

Liderança - Equipa de Reanimação

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Unidade de Cuidados Intensivos Polivalentes

Hospital Prof. Dr. Fernando da Fonseca EPE

Um olhar sobre
as URGÊNCIAS
Participação gratuita



Workshop - 6 Novembro 2012

Auditório Hosp. Prof. Dr. Fernando Fonseca, EPE

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Sumário

- Fatores que influenciam o sucesso da reanimação;
- Estrutura da Equipa de Reanimação;
- European Resuscitation Council – recomendações para formação em SAV;
- Realidade no Hospital Prof. Dr. Fernando da Fonseca

“Survival from cardiac arrest is determined by the quality of the scientific evidence behind the guidelines, the effectiveness of education and the resources for implementation of the guidelines.”

SOAR [et al.], 2010.

“the quality of the scientific evidence behind the guidelines”

Resuscitation (2007) 72, 458–465



ELSEVIER

TRAINING AND EDUCATIONAL PAPER

RESUSCITATION



www.elsevier.com/locate/resuscitation

Advanced cardiac life support training improves long-term survival from in-hospital cardiac arrest[☆]

Miguel Antonio Moretti^a, Luiz Antonio Machado Cesar^a,
Amit Nusbacher^a, Karl B. Kern^{b,*}, Sergio Timerman^a,
José Antonio Franchini Ramires^a

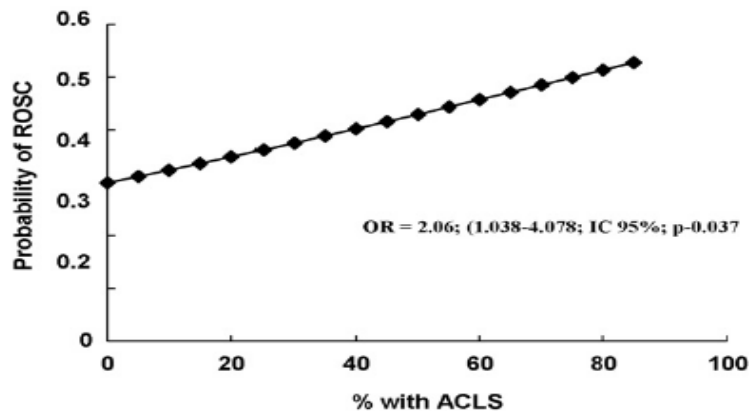


Figure 3 Model of logistic regression with relation to the number of the individuals on the resuscitation team who have ACLS training and the probability of immediate ROSC.

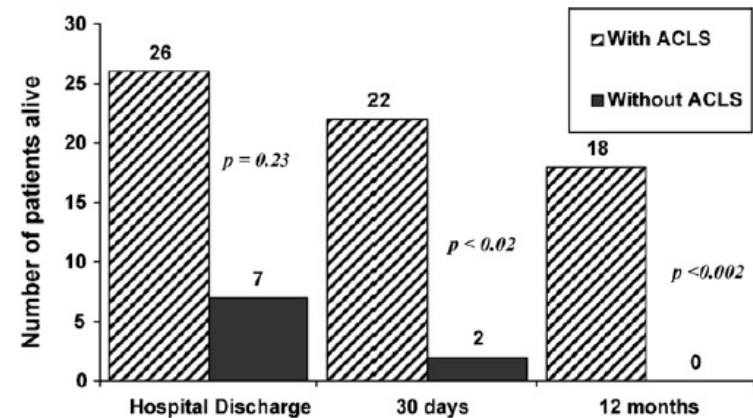


Figure 4 Long-term survival comparing those treated by ACLS-trained personnel and those treated by personnel without ACLS training.

“the effectiveness of education”



Resuscitation 42 (1999) 27–45

RESUSCITATION



www.elsevier.com/locate/resuscitation

Leadership of resuscitation teams: ‘Lighthouse Leadership’

Simon Cooper ^{a,*}, Alan Wakelam ^b

^a Resuscitation Training, Level 3, Derriford Hospital, Plymouth, PL6 8DH, UK

^b Centre for Leadership Studies, University of Exeter, Crossmead Conference Centre, Barley Lane, Exeter, EX4 1TF, UK

Received 23 March 1999; received in revised form 12 May 1999; accepted 8 June 1999

Table 5

Task performance issues

Ventilation

In 12/16 (75%) the chest failed to rise with a bag/valve/mask

In 6/14 (43%) intubation took > 30 s

Chest compression

In 14/19 (73%) chest compression was performed at an incorrect rate^a

In 4/19 (21%) the hand position was incorrect

In 5/19 (26%) the depth of compression was incorrect

Defibrillation

In 4/9 (44%) there was no ‘stand clear’ warning

In 3/6 (50%) paddles were recharged in mid air

In 5/6 (83%) there was a delay of > 15 s between each shock

Drugs (i.v.)

In 12/20 (60%) drugs were not ‘flushed’ after each peripheral injection

Liderança da equipa



Resuscitation 42 (1999) 27–45



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Received 23 March 1999; received in revised form 12 May 1999; accepted 8 June 1999

1. Hands Off - delega tarefas e coordena a RCP;
2. Hands On - executa tarefas e procedimentos.

Team leader: hands off

Table 1
Correlation results relating to leadership performance

	Correlation	Probability
Initiating structure and team dynamics	0.7318	0.000*
Initiating structure and team task performance	0.4955	0.013*
'Hands on' and initiating structure	-0.572	0.005*
'Hands on' and team dynamics	-0.444	0.028*
'Hands on' and team task performance	-0.3096	0.099**
Initiating structure and experience over 1 year	0.2619	0.132
Initiating structure and experience over 3 years	0.3386	0.072**
Initiating structure and ALS training	-0.1837	0.219

* $P > 0.05$.

** $0.05 > P \leq 0.10$.

- Visão geral da equipa;
- Noção global da RCP;
- Prioriza procedimentos;
- Gere eficazmente recursos;
- Delega especificamente tarefas;
- Feedback.

Team leader: médico ou enfermeiro?

ORIGINAL ARTICLE

To lead or not to lead? Prospective controlled study of emergency nurses' provision of advanced life support team leadership

P Gilligan, C Bhattacharjee, G Knight, M Smith, D Hegarty, A Shenton, F Todd, P Bradley

Emerg Med J 2005;22:628-632. doi: 10.1136/emj.2004.015321

Table 1 Results. Values are mean (SD); range

	ALS trained nurses	ALS trained doctors	Doctors without formal ALS training
Time post qualification (months)	121.7 (83.60); 30-312	31.75 (27.2); 6-132	24 (7.9); 12-42
Time to recognition of ventricular fibrillation (seconds)	12.4 (16.5); 3-65	13.2 (16.3); 1-56	10 (9.5); 2-32
Time taken to defibrillate from the appearance of ventricular fibrillation on the monitor (seconds)	42 (44.6); 11-200	36.8 (28.7); 9-109	40.8 (19.9); 15-85
Knowledge of the eight reversible causes	6.71 (1.98); 0-8	6.9 (0.85); 5-8	5.6 (1.37); 3-8
Subjective stress score (1 = hardly stressed; 10 = extremely stressed)	5.78 (2.3); 2-10	6.4 (1.57) 3-8.5	6.5 (1.9); 3-9
Total score out of a possible 40 points	29.48 (5.77); 7-36	28.9 (3.26); 21-33	27.8 (4.78); 14-34

Estrutura da equipa

The Open Emergency Medicine Journal, 2009, 2, 18-27

Open Access

Resuscitation Team Organization for Emergency Departments: A Conceptual Review and Discussion

L.B. Mellick¹ and B.D. Adams²

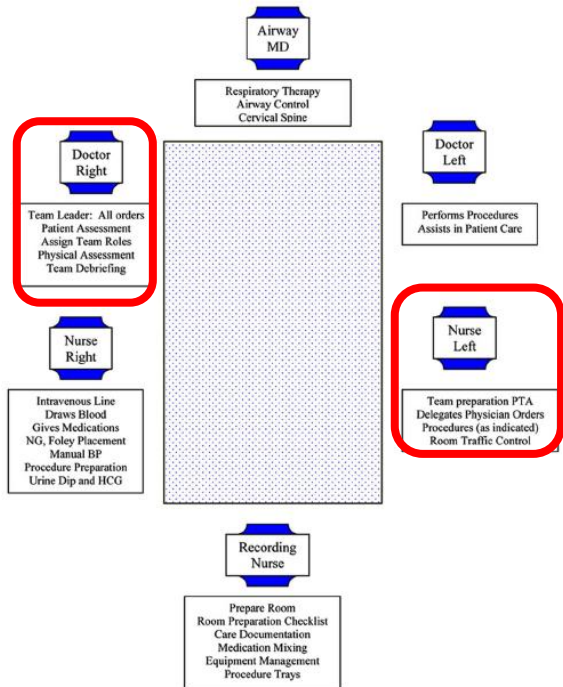
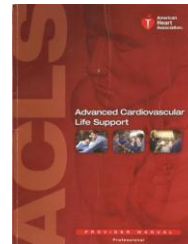


Fig. (3). Code team personnel positions and role descriptions.



Advanced Cardiovascular Life Support: Professional – Provider Manual. United States of America: 1^a Edição American Heart Association. Maio 2011.

Effective Resuscitation Team Dynamics

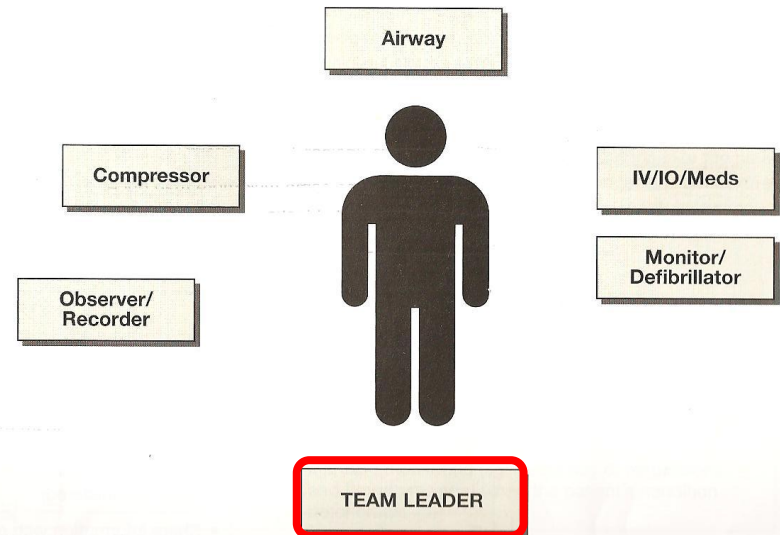


Figure 5. Suggested locations of team leader and team members during case simulations.

Treino da Equipe

Journal of Surgical Education • Volume 67/Number 6 • November/December 2010

Teamwork Training Improves the Clinical Care of Trauma Patients

Jeannette Capella, MD, Stephen Smith, MD,* Allan Philp, MD,* Tyler Putnam, MD,* Carol Gilbert, MD,* William Fry, MD,* Ellen Harvey, MN, RN,‡ Andi Wright, MN,‡ Krista Henderson, MN,‡ David Baker, PhD,† Sonya Ranson, PhD,† and Stephen ReMine, MD**

TABLE 1. Team Performance Scores Before and After Team Training

	Pretraining (n = 33)	Posttraining (n = 40)	p Value
Leadership	2.87	3.46	0.003
Situation monitoring	3.30	3.91	0.009
Mutual support	3.40	3.96	0.004
Communication	2.90	3.46	0.001
Total	3.12	3.70	<0.001

Indicações do ECR e do CPR

Resuscitation 81 (2010) 1434–1444



Contents lists available at ScienceDirect

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation



European Resuscitation Council Guidelines for Resuscitation 2010 Section 9. Principles of education in resuscitation

Jasmeet Soar^{a,*}, Koenraad G. Monsieurs^b, John H.W. Ballance^c, Alessandro Barelli^d,
Dominique Biarent^e, Robert Greiff^f, Anthony J. Handley^g, Andrew S. Lockey^h, Sam Richmondⁱ,
Charlotte Ringsted^j, Jonathan P. Wyllie^k, Jerry P. Nolan^l, Gavin D. Perkins^m

Core elements for advanced life support curricula should include:

- Cardiac arrest prevention.^{97,98}
- Non-technical skills (e.g., leadership and team training, communication).

Extended training may cover advanced airway management, management of peri-arrest arrhythmias; resuscitation in special circumstances, vascular access, cardiac arrest drugs, post-resuscitation care and ethics.

Formação em reanimação no HFF

Hospital Professor Doutor Fernando Fonseca, E.P.E.

CENTRO DE FORMAÇÃO

UNIDADE DE DESENVOLVIMENTO E FORMAÇÃO

Acreditado pela ACSS Processo de Renovação n.º 065/29-12-2000 Despacho Ministerial de 29-01-2001

Acção/Curso de Formação em

- Suporte Básico de Vida Adulto¹
- Suporte Básico de Vida Pediátrico²
- Suporte Básico de Vida Neonatal³
- Suporte Imediato de Vida Adulto⁴
- Suporte Avançado de Vida Adulto⁴

Equipa Pedagógica:

1 – Grupo de Formação em Reanimação do HFF

2 – Grupo de Trabalho de Emergência Pediátrica

3 – Dr.^a Cristina Trindade (coordenadora)

4 – Alento: Associação para a Formação em Reanimação

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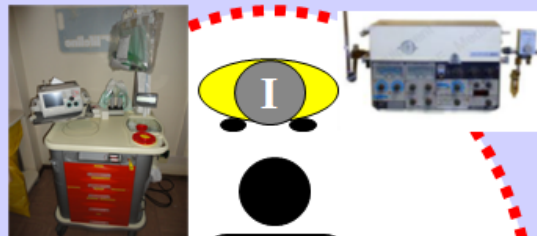
Treino da equipa na Emergência Cardiorrespiratória: projeto de intervenção em serviço - UCIP 2011



- Treino através de Simulação;
- Manipulação de Equipamento;
- Liderança e Gestão da Equipa;
- Registos Uniformes em Tempo Real;
- Team Leader – *hands off*;
- Líder de Enf.

Elemento III – Oposto a II

- Monitorizar ao Monitor Desfibrilhador;
- Garantir Segurança do Tórax;
- Desfibrilhar, Cardioverter, Aplicar Pace Externo se Indicado;
- Verificar Acessos Venosos;
- Preparar e Administrar Fármacos;
- Preparar Material para EOT.



Elemento I – Cabeça

- Permeabilizar Via Aérea;
- Assegurar Ventilação Eficaz;
- Ventilar / Conectar a Ventilador;
- Trocar com II a cada 2min.

Elemento II – Oposto a III

- Executar Compressões Cardíacas Eficazes;
- Trocar com I a cada 2min.

Elemento V – Team Leader

- Lidera toda a Reanimação
- Pesquisar Causas de ECR;
- Indicar Fármacos e Procedimentos;
- Rever Processo Clínico;
- Verificar ONR.

Elemento IV – Líder de Enf.

- Gere Equipa de Reanimação
- Monitorizar Todos os Elementos;
- Dar Feedback das Manobras;
- Garantir Vigilância do Serviço;
- Preencher Folha de Registos.

Resumo

- O sucesso de reanimação aumenta quando:
 - Há formação em SAV;
 - O Team Leader é um líder *hands off*;
 - O Líder de Enf que gere a equipa e se articula com o Team Leader;
 - A equipa está estruturalmente bem definida nos seus postos e papéis;
 - O treino é feito através de simulação em equipa.

T ogheter
E veryone
A chieves
M ore



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