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CODE PINK WITH MECONIUM SIMULATION

Code Pink With Meconium Simulation

Overlay: Baby Ryan

Location: Labor and Delivery

Synopsis: The baby's oropharynx is suctioned after delivery of the head, but upon complete delivery she is limp and unresponsive. Baby is 3.0 kg

Supplies:

Oxygen

Suction

O2 supplies

Towels

Epinephrine

Epinephrine syringe

Tape

Clothes off

Sticky dots for heart and breath sound markers

Extension cord

Baby food peas as meconium

****** O2 monitor on for respiratory therapy**

*****No O2 monitor on for mother baby**

*****Blue light on**

State	Events	Minimal behaviors	Questions/teaching
<p>State 1: limp, apneic, HR 90</p> <p>*blue light on</p> <p>* use pause button to keep O2 sat from falling too low</p>	<p>Eyes closed Unresponsive Apneic HR-90</p>	<p>Correctly positions baby on radiant warmer</p> <p>Provides/uses free-flow oxygen</p> <p>Provides suction when requested</p> <p>Assists with insertion of laryngoscope</p> <p>Applies laryngeal pressure correctly if asked</p> <p>Assists with ET tube insertion</p> <p>Connects (or assists with) meconium aspirator</p> <p>Withdraws tube while applying suction</p> <p>Performs entire procedure within 20 seconds</p> <p>Then:</p> <p>Dries body and head</p> <p>Removes wet linen</p> <p>Stimulates and repositions baby with neck slightly extended</p> <p>Administers oxygen as necessary</p> <p>Counts heart rate by palpating the cord or auscultating the chest for 6 seconds</p>	

<p>State 2 apneic. HR-70,</p>	<p>Apneic HR-70</p>	<p>Slaps foot, flicks heel, or rubs back briefly</p> <p>Chooses correct-sized mask and positions the bag and mask correctly on baby</p> <p>Checks the seal by ventilating 2 to 3 times at appropriate pressure and observes for chest movement.</p> <p>(No chest rising)</p> <p>repositions head and reapplies face mask</p> <p>checks for and removes secretions</p> <p>ventilates with mouth slightly open</p> <p>increases ventilation pressure</p> <p>considers endotracheal intubation</p> <p>Now the chest is rising</p>	
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<p>State 3 apneic, HR 50</p>	<p>Apneic HR-50</p>	<p>Ventilates 30 seconds at a rate of 40-60 times per minute</p> <p>Achieves visible rise and fall of the chest Indicates need for orogastric tube if ventilation is required for longer than several minutes</p> <p>Counts heart rate by palpating the cord or auscultating the chest for 6 seconds.</p>	
		<p>Identifies the need for chest compressions due to HR of 50</p> <p>Continues ventilations while assistant begins chest compressions</p> <p>Locates appropriate position on lower one-third of baby's sternum</p> <p>Provides firm support for baby's back</p> <p>Uses fingertips of middle and index or ring fingers OR used distal portion of both thumbs</p> <p>Compresses sternum approximately one-third of the anterior-posterior diameter of the chest</p> <p>Counts cadence of "one-and-two-and-three-and-breathe-and..."</p> <p>Ensures that baby is ventilated during the pause after every third compression</p> <p>After 30 seconds of</p>	

		chest compressions, checks the heart rate by palpation for 6 seconds while ventilation continues.	
		Stops ventilations Checks heart rate by auscultation for 6 seconds	
		Resumes ventilation and chest compressions due to HR of 50 Achieves adequate chest movement Uses 100% oxygen Delivers correct depth of chest compressions Adequately coordinates ventilation and chest compressions Considers endotracheal intubation Considers epinephrine administration	
		Chest compressions cease during intubation Provides/uses free-flow oxygen Provides suction when requested Assists with insertion of laryngoscope Applies laryngeal pressure correctly if asked Assists with ET tube insertion Removes laryngoscope (and stylet if used) while firmly holding the tube in place at the	

		<p>correct "tip-to-lip" measurement</p> <p>Attaches endotracheal tube to bag and inflates lungs</p> <p>Completes procedure in 20 seconds</p> <p>Or resumes chest compressions and bag-and-mask ventilation, then repeats attempt</p> <p>Correctly states steps for confirming placement (chest rise, bilateral breath sounds, mist inside tube, no increasing gastric distention)</p> <p>Considers use of CO2 detector</p> <p>Checks heart rate by palpating the umbilical cord for 6 seconds (ventilations continue) or auscultates the chest if no pulsations are detected (ventilations cease)</p>	
		<p>Resumes chest compressions and ventilation due to HR of 50</p> <p>Assistant administers epinephrine down the endotracheal tube.</p> <p>Assesses the baby's weight</p> <p>Determines correct dosage: dosage range for 1:10,000 epinephrine for the 3.0 kg infant is 0.3 to 0.9 ml.</p>	

		<p>Draws up epinephrine and attaches label</p> <p>Administers epinephrine via endotracheal tube (directly into the ET tube)</p> <p>Reattaches bag to ET tube and resumes positive-pressure ventilation and chest compressions for 30 seconds</p> <p>Checks the heart rate by palpating the umbilical cord for 6 seconds (ventilations continue) OR auscultating the chest if no pulsation are detected (ventilations cease)</p>	
<p>State 4 apneic, HR 70</p>	<p>Apneic HR-70</p>	<p>Stops chest compressions</p> <p>Continues ventilations at rate of 40-60 breaths per minute for 30 seconds</p> <p>Checks the heart rate by palpating the umbilical cord for 6 seconds (ventilations continue) OR auscultating the chest if no pulsations are detected (ventilations cease)</p>	
<p>State 5 occasional breaths, HR 120</p> <p>*undo pause button</p> <p>*turn off blue light</p>	<p>RR. 35 HR-120</p>	<p>Continues positive-pressure ventilation.</p> <p>Secures ET tube</p> <p>State centimeter marking at level of upper lip</p> <p>Secures tube while maintaining proper position</p> <p>Moves baby to an area where ongoing care and monitoring can be provided.</p>	