

Glossary of terms

A to E assessment = (also called the ABCDE approach to assessment) This is the recommended approach to assessing all deteriorating patients. It utilises systematic underlying principles which requires the practitioner to assess the patients Airway, Breathing, Circulation, Disability, Exposure in this particular order.

Adrenaline = Adrenaline, also known as epinephrine, is a chemical which is produced naturally by the adrenal gland. It helps to regulate homeostatic functions such as the heart rate, blood pressure and some parts of breathing. Intravenous Adrenaline injections are only used in emergency situations such as cardiac arrests. Specifically, IV Adrenaline 1:10,000 (1 in 10mls) is used for patients who are in cardiac arrest in attempt vasoconstrict, assist the strength of heart contraction and increase the rate of heart contraction.

Agonal breathing = these are characterised by occasional and often irregular gasps. Agonal breathing is common in the early stages of a cardiac arrest situation. It is a sign of cardiac arrest and should not be mistaken for a sign of life

Allowing the chest to recoil = this means allowing the chest to full rise back into its original position after each compression and before starting the next

Anaesthetist = A qualified medical doctor who specialises in anaesthetics

Asystole = this is an electro-cardiogram (ECG) reading that has an absence of any wave form whatsoever. It signifies that the heart is not conducting any signal and is therefore not treatable with a defibrillator. Currently the patient is treated with IV adrenaline when in this rhythm

Bag and mask = A bag and mask is a portable, self-inflating device that gives both rescue breaths and oxygen to a patient when they require it. It is also often referred to as an Ambu-bagTM or bag-valve-mask. In the case of a cardiac arrest, it is used to give 2 breaths for every 30 compressions

Cardiac arrest team = the cardiac arrest team is a team of doctors and senior nurses that assemble during a cardiac. The cardiac arrest team members are usually trained in advance life support techniques

Cardio-version = cardioversion or DC (direct current) cardioversion is a treatment that is administered through a defibrillator via special pads placed on the chest wall, during an emergency. The aim of the cardio-version is to return the patient's abnormal heart rhythm back to a normal rhythm. The electrical therapy stops the heart, allowing the heart's natural pacemaker at the sino-atrial node, to re-establish an effective cardiac rhythm

Carotid pulse = The left and right carotid arteries are arteries that supply the head and neck with oxygenated blood. The carotid pulse is located next to the larynx

Chest compression depth = the depth of chest compression is 5-6cm, this equates to approximately one third of the depth of the patient's chests

Chest compression rate = chest compression rate is currently 100-120 compressions per minutes, and this equates to approximately 2 compressions per second.

Compression (chest) = is when a rescuer places his/ her hand on the lower half of the patient's sternum and pushes down 5-6cm. The compression forces blood out of the heart and into the patient's circulation. This is opposite to the relaxation phase that draws blood back into the heart ready for the next compression

CPR = Cardiopulmonary resuscitation (CPR) is a procedure used in an emergency situation. CPR combines both chest compressions with artificial ventilation to preserve brain and cardiac function. CPR is carried out until further whilst more advanced measures are taken to regain a return of spontaneous circulation, often called ROSC

CPR (emergency) release = this is (usually) a bright yellow catch labelled with the letters 'CPR' that can be found on the back of electric patient beds. Once pulled the catch quickly drops and flattens the bed in to a horizontal position so that the patient can be treated and resuscitated quickly

Crash trolley = is a wheeled trolley with a set of drawers and shelves that is used in hospital settings for transporting and dispensing of emergency equipment, usually during a cardiac arrest

Defibrillator = A defibrillator is an electrical device that gives a high-energy electrical shock to the cardiac cells, through the chest wall in a cardiac arrest situation. A defibrillator treats cardiac arrest rhythms through the use of electrical therapy. The electrical therapy stops the heart, allowing the heart's natural pacemaker at the sino-atrial node to re-establish an effective cardiac rhythm

ECG = This stands for electrocardiogram and it is a test which detects and records the rhythm and electrical activity of myocardial cells

Head tilt and chin lift = The head tilt-chin lift is accomplished by tilting the head and lifting the chin back while keeping the patient's mouth closed. The head tilt-chin lift is a simple manual airway maintenance manoeuvre that is used during resuscitation

IV = is short for intravenous. It means that medication is administered straight into the vein to allow for quick absorption

Non-shockable rhythm = a non-shockable rhythm is a cardiac arrest that will not respond to being treated with an electric current passed through the heart. It is one of two cardiac arrest rhythms and either asystole or pulseless electrical activity (PEA)

PEA = Pulseless electrical activity (PEA) arises when an organised electrical activity of the heart occurs, but the heart muscle itself does not contract. This can occur for many

different reasons. PEA is not treatable with a defibrillator. Currently the patient is treated with IV adrenaline when in this rhythm

Rhythm check = this is when a qualified member of the team checks the defibrillator monitor to assess the cardiac rhythm to see if the patient is in a shockable or non-shockable rhythm

Shake and shout = This is where the patient is grasped by the shoulders and shaken vigorously. One might shout "hello, are you OK?!" along with the patient's name if you should know it.

Shockable rhythm = a shockable rhythm is a cardiac arrest heart rhythm that can potentially be treated with an electric current passed through the heart, via a defibrillator. It is one of two cardiac arrest rhythms and either ventricular fibrillation (VF) or ventricular tachycardia (VT) are classed as shockable

Sino-atrial (SA) node = the SA node is the heart's natural pacemaker. It regulates and stimulates the heart rate. It consists of a group of specialised cells located that are located in the upper right part of the right atrium. The SA node cells have the capability to spontaneously generate an electrical impulse that, in a normal heart rhythm, causes the heart cells (myocytes) to contract

Suction/ suction unit = a (portable) suction unit is a device that is used to suction fluid (blood, mucous or vomit for example) from a patient's airway when the patient cannot remove it themselves

Trachea = the trachea, is tube shaped and is approximately 4-inches long. The trachea starts just under the voice box or larynx and it takes oxygen to the lungs and removes carbon-dioxide through the mouth

Ventilations = ventilations, in a cardiac arrest, are provided with bag and mask and 15 litres/minute of oxygen from an oxygen cylinder. Ventilations are provided by the rescuer by pressing on the bag and thus inflating the lungs and delivering oxygen

Ventricular fibrillation (VF) = VF is an irregular heart rhythm that has no discernible features. It is characterised by an erratic wave form on the ECG monitor. This rhythm can be treated with a defibrillator

Ventricular Tachycardia (VT) = VT is a regular, very fast heart rate. It is not normal. In VT the heart rhythm does not originate from the sino-atrial (SA) node, but from an improper electrical impulse stimulated in the ventricles of the heart. This rhythm can potentially be treated with a defibrillator

2-minute cycles = in a cardiac arrest the team will work in 2-minute cycles. This means that the team will assess the patient, treat the patient (with a defibrillator shock or adrenaline for example) and then perform CPR for 2 further minutes before reassessing the effectiveness of the treatment or intervention performed

15l (litres/ minute) of oxygen = during a cardiac arrest the rescuer will administer 15 litres/ minute of oxygen. The force of the oxygen will inflate the reservoir bag meaning the rescuer can administer 100% (pure) oxygen to the patient

30:2 compression/ ventilation = is the ratio of chest compressions (30), to ventilations (2)

50:50 chest compression and relaxation = the ratio of compression to relaxation is 50% compression and 50% relaxation