

Health Education Collaborative Newsletter

*A message from the
CEO*



*Bruce Greaves
CEO/Director*

Welcome to issue 5

A busy month for us at HEC finalising course development which has been challenging due to organisations and individuals working very differently during Covid 19 restrictions. We are now very pleased to be announcing the release of two exciting programs with our collaborative partners (see the course development section).

I have been busy working for The Department of Health and Human Services providing education and training for the Infection Prevention Control Outreach teams. These teams provide organisations such as aged care facilities with advice and training on their preparedness for managing day to day prevention and infection control outbreaks. They will be working with, and responding to any high risk facility that seeks help or has a suspected or confirmed Covid 19 case or outbreak. These teams will be a vital part of the next phase in managing this pandemic as we slowly ease restrictions.

Hope every one is well and looking forward to life getting back to some form of normality.

Don't forget to think about what skills and clinical knowledge you may like to add to your scope of practice.

I hope to see you enrolling in some of our programs soon.

Regards

Bruce

**Course
Development**

New partnerships and course releases

Fracture Management

HEC is extremely excited to announce a collaborative partnership with the [Australian Orthopaedic Association \(AOA\)](#) to deliver a short course in fracture management and cast application. AOA is the peak professional organisation for orthopaedics in Australia.



**Fracture
Management:
Immobilisation
Splinting & Casting**



Through this collaborative partnership we have developed a best practice course in fracture management and cast application which has been critically reviewed and endorsed by AOA. The course is designed for nurses, allied health personnel and others who wish to upskill and improve their techniques in applying and removing casts.

Course information will be available on our web site shortly.

To register your interest or enquire about an onsite group course booking, please [click here](#) or contact Bruce on 0444 547036.

ECG Interpretation

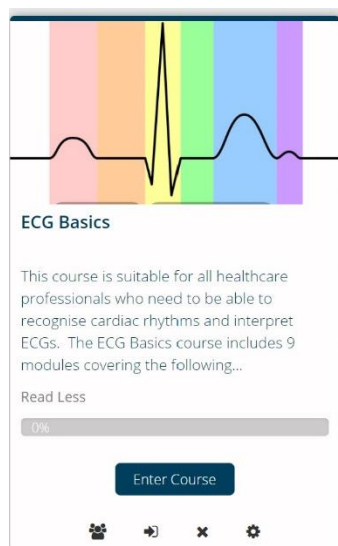
We are incredibly pleased to announce our ECG Basics course in Collaboration with Baker Heart and Diabetes Institute.

This is our second course collaboration with Baker. We have previously collaborated on Women After Gestational (WAG) Diabetes program WAG.



The course has been developed by Margaret Vilella and has been critically reviewed by Baker Heart cardiologist Dr Ben Costello MBBS FRACP PhD.

This is a comprehensive introductory course in ECG interpretation and provides all the essential knowledge required to interpret basic ECGs. The course will be available from 9 June 2020.



Later this year, an advanced module will be released which will build on this course and provide more advanced ECG concepts. This course will be suitable for staff working in critical care areas and specialty cardiology environments.

Clinical Question/Rhythm

Clinical Update



Margaret Vilella
Director/Education

Director

Last month I asked if you could identify this rhythm.



Answer: this rhythm is clearly irregular, rate is 125 bpm, no P waves so unable to measure PR interval, QRS is normal duration. Interpretation: atrial fibrillation with a rapid ventricular response.

Atrial fibrillation (AF) is the second most common rhythm found in adults (think about all the times you have checked a pulse and found it to be irregular), so it is important you can recognise this rhythm.

If you have found this and/or the previous rhythms challenging, you may like to enroll in our ECG Basics course which is fully online and available from 9 June 2020.

This month's clinical question

Recognising and responding to clinical deterioration early!

	Time	1615	2030	09 ^{Day}	0130	0630	1100	1700	2100
Respiratory rate (Breaths/minute)	Print > 30								
	28								
	26								
	24								
	22								
20									
18									
16									
14									
12									
10									
Print < 8									
O ₂ saturation % on air or O ₂ (Print %)	≥ 94%	98%	99%	98%	97%	98%	97%	98%	98%
	91 - 93%								
	≤ 90%								
O ₂ Flow rate (L/minute) (Call criteria excludes High flow nasal prongs)	Print ≥ 10								
	8 - 9								
	6 - 7								
	4 - 5								
≤ 3									
O ₂ Mode of Delivery	Print	RA	RA	RA	RA	RA	RA	RA	
Blood Pressure (mmHg) Systolic BP	Print > 200								
	190								
	180								
	170								
	160								
150									
140									
130									
120									
110									
100									
90									
80									
70									
Print < 60									
Heart Rate (Beats/min)	Print > 150								
	140								
	130								
	120								
	110								
100									
90									
80									
70									
60									
50									
Print < 40									
Heart Rhythm		Reg	Reg	Reg	Reg	Reg	Reg	Reg	
Temperature (°C)	Print > 39								
	38.5								
	38								
	37.5								
	37								
36.5									
36									
35.5									
Print < 35									
Consciousness If necessary, wake patient before scoring	Alert	A	A	A	A	A	A	A	
	Voice								
	Pain								
	Unresponsive								
Pain Score None (0) - Worst (10) At rest		0	0	0	0	0	0	0	
	On movement								

Review this observation chart and think about the following questions.

What do you think about the observations on this chart?

Are any of these observations concerning?

Do any of these observations meet clinical review criteria?

Do any of these observations fall within MET criteria?

What do you think about the frequency of these observations? (take note of the times circled in pink)

When would you review this patient again?

What would be your course of action?

Next month, we will discuss the answers to these questions.

Until the next issue, be safe.



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Breaking any link in the chain of infection will stop the spread!

Next Issue: June 2020



Contact us:

Marg: 0419 939 458 or Bruce: 0444 547 036

Web page: <http://www.healthec.com.au/>