**Resuscitation Awareness [QSI Ref: XR-204]**

**Descriptor:**

Audit of practical knowledge of advanced resuscitation skills expected of medical staff in a radiology department.

**Background:**

Patients attending the Radiology Department are often very ill and cardiopulmonary arrests do occur. Although hospitals do generally have a cardiac arrest team it is often several minutes before they arrive and they are not always able to attend if busy elsewhere. It is therefore essential that all clinical staff have and maintain basic resuscitation skills. Healthcare institutions have an obligation to provide an effective resuscitation service and ensure all clinical staff receive training and regular updates, maintaining a level of competence appropriate to each individual’s employed role. Resuscitation skills rapidly disappear and therefore clinical staff should update their skills annually. Currently training is offered in different formats and targeted at different aspects for different groups of staff. New Resuscitation Council (UK) Guidelines were published in 2015.

## The Cycle

**The standard:**

• All medical staff should be aware of current resuscitation guidelines

• All medical staff should be updated annually

**Target:**

• 100% accuracy (target set by local resuscitation training department)

• 100% annual update / training

## Assess local practice

**Indicators:**

• Accuracy of responses to a range of questions regarding resuscitation

• Date of last resuscitation skills training

**Data items to be collected:**

• Situation of resuscitation trolleys (suggest inserting map or maps of department into questionnaire and ask that equipment sites be highlighted)

• Compression to breath ratio

• Timing of epinephrine administration

• Timing of defibrillation, defibrillation sequence

• Awareness of the need to give a water flush prior to amiodarone administration

• Grade of staff

• Timing of last resuscitation training

See questionnaire

**Suggested number:**

All radiologists in department

**Suggestions for change if target not met:**

• Discuss results at department meeting including map highlighting position of resuscitation equipment if department large

• Invite Resuscitation training staff to update whole department with regard to new guidelines as part of postgraduate lecture programme

• Explore training of 1 or 2 medical staff members as Resuscitation trainers

• Reaudit 3 months after training

[**91\_cpr\_questionnaire\_2012.doc**](https://www.rcr.ac.uk/sites/default/files/audit_template/91_cpr_questionnaire_2012.doc)WORD - 27 KB

**References:**

1. Resuscitation Guidelines 2015 Resuscitation Council(UK) <http://www.resus.org.uk/pages/guide.htm>

**Editor's comments:**

The need for skills in paediatric basic and advanced life support will depend on the case mix.

**Submitted by:**

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