



Service Priorities and Programmes Electronic Presentations

Convention ID: 623

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Advanced Departmental Cardiac-pulmonary Resuscitation Drill in Surgical Unit of North District Hospital can empower our staff in Cardiovascular care

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Keywords:

Cardiac pulmonary resuscitation
drill and cardiovascular care

Introduction

Surgical unit in acute hospital setting will handle various patients with rapid condition deterioration. Emergency cardiovascular care to patient is essential. The training of Basic Life Support and Advanced Cardiac Life Support (ACLS) via CPR drill can empower colleagues to perform effective critical care.

Objectives

To maintain high standards of emergency nursing care and perform high quality Cardiac-pulmonary Resuscitation via periodical effective CPR drill

Methodology

Since 2005, with the full support of Chief of Service, Surgical District Department of North Hospital has been performing Team Approach Advanced Departmental Cardiac pulmonary Resuscitation Drill four times every year.

Each Surgical ward takes turn to coordinate the CPR Drill. Each time, the CPR Team will have one intern, one Surgical trainee and three Surgical nurses A,B and C. The NTEC CPR Drill Audit Form is the Assessment Tool. There are 23 criteria to assess members' skill and knowledge. The Assessors are External Assessors from ICU and A&E with ACLS Instructor Qualification.

The CPR Drill is arranged at 14:00 before shift duty handover in a common area. It is spacious enough to accommodate over 40 persons including doctors, nurses, nurse learners and their teachers. After each CPR drill, there are immediate debriefing. The strength and weakness during the drill will be identified. Recommendation and updated information from internal and External Assessors and "New" from Hospital Resuscitation Committee will be provided.

Result

In 2016, the overall feedbacks by Assessors were encouraging. Feedbacks included the CPR Drill Team members performed the resuscitation smoothly and effectively. The role of members was clear. In order to minimize interruption for switching of role between airway maintenance and compression, they used "U-shape" movement.

Besides, Cardiac compression was effective and defibrillation technique was appropriate. Also, LUCAS was used correctly. They conducted cardiac shock by using defibrillation pad to prevent disturbing the LUCAS operation. In addition, airway was protected by timely intubation. The overall compliance rate each time was > 95%. In 2016, total attendance of the Department CPR drill was 134 in which there were 14 numbers of doctors, 102 numbers of nurses and 18 numbers of nurse learners. Conclusion: Advanced Departmental Cardiac-pulmonary Resuscitation Drill can empower clinical staff to provide effective and quality emergency cardio vascular care to patients.