



*Medicine and Surgery*

# Early Clinical Contact and Communication Skills

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**SAVE LIVES**  
**IT'S WHAT WE DO**

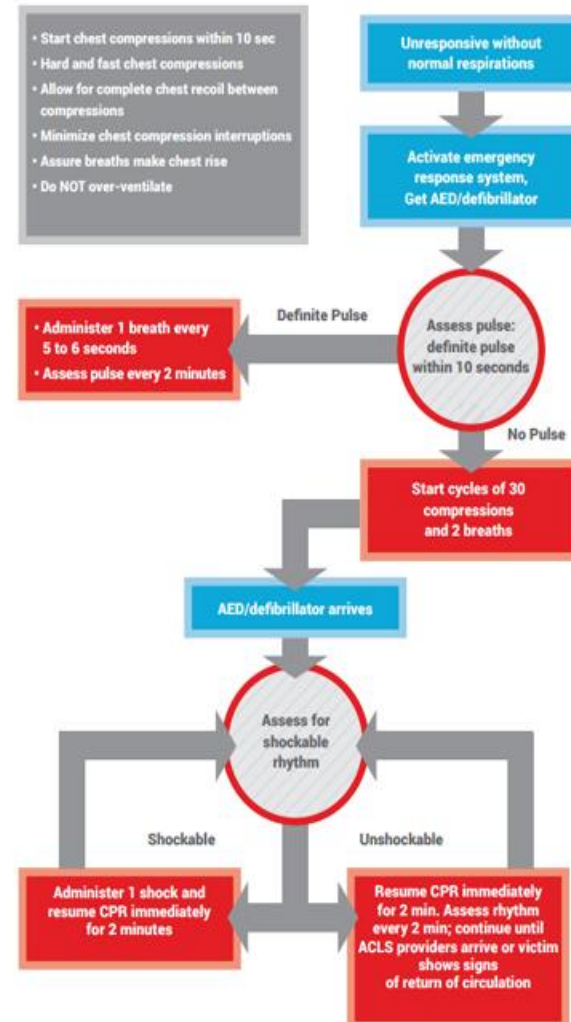
**DO YOU**  
**KNOW**  
**HOW TO**  
**SAVE**  
**A LIFE?**

**You don't  
have to be a  
superhero to  
save lives.**

# BLS

## Basic Life Support

### ADULT BLS ALGORITHM



# The Chain of Survival

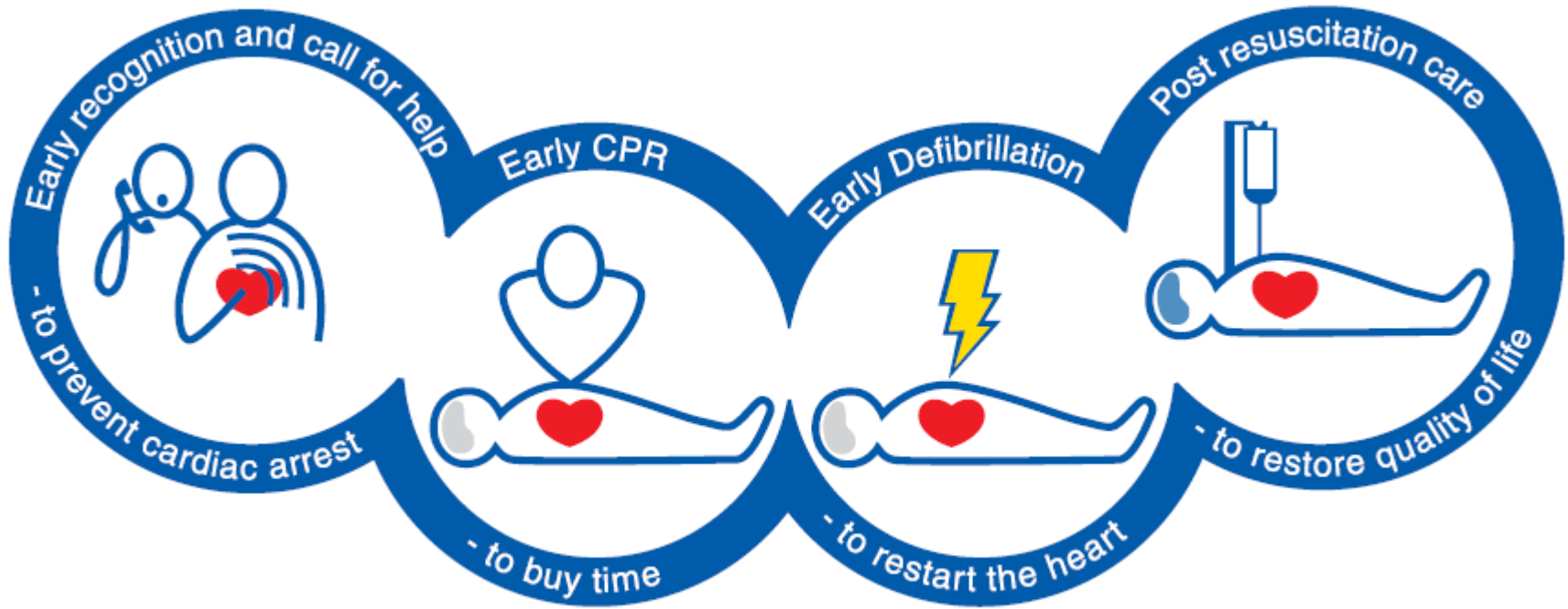
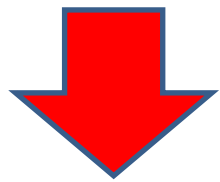


Fig. 1.2. The Chain of Survival.

The Chain of Survival summarises the vital links needed for successful resuscitation. Most of these links apply to victims of both primary cardiac and asphyxial arrest.



# The Chain of Survival

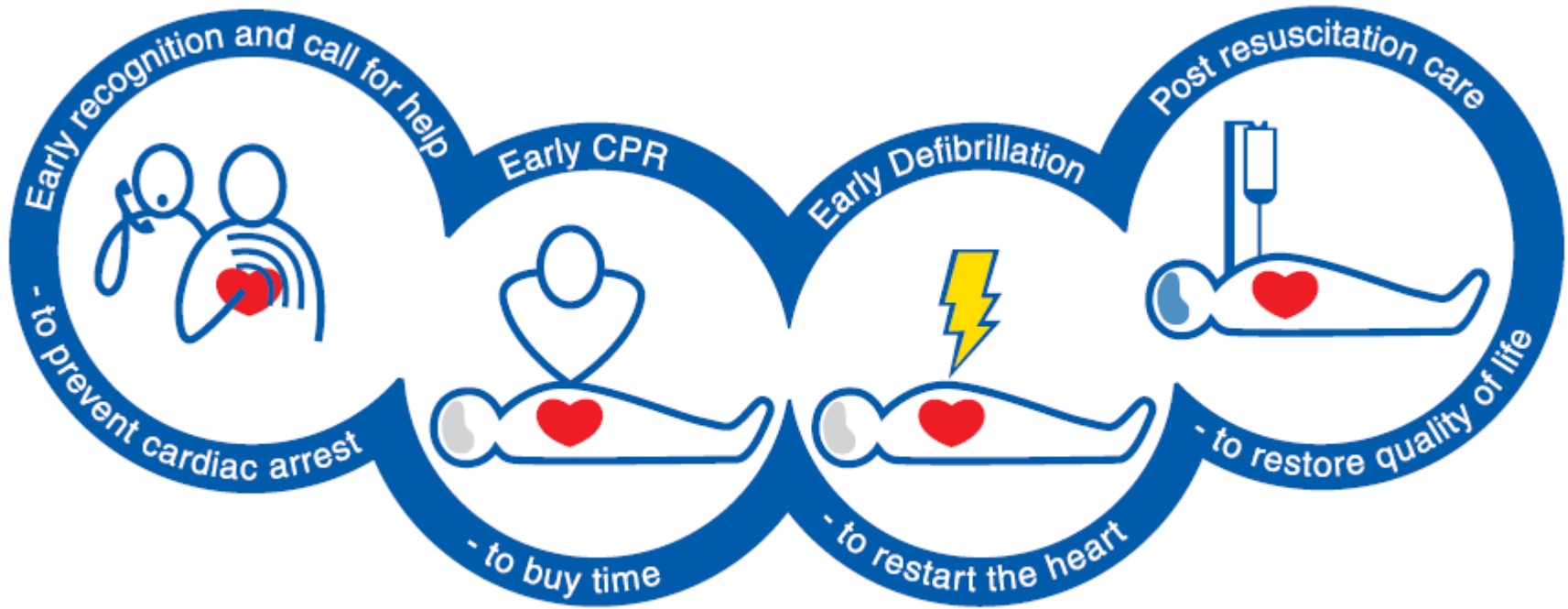


Fig. 1.2. The Chain of Survival.

## Early recognition and call for help

Once cardiac arrest has occurred, early recognition is critical to enable rapid activation of the EMS and prompt initiation of bystander CPR.

# The Chain of Survival

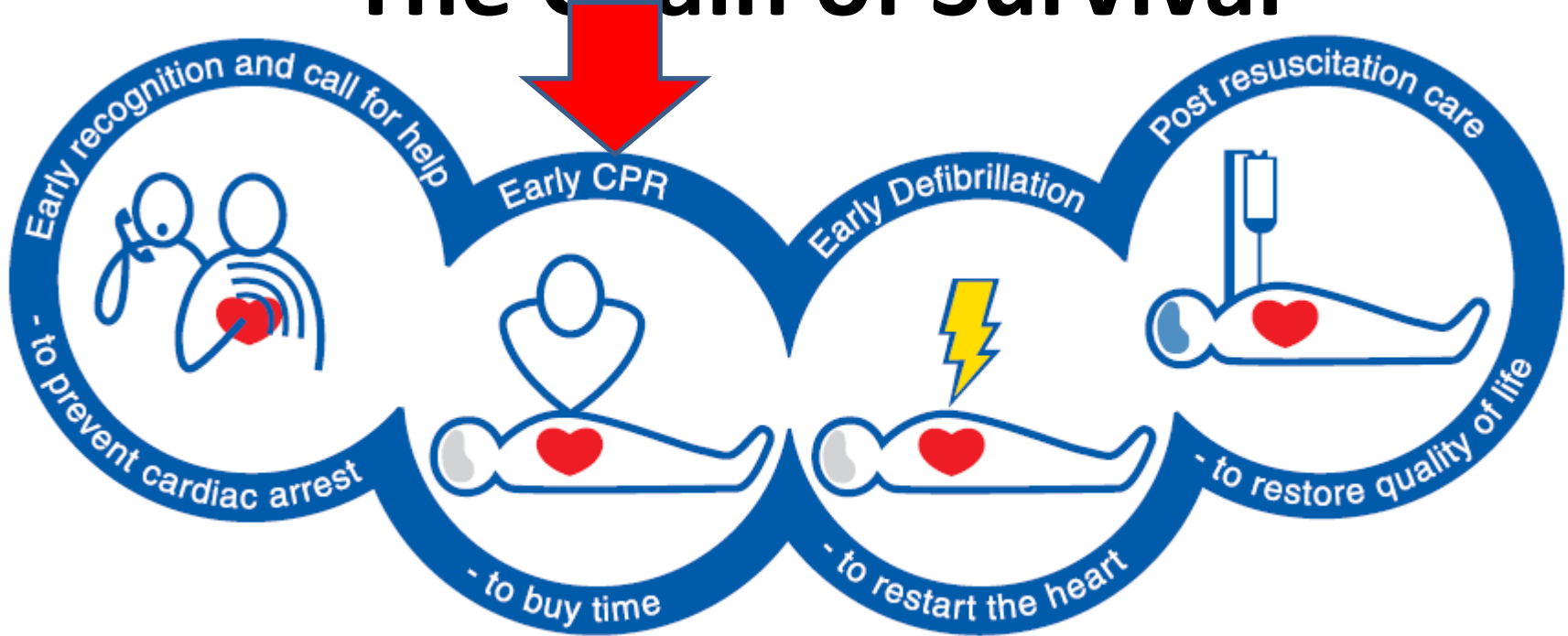


Fig. 1.2. The Chain of Survival.

## Early bystander CPR

The immediate initiation of CPR can double or quadruple survival from cardiac arrest.

If able, bystanders with CPR training should give chest compressions together with ventilations.

When a bystander has not been trained in CPR, he/she should give chest-compression-only CPR while awaiting the arrival of professional help

# The Chain of Survival

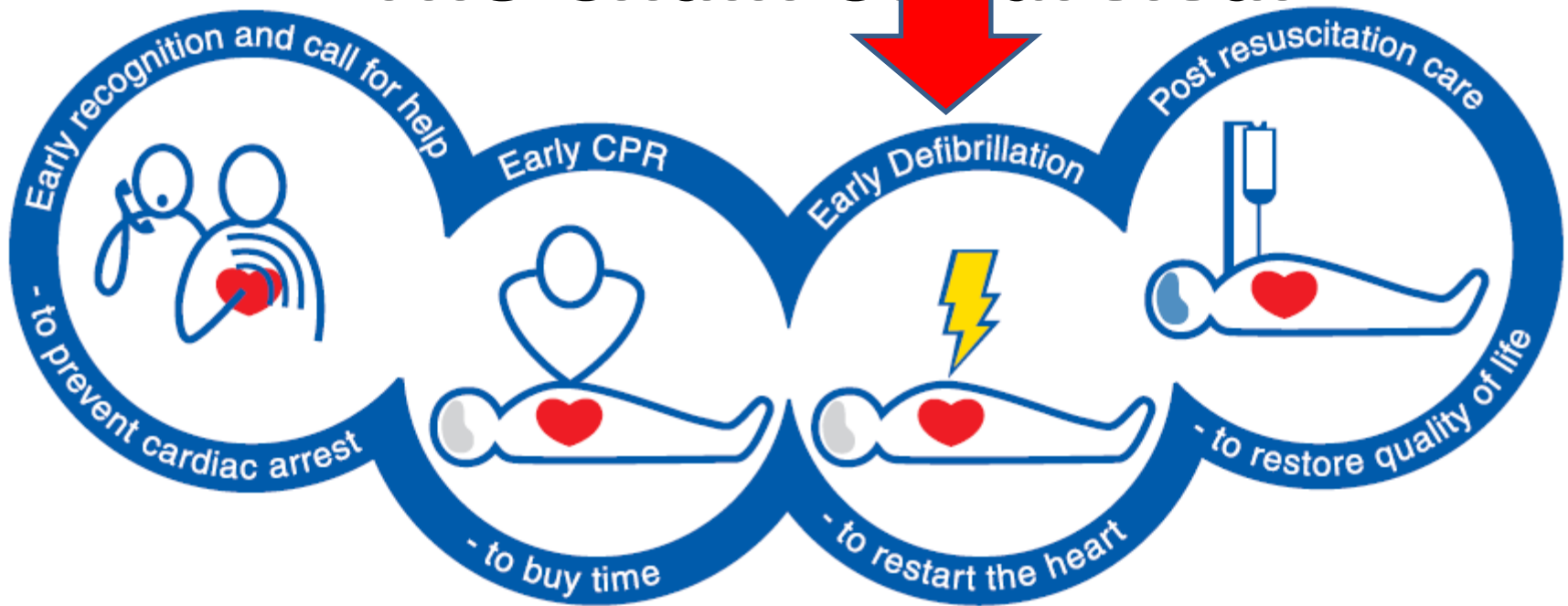
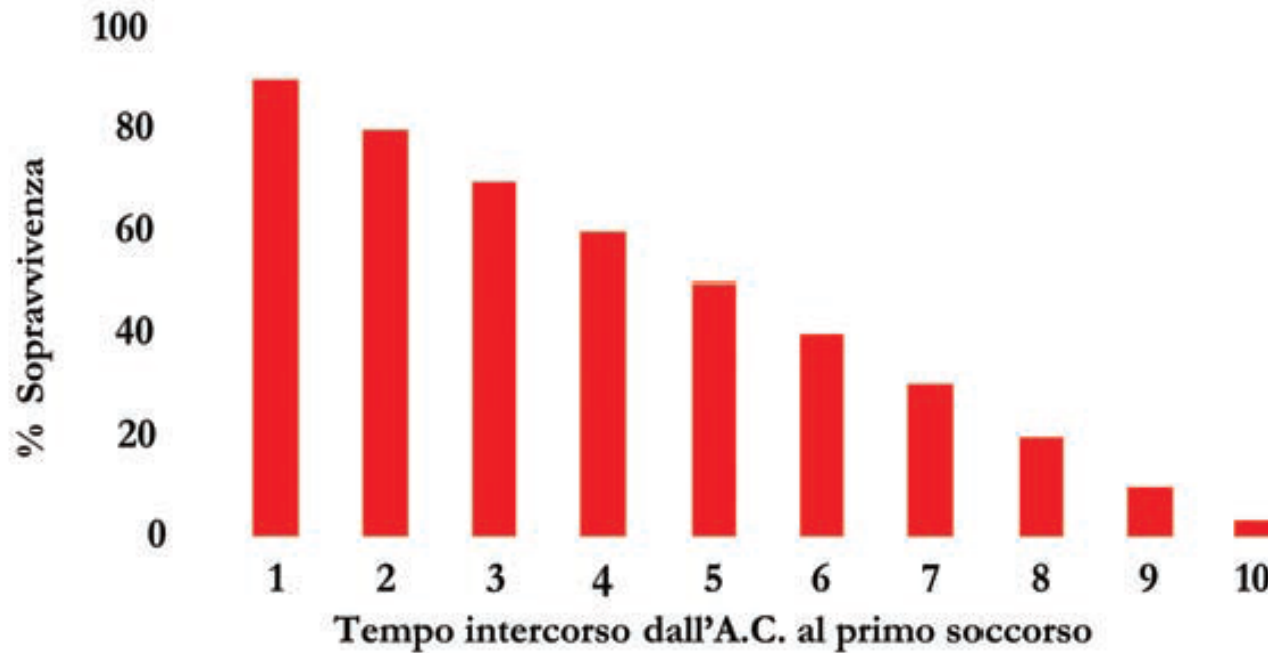


Fig. 1.2. The Chain of Survival.

## Early defibrillation

**Defibrillation within 3–5 min of collapse can produce survival rates as high as 50–70%.**

**LA POSSIBILITÀ DI SOPRAVVIVENZA SI RIDUCE  
DEL 10% PER OGNI MINUTO DI RITARDO DEL PRIMO SOCCORSO**



**Each minute of delay to defibrillation reduces the probability of survival to discharge by 10–12%.**

# The Chain of Survival

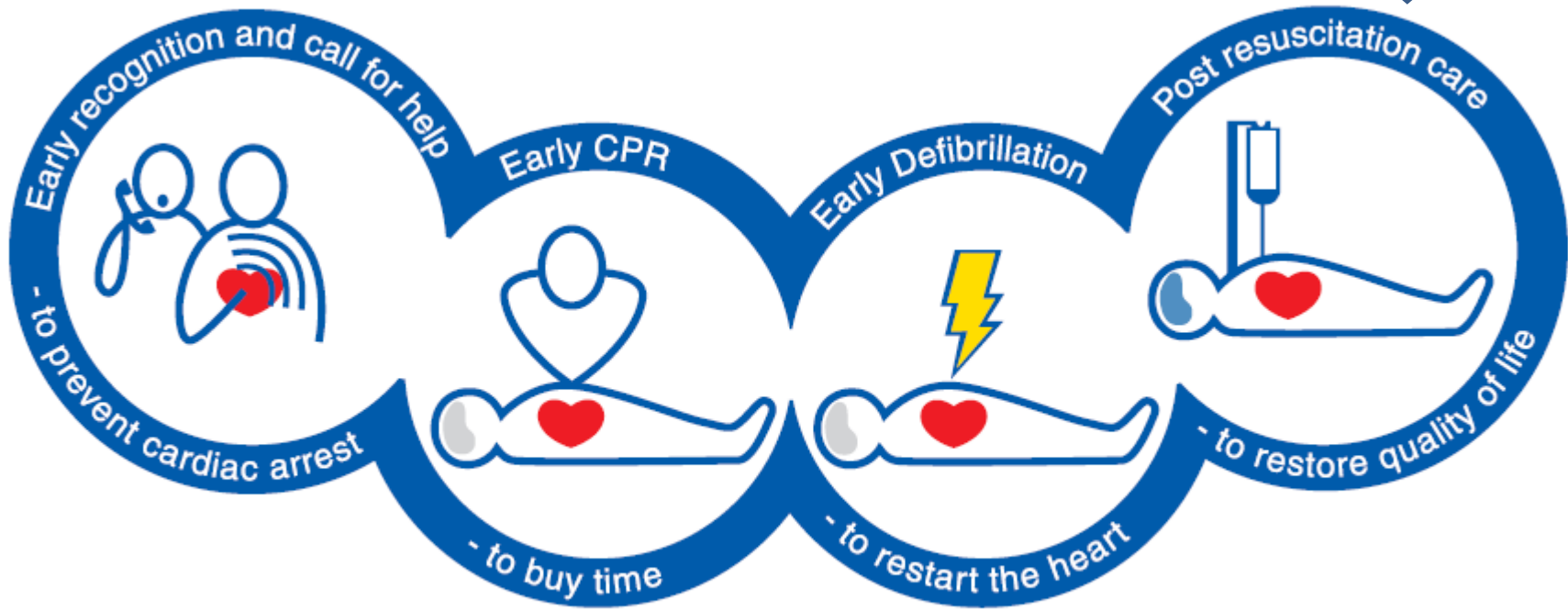


Fig. 1.2. The Chain of Survival.

**Early advanced life support and standardised post-resuscitation care**

Advanced life support with airway management, drugs and correcting causal factors may be needed if initial attempts at resuscitation are unsuccessful.

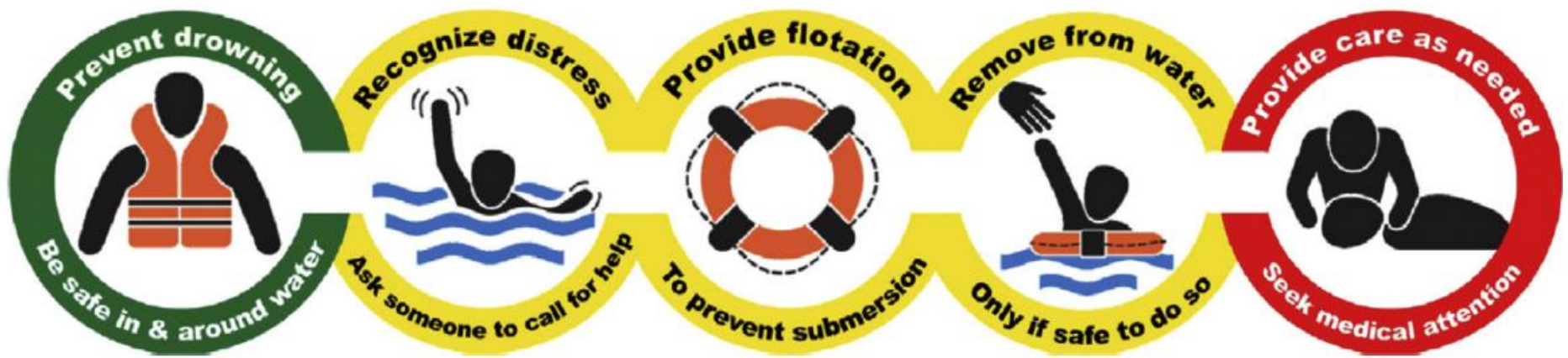
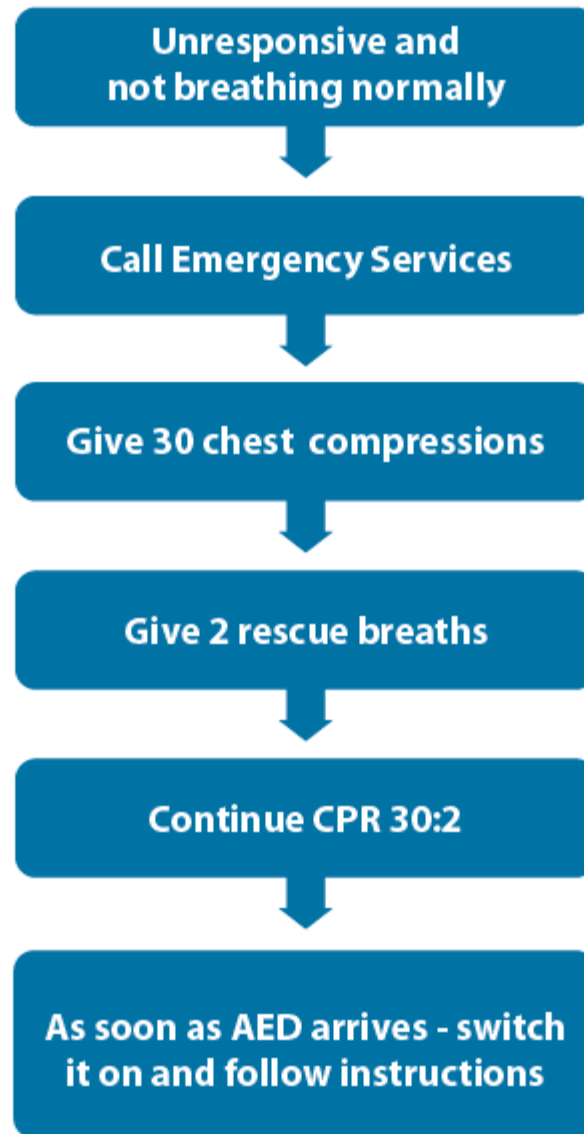


Fig. 1.12. Drowning chain of survival.<sup>337</sup>

# The BLS/AED Algorithm



**Fig. 1.3.** The basic life support/automated external defibrillation (BLS/AED) algorithm.

## **SAFETY**

**Make sure you,  
the victim and any  
bystanders are  
safe**



# RESPONSE

## Check the victim for a response



Gently shake his shoulders and ask loudly: "Are you all right?"

If he responds leave him in the position in which you find him, provided there is no further danger; try to find out what is wrong with him and get help if needed; reassess him regularly

# AIRWAY

## Open the airway



Turn the victim onto his back if necessary

Place your hand on his forehead and gently tilt his head back; with your fingertips under the point of the victim's chin, lift the chin to open the airway

## Look, listen and feel for normal breathing



In the first few minutes after cardiac arrest, a victim may be barely breathing, or taking infrequent, slow and noisy gasps.

Do not confuse this with normal breathing. Look, listen and feel for **no more** than 10 seconds to determine whether the victim is breathing normally.

If you have any doubt whether breathing is normal, act as if it is they are not breathing normally and prepare to start CPR

# UNRESPONSIVE AND NOT BREATHING NORMALLY

## Alert emergency services

Ask a helper to call the emergency services (112) if possible otherwise call them yourself

Stay with the victim when making the call if possible

Activate speaker function on phone to aid communication with dispatcher



## **SEND FOR AED**

**Send someone to get  
AED**



Send someone to find and bring an AED if available.  
If you are on your own, do not leave the victim, start  
CPR

Kneel by the side of the victim



Place the heel of one hand in the centre of the victim's chest; (which is the lower half of the victim's breastbone (sternum))

Place the heel of your other hand on top of the first hand

Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs



Keep your arms straight

Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone)



Position yourself vertically above the victim's chest and press down on the sternum at least 5 cm but not more than 6 cm.

After each compression, release all the pressure on the chest without losing contact between your hands and the sternum

Repeat at a rate of 100-120 min<sup>-1</sup>



Take a normal breath and place your lips around his mouth, making sure that you have a good seal

Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath

Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out



Give chest compressions only CPR (continuous compressions at a rate of  $100-120 \text{ min}^{-1}$ )

It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR

Signs the victim has recovered

- waking up
- moving
- opens eyes
- normal breathing



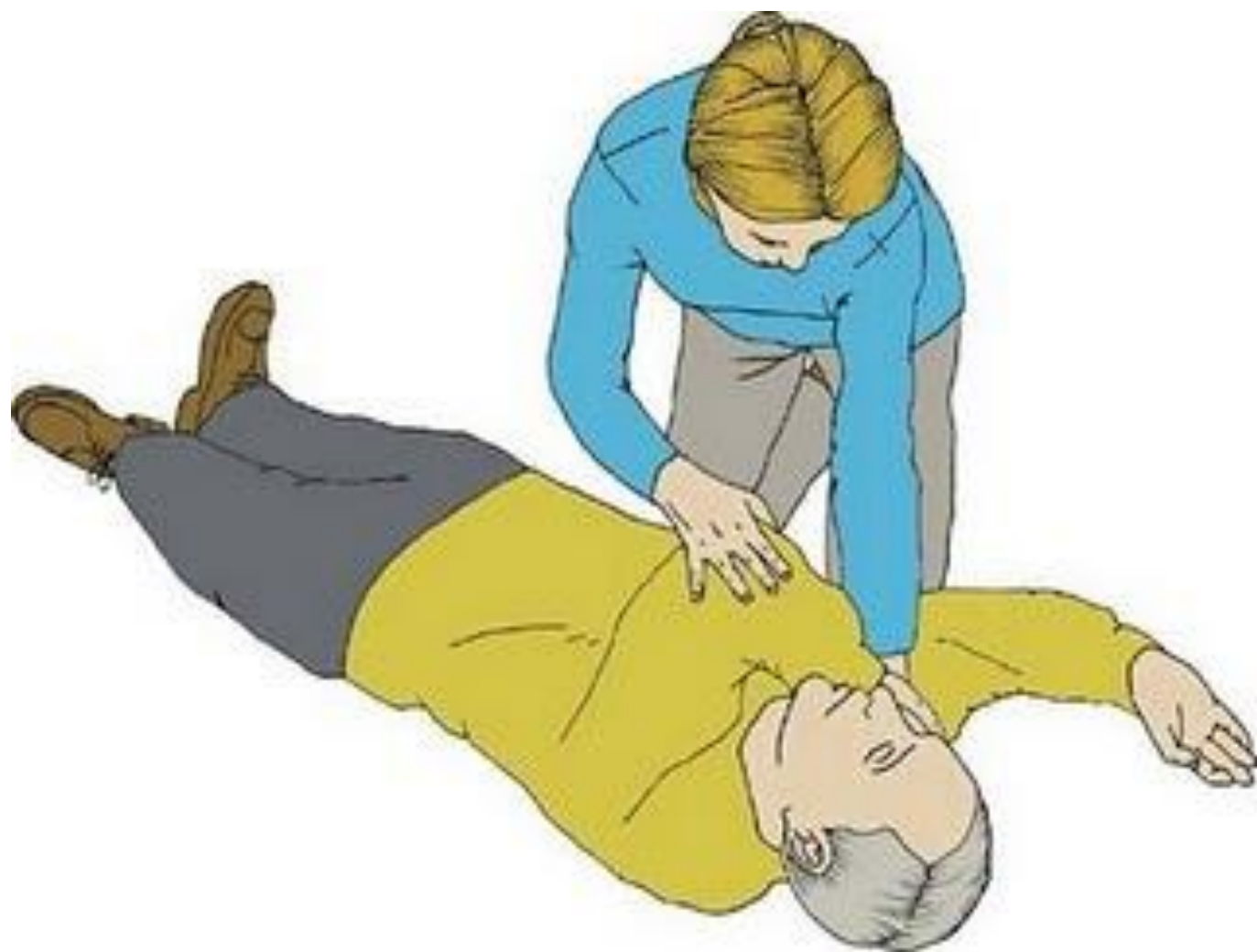
Be prepared to restart CPR immediately if patient deteriorates

## **IF UNRESPONSIVE BUT BREATHING NORMALLY**

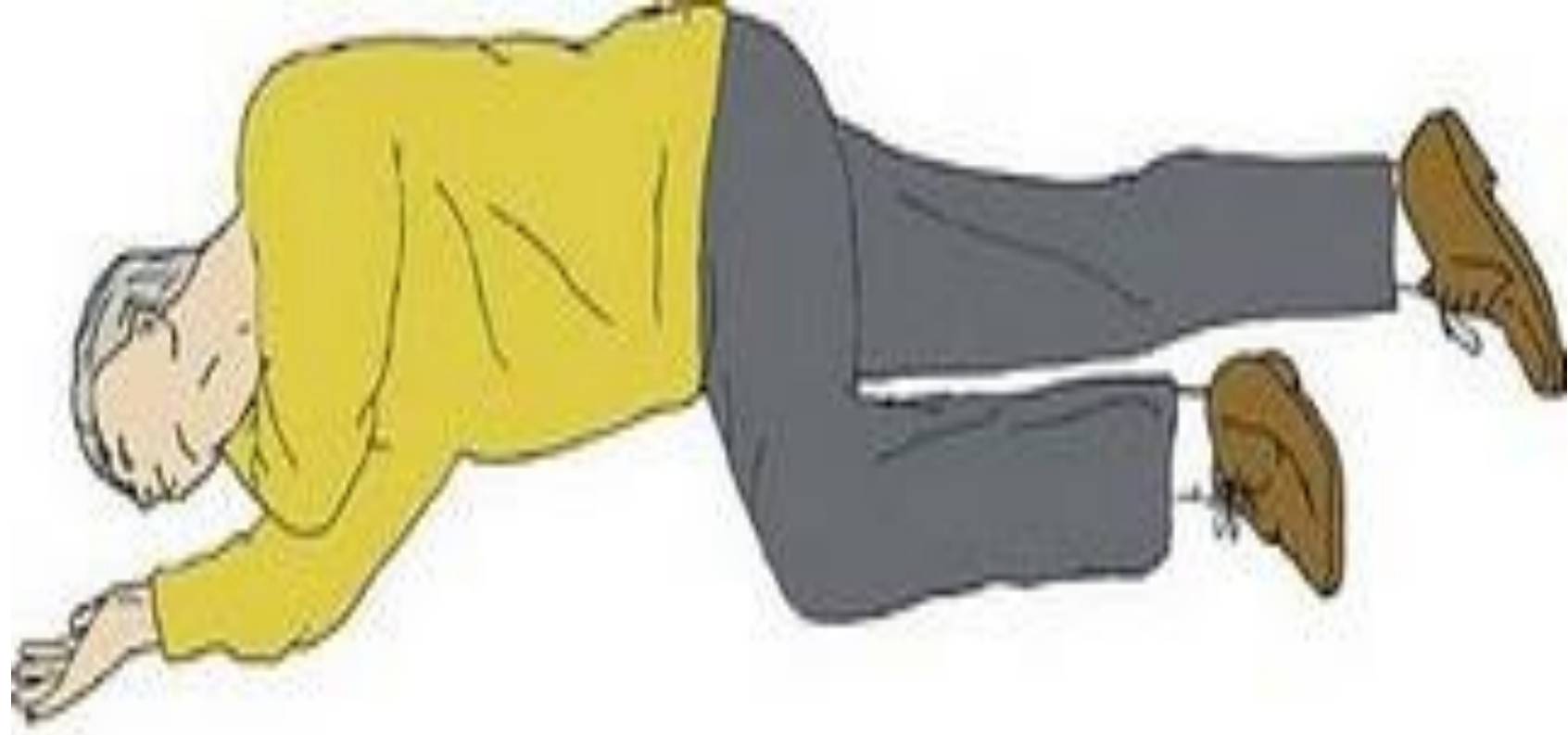
If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position (see First aid chapter).

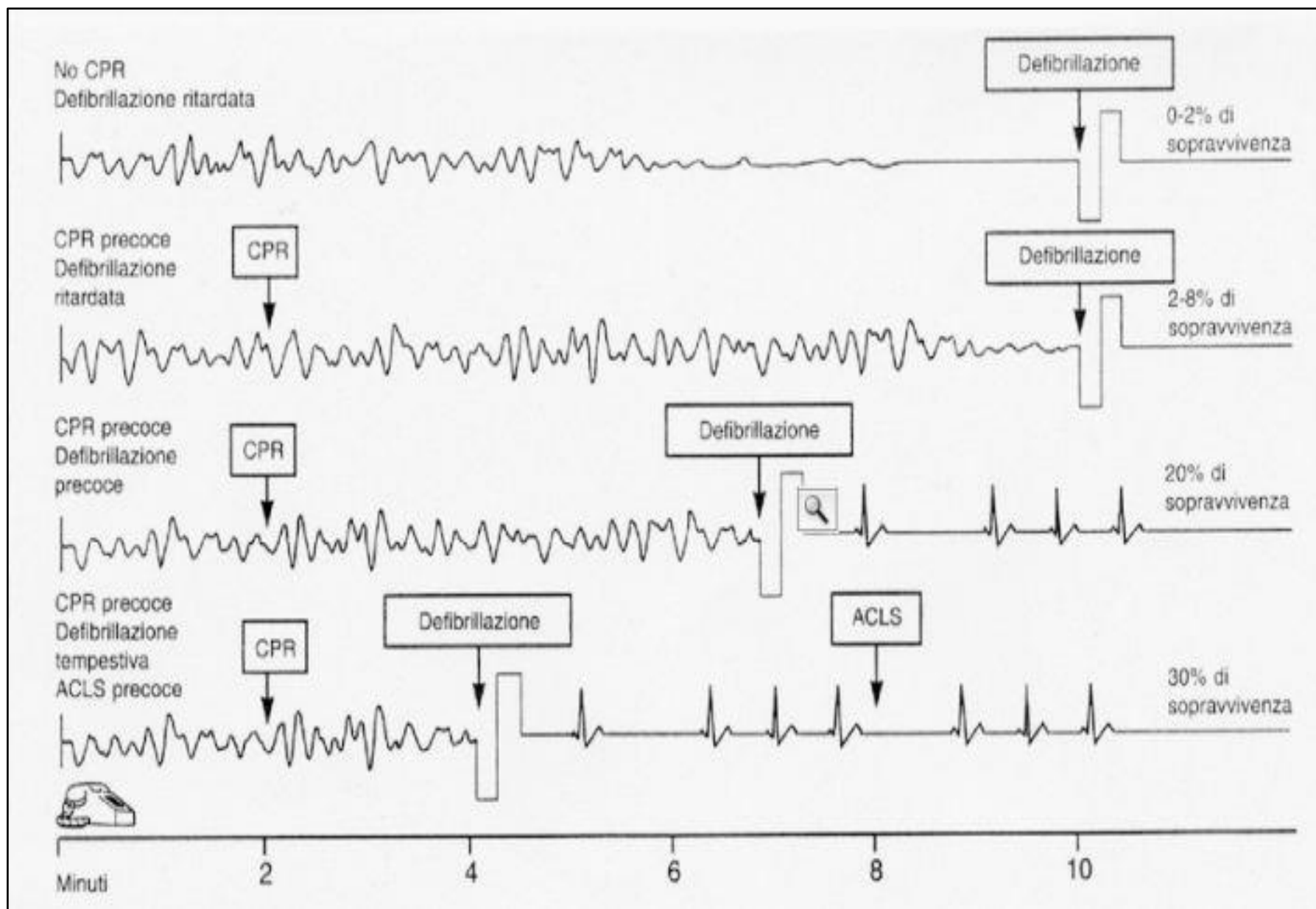


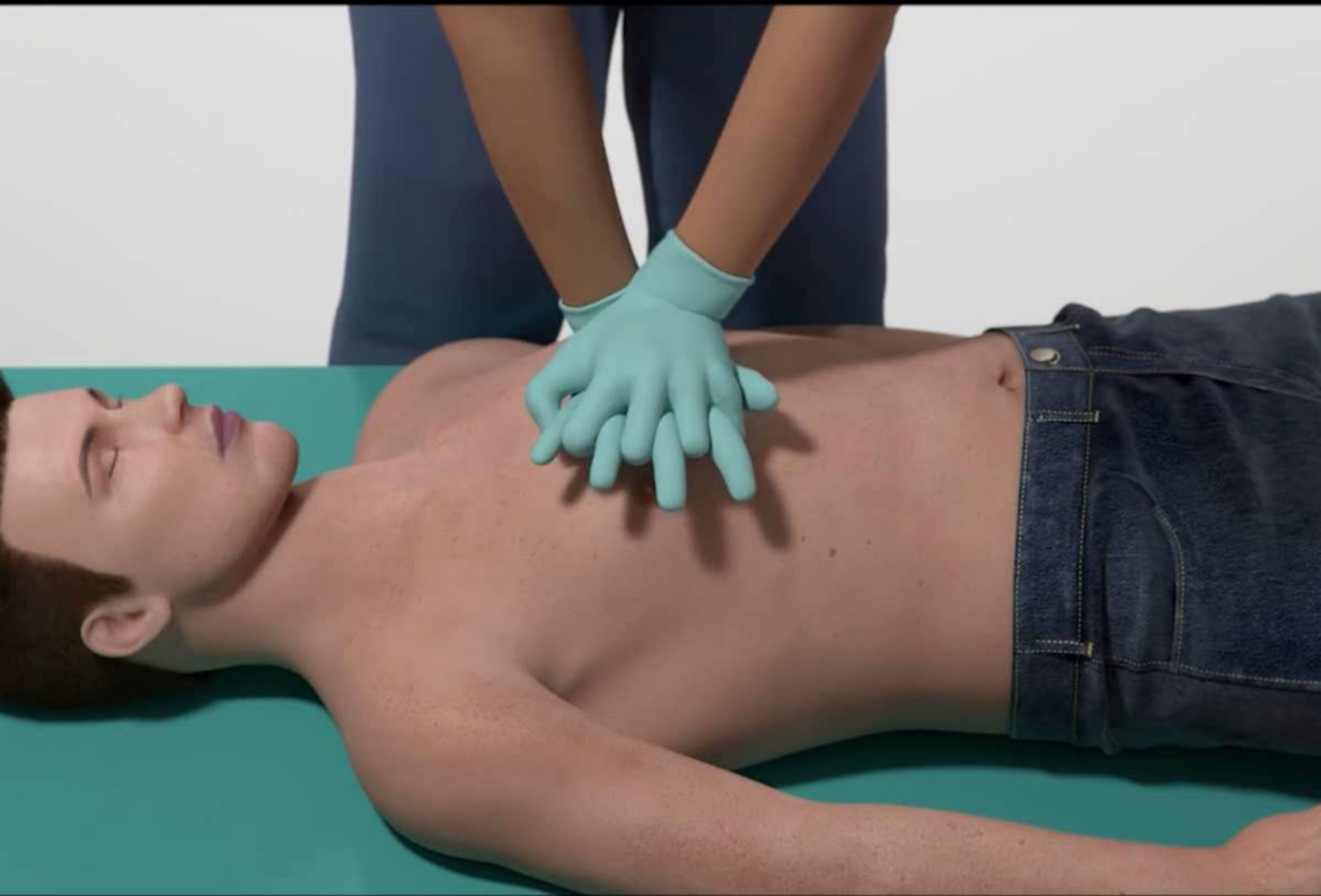


















**SIMMED**

Società Italiana di Simulazione in Medicina

# SKILL-BOOK 1

SKILL PROFESSIONALIZZANTI  
DI BASE



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La simulazione imita situazioni cliniche reali per consentire agli studenti di praticare e ricevere risposte in un ambiente di apprendimento sicuro e qualificato. La simulazione può essere utilizzata per migliorare competenze e prestazioni nelle procedure cliniche, nelle competenze di comunicazione e nel lavoro di squadra, nella gestione del paziente e nel processo decisionale. Se utilizzata con costanza e attenzione, la simulazione diviene uno strumento di apprendimento impareggiabile.

Ogni studente deve acquisire un determinato elenco di "skill" specifico per il proprio percorso formativo professionalizzante, come richiesto dall'introduzione della Laurea Abilitante o Professionalizzante.

Le "skill" sono state preparate tenendo conto dei suggerimenti della letteratura scientifica e delle attuali linee guida internazionali, con copioni o check-list sintetici e facilmente comprensibili dagli studenti.

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