure you are using proper technique to really get the best practice. Check for a pulse in the normal spots, if there is one, you would be able to feel it.
8. There will be 4 instructors facilitating the practice opportunity. They will not participate, but will lead the debrief. **You can't assign them any tasks**; they will be observing, and then debriefing.

9. Data will be collected around your interventions, and one of your facilitators will be collecting this during the practice. You will see that facilitator writing on a clip board, they are not a team-member. **You will still need someone recording the event.**
10. Enjoy the opportunity!
11. Each participant will remain in their assigned group, and move to the next scenario as a group.
12. Each participant will participate in four different scenarios. There will also be a fifth station for interactive learning that is not a mock code. Just over 1 hour are allotted for each scenario. Your group will be further split into two teams in the group. One team will observe, while the other team practices the scenario, then the teams will switch, and the second team will practice the same scenario. After each practice there will be a debrief, the teams will switch, practice the scenario again, and then following another debrief the entire group will move to the next scenario.
13. At the end of the sixth scenario, all participants and facilitators will return to the main conference room to have a group debrief, review of important pediatric specific information, review of helpful techniques to assist with difficult pediatric interventions, and a post-test.

The overall goal of this practice simulation is to provide a safe environment for each participant to practice pediatric cardiopulmonary arrest. Teamwork is an important part of successful treatment of pediatric emergencies. It is recognized that this practice environment has participants paired with strangers, and their entire team is not present to practice. Please take this practice today and bring it back to your regular work environments. Every pediatric patient deserves excellent care, and with your participation today, you are showing your commitment to that excellent care. Bravo!

Please participate in all parts of the pediatric simulation (pre-simulation test and training, actual simulation stations, and post simulation debrief). Participation in the pre-simulation training, and post simulation debrief are important parts of the data being reviewed.