

Practical Assessment

Helpful Hints

Updated: June 2007; Dale Twidler, RPh, MSW, BCPS

What to Expect

- Be prepared to answer questions related the procedures followed during a code blue emergency by the pharmacist
- Be prepared to identify cardiac rhythm strips
- Be prepared to assemble syringes and draw up medications used during a code blue emergency

Sample Questions

- What is the first thing the pharmacist does upon entering the room where a code blue emergency is in process?
- When can a pharmacist participating in a code blue emergency leave the area?

Sample Questions

- Where should the medication tray from the crash cart be placed?
- What two syringes should be immediately assembled?
 - *Can you do it easily?*
- Where should the pharmacist's attention be placed during the code blue emergency?

Sample Questions

- What does the pharmacist do while handing requested medication to the physician or nurse?
- What should the pharmacist do if a medication is totally depleted in the medication tray?
- What should the pharmacist do if a medication not in the cart is needed?

Sample Questions

- How should amiodarone be prepared during a code blue emergency?
- How should norepinephrine be prepared during a code blue emergency? Avoid what solution?
- What medications might be given down an endotracheal tube? Should only be given IVPB?

Sample Questions

- What is the chest compression to ventilation ratio while doing CPR in an adult?
- Between shocks, how long do you provide CPR before rechecking a rhythm (? cycles, ? minutes, ? compressions/min)?

Sample Questions

- What are the two vagal maneuvers and how are they done?
- What are the potentially treatable causes of asystole/PEA (use the mnemonic PATCH(4) MDs)?
- What are the three main routes of medication administration? Which one requires an increased dose?

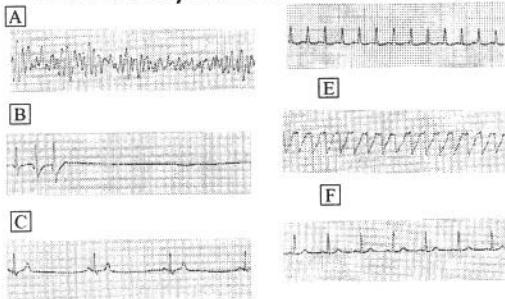
Sample Questions

- How is magnesium prepared for IVP administration?
- How is amiodarone prepared for IVP administration?
- How is naloxone prepared for IVP administration?

What Do These Mean?

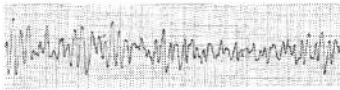
- SCREAM
- PEA
- Yes 1, 2, 3, think SVT, then V-A-C
- Pacing Always Ends Danger
- PATCH(4) MDs

Can You ID These Rhythms? ^D



CODE BLUE CASES

Case 1



- What is this rhythm?
- What mnemonic/algorithm is used?
- What drug/doses are used?

Answer Case 1



- Ventricular fibrillation
- SCREAM: shock, CPR, rhythm, epinephrine (or vasopressin), antiarrhythmic med (amiodarone, lidocaine, or magnesium)
- Drugs
 - Epinephrine IVP 1mg (q3-5min) or Vasopressin 40 Units X1
 - Amiodarone IVP 300mg X1, 150mg X1, then IVPB 150mg/150ml
 - Lidocaine* IVP 1-1.5mg/kg, MRX2 q5-10min at 0.5-0.75mg/kg
 - Magnesium Sulfate** IVP 1-2gm/10ml D5/W over 5-20min

*Maximum LD = 3mg/kg **For torsades de pointes or hypomagnesemia

Case 2



- What is this rhythm?
- What mnemonic/algorithm is used?
- What drug/doses are used?

Answer Case 2



- Asystole
- PEA: Problem (PATCH[4] MDs), epinephrine, atropine
- Drugs
 - Epinephrine IVP 1mg q3-5min
 - Atropine IVP 1mg q3-5min (Max 3mg)

Case 3



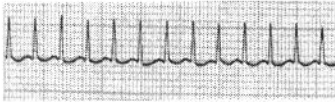
- What is this rhythm?
- What mnemonic/algorithm is used?
- What drug/doses are used?

Answer Case 3



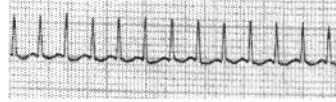
- Bradycardia
- Pacing Always Ends Danger: Pacing, atropine, epinephrine, dopamine
- Drugs
 - Atropine IVP 0.5mg/kg q3-5min (Max 3mg)
 - Epinephrine 2-10mcg/min
 - Dopamine 2-10mcg/kg/min

Case 4



- What is this rhythm?
- What mnemonic/algorithm is used?
- What drug/doses are used?

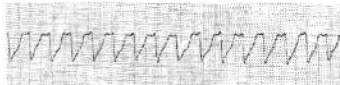
Answer Case 4



- SVT (narrow QRS)
- Yes 1-2-3, think SVT, then V-A-C: stable, narrow, regular QRS complex then vagal maneuvers or adenosine or Cardizem™
- Drugs
 - Adenosine IVP 6mg, MRX2 q1-2min at 12mg
 - Cardizem™ IVP 0.25mg/kg* over 2min, MR in 15min 0.35mg/kg**

*15-20mg **20-25mg

Case 5



- What is this rhythm?
- What mnemonic/algorithm is used?
- What drug/doses are used?

Answer Case 5



- Ventricular tachycardia (wide QRS)
- SCREAM: shock, CPR, rhythm, epinephrine (or vasopressin), antiarrhythmic med (amiodarone, lidocaine, or magnesium)
- Drugs
 - Epinephrine IVP 1mg (q3-5min) or Vasopressin 40 Units X1
 - Amiodarone IVP 300mg X1, 150mg X1, then IVPB 150mg/150ml
 - Lidocaine* IVP 1-1.5mg/kg, MRX2 q5-10min at 0.5-0.75mg/kg
 - Magnesium Sulfate** IVP 1-2gm/10ml D5/W over 5-20min

*Maximum LD = 3mg/kg **For torsades de pointes or hypomagnesemia

Case 6



- What is this rhythm?
- What mnemonic/algorithm is used?
- What drug/doses are used?

Answer Case 6



- Normal Sinus Rhythm
- This is not a code blue situation
- No drugs required

When to Take the Practical

- A sign-up sheet will be attached to the door into drug information
- Find a partner, and sign up in groups of two
- Times for the practical will be planned between 11am and 1pm
- The time needed to take the assessment should be no more than 10-15 minutes