



**Service Priorities and Programmes
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Simulation base training program to help staffs deal with paediatric emergencies

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Introduction

The outcome for Paediatric cardiopulmonary resuscitation (CPR) was poor especially without high quality of resuscitation. The Paediatric cardiopulmonary arrest was rare in general paediatric ward. Many studies stated that team training resuscitation drill (TTRD) can be improved the skills in dealing with cardiopulmonary arrest patient; increase practitioners' confidence and decrease anxiety during actual resuscitations. However, there was an impact on emergency drills which disturbances in care of patients by large amount of manpower were involved. In 2012, we studied the effectiveness of resuscitation training program (RTP). We found that double of nursing staff could participate RTP compare with TTRD in same period. However, large amount of experienced nurse (≥ 5 clinical experience) preferred the TTRD which enhanced their team management knowledge. This study was to determine whether simulation base resuscitation training program (SRTP) could effectiveness to deal with CPR in clinical setting.

Objectives

To determine whether simulation base resuscitation training program (SRTP) could effectiveness to deal with CPR in clinical setting.

Methodology

The researchers used several methods for this study which was organized in two phases. The SRTP was intervened during 2013 at UCH general paediatric ward. In the first phase, the frequency of practice was compared between TTRD and SRTP. The duration time of handling a resuscitation drill pre and post SRTP by timer were collected. The second phase, nursing feedbacks about the SRTP by face to face interview were collected.

Result

The first phase, twenty-four nursing staffs participated in this program at least once (83 % of total number of staff in a ward). On the other hand, there were only about

21% of participants to take part in TTRD within same period. The second phase, the mean of total duration in handling a whole resuscitation drill was also improved around 30%. Some items were improved obviously. The mean of the duration time of handling Ambu-bag in junior nurse group (clinical experience <5 years) were 1.08 and 0.29 pre and post SRTP respectively. 70% of connection time was improved. 100% of participants could inform nurse in-charge and call emergency with accurate information. 80% of participants could prepare the patient and the environment during resuscitation after SRTP. 100% of participants could prepare the intubation drug accurately around 5 minutes. Participants could prepare the intubation equipment accurately within 2 minutes and 30seconds. 100% of participants agreed that this SRTP could increase their confidence to deal with resuscitation. Some participants shared their experience that they were able to deal with real resuscitation smoothly after this SRTP. The other simulation base emergency events training need to introduce in clinical setting.