Scenario Run Sheet

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| Scenario Overview |
| Estimated scenario time: | 15-30 mins |
| Estimated guided reflection time: | 30 mins |
| Target group: | ED doctors and nurses |
| Brief summary: | AMI and cardiac arrest |

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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: | * Management of an acute AMI
* ALS- management of a VF/VT arrest
* Advanced: Patient reverts after 3rd shock/amiodarone but remains unconscious requires consideration of therapeutic hypothermia
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| Equipment Checklist |
| Equipment* SIM Mannequin
* SIM IPAD
* SIM IPAD/Defibrillator
* SIM Resus Trolley and equipment
 | **Medications and Fluids*** **STEMI Management: Aspirin, clopidogrel, clexane, nitrates, metalyse**
* **VT/VF Management: Adrenaline, Amiodarone**
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| **Documents and Forms*** ED triage sheet and nursing assessment
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| **Diagnostics available*** **ECG showing STEMI**
* **Venous Gas**
* **CXR**
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| Scenario Preparation / Baseline Simulator Parameters |
| Commencement *(i.e. pre-hospital, triage presentation)* | **Proposed treads during scenario** |
| Temp - Pulse – Resp – BP – SpO2 – GCS – BSL – 6  | **37****70-80bpm****15bpm****140/80****98% RA****15** | Temp – Pulse – Resp – BP – SpO2 –  | **36****VF/VT** |

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| Number of Participants |
| Student RolesNursing Staff * Scribe, Airway, Circulation, CPR nursex2

Medical Staff* 2 doctors minimum
 | **Instructor Roles** * Kev: Operate SIM IPAD
* Nicola/Kerry: Observe, patient voice, cardiologist, ICU
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| Additional Information / Medical History |
| Patient Demographics:  | Mrs Alison Arrest Age 58 years |
| History of Presenting Complaint: | Alison has self presented to ED with a history of central chest pain radiating down her L arm, onset 1 hour earlier whilst doing the gardening |
| Previous Medical History: | Type 2 DM- well controlled, HTN, high cholesterol, non-smoker |

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| Proposed Correct Treatment (Outline) |
| * Resus Area with full non-invasive monitoring once STEMI confirmed with defib pads on
* Obtain full vital signs on arrival: Temp  PR  RR  BP  SpO2  GCS + pupils  BSL 
* Obtain IV access: Yes  No 
* Initiate STEMI Mx: Aspirin\_ Clopidorel\_ Clexane\_ Nitrates\_ Morphine\_ Thrombolysis\_
* Pathology: Pathology requested: FBC  U+E  LFT  G+Hold  Coags  CK/TnI  VBG  ABG  Other \_\_
* VF/VT arrest: Initiate ALS skills with CPR\_ Defibrillator use\_ Adrenaline\_ Amiodarone\_
* Advanced: Intubation\_ therapeutic hypothermia\_
* Investigations / Treatment: ECG  ARTline  Central Line  IDC  ICC  Other \_\_
* Radiology: CXR\_
* Referrals: Card  Other \_\_
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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.  |