

# PGY-3 Code Resident Education

\*\*Education given at beginning of Code Resident rotation by SWAT Nurse\*\*

## PGY-3 COMMUNICATION DURING RESUSCITATION EVENT

- Introduces him/herself by name/title loudly and clearly and states **“I am the Team Leader.”**
- Receives event summary from person who initiated event
- Confirms all code roles filled
- Collaborates with Primary Team during event (discuss how this may differ w/ CT Surgery)
- Provides verbal orders using AHA guidelines (unless using CT surgery algorithm)
- Announces rhythm/ETCO2 reading every 2 min during pulse check (SWAT Nurse can also do this role)
- Announces ETCO2 reading and A-line DBP(if applicable) during compressions to confirm compression quality (CT surgery algorithm or loss of feedback device)
- Review role if patient is on ECMO (VA or VV)

## ZOLL TRAINING

- Discuss AED mode vs. Manual Mode (everything “color coded”)
- Review 4 Main Rhythms (VF, pVT, PEA, Asystole)
- Discuss OneStep Pad placement (traditional A/P and alternate methods)
- Turn Zoll to **DEFIB** (default= 120J)
- Demonstrate how to **ANALYZE** – follow voice prompts
- Discuss importance of Safety and Electricity (staff, equipment, etc)
- Identify CPR Dashboard (rate, depth, release) and discuss
- Identify 2-minute CPR Timer and Idol Timer (explain when event “ends”: 20 min post-ROSC)

## SYNCRONIZED CARDIOVERSION

- Review scenarios that require cardioversion (stable vs. unstable)
- Turn to **DEFIB** (default= 120J), demonstrate changing energy levels
- Identify **SYNC** soft key and discuss arrows indicating “R” wave (share tip sheet)
- Explain after shock delivered, Zoll remains in **SYNC** mode until **SYNC** is manually turned off

## TRANSCUTANEOUS PACING

- Review scenarios that require transcutaneous pacing (stable vs. unstable)
- Discuss Pad view vs. ECG view and pad placement (likely will only work if A/P)
- Turn **PACER** on (defaults to 0 **mA**, rate of 70 **PPM**)
- Increase **mA** until full capture (go to max of 140 mA in emergency)
- Confirm capture with femoral or radial pulse

## ETCO2/A-LINE MONITORING

- ETCO2 should be used WITH or WITHOUT Advanced Airway**
- ETCO2 should be applied **IMMEDIATELY** at beginning of event
- ETCO2 goal is >10-20 mmHg during CPR
- Should have waveform AND numeric ETCO2 (discuss using Phillips or Zoll)
- Review ETCO2 role in identifying ROSC
- A-Line during CPR is used for CPR quality and **PULSE CHECK** (more accurate than manual pulse check)

## DEFIBRILLATION ALTERNATIVES

### External & Internal Paddles

- Review where paddles are located (external in every cart, internal on 8F/OR)
- Discuss scenarios for each use (internal paddles will be used by trained personnel only)
- Discuss procedure: adequate electrode gel, safety, pressure required
- Review limitations (all functions can be controlled from external paddles, paddles can **ANALYZE** and **CARDIOVERT**, but **CANNOT PACE**)

## POST EVENT RESPONSIBILITIES

- Participate in post-event Debriefing
- Review and sign Resuscitation Record with printed name and legible signature

## POST-ARREST CARE

- Review changes to Policy and TTM protocol (greatly expanded inclusion criteria)
- Recommended Consults (Cardiology, Neuro Critical Care)

PGY-3 Code Resident Signature: \_\_\_\_\_

SWAT Nurse Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments/Feedback: