Scenario Run Sheet

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| Scenario Overview |
| **Estimated scenario time:** | 15-20mins |
| **Estimated guided reflection time:** | 15mins |
| **Target group:** | Ed Drs for sedation credentialing |
| **Brief summary:** | Adult propofol sedation complicated by Apnoea |

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| Learning Objectives |
| **General:** | To improve teamwork behaviours in critical incidents by introducing participants to the key points of Resus Room Management:* Environment – self, patient and team
* Leadership – role delegation and managing the mob
* Planning – anticipate, share and review the plan
* Cognitive resilience – managing stress
* Communication techniques – closed loop and graded assertiveness
* Limitations – knowing when to call for help
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| **Scenario Specific:** | * Pre-sedation preparation
* Sedation techniques
* Post-sedation management
* Management of complications- Apnoea
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| Equipment Checklist |
| **Equipment*** SIM Mannequin
* SIM IPAD
* Resus Trolley and airway equipment
 | **Medications and Fluids*** **Fentanyl and propofol**
* **IVF: N/Saline**
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| **Documents and Forms*** Sedation form
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| **Diagnostics available*** **X-ray of dislocated shoulder**
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| Scenario Preparation / Baseline Simulator Parameters |
| **Commencement *(i.e. pre-hospital, triage presentation)*** | **Proposed treads during scenario: Brief apnoea with desaturation to 90% responds to BVM, airway manoeuvres post relocation of shoulder** |
| Temp – Pulse –Resp – BP –SpO2 – GCS – BSL –  | **37****86****22****130/85****97% RA****15** | Temp – Pulse – Resp – BP – SpO2 – VBG | **75****0****105/70****90% - responds to Jaw thrust + BVM** |

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| Number of Participants |
| **Student Roles**Nursing Staff * **2 Nurses**

Medical Staff* **2 Drs- 1 for sedation, 1 procedural**
 | **Instructor Roles** Will / Nic * Patient

Kev* Operate SIM IPAD
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| Additional Information / Medical History |
| **Patient Demographics:**  | 50 year old male |
| **History of Presenting Complaint:** | Fall from Pushbike, obvious R shoulder anterior dislocation confirmed on x-ray, no other injuries on primary and secondary survey, c-spine cleared clinically |
| **Previous Medical History:** | Smoker, no meds or allergies |

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| Proposed Correct Treatment (Outline) |
| * **Pre- Sedation:**
1. Health Evaluation and Anaesthetic Risk Assessment \_\_ Fasting status\_\_
2. Weight Calculation\_\_
3. Patient explanation and consent\_\_
4. Choose most appropriate sedation method\_\_ (Nitrous machine broken)
5. Prepare Equipment: Draws up and labels medications for sedation and analgesia\_\_ Suction\_\_checks Airway and Resus equipment\_\_ Considers antidotes (Naloxone)\_\_
6. Prepare Staff: Allocates roles\_\_
7. Patient Preparation: Resus area\_\_,IV access\_\_, IVF running\_\_, cardiac monitoring\_\_O2 sats\_\_ ETCO2\_\_
* **Sedation:**
1. Propofol- Dose given\_\_incremental doses\_\_ Fentanyl\_\_
* **Apnoea/Desats Complication:**

1. Check Patient\_\_2. Check O2 probe\_\_3. Airway Opening manoeuvres\_\_4. Change to BVM\_\_5. Consider assisting ventilation\_\_6. Consider Naloxone\_\_* **Post Sedation:**
1. Post-procedure Observations until full recovery\_\_
2. Documentation\_\_
3. Discharge criteria met and written instructions given\_\_
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| Debriefing / Guided Reflection Overview |
| **Reflection and Self Appraisal:*** *What went well?*
* *What else happened?*
* *How did the team function?*
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| **Situational Awareness questions):*** **Global** *i.e. was suctioning available?*
* **Physiological** *i.e. what was the heart rate at the completion of the scenario?*
* **Comprehension** a*sk one of the nurses – test clear communication through the team i.e. what do you think is wrong with the patient?*
* **Projection** *ask one of the junior medical staff i.e. what do you think will happen now?*
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| **Conclusion:*** *These are the things you identified as going well…*
* *These are the things you identified as needing to work on…*
* *I saw the following positive things throughout this session…*
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| Resus Room Management Considerations |
| * **Environment –** *self, patient and team*

Situational awareness – do you have enough space, light? Can you access and utilise your equipment? Exercise crowd control and minimise disruptive noise.Don’t be helpless when it counts – do you know how to set up the ventilator, run through an arterial line* **Leadership** – *look, act and sound like a leader…*

Leadership is critical in the emergency departmentIf resources allow – stay hands of to maintain your situational awareness, when you get involved in tasks (i.e. managing the defib) you become blind to what’s happening around you.Manage to mob – get everyone on the same page by keeping the team with you. This can be achieved by periodically announcing clinical findings and progress, share your mental model of what is going on and state the goals.Task specific individuals and not the room – learn people’s names* **Planning** – *use your mind’s eye…*

The five to ten minutes before the patient is wheeled into your resus room is just as important as the primary survey – use this time effectively to delegate roles, brief the team and share expected outcomes. When the team shares the same mental model they work more effectively to achieve common goals. This shared understanding of team goals, tasks, environment and individual roles and expertise is critical to effective teamwork.* **Cognitive Resilience –**

Know your human cognitive limitations – stress can impair memory, attention and judgment. No one is immune to this – build a system to reduce your cognitive loadEncourage the team to challenge, question, and remind Use checklists (i.e. for RSI)Stress management can be enhanced through high stress and high fidelity simulation* **Communication techniques** – *Never get personal*

Assertive and polite – state the facts and what outcomes you want to achieve.Never directly judge other individualsGraded assertiveness is a essential skill to learnNever threaten someone’s competence; this can disrupt the entire team. If you must disagree or override someone, always give them face saving options. But ultimately remember it’s not about you or them, it’s about the patient.* **Limitations** – *don’t let pride disrupt patient outcomes*

It is essential that all team members know their limitations and call for help early when these are reached.  |