

Recognizing Shock Flowchart

Clinical signs		Hypovolemic shock	Distributive shock	Cardiogenic shock	Obstructive shock
Airway	Patency	Airway open and maintainable/not maintainable			
Breathing	Respiratory rate	Increased			
	Respiratory effort	Normal to increased		Labored	
	Breath sounds	Normal	Normal (\pm crackles)	Crackles, grunting	
Circulation	Systolic blood pressure	Compensated shock can progress to hypotensive shock if left untreated			
	Pulse pressure	Narrow	Variable	Narrow	
	Heart rate	Increased			
	Peripheral pulse quality	Weak	Bounding or weak	Weak	
	Skin	Pale, cool	Warm or cool	Pale, cool	
	Capillary refill	Delayed	Variable	Delayed	
	Urine output	Decreased			
Disability	Level of consciousness	Irritable early, lethargic late			
Exposure	Temperature	Variable			

Managing Shock Flowchart

Managing shock flowchart			
<ul style="list-style-type: none"> Oxygen Pulse oximetry ECG monitor 		<ul style="list-style-type: none"> IV/IO access BLS as indicated Point-of-care glucose testing 	
Hypovolemic shock: Specific management for selected conditions			
Nonhemorrhagic		Hemorrhagic	
<ul style="list-style-type: none"> 20 mL/kg NS/LR bolus, repeat as needed Consider colloid 		<ul style="list-style-type: none"> Control external bleeding 20 mL/kg NS/LR bolus, repeat 2 or 3x as needed Transfuse PRBCs as indicated 	
Distributive shock: Specific management for selected conditions			
Septic	Anaphylactic		Neurogenic
Management algorithm: <ul style="list-style-type: none"> Septic Shock 	<ul style="list-style-type: none"> IM epinephrine (or autoinjector) Fluid boluses (10-20 mL/kg NS/LR) Albuterol Antihistamines, corticosteroids Epinephrine infusion 		<ul style="list-style-type: none"> 20 mL/kg NS/LR bolus, repeat PRN Vasopressor
Cardiogenic shock: Specific management for selected conditions			
Bradyarrhythmia/tachyarrhythmia		Other (eg, CHD, myocarditis, cardiomyopathy, poisoning)	
Management algorithms: <ul style="list-style-type: none"> Bradycardia Tachycardia 		<ul style="list-style-type: none"> 5 to 10 mL/kg NS/LR bolus, repeat PRN Inotropic and/or vasoactive infusion Consider expert consultation Antidote for poisoning 	
Obstructive shock: Specific management for selected conditions			
Ductal-dependent (LV outflow obstruction)	Tension pneumothorax	Cardiac tamponade	Pulmonary embolism
<ul style="list-style-type: none"> Prostaglandin E1 Expert consultation 	<ul style="list-style-type: none"> Needle decompression Tube thoracostomy 	<ul style="list-style-type: none"> Pericardiocentesis 20 mL/kg NS/LR bolus 	<ul style="list-style-type: none"> 20 mL/kg NS/LR bolus, repeat PRN Consider thrombolytics, anticoagulants Expert consultation

Team Dynamics Debriefing Tool

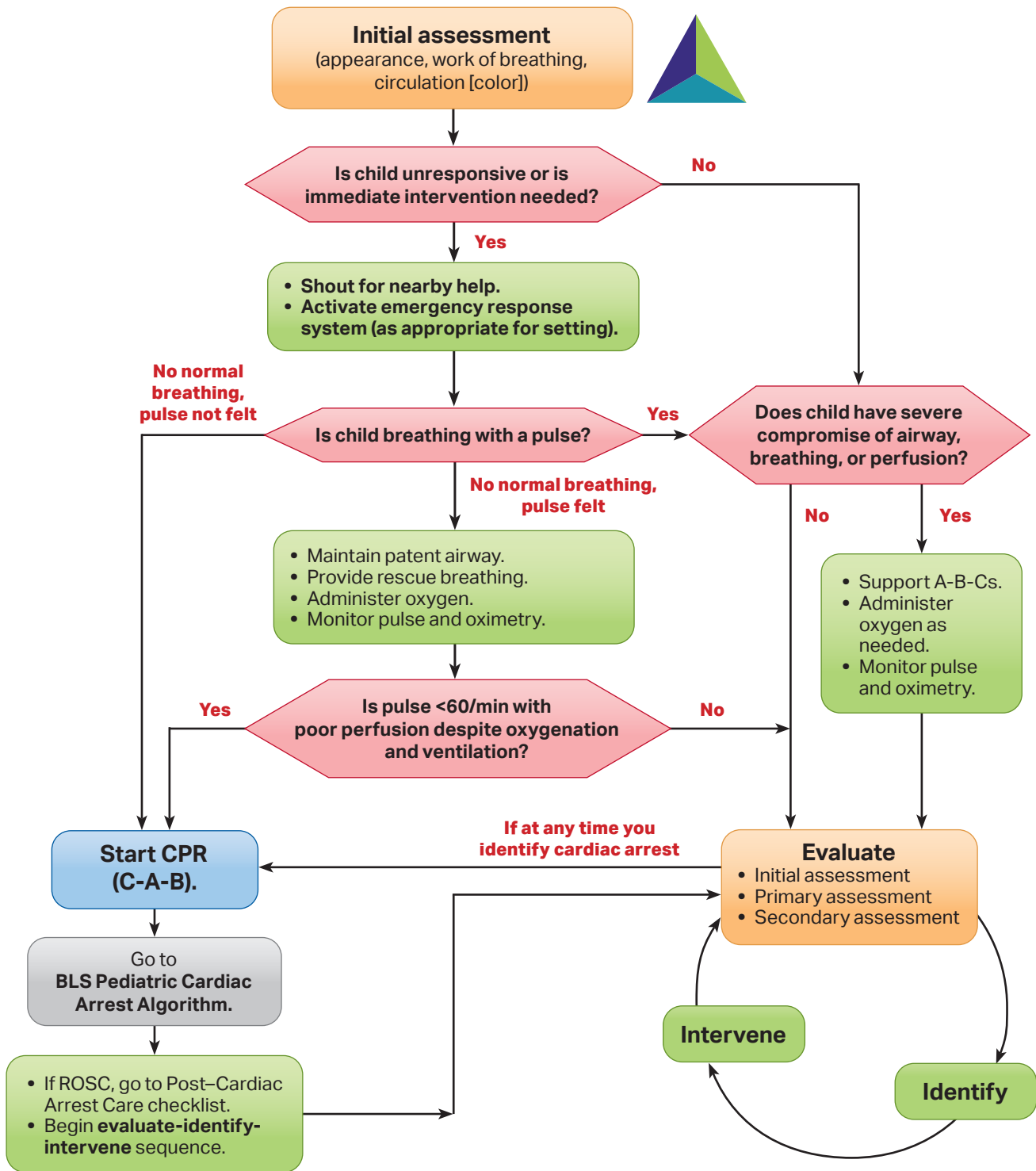


Instructions

- Use the table below to guide your debriefing.
- Observe and record elements of team dynamics.
- Identify 2 or 3 elements of team dynamics to discuss per debriefing session.

Action	Gather	Analyze	Summarize
<p>Closed-Loop Communication</p> <ul style="list-style-type: none"> • Orders acknowledged and confirmed when given • Orders announced when executed 	<p>Student Observations</p> <ul style="list-style-type: none"> • Can you describe the events from your perspective? • How well do you think your treatments worked? • Can you review the events of the scenario? (directed to the <i>Timer/Recorder</i>) • What could you have improved? • What did the team do well? <p>Instructor Observations</p> <ul style="list-style-type: none"> • I noticed that <i>[insert action here]</i>. • I observed that <i>[insert action here]</i>. • I saw that <i>[insert action here]</i>. 	<p>Done Well</p> <ul style="list-style-type: none"> • How were you able to <i>[insert action here]</i>? • Why do you think you were able to <i>[insert action here]</i>? • Tell me a little more about how you <i>[insert action here]</i>. 	<p>Student-Led Summary</p> <ul style="list-style-type: none"> • What are the main things you learned? • Can someone summarize the key points made? • What are the main take-home messages?
<p>Clear Messages</p> <ul style="list-style-type: none"> • Team members speak clearly • Orders are questioned when doubt exists <p>Clear Roles</p> <ul style="list-style-type: none"> • All team members have appropriate roles • Roles are reallocated when appropriate <p>Knowing One's Limitations</p> <ul style="list-style-type: none"> • Calls for assistance • Seeks advice when appropriate <p>Knowledge Sharing</p> <ul style="list-style-type: none"> • Sharing information between team members • Asks for ideas and suggestions <p>Constructive Intervention</p> <ul style="list-style-type: none"> • Identifies priorities • Questions colleagues who make mistakes <p>Reevaluation and Summarizing</p> <ul style="list-style-type: none"> • Reevaluates patient • Summarizes patient condition and treatment plan <p>Mutual Respect</p> <ul style="list-style-type: none"> • Speaks in a professional, friendly tone of voice • Provides positive feedback 		<p>Needs Improvement</p> <ul style="list-style-type: none"> • Why do you think <i>[insert action here]</i> occurred? • How do you think <i>[insert action here]</i> could have been improved? • What was your thinking while <i>[insert action here]</i>? • What prevented you from <i>[insert action here]</i>? 	<p>Instructor-Led Summary</p> <ul style="list-style-type: none"> • Let's summarize what we learned... • Here is what I think we learned... • The main take-home messages are...

PALS Systematic Approach Algorithm



Recognizing Respiratory Problems Flowchart

PALS: Signs of respiratory problems					
Clinical signs		Upper airway obstruction	Lower airway obstruction	Lung tissue disease	Disordered control of breathing
Airway	Patency	Airway open and maintainable/not maintainable			
Breathing	Respiratory rate/effort	Increased			Variable
	Breath sounds	Stridor (typically inspiratory)	Barking cough Hoarseness Wheezing (typically expiratory) Prolonged expiratory phase	Grunting Crackles Decreased breath sounds	Normal
	Air movement	Decreased			Variable
Circulation	Heart rate	Tachycardia (early); bradycardia (late)			
	Skin	Pallor, cool skin (early); cyanosis (late)			
Disability	Level of consciousness	Anxiety, agitation (early); lethargy, unresponsiveness (late)			
Exposure	Temperature	Variable			
PALS: Identifying respiratory problems by severity					
Progression of respiratory distress to respiratory failure*					
Airway	Respiratory distress: open and maintainable Respiratory failure: not maintainable				
Breathing	Respiratory distress: tachypnea Respiratory failure: bradypnea to apnea				
	Respiratory distress: work of breathing (nasal flaring/retractions) Respiratory failure: increased effort progresses to decreased effort and then to apnea				
	Respiratory distress: good air movement Respiratory failure: poor to absent air movement				
Circulation	Respiratory distress: tachycardia Respiratory failure: bradycardia				
	Respiratory distress: pallor Respiratory failure: cyanosis				
Disability	Respiratory distress: anxiety, agitation Respiratory failure: lethargy to unresponsiveness				
Exposure	Variable temperature				

*Respiratory failure requires immediate intervention.

Managing Respiratory Emergencies Flowchart

Managing respiratory emergencies flowchart		
<ul style="list-style-type: none"> Airway positioning Suction as needed 	<ul style="list-style-type: none"> Oxygen Pulse oximetry 	<ul style="list-style-type: none"> ECG monitor as indicated BLS as indicated
Upper airway obstruction		
Specific management for selected conditions		
Croup	Anaphylaxis	Aspiration foreign body
<ul style="list-style-type: none"> Nebulized epinephrine Corticosteroids 	<ul style="list-style-type: none"> IM epinephrine (or autoinjector) Albuterol Antihistamines Corticosteroids 	<ul style="list-style-type: none"> Allow position of comfort Specialty consultation
Lower airway obstruction		
Specific management for selected conditions		
Bronchiolitis	Asthma	
<ul style="list-style-type: none"> Nasal suctioning Consider bronchodilator trial 	<ul style="list-style-type: none"> Albuterol ± ipratropium Corticosteroids Magnesium sulfate IM epinephrine (if severe) Terbutaline 	
Lung tissue disease		
Specific management for selected conditions		
Pneumonia/pneumonitis Infectious, chemical, aspiration	Pulmonary edema Cardiogenic or noncardiogenic (ARDS)	
<ul style="list-style-type: none"> Albuterol Antibiotics (as indicated) Consider noninvasive or invasive ventilatory support with PEEP 	<ul style="list-style-type: none"> Consider noninvasive or invasive ventilatory support with PEEP Consider vasoactive support Consider diuretic 	
Disordered control of breathing		
Specific management for selected conditions		
Increased ICP	Poisoning/overdose	Neuromuscular disease
<ul style="list-style-type: none"> Avoid hypoxemia Avoid hypercarbia Avoid hyperthermia Avoid hypotension 	<ul style="list-style-type: none"> Antidote (if available) Contact poison control 	<ul style="list-style-type: none"> Consider noninvasive or invasive ventilatory support