

Decision Support Tool Screen Shots

Select Patient Type

Please select patient type:

Adult

OB >20 wks

OB <20 wks

Pediatric

Neonatal

Waiting for Patient Type Selection

Pt. Type 00:02

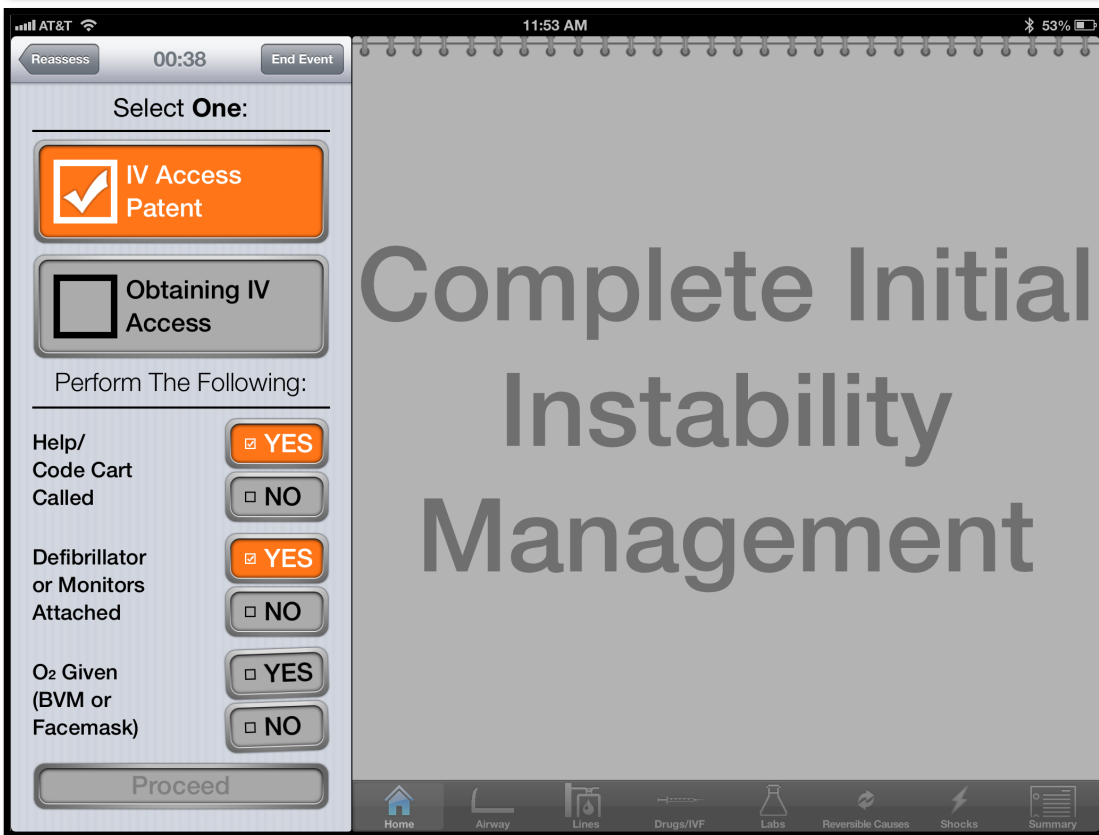
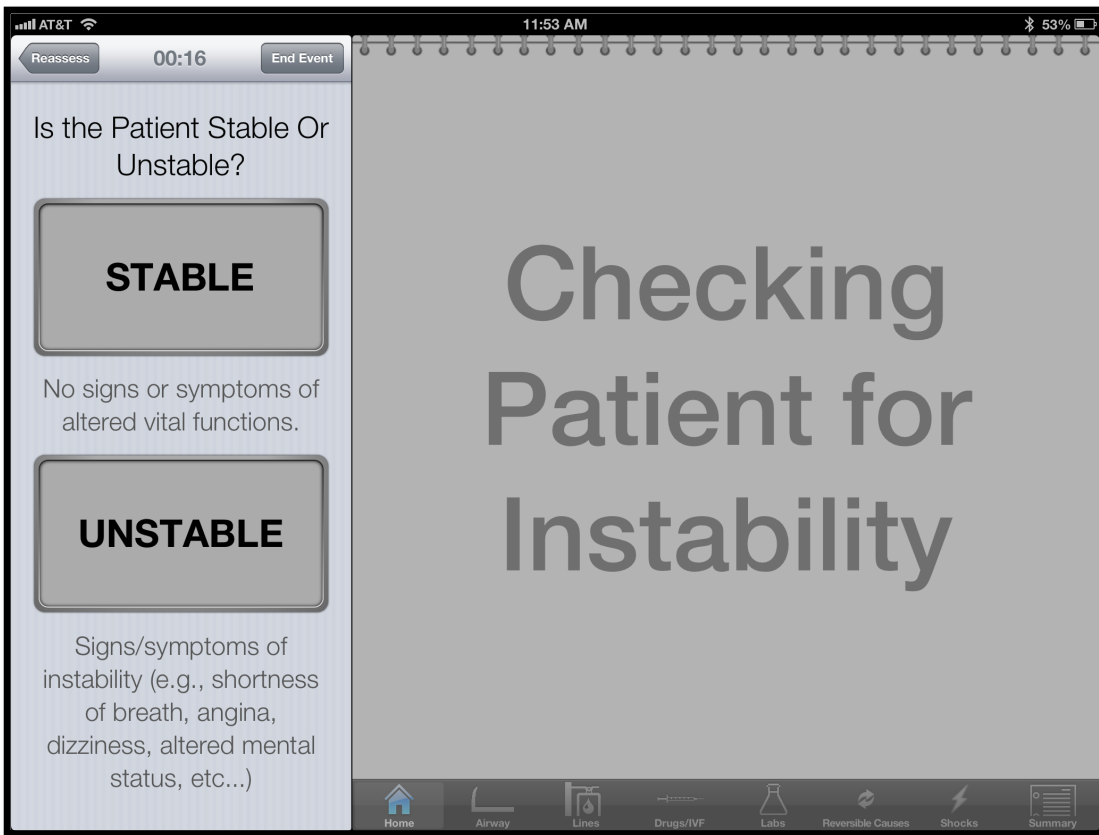
Does Patient Have A Pulse?

YES

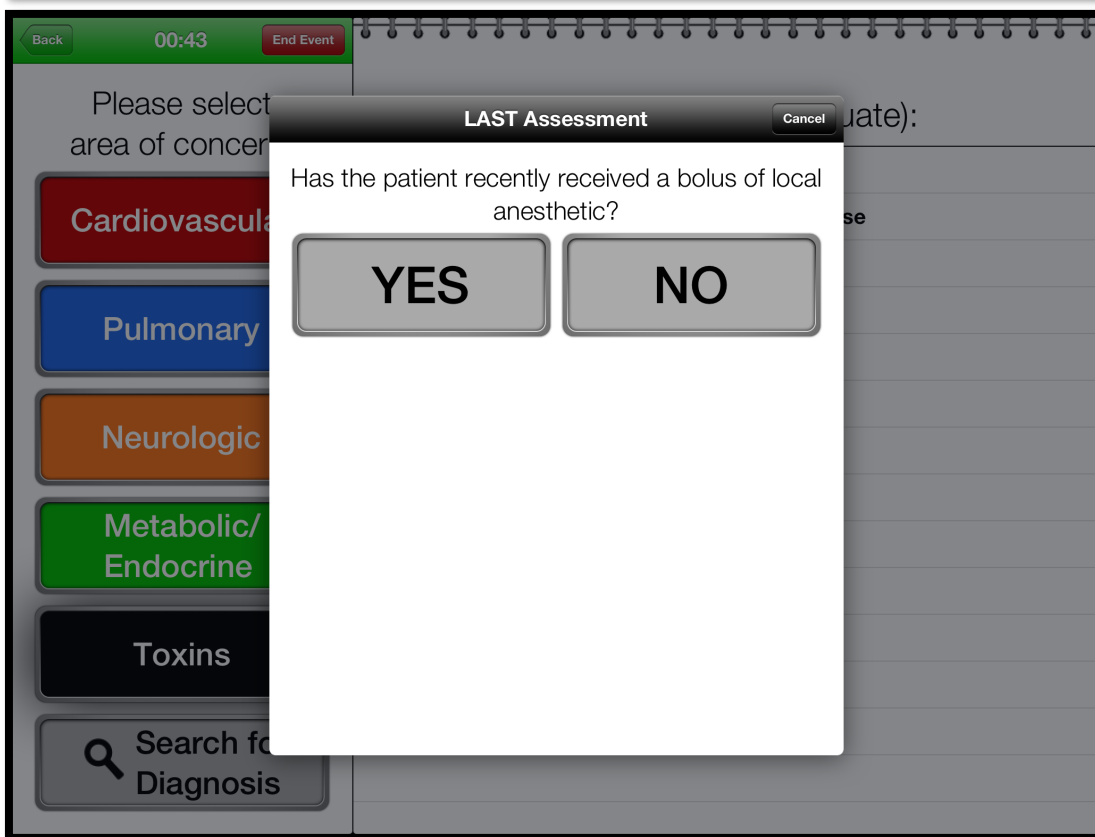
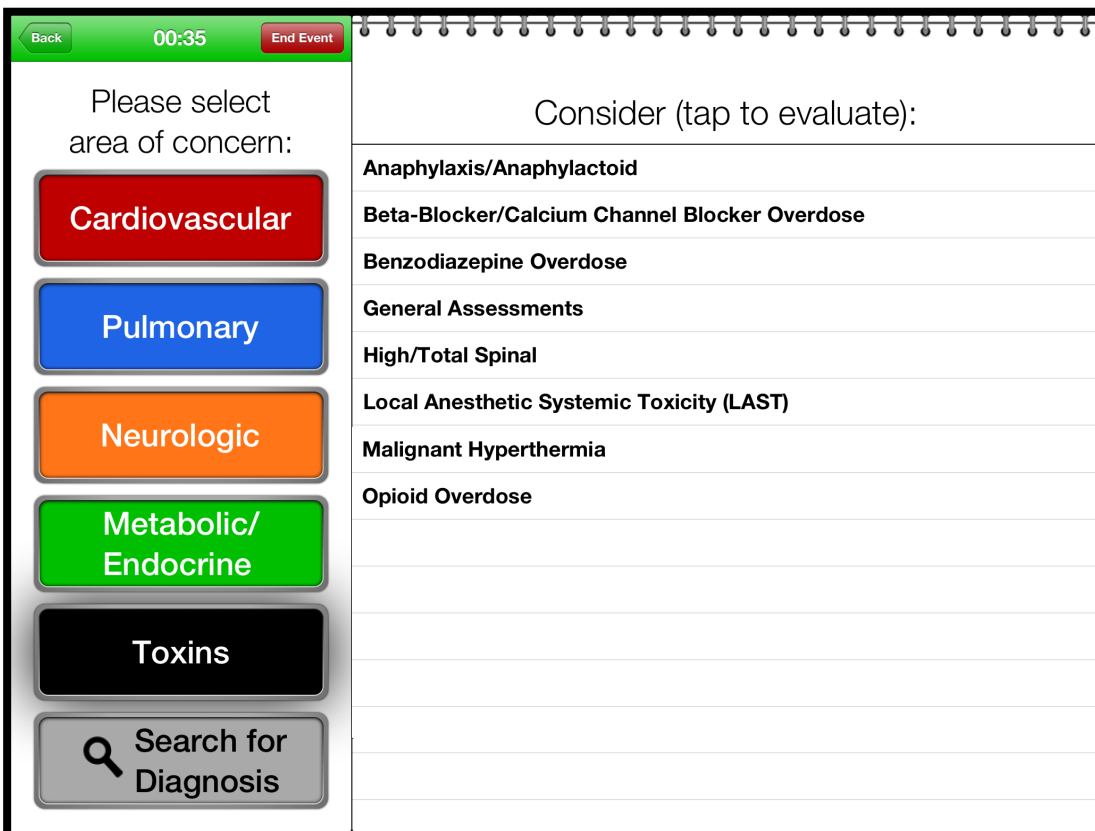
NO

Waiting for Pulse Assessment

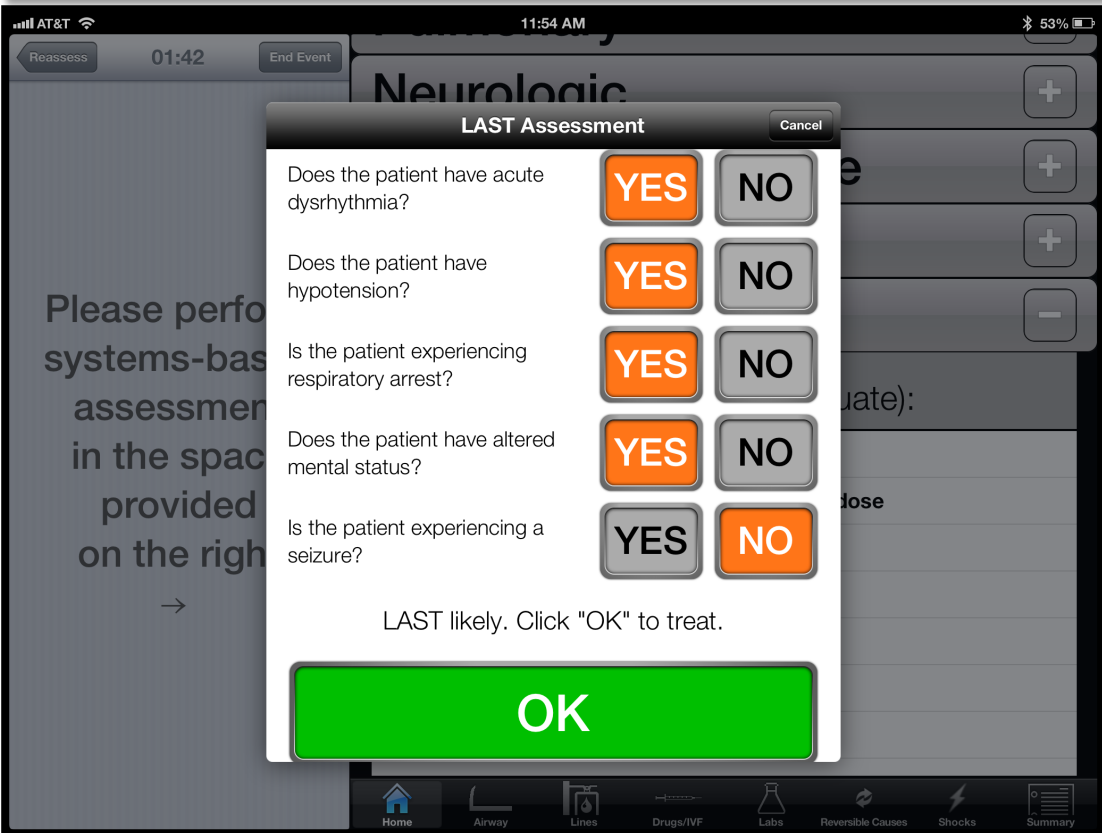
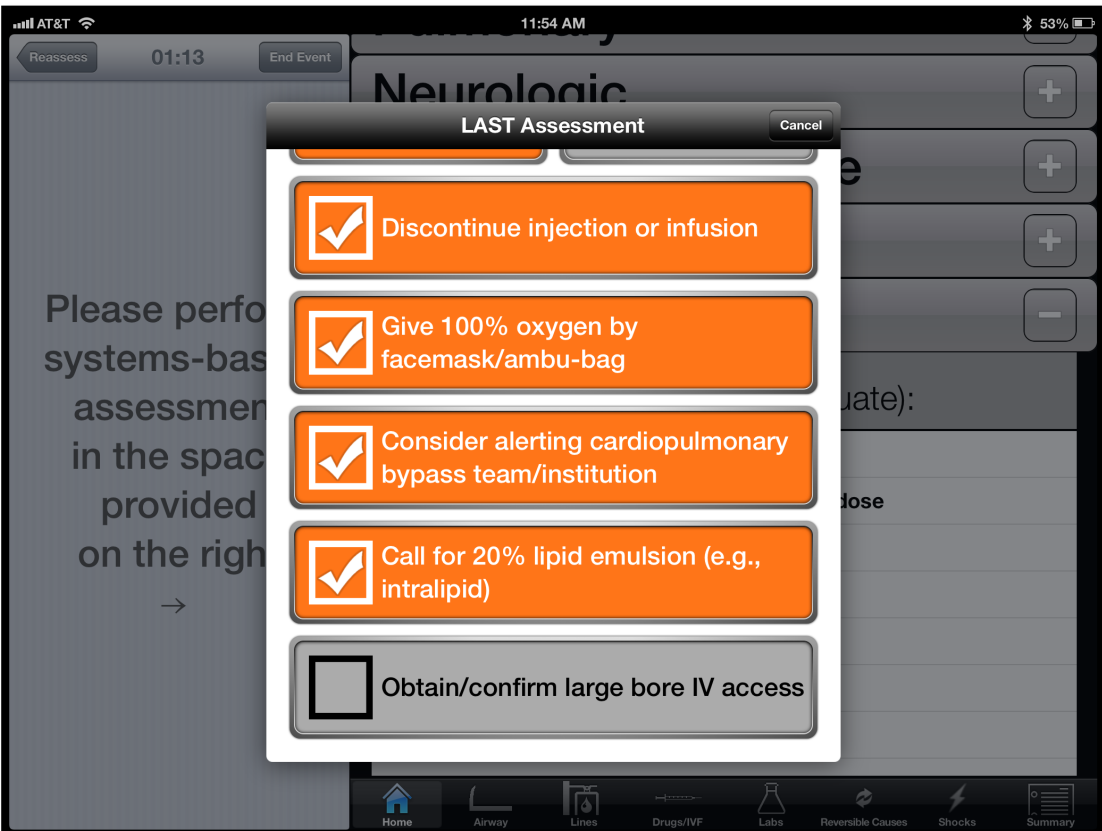
Steps 1 and 2: Select patient category and the pulse state.



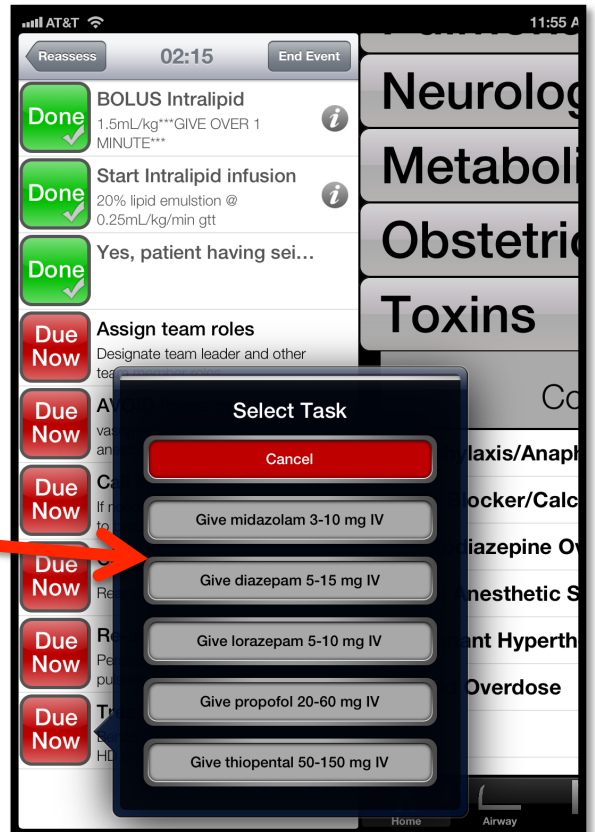
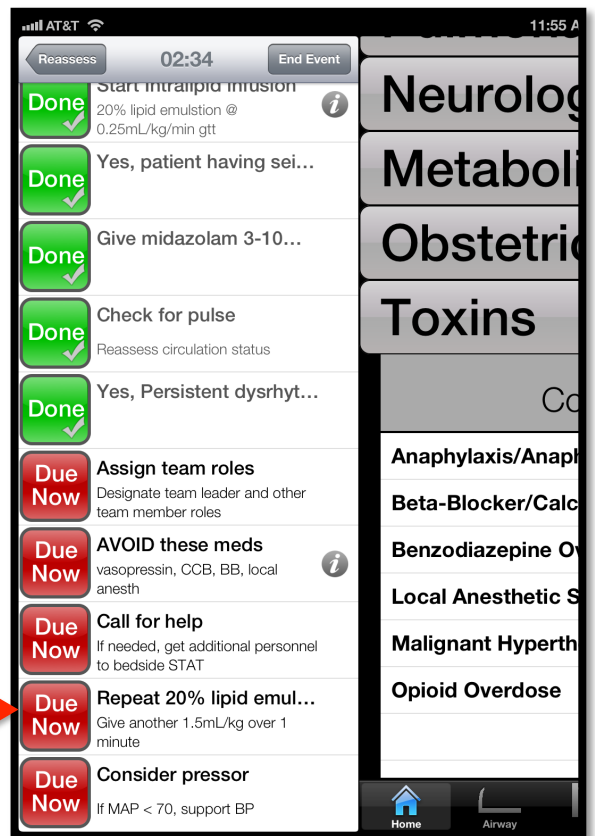
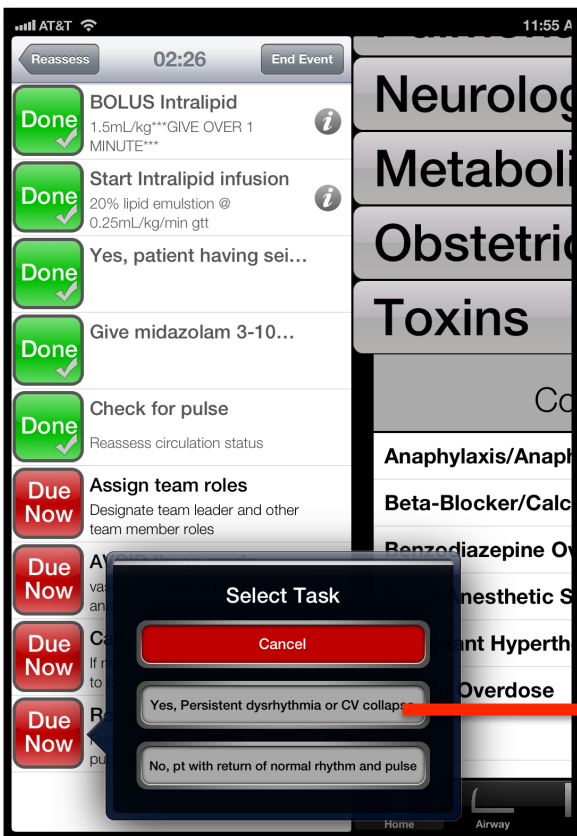
Steps 3 and 4: Determine if patient is unstable. If so, complete initial instability management.



Steps 5 and 6: Perform systems-based assessment and select leading diagnosis from a common list within that area of instability. The diagnosis can be selected through the systems-based assessment or through the search function. In this case, 'Toxins' and then 'Local Anesthetic Systemic Toxicity' were selected. If the question presented is answered 'Yes,' then the user proceeds to Step 7.



Steps 7 and 8: After selecting that the patient had received a bolus of local anesthetic, the DST prompts the user to complete the initial emergency management. After completion of these steps, a series of further evaluation questions appear to help confirm whether the indicated diagnosis fits the clinical picture.

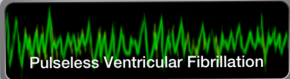
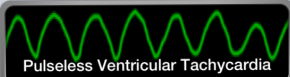

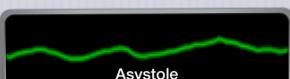



Steps 9 and 10: After completing the initial management steps for a given protocol, the user is presented with subsequent management steps. Certain steps include integrated choices or timing. For instance, after the first dose of lipid emulsion is given, the step is logged as 'Done' and the DST knows to prompt the user to consider assessment of hemodynamic instability after 1 minute and consider a second bolus dose. Additionally, an assessment for seizure activity is included with general treatment options presented.

AT&T LTE 12:55 PM 45%

Reassess 05:58 End Event

Please Select Patient's Rhythm

-  Pulseless Ventricular Fibrillation
-  Pulseless Ventricular Tachycardia
-  Pulseless Electrical Activity
-  Asystole



Cardiac Arrest

Initial Pulseless Management

- Initiate/continue CPR
- Establish IV/IO Access
- Attach Defibrillator

Rhythm/Pulse Check

Shock Patient

CPR Cycle

- Instructions to come...

Home Airway Lines Drugs/IVF Labs Reversible Causes Shocks Summary


AT&T LTE 12:56 PM 45%

Reassess 06:04 End Event

Ensure that no one is touching patient before administering shock!

Continue CPR while charging.

Clear Patient!

 **Shock Patient 150J**

Skip Shock (Other)

Cardiac Arrest

Initial Pulseless Management

- Initiate/continue CPR
- Establish IV/IO Access
- Attach Defibrillator

Rhythm/Pulse Check

Shock Patient

CPR Cycle

- Instructions to come...

Home Airway Lines Drugs/IVF Labs Reversible Causes Shocks Summary

Steps 11 and 12: At any time, the user can select the 'Reassess' button in the top left and return to the pulse assessment screen (Step 2). If 'no' is selected at that point then the user is taken to a rhythm assessment screen. If a shockable rhythm is selected, the user is then taken to a page in which he or she is instructed to deliver the appropriate energy. The top view also depicts that video (with audio) of the event is recorded, which can be used for immediate post-event debriefing.

Cardiac Arrest

Initial Pulseless Management

- Initiate/continue CPR
- Establish IV/IO Access
- Attach Defibrillator

Rhythm/Pulse Check

Shock Patient

CPR Cycle - -3:02

- Resume CPR
- Confirm IV Access
- Send ABG+Electrolytes
- Consider H's & T's
- Consider Advanced Airway
- Epi/Vaso

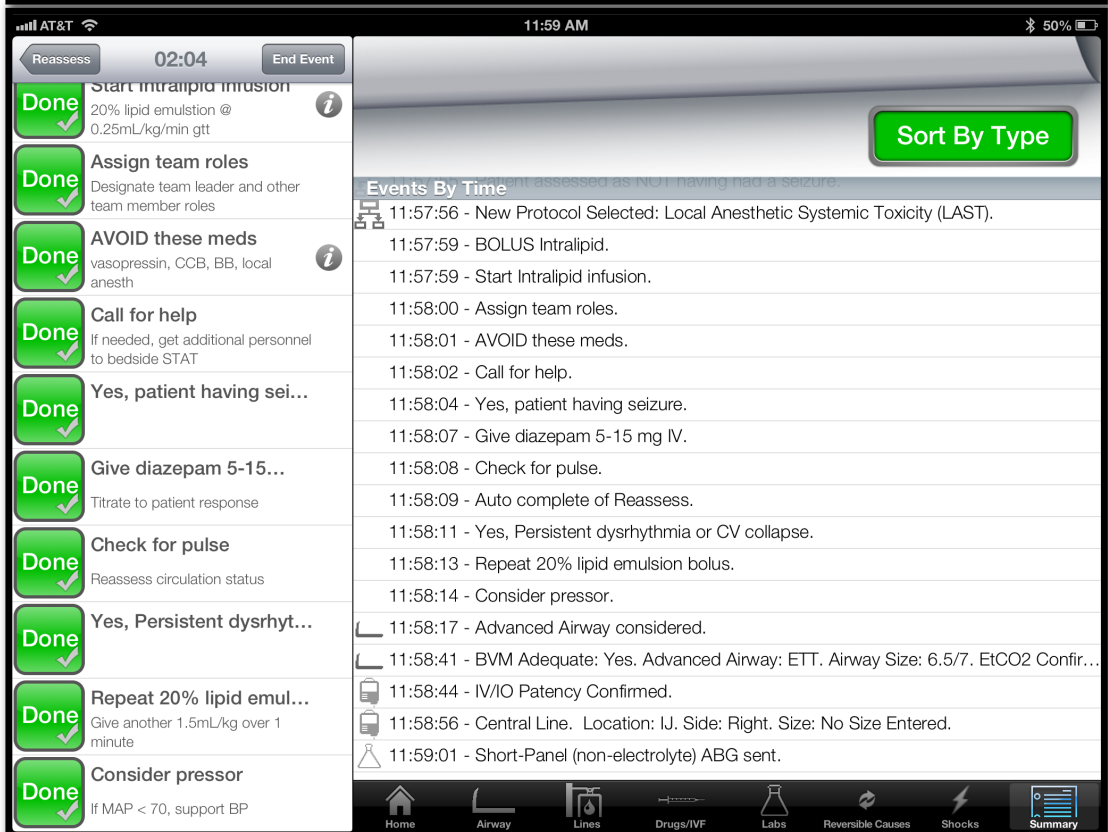
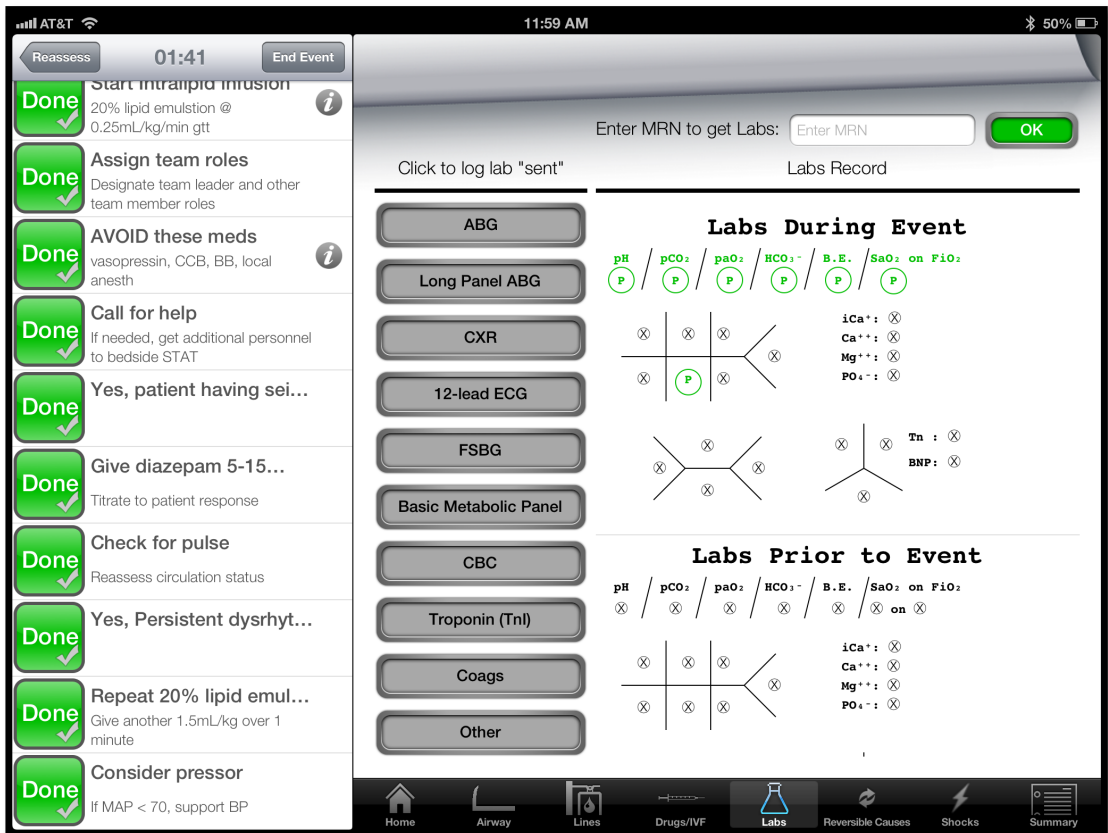
Task List:

- Done** Resume CPR (Compressions 30:2)
- Due Now** Send ABG+Electrolytes (Evaluate reversible causes.)
- Due Now** Consider Epinephrine (If given, give max 1mcg/kg)
- Due Now** Start Intralipid infusion (20% lipid emulsion @ 0.25mL/kg/min gtt)
- Due** Assign team roles (Designate team leader and other team member roles)
- Due** Call for help (If needed, get additional personnel to bedside STAT)

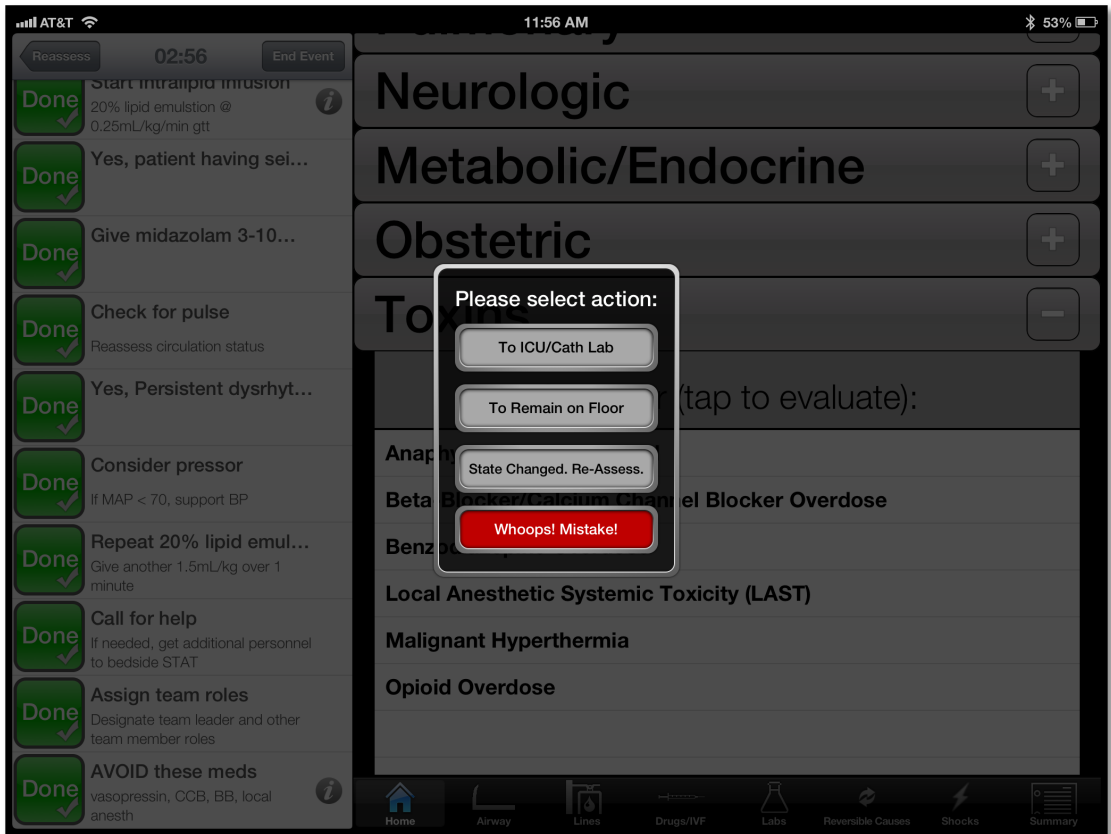
Step 13: Appropriate management steps are then shown in a subsequent page after shocking or resuming CPR in a pulseless state. The DST has built-in timers for CPR cycles such that a pulse/rhythm check is prompted every 2 minutes (Step 1). As steps are selected as being completed, the button next to them will change from 'Due Now' or 'Due' to 'Done.'



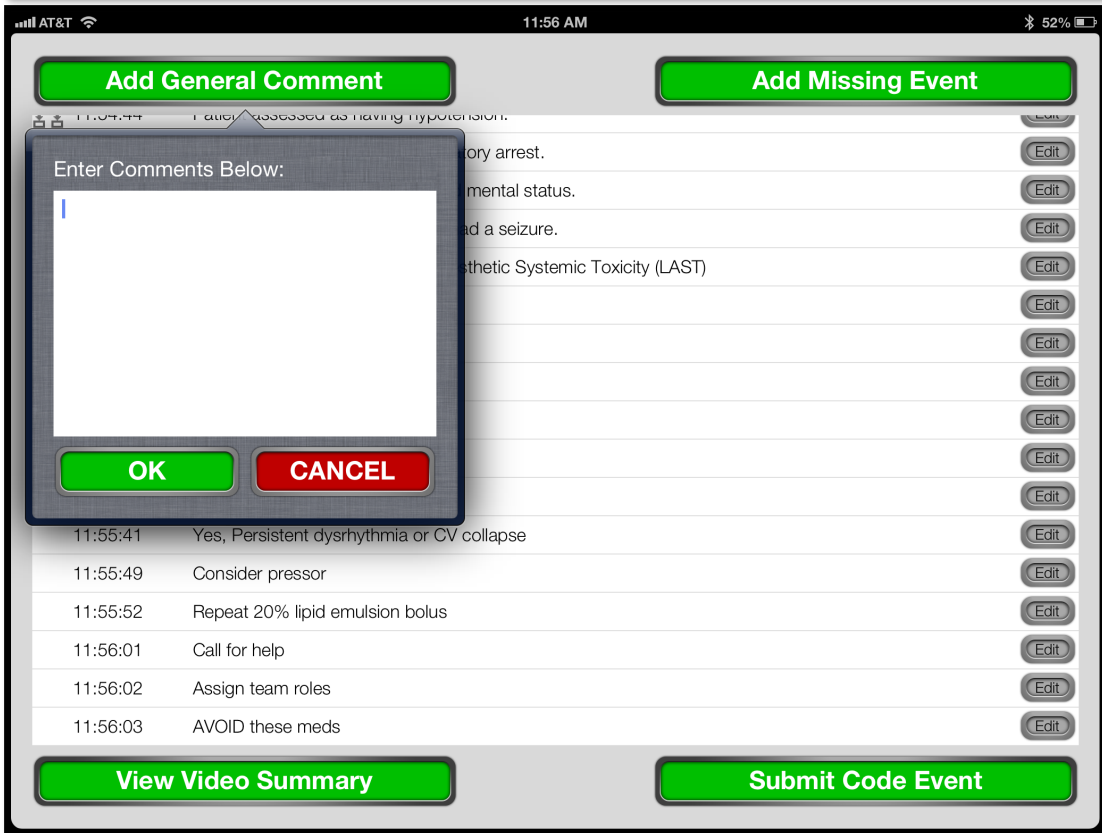
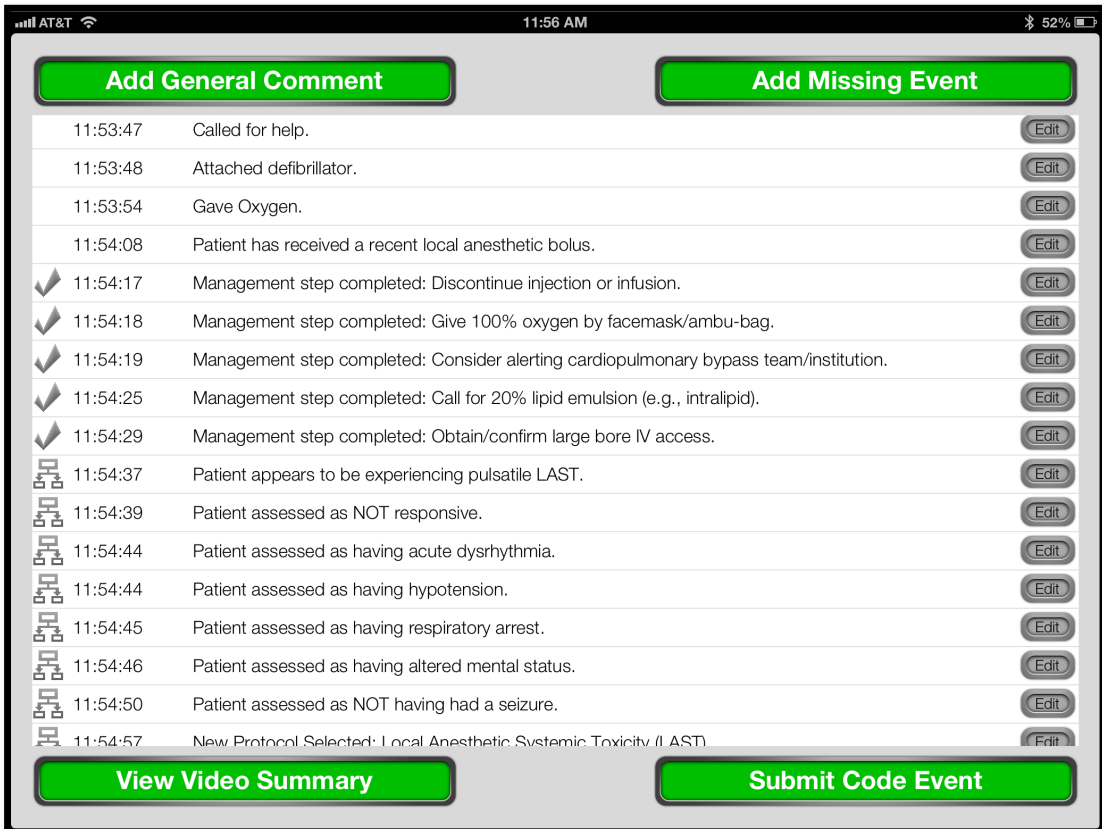
Steps 14 and 15: Selecting the tabs at the bottom right of the DST reveals screens on which additional management information can be recorded as time permits during a management event. In this case, the airway tab is shown and the appropriate selections made concerning airway management during the event. The same is also shown for intravascular access. Selecting 'record airway data' or 'record line data' will record the selected information at the bottom of the screen and on the event log. This information can be updated with new recordings throughout the event, such as if additional lines are placed.



Steps 16 and 17: Selecting the tabs at the bottom right of the DST reveals screens on which additional management information can be recorded as time permits during a management event. In this case, the labs tab is selected (at top) and shows which labs have been sent. If this system is linked to the medical record, then labs will be immediately updated within 5 seconds of being available in the system. Additionally, the last recorded labs prior to the event that are in the electronic medical record will automatically populate. Finally, the bottom screen shows the ongoing event summary as steps are logged through the course of an event.



Step 18: If 'End Event' is selected, the user is presented with a choice to designate the disposition of the patient.



Step 19: At this point, the Event Log can be reviewed, comments can be added, missing events can be added, or the code event can be uploaded to a database for later review.

Done With Video

12:40 PM 41%

0:20 -0:03

▶	12:38:24	CPR quality indicator #6 (Minimize interruptions in compressions.) checked off.
📄	12:38:32	IV/IO Patency Confirmed
	12:38:35	Confirm IV Access
	12:38:36	Send ABG+Electrolytes
	12:38:38	Consider Reversible Causes
	12:38:38	Reversible Causes considered
📄	12:38:44	New Protocol Selected: Pulseless Ventricular Tachycardia
	12:38:46	Begin CPR
	12:38:47	Consider Advanced Airway
	12:38:48	BOLUS Intralipid

Step 20: Prior to uploading the event log, the video can be reviewed that is time-linked with the events recorded so that one can jump to any point in the video to review specific events. Additionally, the entire event can be replayed for debriefing purposes.