MASTER SYLLABUS
PSM 108 Airway Management

COURSE NO. AND TITLE: PSM 108 Airway Management

I. FSM MISSION STATEMENT

The mission of the Public Safety Management Program (PSM) is to provide you, the Public Safety professional with highly trained and qualified instructors within the various fields of study in the PSM program. We are committed to the enhancement and advancement of Public Safety professionals through higher education.

II. COURSE DESCRIPTION:

Integrates comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and pre-arrest states. Integrates comprehensive knowledge of causes and pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest.

III. PREREQUISITE

All students must, in addition to SIU requirements, possess a valid CPR card for Healthcare Providers and Illinois EMT-B License through the entire time enrolled. If student possesses a valid NREMT license they must obtain an IL Basic License by week one of this class. It will be valid for 4 years or until student completes the Paramedic Exam.

A basic A& P class and Medical Terminology class is strongly recommended prior to beginning the Paramedic Classes.

IV. REQUIRED TEXTBOOK:

-Nancy Caroline’s Emergency Care in the Streets Premier Package
ISBN-13 9781284038316

- BIBLIOGRAPHY:

Once the online account is created the above book will be used throughout the series. Supplemental books will be introduced as recommended or required throughout the series of courses. The above is the only requirement for PSM 101.
V. COURSE OBJECTIVES:

Each student will:

1. Discuss the importance of the American Heart Association’s five links of the Chain of Survival to a successful code.
2. Describe the management acronym SMART and each of its objectives.
3. Describe how progressive communities can improve survival of prehospital cardiac arrest patients.
4. Discuss the use of simulation in CPR training.
5. Discuss some of the revisions made by the American Heart Association (AHA) and International Liaison Committee on Resuscitation (ILCOR) to the Emergency Cardiovascular Care (ECC) and CPR guidelines.
6. Describe how you, your crew, and your agency can incorporate the latest guidelines into the management of field codes.
7. Discuss some of the theories that have shifted the focus of certain CPR techniques.
8. Summarize the steps of the BLS healthcare provider algorithm and identify the key to a successful outcome in patients with cardiac arrest.
9. Explain how two-rescuer CPR can benefit the paramedic and the patient.
10. Explain the steps in providing two-rescuer adult CPR, including the method for switching positions during the process.
11. Identify the various age groups of infants and children for the purposes of resuscitation procedures and equipment.
12. Explain the steps in providing child and infant CPR, including the method for switching positions during the process.
13. Discuss guidelines for circumstances that require the use of an automated external defibrillator (AED) on both adult and pediatric patients experiencing cardiac arrest.
14. Describe situations in which manual or automated defibrillation would be appropriate.
15. Summarize how to perform manual defibrillation on an adult and child/infant.
16. Summarize how to use an automated external defibrillator.
17. Describe how to manage a witnessed arrest versus a non-witnessed arrest.
18. Explain special situations related to the use of automated external defibrillation.
19. Review the management of a cardiac arrest based on analysis of the electrocardiogram (ECG) as either a shockable (ventricular fibrillation or ventricular tachycardia) or a nonshockable (pulseless electrical activity or asystole) rhythm.
20. List the “Hs and Ts” and how they can be managed in the field. (p 1869)
21. Describe the different mechanical devices that are available to assist in delivering improved circulatory efforts during CPR.
22. Describe the general steps of postresuscitative care.
23. Describe the ethical issues related to patient resuscitation, providing examples of when not to start CPR on a patient.
24. Explain the various factors involved in the decision to stop CPR once it has been started on a patient.
25. Discuss the value of scene choreography at a field code.
26. Describe the typical roles of the code team leader and code team members at a field code.
27. Plan for a code by reviewing a sample script for a typical prehospital cardiac arrest resuscitation.
28. List examples of peri-arrest conditions that critical patients can present with in the field.
29. Describe the process of determining a differential diagnosis in the field assessment of a critical patient.
30. Discuss the rapid decision making involved in the assessment and management of a critical patient.
31. List examples of bias that can affect your critical decision making.
32. Describe the body’s physiologic response to changes in perfusion.
33. Discuss the pathophysiology of shock and peri-arrest situations.
34. Describe the effects of decreased perfusion at the capillary level.
35. Define shock based on aerobic and anaerobic metabolism.
36. Relate pulse pressure changes to perfusion status.
37. Relate orthostatic vital sign changes to perfusion status.
38. Predict shock based on mechanism of injury.
39. Discuss the progression of shock.
40. Discuss the pathophysiologic changes associated with compensated shock.
41. Discuss the assessment findings associated with compensated shock.
42. Identify the need for intervention and transport of the patient with compensated shock.
43. Discuss the treatment plan and management of compensated shock.
44. Discuss the pathophysiologic changes associated with decompensated shock.
45. Discuss the assessment findings associated with decompensated shock.
46. Identify the need for intervention and transport of the patient with decompensated shock.
47. Discuss the treatment plan and management of the patient with decompensated shock.
48. Differentiate between compensated and decompensated shock.
49. Discuss the assessment findings associated with shock and the peri-arrest situations.
50. Identify the need for intervention and transport of the patient with shock or other peri-arrest situations.
51. Discuss the treatment plan and management of shock and other peri-arrest situations.
52. Describe the pathophysiology, assessment, and management of specific types of shock, including cardiogenic, obstructive, distributive, and hypovolemic shock.

**Skills Objectives**

1. Demonstrate how to perform one- and two-rescuer adult CPR.
2. Demonstrate how to perform CPR in a child who is between age 1 year and the onset of puberty.
3. Demonstrate how to perform CPR in an infant who is between ages 1 month and 1 year.
5. Demonstrate how to perform manual defibrillation in an infant or child.
6. Demonstrate how to manage a patient in ventricular fibrillation or ventricular tachycardia.
7. Demonstrate how to manage a patient in asystole or pulseless electrical activity.
8. Demonstrate the steps of postresuscitative care.
9. Demonstrate how to be committed to the success of the team.
10. Demonstrate the roles of the code team member and the code team leader.
11. Defend the importance of teamwork, experience, and practice in preparation to manage the critical patient.
12. Demonstrate rapid decision making based on differential field diagnosis of the critical patient with a pre-arrest condition.
13. Demonstrate the management of shock.