Instructions for Candidates

Scenario
Albert Jones is a 61-year-old man with a history of unstable angina and schizophrenia. He is on 600mg of Chlorpromazine per day. He has been referred by his GP for assessment and possible admission.

You are just about to go and assess him, when he collapses. You are alone in the room.

Your location is: **Assessment Room, Birnham Ward**.

Instructions
Demonstrate how you would approach the situation, assess the patient, and perform cardiopulmonary resuscitation.

There is a telephone in the room, and you should behave as if it were connected.
Station Number

Practical Skills: Resuscitation

Instructions for Patients

Allow the candidate to test specific skills without interruption. Please do not ask them what they are doing – the examiner should be doing this.

This station tests the candidate’s knowledge and skills in a number of ‘practical’ skills that are central to being a Senior House Officer (and higher) in psychiatry.

Key Dialogue

THIS IS A ‘STATIC’ STATION – CANDIDATES ARE REQUIRED

DEMONSTRATE A SKILL TO THE EXAMINER.

NO PATIENT IS REQUIRED FOR THIS STATION.
Instructions for Examiners

REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND AFFIX IT TO THE TOP OF THE MARK SHEET.

This station tests:

1. The candidate’s ability to assess the safety of a situation, assess a patient, and perform competent cardiopulmonary resuscitation.

After the candidate has checked for a pulse and breathing, you are to issue the following instruction:

“THE PATIENT IS NOT BREATHING, AND YOU CANNOT FIND A PULSE. PLEASE CONTINUE”

THE FACE OF THE MANNEQUIN WILL REQUIRE TO BE WIPE DOWN WITH ALCOHOL/DETERGENT WIPES AFTER EVERY CANDIDATE. YOU WILL ONLY HAVE APPROXIMATELY 45 SECONDS TO DO THIS. PLEASE BE QUICK!
Marking Sheet

*Please circle the appropriate mark for each criterion. The standard expected is that of a psychiatric Senior House Officer.*

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Performed competently</th>
<th>Performed, but not fully competent</th>
<th>Not performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach to the task – Confidence and style; responds appropriately to simulated patient or model</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks immediate environment for hazards or risks on approach to mannequin</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Approach to mannequin (one point for each, up to maximum of 2):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shakes shoulders/ rubs chest shouting, “are you alright?”</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>If no response: shouts for help</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Opens Airway (one point for each, up to maximum of 2):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head tilt</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Chin lift</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Checks for breathing (ear to mouth, watching chest) for no longer than 10 seconds</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>If not breathing, indicates that he would call 999/ emergency number to summon assistance</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Chest compressions (one point for each, up to maximum of 2):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate position and pressure</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Rate of approximately 100/ minute</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Correct ratio of 30 compressions to 2 breaths</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Assisted ventilation (one point for each, up to maximum of 2):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head tilt &amp; chin lift; closes nostrils</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>Rescue breathing (1 second each breath)</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Overall Approach to Task</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Score (Max 20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Grading of station</td>
<td>Clear Pass</td>
<td>Borderline</td>
<td>Clear Fail</td>
</tr>
</tbody>
</table>
Practical Skills: Resuscitation

Requirements for this station

The following should be made available for this station:

1. CPR mannequin.
2. Alcohol/detergent wipes
3. Telephone
4. Cardiac Arrest number printed on the wall above the telephone
Trickcyclist's Tip-Sheet

This is the Resuscitation Council UK’s 2005 guidelines, printed verbatim. The copyright belongs to Resuscitation Council (UK) 2005. The full source for the guidelines is: http://www.resus.org.uk/pages/bls.pdf. If I have infringed copyright, please notify me and they will be removed.

To aid teaching and learning, the sequence of actions has been simplified. In some cases, simplification has been based on recently published evidence; in others there was no evidence that the previous, more complicated, sequence had any beneficial effect on survival.

There are other changes in the guidelines. In particular, allowance has been made for the rescuer who is unable or unwilling to perform rescue breathing. It is well recorded that reluctance to perform mouth-to-mouth ventilation, in spite of the lack of evidence of risk, inhibits many would-be rescuers from attempting any form of resuscitation. These guidelines encourage chest compression alone in such circumstances.

Guidelines 2000 introduced the concept of checking for 'signs of a circulation'. This change was made because of the evidence that relying on a check of the carotid pulse to diagnose cardiac arrest is unreliable and time-consuming, mainly, but not exclusively, when attempted by non-healthcare professionals. Subsequent studies have shown that checking for breathing is also prone to error, particularly as agonal gasps are frequently misdiagnosed as normal breathing. In Guidelines 2005 the absence of breathing, in a non-responsive victim, continues to be the main sign of cardiac arrest. Also highlighted is the need to identify agonal gasps as another, positive, indication to start CPR.

Finally, there is recognition that delivering chest compressions is tiring. It is now recommended that, where more than one rescuer is present, another should take over the compressions (with a minimum of delay) about every 2 min to prevent fatigue and maintain the quality of performance.

**Adult BLS sequence**

Basic life support consists of the following sequence of actions:

1. Make sure the victim, any bystanders, and you are safe.

2. Check the victim for a response.
   - Gently shake his shoulders and ask loudly, 'Are you alright?'

3. If he responds:
   - Leave him in the position in which you find him provided there is no further danger.
   - Try to find out what is wrong with him and get help if needed.
   - Reassess him regularly.
3 B If he does not respond:
   • Shout for help.
   • Turn the victim onto his back and then open the airway using head tilt and chin lift:
     o Place your hand on his forehead and gently tilt his head back.
     o With your fingertips under the point of the victim's chin, lift the chin to open the airway.

4 Keeping the airway open, look, listen, and feel for normal breathing.
   • Look for chest movement.
   • Listen at the victim's mouth for breath sounds.
   • Feel for air on your cheek.

In the first few minutes after cardiac arrest, a victim may be barely breathing, or taking infrequent, noisy, gasps. Do not confuse this with normal breathing.

Look, listen, and feel for no more than 10 sec to determine if the victim is breathing normally. If you have any doubt whether breathing is normal, act as if it is not normal.

5 A If he is breathing normally:
   • Turn him into the recovery position (see below).
   • Send or go for help, or call for an ambulance.
   • Check for continued breathing.

5 B If he is not breathing normally:
   • Ask someone to call for an ambulance or, if you are on your own, do this yourself; you may need to leave the victim. Start chest compression as follows:
     o Kneel by the side of the victim.
     o Place the heel of one hand in the centre of the victim's chest.
     o Place the heel of your other hand on top of the first hand.
     o Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs. Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone).
     o Position yourself vertically above the victim's chest and, with your arms straight, press down on the sternum 4 - 5 cm.
     o After each compression, release all the pressure on the chest without losing contact between your hands and the sternum. Repeat at a rate of about 100 times a minute (a little less than 2 compressions a second).
     o Compression and release should take an equal amount of time.
6 A Combine chest compression with rescue breaths.
- After 30 compressions open the airway again using head tilt and chin lift.
- Pinch the soft part of the victim's nose closed, using the index finger and thumb of your hand on his forehead.
- Allow his mouth to open, but maintain chin lift.
- Take a normal breath and place your lips around his mouth, making sure that you have a good seal.
- Blow steadily into his mouth whilst watching for his chest to rise; take about one second to make his chest rise as in normal breathing; this is an effective rescue breath.
- Maintaining head tilt and chin lift, take your mouth away from the victim and watch for his chest to fall as air comes out.
- Take another normal breath and blow into the victim's mouth once more to give a total of two effective rescue breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions.
- Continue with chest compressions and rescue breaths in a ratio of 30:2.
- Stop to recheck the victim only if he starts breathing normally; otherwise do not interrupt resuscitation.

If your rescue breaths do not make the chest rise as in normal breathing, then before your next attempt:
- Check the victim's mouth and remove any visible obstruction.
- Recheck that there is adequate head tilt and chin lift.
- Do not attempt more than two breaths each time before returning to chest compressions.

If there is more than one rescuer present, another should take over CPR about every 2 min to prevent fatigue. Ensure the minimum of delay during the changeover of rescuers.

6 B Chest-compression-only CPR.
- If you are not able, or are unwilling, to give rescue breaths, give chest compressions only.
- If chest compressions only are given, these should be continuous at a rate of 100 a minute.
- Stop to recheck the victim only if he starts breathing normally; otherwise do not interrupt resuscitation.

7 Continue resuscitation until:
- qualified help arrives and takes over,
- the victim starts breathing normally, or
- you become exhausted.