

TRAUMATIC CARDIAC ARREST AND RESUSCITATIVE THORACOTOMY A PRACTICAL BASED TRAINING DAY FOR THE MULTIDISCIPLINARY ED TEAM

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Introduction

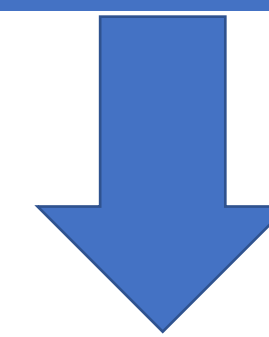
- Knife crime has risen consistently since 2014 (1); An increase of 10% increase on the previous year and a 48% increase since 2014 (2)
- 40% of homicide cases are related to knife crime (1)
- Hospital admissions for knife related injuries have increased 12% since 2014 (2)
- Despite this rise, traumatic cardiac arrest (TCA) scenarios are rare: 0.3% of trauma patients (3)
- Mortality rate for this patient group remains high, with overall 30-day survivals of only 7.5% (3)
- TCA is infrequently encountered but remains a high stakes situation
- Requires excellent communication, teamwork and leadership skills, combined with procedural knowledge
- Time critical situation – a decision to intervene needs to be made and acted on rapidly
- Regular scenario-based teaching can maintain necessary skills and can increase confidence to commit to and perform resuscitative thoracotomy (RT) in a high-pressure situation
- RCEM supports RT for appropriately selected penetrating trauma patients, regardless of clinical setting; therefore, it is a skill we must all be familiar with (4)

IDENTIFYING AN IMPROVEMENT

Reduced confidence in managing patients with penetrating trauma

Lack of confidence as team leader

Lack of confidence in procedural skills (Thoracostomy, open chest drains, RT)



Open to a multi-disciplinary training day

Build upon skills

Increase confidence

Aims

Develop working relationships

Rationalise the RT kit available

Method

- Introduced to course provider 'Cardiac Advanced Resuscitation Education' by colleagues at MTCs
- Hands on RT simulation training with medical meat
- Positive feedback from colleagues who had attended
- Contacted course provider, engaged with trust management, secured funding from Northern Trauma Network, organised training facility, liaised with consultant body and advertised to ED team

Outcome

- 2 courses successfully run
- 30 colleagues attended
 - 7 consultants
 - 9 registrars
 - 8 ACPs
 - 6 senior nurses
- Positive feedback – Improved overall confidence
- Plans to rationalise ED thoracotomy kit

