

Emergency Action Drills (EADs)

12/14/23

1. Difficult access in a critically ill patient
 - a. If no IV w/in 1 minute -> IO -> if no IO on first attempt -> crash femoral line
2. Hypotension
 - a. Crack code cart, give 0.5 cc of cardiac epi
 - i. Use for SBP 70 or less
3. Precipitous delivery
 - a. Bed intact, support baby's head, check for nuchal cord & reduce
4. Shoulder dystocia
 - a. McRoberts, suprapubic pressure
5. Postpartum hemorrhage
 - a. Bimanual uterine compression, pit -> methergine -> hemabate -> miso, MTP, TXA
6. Unannounced cardiac arrest
 - a. Start CPR, start bagging, IV access, place defib, give epi
7. STEMI loses pulses
 - a. Place defib & shock if VT/VF
8. Dropoff GSW to the chest
 - a. IV, O2, manual BP, CABs
9. Dropoff GSW to the chest loses pulses
 - a. Start CPR, start bagging, IV/IO, thoracotomy, MTP
10. GSW to the abdomen loses pulses
 - a. Start CPR, start bagging, MTP, thoracotomy
11. Unannounced blunt trauma arrest
 - a. Start CPR, start bagging, IV/IO, MTP, b/l chest tubes, pelvic binder, echo
12. Unannounced massive extremity hemorrhage
 - a. Put single finger on bleeder, place tourniquet
13. Floppy baby
 - a. Start bagging, IV, give 5 cc/kg D10, 20 cc/kg IVF bolus
 - i. IO if no IV w/in 1 minute
 - ii. If no IO on first attempt -> UVC vs crash femoral line
14. Unannounced respiratory distress
 - a. Nasal cannula at flush rate, BVM w/ PEEP valve w/ good two-hand seal
 - i. Call for bipap if awake enough to tolerate
 - ii. If not, continue w/ above and plan for intubation
15. Unannounced unresponsive
 - a. Start bagging, IV/IO, place on monitor, check glucose, +/- Narcan
16. Severe agitation
 - a. No IV: ketamine 3 mg/kg IM
 - b. Yes IV: ketamine 2 mg/kg IV
17. Massive hemoptysis
 - a. Sit patient up, give patient suction, IV, MTP, TXA neb

18. Massive hematemesis
 - a. Sit patient up, give patient suction, IV, MTP, ketamine-assisted awake intubation
19. Crashing anaphylaxis
 - a. Crack code cart, give 0.5-1 cc cardiac epi, one attempt at intubation, then cric
 - i. RSI w/ paralytics as priority
20. Pregnant trauma patient loses pulses
 - a. Start CPR, start bagging, manually displace uterus to the left, MTP, prepare for perimortem C/S within 4 minutes
21. Cyanotic baby <10 days old
 - a. IV, O2, monitor, start PGE1 0.05 mcg/kg/min, prepare to intubate
22. Floppy newborn
 - a. Stimulate, open airway, suction, CPAP
23. Cardiac arrest in the hospital lobby
 - a. Start CPR, AED
24. Exsanguinating HD fistula
 - a. Place one finger on bleeder, tourniquet above and below fistula
25. Crashing hypoxic trach patient
 - a. 100% O2 to patients face and stoma, pass suction or EtCO2 catheter to confirm trach patency
26. Crashing bleeding trach
 - a. Place cuffed trach (if not already in place), hyperinflate balloon
27. Unannounced adult seizure
 - a. Jaw thrust, 4 mg Ativan IV or 5 mg Versed IM
28. Pregnant seizure
 - a. O2, jaw thrust
 - i. If IV: mag 6 g IV, Ativan 4 g IV
 - ii. If no IV: mag 10 mg IM in each butt cheek, Versed 5 mg IM
29. Unannounced pediatric seizure
 - a. Jaw thrust, 0.1 mg/kg Ativan IV or 0.2 mg/kg Versed IM/IN
30. Unannounced newborn seizure
 - a. Open airway, phenobarb 20 mg/kg IV or Versed 0.2 mg/kg IM
31. Fracture/dislocation without pulses
 - a. Ketamine 1-2 mg/kg IV, reduce, splint
32. New headache, AMS, or nausea/vomiting in a stroke patient who received thrombolytics
 - a. Stop lytics, ABCs, STAT CT head
33. Unstable bradycardia
 - a. Attach defibrillator, start transcutaneously pacing, crack code cart, give 0.5 cc cardiac epi
34. Unstable tachycardia
 - a. Attach defibrillator, etomidate 0.1 mg/kg, synchronized cardioversion