

C O N G R E S S O N A Z I O N A L E



B O L O G N A 1 3 - 1 4 D I C E M B R E 2 0 2 4



Dall'aula alla corsia: come migliorare le NTS?

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Referente italiano European Trauma Course <https://www.europeantraumacourse.com/>

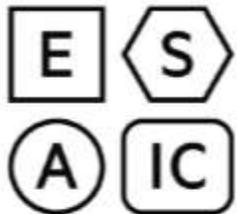


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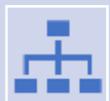




partiamo dall'aula ...



Edizioni per lo più **dedicate ad una rete trauma specifica** e modulate in funzione delle caratteristiche e delle esigenze della realtà locale



Approccio **non dogmatico** che si basa su: lavoro in team e **chiara** definizione dei ruoli di TL/ TM



Standardizzazione delle procedure



Protocolli di comunicazione



Italian Resuscitation Council





Challenging behaviour by Cliff Reid

The Dominant/Overconfident Member 🤨

- Takes over without authority
- Dismisses others' input
- Makes unilateral decisions

Solution: Acknowledge expertise and redirect energy to specific tasks "Thank you Dr. Smith, I need your expertise on airway management right now."



The Passive/Withdrawn Member 😞

- Fails to speak up
- Doesn't take initiative
- Appears disconnected
- Misses observations

Solution: Direct engagement with specific questions

"Mike, what's the current BP? I need you to call out vitals every 2 minutes."



The Anxious/Overwhelmed Member 😰

- Freezes under pressure
- Hesitates repeatedly
- Shows visible stress

Solution: Give clear, simple tasks and pair with experienced team member

"John, focus on recording vitals. Sarah will help you."

Give immediate positive feedback



The Argumentative Member 🙄

- Disputes decisions at critical moments
- Creates tension

Solutions

1. Use "parking lot"

"We'll discuss it in debrief. Right now, let's focus on the patient."

2. Use "Yes.."

"Yes he's protecting his airway. The CO2 is why we're intubating"



The Distracted Member 📱

- Poor attention to task
- Misses critical info
- Side conversations

Solution: Direct eye contact, time-bound tasks

"Dr. Lee, I need your full attention here. Please manage the airway for the next 10 mins"

Ask them to repeat instructions back



The Knowledge Deficit Member 📖

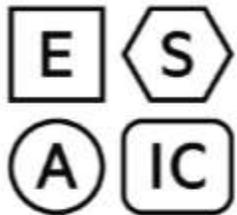
- Makes technical errors
- Shows knowledge gaps

Solution: Pair with senior member, give specific tasks

"Let's work through this together. First step: calculating the drug dose..."

Never criticise or humiliate. Support. Teach. Inspire





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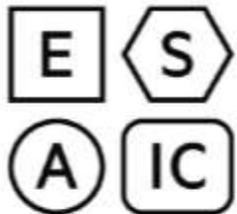


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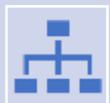








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	stable	unstable	(peri-)arrest
5-second round	normal	abnormal	abnormal
Vital signs	normal	abnormal	abnormal/absent
Immediate inter- vention required	no	no	yes
Handover	Whole team	Whole team / TL	TL

Prepare Patient

- ✓ **Preoxygenation**
 - Give 100% O₂
- ✓ **Patient position**
 - Optimal?
- ✓ **Adequate circulation access?**
 - IV
 - IO
 - Central line
- ✓ **Airway assessment**
 - Expected problems?
 - Cricothyroid membrane palpable?
- ✓ **Optimise patient physiology?**
 - Fluid / Blood?
 - Vasopressor / Inotrope?

Prepare Equipment

- ✓ **Monitoring applied and working?**
 - Capnography
 - SpO₂ probe
 - ECG
 - Blood pressure
- ✓ **Equipment available and checked?**
 - Self-inflating bag
 - Working suction
 - Endotracheal tubes x 2
 - Laryngoscopes x 2
 - Bougie
 - Supraglottic airway device
- ✓ **Drugs required**
 - Induction agent:

 - Relaxant:

 - Vasopressor:

 - Maintenance sedation:

Prepare Team

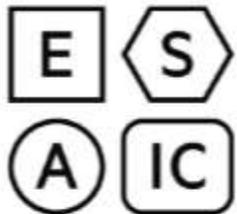
- ✓ **Roles allocated?**
 - Team Leader
 - First intubator
 - Second intubator
 - Intubator's assistant
 - Drug administration
 - MILS
 - Who would perform FONA?
- ✓ **How to contact further help if required?**

Prepare for Difficulty

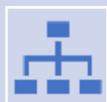
- ✓ **Can patient be woken up if intubation fails?**
 - Yes
 - No
- ✓ **Verbalise airway plan:**
 - Plan **A**: RSI
 - Plan **B**: Bag-mask-valve ventilation
 - Plan **C**: Supraglottic airway device
 - Plan **D**: Front of neck access (FONA)
- ✓ **Any questions or concerns?**

**Major Trauma?
Major Haemorrhage? Then...**

T	Tranexamic Acid	<ul style="list-style-type: none"> ■ If not given pre-hospital, administer to the bleeding trauma patient if within 3 hours of injury, or continued hyperfibrinolysis: <ul style="list-style-type: none"> ■ 1 g bolus, followed by ■ 1 g infusion over 8 hours
R	Resuscitation	<ul style="list-style-type: none"> ■ Activate Major Haemorrhage Protocol ■ Initial Transfusion Ratio 1:1:1 and consider: <ul style="list-style-type: none"> ■ Rapid infuser and cell salvage ■ Time-Limited hypotensive resuscitation ■ Pelvic binder / splint fractures / tourniquet ■ Avoid crystalloid use
A	Avoid Hypothermia	<ul style="list-style-type: none"> ■ Target temperature > 36°C <ul style="list-style-type: none"> ■ Remove wet clothing and sheets ■ Warm blood products / fluids ■ Use warming blanket / mattress
U	Unstable? Damage Control Surgery	<ul style="list-style-type: none"> ■ If unstable, coagulopathic, hypothermic or acidotic, perform damage control surgery of: <ul style="list-style-type: none"> ■ Haemorrhage control, decompression, decontamination and splintage ■ Aim surgery time < 90 minutes and conduct regular 'surgical pauses'
M	Metabolic	<ul style="list-style-type: none"> ■ Perform regular blood gas analysis ■ Base excess guides resuscitation ■ If lactate > 5mmol/L or rising, consider stopping surgery, splint and transfer to ICU
A	Avoid Vasoconstrictors	<ul style="list-style-type: none"> ■ Inappropriate use of vasoconstrictors doubles mortality ■ However, use may be required in cases of spinal cord or traumatic brain injury
T	Test Clotting	<ul style="list-style-type: none"> ■ Check clotting regularly and target transfusion: <ul style="list-style-type: none"> ■ Laboratory or point of care (TEG/ROTEM) ■ Aim platelets > 100x10⁹/L ■ Aim INR & aPTTR ≤ 1.5 ■ Aim fibrinogen > 2g/L
I	Imaging	<ul style="list-style-type: none"> ■ Consider: <ul style="list-style-type: none"> ■ CT: Most severely injured / haemodynamically unstable patients gain most from CT ■ Interventional radiology
C	Calcium	<ul style="list-style-type: none"> ■ Maintain ionised Ca²⁺ > 1.0 mmol/L ■ Administer 10mls of 10% Calcium Chloride over 10 mins as required



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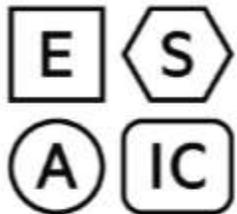


Protocolli di comunicazione

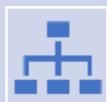


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ATMIST TRAUMA

AGE età, sesso, nome, anamnesi rilevante
(per es. gravidanza, TAO)

TIME orario dell'incidente

MECHANISM OF INJURY

Meccanismo generale dell'incidente (per es. incidente stradale, accoltellamento)

Altri fattori associati a lesioni maggiori (per es. eiezione dal veicolo, caduta dall'alto)

INJURIES TOP TO TOE

Lesioni trovate e/o sospette (testa/piedi)

SIGNS/SYMPTOMS segni e sintomi

FR, SatO₂, FC, PAO (basali e andamento)

GCS, deficit neurologici focali

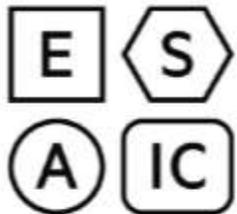
Dolore

TRATMENT trattamento effettuato o da eseguire all'arrivo in DEA

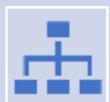


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Situation

Background

Assessment

Recommendation



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PACE

GRADED ASSERTIVENESS



1. Probe

Ask a low-threat question. "Is that warning light meant to be red?"



2. Alert

Point out your concern. "Oxygen is at 90% and decreasing."



3. Challenge

State the issue, and suggest actions. "I think you're too tired to drive safely. Take a rest."



4. Emergency

Issue an unambiguous command. "Stop. This is unsafe to continue."

C.U.S.S

A method of Graded Assertiveness to bring attention to potential error



C

CONCERN



U

UNSURE

S

SAFETY

S

STOP







andiamo in corsia ...

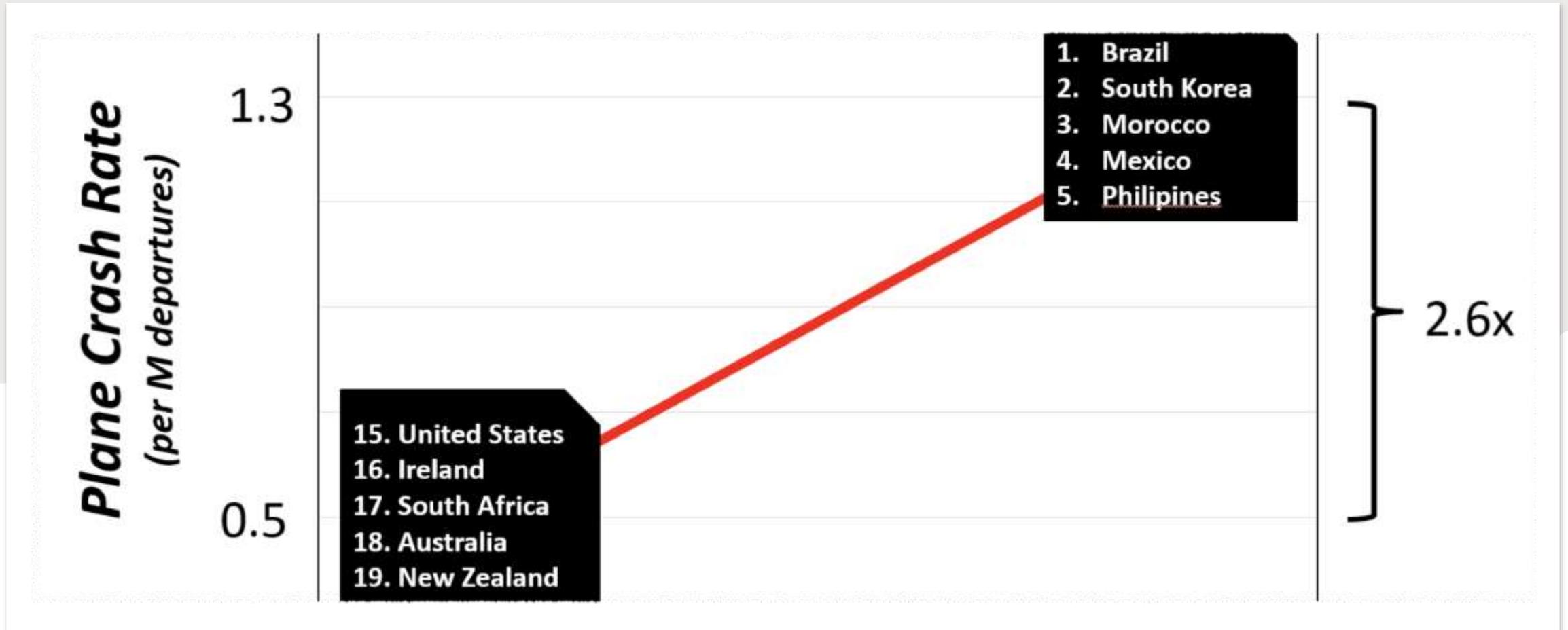


Challenging behaviour by Cliff Reid

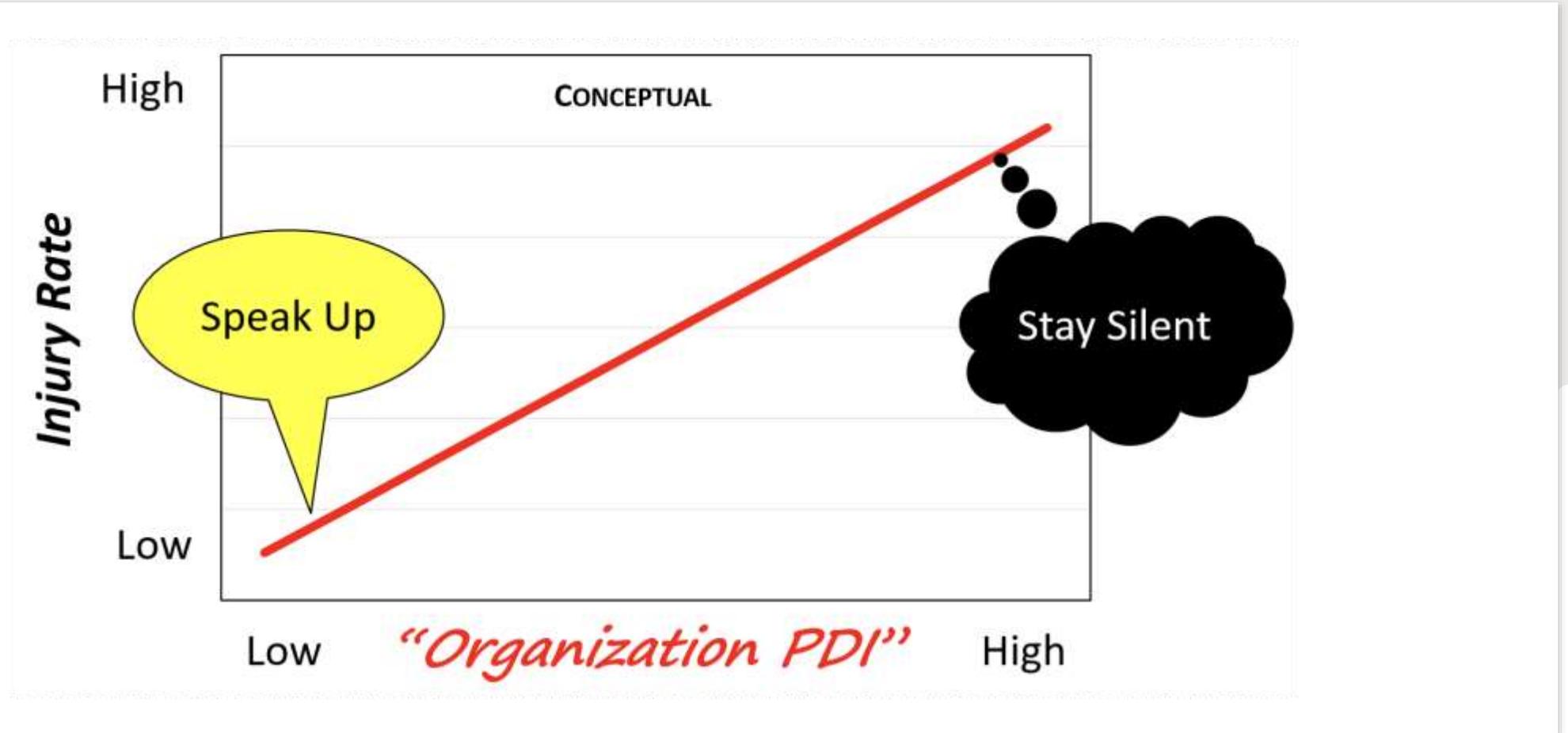


ci sono errori che creiamo noi...

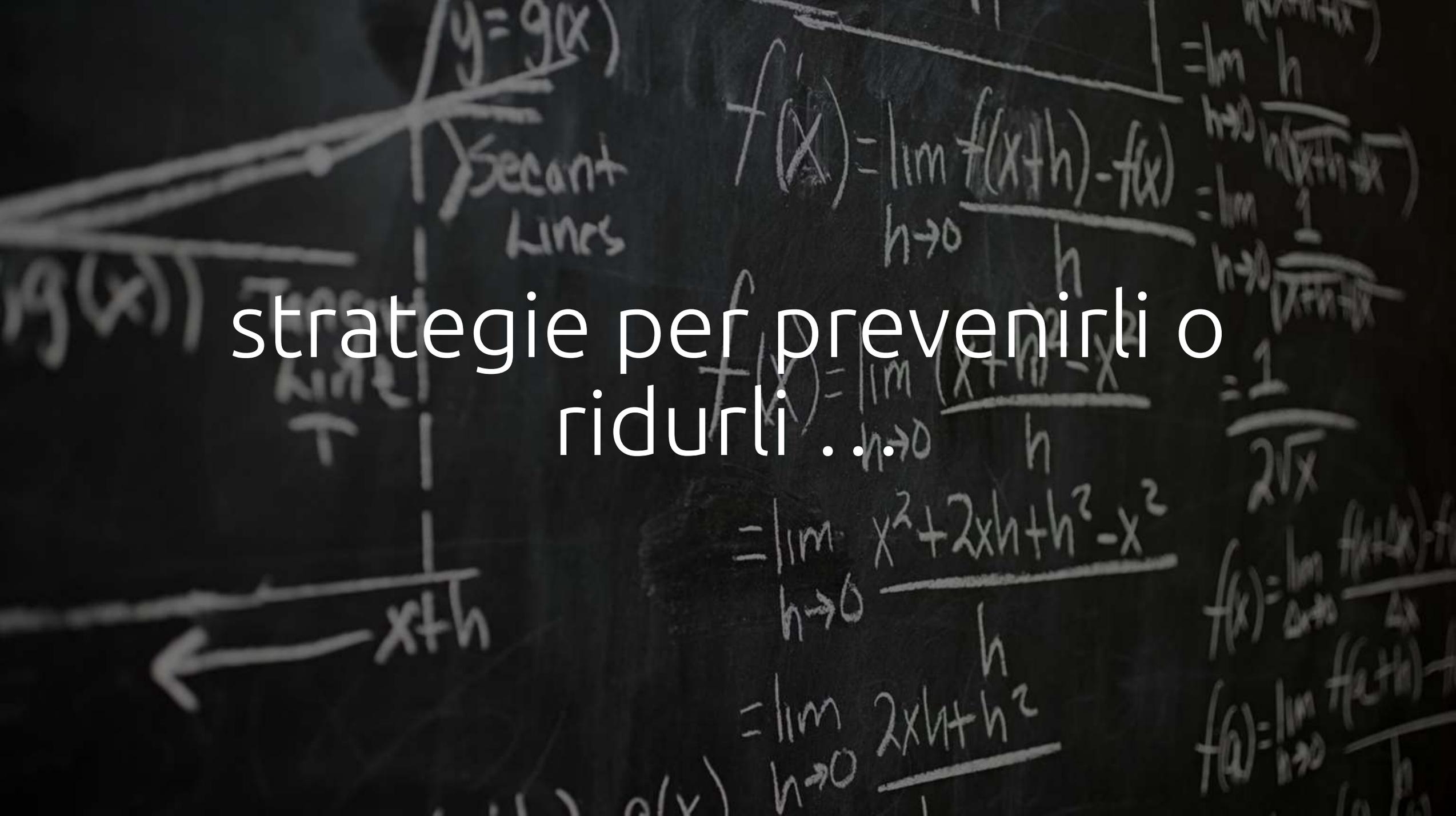
Power Distance Index (PDI)

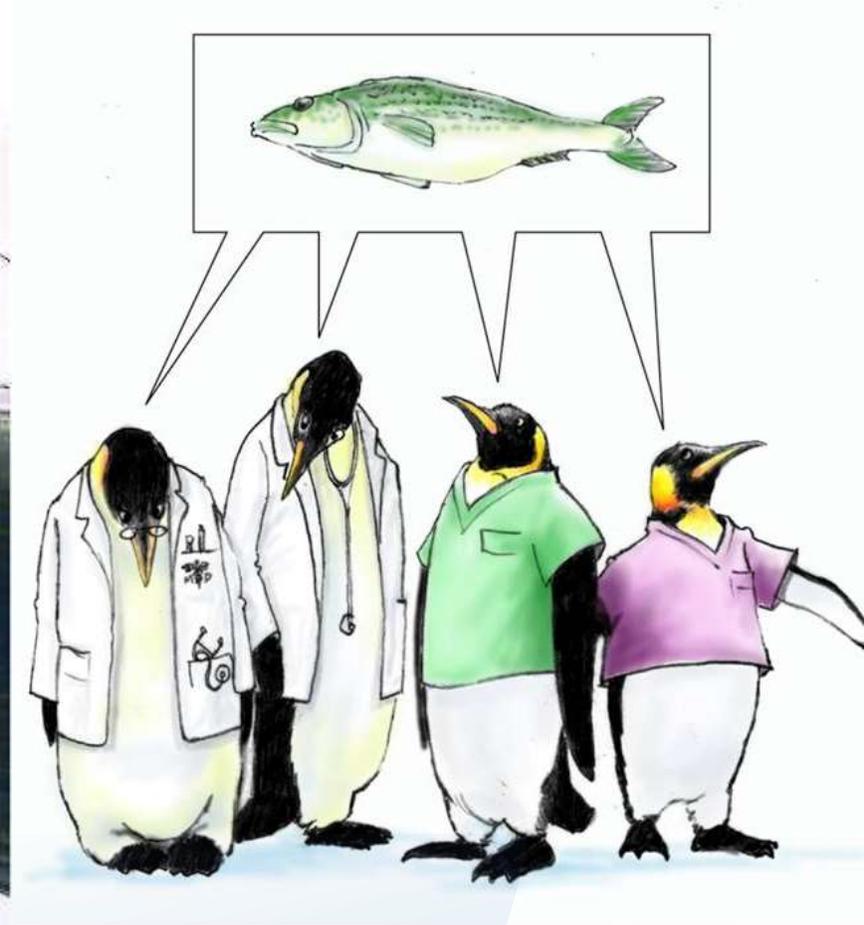
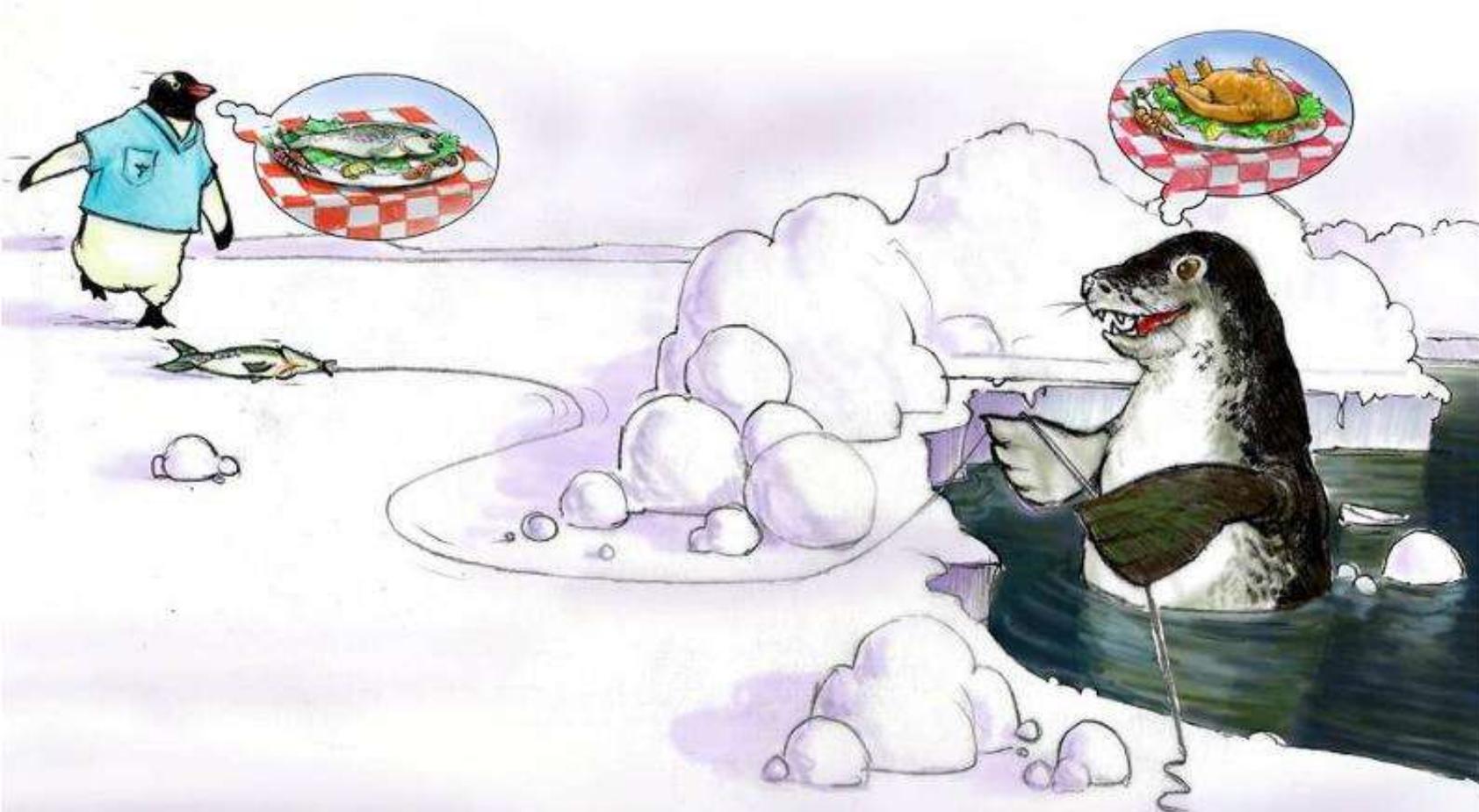


Speak up & Power Distance Index



strategie per prevenirli o
ridurli...





Modello mentale condiviso

... TO BE ON THE SAME PAGE



10 seconds for 10 minutes







-
- **PROBE** - “sei sicuro di ...”
 - **ALERT** - “non credi che questo causerà ...”
 - **CHALLENGE** - “temo che questo danneggerà il paziente ...”
 - **EMERGENCY ACTION** - “fermati ...”



ma il prerequisito è ...

Profiles in Patient Safety: Authority Gradients in Medical Error

Karen S. Cosby, MD, Pat Croskerry, MD, PhD





team leader: un “regista” autorevole?



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C O N G R E S S O N A Z I O N A L E



B O L O G N A 1 3 - 1 4 D I C E M B R E 2 0 2 4

SITUATIONAL AWARENESS SAVES LIVES



**TASK
FOCUS
KILLS
PATIENTS**



"Say ... what's a mountain goat doing way up here in a cloud bank?"

