PALS PEDIATRIC ADVANCED LIFE SUPPORT: HOW TO REACH WITH NEW TECHNOLOGIES THE AIM OF FORMULA OF SURVIVAL?

Burkhard J. Wermter[1]
Jenny Siebdrat[1,2]
Ina Geisler[1]
Michael Weldi[1,3]
Rudolf Janz[1,3]
Stefan Oppermann[4]
Ella Scott[5]
Ruth Lollgen[5]
Becky Damazo[6]
Tex Kissoon[7]
Aaron Donoghue[8]
Paul Lecat[9]

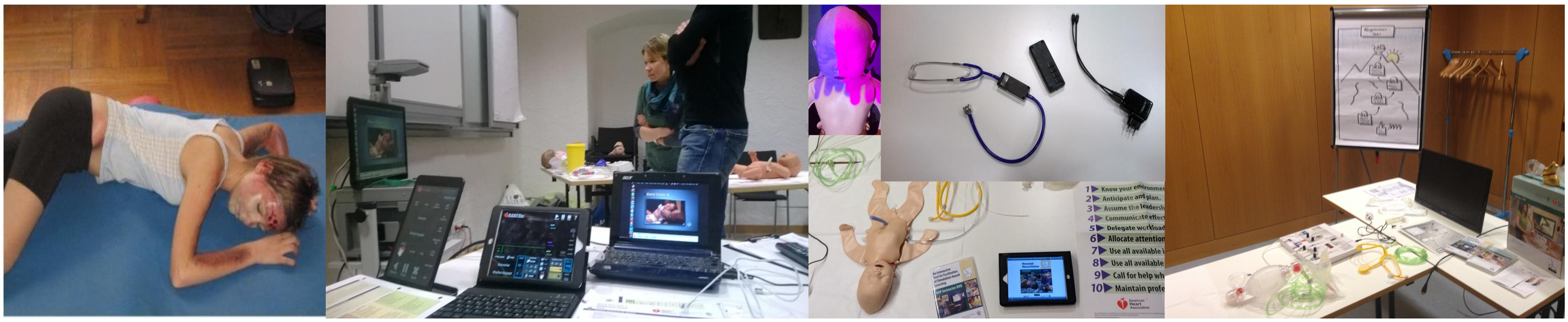
1. Pediatric Simulation Research Collaborative South Tyrol (ITA)
2. PICC Medical School Hannover (DEU)
3. Med-Sta Graz (AUT)
4. IFN Institute for Emergency Medicine Hamburg (DEU)
5. Kim Oats Australian Paediatric Simulation Center, Sydney (AUS)
6. Rural SimCenter CSU Chico (USA)
7. World Federation of Pediatric Intensive & Critical Care Societies
8. Children's Hospital of Philadelphia (USA)
9. Clinical Pediatrics / Internal Medicine, Northeast Ohio Medical University (USA)

7th World Congress on Pediatric Intensive and Critical Care
4–7 May 2014 | Istanbul, Turkey

International Network for Simulation-based Pediatric Innovation, Research and Education

Project in progress:

INSPIRE @ IMSH 2014 INSPIRE @ IPSS 2014



Background and aims: The Utsteyn formula of survival is teaching that **survival = science x medical education x LOCAL education**.Have we really implemented pediatric resuscitation training using classical and simulation way of performance?

Aims: Since 70ies American Academy of Pediatrics is running Pediatric emergency course, which gave start to several national and international courses.Do we have a clear idea what we are teaching between traditional and simulation based courses? The aim of this abstrat is to discuss what we are doing during teaching.

Methods: Revision of 15 year experience on pediatric resuscitation courses in a well defined region studying the approach by EXPRESS-simulation study group to bring classical pediatric resuscitation training towards tools of simulation as structured debriefing. A 2 years periode from 2011 to 2013 has been studied in Europe. Different simulation tools has been evaluated. Video-introduction of clinical cases are very helpful to enter in scenario training. Virtual vitalparameter patient monitors are powerfull means to enhance realism. Realistic heart- and lung sounds bring Pediatric simulation training closer to clinical practice.

Results: This is an ongoing study. We are collecting data to show, that simulation- and Pals-Training can be adapted to original pediatric approach to patient: clinical assessment, monitoring and auscultation as in real life of pediatrician inside and outside of hospital from rural environments to PICU.ConclusionsIt seems that our approach after 2 courses is on a good way to combine pediatric practice with selected simulation teaching tools. Ongoing results will be published on www.0-18.eu and www.provinz.bz.it/se/paednotmed . More trial centers are wished.