SIMulatED

Royal Darwin Hospital Emergency Department

Author: Rebecca Day

# Scenario Run Sheet: Sedation Blues

## Scenario Overview

**SIM Time: 20 mins**

**Estimated Guided Reflection Time: 25 mins**

**Target Group: ED Reg’s/ED Nurses**

**Brief Summary: 16 year old male having a ketamine sedation for a reduction of an elbow dislocation (failed under nitrous and fentanyl). 1 minute into the procedure the elbow is pulled the patient develops laryngospasm. Difficult to BVM with declining sats. Requires PEEP, then sux and ETT. If insert LMA – continue to desat. If n**

## Learning Objectives

**General**

* Team approach to a crisis situation (roles/communication/closed loop/allocation of tasks in crisis)

**Scenario Specific**

* Consent for procedure – written vs verbal
* Preparation including airway assessment and equipment, drugs, monitoring, IV access
* Prep of plaster and discussion of reduction technique
* Abridged version of checklist in a critically unwell patient that needs ETT stat (ideally before ketamine given)
* Use of CMAC for crash intubation
* Airway nursing skills “in a rush” – equipment/bougie/railroad of ETT/ cuff/securing etc.
* Appropriate ventilation and post ETT care of the patient WITH NORMAL LUNGS

## Equipment Checklist

**Equipment**

Mannequin

Resus/airway trolley with intubation equipment

BVM and PEEP valve

O2 cylinder

Oxylog

LARYNGOSPASM NOISE RECORDED

**Documents and Forms**

Code Blue form

Triage

Obs

**Drugs and Fluids**

Ketamine/Midaz/Sux/Roc/Propofol/Fent/Morphine

NaCl

## Scenario Preparation/Baseline Parameters

**Initial Parameters**

Normal Obs

Tachy and hypertensive after ketamine given

**Initial Progress**

With laryngospasm gets desat and elevated RR

Sats to 60%

At onset of laryngospasm develops tachypnoea and sats decline rapidly to 60%

## Participants

**Staff**

Reg x2

Nurses x3 (1x airway trained)

Additional staff allocated on a needs basis depending on skill mix

ED Consultant available by phone

ICU/Anaesthetics Consultant available by phone

## Additional Information/Medical History

**Demographics:** 16 year old fit and well, fasted for 4 hr

**PMH:** Nil PMH – first time in hospital since birth, allergy to penicillin

## Proposed Scenario Progression

## Prep for ketamine sedation (as per protocol)

- Staff (resus trained nurse)

- Monitoring

- Iv line

- Drugs and emergency drugs

- Plan in event of complication, inc sux drawn and airway plan plus checklist review

- Review Radiology pre procedure

* Explanation and consent, inc indications and contraindications with patient
* Preparation of plaster/dynacast above elbow backslab
* Drug admin
* Recognition of laryngospasm and desaturation while pulling – procedure stopped
* Attempts to BVM/PEEP with 100% FIO2
* Further desat, if LMA inserted gets worse. Becomes brady and hypoxic if left hypoxic longer than 60s
* Sux/Roc given – with cessation of laryngospam
* ETT placed
* Post intubation care – tie in , sedate, re-paralyse, vent settings etc

## Debriefing

Tell me about the scenario

What do you think went well?

Nursing staff – how do you feel that scenario went – was it under control? Who was in charge?

I noticed that you did…….

Tell me about that……

What do you think about?

What else do you think could have been done?

How would you do it differently if you were in the same situation?