Scenario Run Sheet

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| Scenario Overview | |
| **Estimated scenario time:** | 15-30mins |
| **Estimated guided reflection time:** | 15mins |
| **Target group:** | ED Drs for sedation credentialing |
| **Brief summary:** | Bier’s block complicated by LA toxicity |

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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 |
| **Scenario Specific:** | * Bier’s Block set up and technique * Management of LA toxicity |

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| Equipment Checklist | |
| **Equipment**   * SIM Mannequin * SIM IPAD * Bier’s Block Machine * Resus Trolley, IV cannula | **Medications and Fluids**   * **Prilocaine, Fentanyl/Morphine, ALS drugs, Intralipid** |
| **Documents and Forms**   * Sedation form |
| **Diagnostics available**   * **ECG- wide complex tachycardia** * **X-ray- Colles fracture** |

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| Scenario Preparation / Baseline Simulator Parameters | | | |
| **Commencement *(i.e. pre-hospital, triage presentation)*** | | **Proposed treads during scenario: Develops a WCT and hypotension , does not arrest, responds to intralipid and stabilises** | |
| Temp –  Pulse –  Resp –  BP –  SpO2 –  GCS –  BSL – | **96**  **20**  **150/90**  **98%**  **15** | Temp –  Pulse –  Resp –  BP –  SpO2 –  GCS-  VBG | **140**  **30**  **80/40**  **92%**  **14** |

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| Number of Participants | |
| **Student Roles**  Nursing Staff   * **2 Nurses**   Medical Staff   * **2 Doctors** | **Instructor Roles**  Will / Nic : Patient  Kev : operate IPAD |

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| Additional Information / Medical History | |
| **Patient Demographics:** | Mavis, 65 year old female, weight 70kg |
| **History of Presenting Complaint:** | FOOSH sustaining a R Colles fracture, seen by orthopaedics request a closed reduction in ED, patient last ate 2 hours ago |
| **Previous Medical History:** | HTN on Ramipril |

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| Proposed Correct Treatment (Outline) |
| * **Pre- Sedation:**  1. Health Evaluation and Anaesthetic Risk Assessment \_\_ Fasting\_\_ 2. Patient explanation and consent\_\_ 3. Weight Calculation\_\_   Prepare Equipment: Bier’s Block Machine\_\_ Calculates dose of Prilocaine and draws up\_\_Antidotes available\_\_ALS drugs and resus trolley\_\_   1. Prepare Staff: Allocates roles\_\_ 2. Patient Preparation: Non invasive monitoring\_\_ 2 x IVC\_\_  * **Bier’s Block:**  1. Apply tourniquet and inflate\_\_ 2. Check absence pulse\_\_ 3. Inject Prilocaine\_\_ 4. Start timer\_\_  * **LA Toxicity Complication: Develops WCT with haemodynamic instability requiring action**  1. Follows ALS guidelines for WCT\_\_ 2. Recognises may be due to LA toxicity and may be refractory to treatment\_\_ 3. Uses Intralipid\_\_ Correct Regimen  * **Post Sedation:**  1. Post- Procedure observations until full recovery\_\_ 2. Documentation\_\_ 3. Refer patient for admission to HDU/CCU given complication\_\_ |

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| Debriefing / Guided Reflection Overview |
| **Reflection and Self Appraisal:**   * *What went well?* * *What else happened?* * *How did the team function?* |
| **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?* |
| **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 department  If 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 load  Encourage 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 individuals  Graded assertiveness is a essential skill to learn  Never 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. |