



Paediatric Emergency Medicine Crisis Management (PEMCM)

Target Audience

- Emergency Medicine Trainees
- Career Medical Officers
- Rural GPs
- Physicians and Physician Trainees
- Locum doctors working in EDs

Prerequisites

Resus4kids or equivalent is recommended.

Course Information

This course aims to prepare doctors working in emergency departments to manage serious acute paediatric problems and to develop skills in crisis management, team leadership, communication and error prevention.

Topics include:

- A systematic approach to the sick paediatric patient in the Emergency Department (ED).
- Management of common emergencies encountered in the ED: airway obstruction, acute respiratory failure, cardiac arrest, shock, arrhythmias, comas, seizures, electrolyte and environmentally acquired disorders
- Team-leadership, teamwork and communication, crisis management, human error

Skills include:

- Airway: Intubation in suspected C-spine injury; difficult intubation strategies; surgical airway; Laryngeal Mask Airway
- Breathing: O₂ therapy; positive pressure ventilation via endotracheal tube; BiPhasic Positive Airway Pressure (BiPAP) ventilation.
- Cardiovascular: Advanced Cardiac Life Support; Defibrillation; Synchronised DC Cardioversion; Transcutaneous Cardiac Pacing; Venous Access
- Paediatric BLS and ALS

Training Technologies

- Part-task trainers
- Medium & high fidelity manikin simulators
- Actors

Training Methods

- Pause & discuss scenarios
- Problem based learning case simulations
- Immersive simulations
- Emergency Team Training

Maximum Participants

A maximum of 12 participants per course

Location

Sydney Clinical Skills & Simulation Centre
Level 6, Kolling Research & Education Building
Royal North Shore Hospital

Course Duration

2 day course (0800 – 1700 hours)

Course Dates 2018

17 - 18 October

Cost

\$1980 (GST included)

Course Director

Assoc Prof Fenton O'Leary
Paediatric Emergency Physician
Westmead Children's Hospital
Director Resus4kids

Enquiries

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www.scssc.edu.au

Course Application Form

Course Details

Course Name: _____

Course Date: _____

Contact Details

Mr / Ms / Mrs / Dr / A Prof /Prof (please circle)

First Name(s): _____

Surname: _____

Preferred Name (for badge): _____

Mailing Address: _____

Suburb: _____

State: _____ Postcode: _____

Telephone: _____

Email: _____

Current Hospital: _____

Special Requirements

Please indicate if you have:

Food or latex allergies? _____

Special dietary needs: _____

Physical disability requiring special support

Other: _____

NSLHD Employees

If you currently work within NSLHD please provide your payroll number so we can register your attendance on Pathlore:

Payroll Number _____

Demographic

Please assist us to deliver high quality training by providing the following confidential information.

Professional group

Medical specialist CNC Nurse Other

Vocational trainee Nurse Specialist

Non-specialist/CMO Allied health

Student PGY1 PGY2 PGY3 or above

General practitioner Other: _____

Area of practice

General ICU Anaesthesia ED

Surgery (Specialty) _____

Paediatrics Other: _____

Registration Fees & Payment

Your place in this course is conditional until full payment is received.

Full payment is required at least 1 month prior to the course to confirm your booking and allow sufficient time to distribute course material. Please be aware of our cancellation policy.

Self Funded:

Course Cost (incl GST): _____

Please ensure course availability with the Centre's administration staff prior to making online payments

To process your course payment via the Westpac secure online payment service please click [HERE](#)

Following online payment please provide the SCSSC with a copy of your application form

nslhd-smsc@health.nsw.gov.au

(02) 9926 4646

Employer /Sponsor Funded:

Amount (ex GST): _____

Cost Centre/Fund/Project (NSLHD only): _____

Authorised Expenditure Approval Officer:

Name

Position

Address

Telephone

Email

Terms & Conditions

I have read and understood and I agree to abide by the advice contained within the "Practical Information and Terms and Conditions of Training" provided.

I agree not to disclose to third parties, the identity of other participants, and to withhold judgement in respect to the attitudes or performance of other participants.

I meet the prerequisites of the course, if applying for EMAC are you in at least your 2nd year of accredited anaesthetic training (see course flyer)

Participant's Full Name

Signature

Date

