



<b>Assessment Name:</b>	Amiodrone Infusion
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version;</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>Candidate is instructed that she/he is attending a cardiac arrest where IV/IO access has being gained during resuscitation attempt</b>	
Confirm persistent tachyarrhythmia following ROSC	
Confirm Amiodrone was used to convert VF/VT	
Confirm that there is a persistent tachyarrhythmia	
Perform 7R's of drug administration	
Confirm presentation of Amiodarone – either 150mg/3ml ampoules or 300mg/10ml mini-jet	
Using a 10ml syringe withdraw either 6 or 10 mls of Dextrose from injection port of soft bag & clearly label syringe with drug name	
Using injection port, inject 300mg Amiodrone (300mg in either 6 or 10 mls ) into Dextrose 5% bag	
<b>Label Infusion with</b>	
Drug name	
Drug dosage	
Volume of Dextrose	
Date and time	
PHECC PIN	
Check drip set (20 gtt/ml)	
Calculate Approximately 33 Drops per minute (1.7ml/min) if 20gtt/ml giving set	
Disconnect any running line from IV/IO port	
Flush IV port with 6mls or 10mls of Dextrose 5% (drawn earlier)	
Connect and administer Amiodarone infusion set to IV/IO	
Do not administer any other drugs through that IV line while amiodarone infusion is running	
Record administration on PCR	
Monitor Patient	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

*This information is intended to for use as an educational tool during Part1 of the Advanced Paramedic Upskilling Programme to the 3<sup>rd</sup> Edition of the PHECC CPG's*





<b>Assessment Name:</b>	Hydrocortisone Infusion
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>
Candidate is instructed that she/he is attending an emergency call where an patient presents with sudden onset of stridor, bronchospasm, cyanosis, urticaria, angio-oedema and in a collapsed state after being stung by an insect.	
Candidate is instructed that the patient shows no improvement following Epinephrine, IV fluid resuscitation and Salbutamol.	
Confirms that patient has severe anaphylaxis unresponsive to above therapy	
Performs the 7R's of drug administration	
Checks medication and expiry date	
States the required dosage for the patient – 200mg Adult or age related dose for child	
Reconstitutes vial / vials with 2mls of Water for Injection per vial	
Adds the hydrocortisone to a 100ml bag 0.9% NaCl	
Maintains appropriate aseptic technique	
Attaches and primes giving set	
Sets infusion over appropriate time frame	
<i>CPG states 1-10 minutes so opening giving set up is appropriate for this medication</i>	
Re-assess vital signs, observe patient for any change in condition	
Inform receiving hospital of your ETA and patients condition	
Document case on PCR	
Verbalise Clinical handover	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Clopidogrel
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>The Advanced Paramedic is assessing a patient who presents with chest pain</b>	
Obtain a thorough chest pain history	
Assess for cardiac risk factors	
Assess for associated cardiac symptoms	
State that other cardiac medications have been administered as per PHECC CPG	
State that a 12 lead ECG be performed and assessed for acute ischaemia	
State that the patient is <b>strongly</b> suspected to be presenting with acute coronary syndrome - STEMI or NSTEMI	
Gain patient consent	
Perform 7R's of medication administration	
Confirm patients age	
Rule out contraindications	
State possible side effects	
If pt <75 state dosage	
If pt >75 state dosage	
Administer drug via correct route of administration	
Record drug administration on PCR	
State time critical transfer to appropriate facility (if local protocol in place)	
Monitor patient for possible side effects	
Monitor patient's vital signs	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Exacerbation of COPD
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>The Advanced Paramedic is asked to assess a 70 year old man with shortness of breath</b>	
Ask if patient has a history of COPD, has a long smoking history or has home nebulisers or oxygen	
Confirm that they are treating the patient for an exacerbation of COPD	
<b>Initial Management</b>	
States that patient is Alert	
Assesses Airway	
Assesses Breathing                      Examiner <i>if requested</i> may inform that	
- Patient is tachypnoeic	
- SpO2 – 80% room air. Clinically cyanosed.	
- Bronchospasm audible throughout on auscultation of posterior chest	
AP states breathing problem on primary survey – Life-threatening	
AP commences therapy before moving to circulation	
- High flow oxygen 100% via NRB	
- Salbutamol 5mg	
Assesses Circulation – rapid bounding pulse	
Attach to monitor, position of comfort, Reassure and encourage to cough	
<b>Secondary Survey (Vital Signs &amp; AMPLE history)</b>	
Breathing                      Examiner <i>if requested</i> may inform that	
- Respiratory rate 32 & Peak Flow – 35% predicted	
Circulation                      Examiner <i>if requested</i> may inform that	
- Heart Rate 120 & Blood Pressure – 135/70	
Allergies – penicillin	
Medications – Salbutamol/Ipratropium nebs (Combivent), Budesonide inhaler (Pulmicort), Tiotropium bromide inhaler (Spiriva) and antibiotic clarithromycin,	
Medical History – Chest infection x 2 in last month, Hx chronic bronchitis, smoker x 20	
Last Meal – light tea yesterday	
Event – increasing dyspnoea and productive cough over last 72 hours	
<b>Further Management</b>	
Ipratropium Bromide 0.5/Salbutamol 5mg	
Reassess vital signs – No improvement	
Hydrocortisone 200mg IM or slow IV	
Consider supporting ventilations if patient becomes exhausted or maintaining oxygen saturation between 90-92% - reduce to nasal cannula if improving	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Magnesium Sulphate Infusion
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>Candidate is instructed that she/he is attending an adult patient with life threatening asthma. The patient shows no improvement following three Salbutamol and one Ipratropium Bromide nebuliser.</b>	
Confirms requirement for Magnesium Sulphate	
<ul style="list-style-type: none"> <li>- Silent chest</li> <li>- &lt; 2 words per breath</li> <li>- SpO<sub>2</sub> &lt; 92%</li> </ul>	
Checks the 7R's of medication administration	
Check medication and expiry date	
Checks concentration of Medication	
<ul style="list-style-type: none"> <li>- Available in 2g mini-jet, 1g in 2ml or 5g in 10ml</li> </ul>	
States the required dosage for the patient (1.5 Grams)	
Withdraws medication from ampoule or ampoules	
Injects 1.5g of Magnesium Sulphate into 100mL of 0.9% NaCl	
States the required timeframe for administration (20Min)	
Sets infusion over appropriate time frame (X Drops per 6 Sec)	
<ul style="list-style-type: none"> <li>- State number of gtt/ml giving set</li> <li>- State 100ml over 20 minutes is 5ml/min</li> <li>- State if 20gtt/ml giving set then need to administer 100 gtt (5 x 20gtt)/ min</li> <li>- This corresponds with 10 ggt/6 seconds</li> </ul>	
Re-assess vital signs, observe patient for any change in condition, assess peak flow (if possible)	
Inform receiving hospital of your ETA and patients condition	
Document case on PCR	
Verbalise Clinical handover	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Inhaler Technique
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>The Advanced Paramedic is asked to demonstrate how they would administer a salbutamol inhaler to a patient.</b>	
Confirms the requirement for an inhaler - mild to moderate asthma	
Checks the 7R's of medication administration	
Pre-medication checks on inhaler – check expiry date, medication name and concentration, test that it fits the inhaler and is working	
Baseline vital signs (verbalised)	
Peak flow reading obtained (verbalised)	
Assemble spacer	
Remove cap from inhaler and shake at least 3 – 4 times	
Insert inhaler into spacer until it clicks	
Encourage patient to breathe out gently (away from inhaler)	
Advise patient to put mouthpiece in the mouth, ensuring the lips are sealed around the mouthpiece.	
Deliver 4 puffs of Salbutamol by approved technique. ( 1 Breath each or Tidal Breathing)	
Reassess vital signs and peak flow	
Document on PCR	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Neonatal Resuscitation		
<b>Level/Section</b>	Advanced Paramedic Upskilling – Part 1		
<b>Current Version</b>	Version 1.0 May 2010		
<b>Candidate Name</b>	<b>Date of Assessment</b>		
<b>Neonatal Resuscitation (Medications)</b>			
Your 3.5kg neonate requires the following medications (State medication A, B, C or D)			
1. Calculate the dose required and safety checks			
Draw up and deliver the selected drug to a simulated patient using a 3 way tap			
	<b>Medication Choice</b>	<b>Usual Paediatric Dosage &amp; Presentation</b>	<b>Route</b>
			<b>3.5kg Dose</b>
<b>A</b>	Epinephrine (1:10,000)	0.01 mg/Kg (10 mcg/Kg)(0.1 ml/Kg) (1 mg/10 ml (1:10,000) as 0.1 mg/ml)	IV/IO
<b>B</b>	Naxolone (Narcan)	0.01mg/Kg (10 mcg/Kg) (Ampoules 0.4 mg in 1 ml)	IV/IO/IM/SC
<b>C</b>	Normal Saline, NaCl 0.9%	10 ml/Kg infusion (500/1000 ml soft pack for infusion. 10 ml ampoules)	IV/IO
<b>D</b>	Dextrose 10% Solution	5 ml/Kg (Soft pack for infusion 250/500 ml)	IV/IO
Right Medication chosen & equipment gathered			
Medication and packaging intact			
Medication appears clear			
Medication is in date (Candidate may state drug is out of date – State reason – Simulation)			
Confirms that it is the correct drug			
Correct volume calculated (circle) <b>A:</b> 0.35 ml <b>B:</b> 0.0875 ml <b>C:</b> 35ml <b>D:</b> 17.5 ml			
Right Patient			
Right Time			
Right Route stated (circle stated routes) <b>IV IO IM SC</b>			
Correct size drawing up syringe used (circle) <b>A:</b> 1ml, <b>B:</b> 1ml, <b>C:</b> N/A, <b>D:</b> 20ml			
Prepares & connects 3 way tap to <b>Medication/Simulated patient/Drawing up syringe</b>			
Draws up appropriate amount of Medication required in drawing up syringe			
Removes any air from the drawing up syringe			
Measures the <b>correct dose</b> in syringe			
Seeks consent if appropriate			
Delivers correct dose to simulated patient			
Flushes Drug if appropriate (0.5 ml to 1ml NaCl 0.9%)			
Document on PCR			
<b>STOP STATION</b>			
<b>EXAMINER NOTE:</b>			

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<b>Assessment Name:</b>	Paediatric Defibrillation
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>One rescuer witnessed Cardiac Arrest in child 1-8 years of age. State that no cardiac drugs, IV or IO access are available. State that a manual defibrillator is available.</b>	
Confirm child age is <8	
Turn on defibrillator	
Switch to manual mode	
Prepare child's chest – state no metal or moisture present	
Correctly place pads (as per manufactures details)	
Ensure pads are not touching	
Charge defibrillator to correct joules (2J/kg for initial shock)	
Safely deliver shock	
Immediately commence two minutes of CPR	
Stop CPR	
Analyze rhythm	
If VF or pulseless VT present charge defibrillator to correct joules (4J/kg)	
Safely deliver shock	
Immediately commence two minutes of CPR	
Verbalise to repeat steps 10-14 to a maximum of 6 shocks	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Seizures – Adult
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

**Choose Assessment 1 or 2****Assessment 1**

Manage a 27 yr old pt with a history of epilepsy actively seizing in the middle of a crowded shopping centre

Protect from harm

Oxygen therapy

The patient is still seizing & no IV access yet obtained

<b>Right Medication</b>	Diazepam	Midazolam (10mg/2ml)	Midazolam (50mg/5ml)	Midazolam (10mg/2ml)
<b>Right Route</b>	PR	IM	Buccal	IN
<b>Right Dose (mg)</b>	10mg	5mg	10mg	5mg
<b>Right Dose (vol)</b>		1ml	1ml	1.1ml + (0.1ml dead space)

Contra indications

Side Effects

Right Date

Check BGL

The patients BGL is 6.2mmol

Reassess

The patient has stopped seizing

**STOP STATION**

**Assessment 2**

Manage a 27 yr old pt with a history of epilepsy actively seizing in the middle of a crowded shopping centre

Protect from harm

Oxygen therapy

The patient is still seizing & IV access obtained

<b>Right Medication</b>	Diazepam (10mg/2ml)	Midazolam (10mg/2ml)*
<b>Right Route</b>	IV/IO	IV/IO
<b>Right Dose (mg)</b>	10mg	5mg
<b>Right Dose (vol)</b>	2ml	1ml*

IV midazolam (10mg/2ml) is usually diluted with 8ml 0.9% NaCl to 1mg/ml. Therefore administer 5ml of 1mg/ml solution.

Right Date

Check BGL

Contra indications

Side Effects

The patients BGL is 6.2mmol

Reassess

The patient has stopped seizing

**STOP STATION**

**EXAMINER NOTE:**



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<b>Assessment Name:</b>	Seizures – Paediatric
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

**Choose Assessment 1 or 2****Assessment 1**

You are attending a 5 yr old pt who is actively seizing at home

Protect from harm

Oxygen therapy

The patient is still seizing & no IV access yet obtained

<b>Right Medication</b>	Diazepam	Midazolam (50mg/5ml)	Midazolam (10mg/2ml)	
<b>Right Route</b>	PR	Buccal	IN	
<b>Right Dose (mg)</b>	5mg	9mg (0.5mg/kg)	3.6mg (0.2mg/kg)	
<b>Right Dose (vol)</b>		0.9ml	0.73ml + (0.1ml dead space)	

Contra indications

Side Effects

Right Date

Check BGL

The patients BGL is 5.2mmol

Reassess

The patient has stopped seizing

**STOP STATION****Assessment 2**

You are attending a 5 yr old pt who is actively seizing at home

Protect from harm

Oxygen therapy

The patient is still seizing & IV access obtained

<b>Right Medication</b>	Diazepam			
<b>Right Route</b>	IV/IO			
<b>Right Dose (mg)</b>	1.8mg (0.1mg/kg)			
<b>Right Dose (vol)</b>	0.36ml			

IV midazolam (10mg/2ml) is usually diluted with 8ml 0.9% NaCl to 1mg/ml. Therefore administer 1.8ml of 1mg/ml solution.

Right Date

Check BGL

Contra indications

Side Effects

The patients BGL is 5.2mmol

Reassess

The patient has stopped seizing

**STOP STATION****EXAMINER NOTE:**

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<b>Assessment Name:</b>	Severe Anaphylaxis
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>
Scenario: 30yr Female out for walk in park with family stung by bee	
<b>Primary Survey</b>	<b>Examiner to provide information if practitioner requests it.</b>
Establish responsiveness	
Assess Airway: Patent and protected	
Assess Breathing	
- Verbalise: increased work of breathing	
- SpO <sub>2</sub> - 96% room air	
- Auscultate breath sounds – bilateral bronchospasm	
State Inadequate Respirations noted in primary survey	
Treat Inadequate respirations	
- High Flow oxygen	
- Salbutamol 5mg Neb	
Assess Circulation: Verbalise: mild tachycardia	
Assess disability – Alert	
Expose: Observe Patient scratching arms and expose to discover urticaria on arms	
Initial Clinical status decision – serious, non life-threatening	
Secondary survey started & AMPLE history	
<b>The patient is transported to the ambulance and re-assessed after the administration of nebule</b>	
Assess Airway: Eyes, lips and tongue swollen. Hoarse.	
<b>Verbalise: difficulty in swallowing, drooling. Airway problem – condition NOW life threatening</b>	
Epinephrine 0.5mg IM	
Assess Breathing: Respiratory Rate 32. SpO <sub>2</sub> – 93%	
Circulation: Chest tightness. Heart Rate 125 – weak. Blood Pressure 100/70	
<b>Verbalise: Respiratory &amp; haemodynamic compromise.</b>	
Epinephrine 0.5mg IM	
Hartmann's Solution 1000ml IV (first)	
State early and urgent transfer to hospital	
<b>Reassessment and Management during transfer</b>	
Reassess vital signs – ongoing drooling, increased respiratory effort and circulatory compromise	
Epinephrine 0.5mg IM prn at 5 min intervals	
Hartmann's Solution 1000ml IV (second)	
Consider Hydrocortisone 200mg IM/IV	
ASHICE	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Severe Asthma
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>
<b>Scenario: Call to house for 24 year old male with brittle asthma. He says “inhalers aren’t working”</b>	
<b>Primary Survey</b>	
Establish responsiveness	
Assess Airway: Patent and protected	
Assess Breathing	
<ul style="list-style-type: none"> <li>- Verbalise increased work of breathing</li> <li>- Attach SpO<sub>2</sub> - 92% room air</li> <li>- Auscultate breath sounds – severe bilateral bronchospasm</li> </ul>	
State Inadequate Respirations noted in primary survey	
Treat Inadequate respirations	
<ul style="list-style-type: none"> <li>- High Flow oxygen</li> <li>- Salbutamol 5mg Neb</li> </ul>	
Assess Circulation: Verbalise: mild tachycardia	
Assess disability – responding to voice	
Exposure – Temp 36.2°C	
Initial Clinical status decision – serious, non life-threatening	
<b>A Secondary Survey is performed during the administration of salbutamol</b>	
Performs a respiratory assessment – inspect, palpate, percuss and auscultate	
Thin, using accessory muscles, non tender, trachea central, non subcutaneous emphysema, equal percussion on both sides. Severe bronchospasm throughout both lungs. Resp rate 28, Sats 94%	
PEFR attempted - 40% predicted	
<b>SAMPLE History</b>	
Allergies – None	
Medications – Salbutamol, Seretide inhaler, occasional steroid tablets	
PMx – Asthma, admitted to ICU last winter, recent flu	
Last Meal – Light breakfast	
Event – increase shortness of breath during day	
States inadequate respirations secondary to a severe exacerbation of asthma	
Verbalise Load and Go – early	
Repeat Salbutamol 5mg	
Consider Ipratropium Bromide 0.5/Salbutamol 5mg Neb	
<b>Reassessment – confused – speaking words only, Resp rate 20, Sats 90%. Minimal breath sounds</b>	
Verbalise: patient deteriorated. Give 4 <sup>th</sup> Salbutamol.	
Magnesium Sulphate 1.5g IV infusion over 20 min	
Consider Ventilations if patient exhausted	
ASHICE	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Torsades de pointes treatment
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<b>Candidate is handed an ECG rhythm of Torsades de pointes</b>	
Confirm the presence of torsades de pointes	
Clinically assesses patient - if in cardiac arrest, commences CPR - if stable consider medical therapy	
Considers the 7R's of medication administration	
Confirms presentation of Magnesium Sulphate – 2g mini-jet, 1g in 2ml or 5g in 10ml	
State dose 2g	
Appropriately draw up 2g from ampoule (4 ml) or uses mini-jet	
Remove drawing up needle	
Clamps running line	
Reconfirms dose and volume, injects Magnesium Sulphate into IV port	
Unclamp running line	
Record administration on PCR	
Monitor vitals	
Monitor for side effects: Respiratory depression, Bradycardia, Hypothermia	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Tourniquet application
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<p>A patient has a massive arterial bleed after an industrial accident. PEEP, application of wound pads and compression of the proximal pressure point has not controlled the bleeding. Candidate is informed that bleeding is not under control after applying several wound dressings and is tasked with applying a tourniquet.</p>	
Explain procedure to patient	
Select appropriate size tourniquet	
Tourniquet applied correctly	
Site: 5-10cm proximal to injury. On healthy tissue. Not overlying a joint. Close enough to wound to minimise tissue damage but leaving adequate space to securely bandage injured area.	
Fasten Velcro buckle	
Twist windlass strap until bleeding stops. The pulse does NOT have to disappear.	
Checks CSM as appropriate	
Document time and site of application	
'T' and the time of application clearly marked in the patients forehead	
Ensure tourniquet remains visible at all times- do NOT cover with clothing	
Report application time and location of tourniquet to receiving staff	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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<b>Assessment Name:</b>	Pulmonary Oedema
<b>Level/Section:</b>	Advanced Paramedic Upskilling – Part 1
<b>Current Version:</b>	Version 1.0 May 2010
<b>Candidate Name</b>	<b>Date of Assessment</b>

<p>The practitioner is asked to assess and manage a 65 yr old lady with acute shortness of breath.          The findings of the primary survey are:          Airway – patent and protected          Breathing – resp rate 32 and laboured, Sats 86%,          Circulation - Pale, clammy, Pulse 116 , BP 180/100          Temp 37.2</p>	
	BM 4.2
Introduces self to patient, gains consent & proceeds with secondary survey	
States inadequate respirations	
Commences high flow oxygen and attaches monitor	
Performs a Respiratory Exam – inspect, palpate, percuss and auscultate Tripod position, no scars, non tender, normal percussion and bilateral crepitations on auscultation	
Assess peak flow	
Completes circulatory exam – JVP, heart sounds, leg oedema	
S	
A No Allergies	
M Diabinese, Lipitor , cozar, Aspirin	
P Diabetes, Hypertension	
L Afternoon tea	
E Well previous to waking up breathless after nap	
Confirms cardiac risk factors: Smoker, over weight, diabetes, family history	
Requests 12 Lead ECG: Ischemic changes in leads II and III ST depression	
States working diagnosis is acute pulmonary oedema secondary to acute coronary syndrome	
Rules out Pneumonia before treating Pulmonary Oedema	
Confirms medication requirement: Correct medication checks and 7 rights for each	
<b>GTN</b>	
States correct GTN dosage	2 puffs - 0.8mg Repeat by 1
<b>Furosemide</b>	
States the required dosage	40mg IV bolus
Re-assess vital signs, observe patient for any change in condition, assess peak flow.	
Give verbal handover to GP who has arrived	
Inform receiving hospital of your ETA and patients condition	
Document case on PCR	
<b>STOP STATION</b>	
<b>EXAMINER NOTE:</b>	

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