SIMulatED : Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: Short Wind and Paining

## Scenario Overview

**Estimated SIM Run Tme:** 20mins

**Estimated Guided Reflection Time:** 10mins

**Target Group:** ED Registrars and Nurses

Brief Summary: A 55 year old woman presents in acute pulmonary oedema in setting of ischaemic sounding CP. He has a history of ischaemic heart disease/CCF. In extremis on arrival, not for intubation pre-existing given premorbid state. Pt only able to give 2-3 word answers/Yes-No answers. Needs CPAP /nitrates/morphine/O2/??diuretics. ECG shows pure posterior infarct that requires thrombolysis/ACS management.

**\*\*\*Need to remember to tell team to speak quietly and minimise NOT essential chatter in SIM – good practice and also helps with poor audio\*\*\*\***

**\*\*\*There will be a blindfolded reg in the room to recap what happened without being able to see\*\*\***

## Learning Objectives

**General**

- Teamwork/Communication inc closed loop

- Patient interactions – empathy, lay person explanations

- Succinct handover of information between doctors/nurses

**Scenario Specific**

- Management of APO – NIV/O2/Nitrates/?diuretics/Morphine

- Making up a nitrate infusion

- Applying NIV mask/select appropriate NIV settings/get patient settled on NIV

- Recognise posterior infarct as an STE Equivalent

- Standard Rx for cardiac chest pain/MI – aspirin/clopidogrel/nitrates/morphine/clexane (iv if thrombolyse)

- Selection of correct thrombolysis regime including check for contraindications

## Equipment Checklist

**Equipment –** BiPap Mask/O2/Venturi/NRB/ECG Machine

Fake pink frothy sputum!

**Medications and Fluids –** Morphine /Frusemide/Nitrates/Clexane/Clopidogrel/Aspirin/ Alteplase

**Documents and Forms –** NIV observation sheet/Nursing notes/Triage form/Thrombolysis checklist

**Diagnostics Available –** CXR - APO, VBG – resp acidosis/met acidosis, ECG – Posterior infarct

## Scenario Preparation/Baseline Parameters

**Initial Parameters**

**P 130 (AF) BP 160/100 Sats 82%RA**

**RR 36 T 37.6**

**Later on Bipap**

**P 110 BP 110/80 Sats 92%Bipap**

**RR 28**

## Participants

**REAL PATIENT -** Bek

**Staff –** ED Nurses x2/ED Reg x2/Med Reg later if available

**Instructor Roles –** Provide results/in room facilitator for exam findings

**Phone advice –** Cardiologist/ED consultant/Anaesthetics Reg/ICU Reg

## Candidate Instructions

You are called to resus to see a 55F patient who is very SOB and c/o severe chest pain. She has had recurrent MI’s and many episodes of APO in the past. She is NOT for intubation according to a detailed discharge letter from ICU, but is still for NIV and inotropes. Please assess and treat.

## Additional Information/Medical History

**Demographics –** 55F, from Palmerston

**HPC –** intuabated on ICU 6 mths ago – long traumatic stay in ICU, decision not for reintubation but can have NIV and inotropes

**PMH –** DM T2, HTN, Obesity, Heart failure- rec APO, MI with stents, Borderline personality disorder

## Proposed Scenario Progression

-Arrives in respiratory extremis, pink frothy sputum and hypoxia. Complaining of severe cardiac sounding chest pain, tri-podding

- Alert for end of life care on the system/triage note/ICU discharge

- Expectation that given standard care for APO and cardiac chest pain

- Start NIV – either use full NIV set up if free and someone happy to be on it – or just mask and write down proposed settings if not

- Establish that NOT for intubation but appropriate for NIV

- Recognise serious ECG pattern – isolated posterior infarct

- Consider the need to thrombolyse. Can liaise with ED Consultant/Cardiologist on the phone given not straightforward STEMI

- Check for contraindications and administer

- Short runs of VT on monitor post (triplets only), ECG remains the same if re-taken post thrombolysis

- END POINT WHEN THROMBOLYSIS ADMISISTERED, PATIENT PAIN FREE AND ON NIV

## Debriefing/Guided Reflection Overview

- Recap what happened – Blindfolded Reg!

- Examples of good and bad communication – allocate a reg to write down during the SIM

- What was the hardest thing avout this SIM?

- What would you do differently next time?

## Case Considerations

- How best to administer nitrates

- Do we need to give frusemide in APO?

- STE Equivalents…important to be able to recognise early

- Risk-Benefit of Thrombolysis

- Complications of NIV