



RECOMMENDED PAEDIATRIC RESUSCITATION TRAINING FOR NON-TRAINING GRADE ANAESTHETISTS

Introduction/Rationale

- Anaesthetists caring for children should be trained in paediatric resuscitation and receive annual updates.
- All trainees should have successfully completed recognised and accredited paediatric life support training.
- The national EPLS and APLS courses are purpose-made and 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, for the purposes of recertification/revalidation, 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 regularly care for babies and children, practice every day.
- Although current EPLS/APLS certification provides good evidence of ongoing resuscitation training, locally organised, focussed, role specific training may be more relevant and responsive in some circumstances.
- We have described a suggested scheme for training which broadly outlines how this can be delivered
- 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 in collaboration with local EPLS/APLS or simulator instructors. It also has a responsibility to ensure that the training is of good quality and not just a simple 'box ticking' exercise.
- This document may be of use to Resuscitation committees and Anaesthetic departments. Compliance with these standards could be used by external bodies (for example the Care Quality Commission in England¹) for the purposes of appraisal and review.

¹ Care Quality Commission, Guidance about compliance-Essential standards of Quality and Safety, March 2010. www.cqc.org.uk. ISBN 978-1-84562-264-0/publications.cfm

SUGGESTED CORE KNOWLEDGE, SKILLS, ATTITUDES - AN EXAMPLE OF HOW THIS MIGHT BE DELIVERED

Knowledge - Annual tutorial or e-learning – approx 1 hour duration.

Suggested topics

- Update on resuscitation guidelines
- 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 including use of AEDs in infants and children
- ALS algorithm in babies and children
- Update on network arrangements, local guideline development with reference to local PICU and transport teams

Skills – Some of the skills listed below may be practised on purpose built equipment, but they should be reinforced by the participation in annual scenarios led by accredited EPLS/APLS or simulator instructors – minimum 1 hour duration.

Suggested skills

- Difficult airway management e.g. laryngospasm, can't intubate/ventilate
- Chest compression including management of ventilation during asynchronous compression/ventilation of intubated child
- Defibrillation – manual & AEDs
- IO needle insertion including use of mechanical IO insertion devices

Scenarios should be developed with defined educational objectives and outcomes and should be in a setting appropriate to the anaesthetist and local practice. Debriefing is an essential part of the process. Some suitable scenarios are currently being developed by the Education and Training Committee of APAGBI. The use of video recording and simulation will increase the value of this exercise considerably and is encouraged.

Scenario examples:

- Laryngospasm with hypoxia
- Anaphylaxis in an anaesthetised child with PEA arrest
- VF arrest in child secondary to LA overdose e.g. post caudal block
- Electrolyte disturbance secondary to previously undiagnosed myopathy

Attitudes - Scenarios and feedback should include multi-disciplinary team roles, responsibilities and dynamics.

- **The RCoA and AAGBI have discussed the concepts outlined in this paper at their respective Council meetings and both have formally recognised this as a valid method of maintaining paediatric resuscitation knowledge and skills for the purposes of annual appraisal.**