

MYOCARDITIS/UNSTABLE VT

Action		Not Done	Done Poorly or Partially	Done Well	Team Function
Oxygen mask					
Monitor					
IV Access					
Blood work:	Accu-check, iSTAT, & shock bloodwork				
Fluids: NS	1 st (20 cc/kg)				
	2 nd (20 cc/kg)				
Recognize VT	Establish that unstable/pulseless				Time to recognize
CPR	QCPR (rate 100-120), depth > 1/3 AP, full recoil				
	CPR: Ventilation 15:2 (proper call out)				
	2 minute cycles – no interruptions > 10 sec				
Defibrillation	Appropriate PAD size and location (child size, location depending on mannequin size either front or front and back)				
	Appropriate amount 2-4-4 j/kg				
RSI	AMPLE (especially allergies) Equipment: SCOPES Drugs: possibly only paralytic				
Post Intubation Care	Calorimetric CO2, CXR or POCUS, ETCO2, etc.				
	1 breath q 6-8 sec (8-10 breaths/min)				
Drugs	Amiodarone or lidocaine				
Consultants	ICU Travel modality				
Situational Awareness	Recognizes rhythm change (as above) <i>Perception</i>				
	Verbalizes Mental Model (what's going on – possible myocarditis) <i>Comprehension</i>				
	Anticipates Next actions. <i>Projection</i>				
Resuscitation Order Sheet	Used appropriately – documentation by team member				