SIMulatED RDH Emergency Department - Author: Beks Day

# Scenario Run Sheet: CICO

## Learning Objectives

**Target Group: ED Registrars and ED Nurses (+/- Anaesthetic Registrars)**

**General**

**- Crisis Resource Management**

**- Communication, Delegation, Closed Loop Feedback, Utilisation of resources etc**

**Scenario Specific**

**- Vortex Approach to the Cant Intubate, Cant Oxygenate situation**

**- Use of the ED CICO Algorithm and pre prepared bags 1A/1B**

## Scenario Overview

**Brief Summary: You are the senior registrar, you are at the point of intubating an unconscious 37 year old man who was being transferred for an acute confusional state likely due to illicit drug use. He had to be unexpectedly sedated by careflight when he became violent on the helipad at RDH. Given 400mg IM Ketamine 20 mins ago. He had a partially obstructed airway on arrival so required intubation. You have prepared everything you will need, you have given ketamine 50mg (on top of 400mg IM) and rocuronium 150mg, and are about to take your first attempt at intubation. The CMAC is broken. His airway assessment was favourable. He has a normal VBG/Obs and no signs of trauma.**

**You enter the SIM at the point of making your first attempt to intubate.**

**YOU do not need to do the intubation checklist/set up – it has already been done and no issues identified**

**CICO situation – Requires following of the CICO algorithm and ultimately after max 3 ETT attempts, BVM + adjuncts/2 handed tech, LMA should proceed to a needle cric followed by conversion to Melker.**

|  |  |  |  |
| --- | --- | --- | --- |
| Intro Time | Scenario Time | Debrief Time | Soundbite |
| 10 | **20** | **20** | **10** |

## Observers’ Engagement Task

## Equipment Checklist

|  |  |
| --- | --- |
| **Mannikin:** | 3G |
| **Monitoring:** | iSimulate |
| **Docs and Forms** | EDNA, Green sheet, Vent sheet |
| **Equipment** | IV Pumps, Oxylog, Other: |
| **Consumables** | Blood pump set and saline |
| **Medications** | Ketamine and Roc – being given at start of SIM, Adrenaline, Metaraminol, 2nd dose Roc, |

|  |  |
| --- | --- |
| **Sim Prompts** | Normal VBG/CXR |
| **Sim Equipment** | Full airway set up for ETT/LMA, CICO kit, |

## Participants

**Staff**

**Doctors x3**

**Nurses x3**

**Instructor Roles**

## Additional Information/Medical History

**Demographics: 37M**

**HPC: TF form Katherine. Found confused and sleepy, friend said he had “taken something” but friend took off when the police arrived**

**Initially compliant but confused. TF unintubated by helo with careflight as compliant. Became aggressive on the helipad on arrival at RDH. Given Ketamine 400mg. Obtunded with a partially obstructed airway on arrival.**

**PMH: History of depression and drug use**

## Proposed Scenario Progression

**Scenario Progression**

**Scenario starts at point of full and appropriate prep for what is predicted to be an uncomplicated intubation in a young thin male**

**Roc and Ketamine pushed**

**Attempt – failed x3 – GRADE 4**

**- Ideally optimise all of position/adjuncts/most senior operator etc**

**Unable to BVM effectively at any stage**

**Sats continue to drop**

**LMA – unable to bag effectively**

**CICO declared – algorithm and box sourced**

**Bag 1a - Needle cric – Jet insufflation – 4s on – let sats rise for 20s and wait for 5% drop - 2s on – let sats rise for 20s and wait for 5% drop**

**Bag 1b – Convert to Melker**

**Alternatively can proceed as follows**

**CICO**

**Bag 2 – surgical cric – scalpel-bougie**

**Post intubation checks – CO2/vent/sedation/CXR/NG etc etc**

## Scenario Preparation/Baseline Parameters

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Stage 1** | Progression Trigger  At 3rd failed ETT | **Stage 2** | Progression Trigger  At failed BVM | **Stage 3** |
| **RR** | 10 | 0 | 0 |
| **SpO2** | 98 | 85 | 75 |
| **HR/Rhythm** | 110 | 130 | 100 |
| **BP** | 140/90 | 130/90 | 120/90 |
| **T** | 37.1 |  |  |
| **Other** |  |  |  |
|  |  |  |  |

## Debriefing/Guided Reflection Overview

|  |  |
| --- | --- |
| **Opening Gambit** | **Anticipated themes:** |
| **Exploration with key players** |  |
| **Engaging the general group** |  |
| **Sharing facilitator’s thoughts** |  |
| **Any other questions or issues to discuss?** |  |
| **Summary** |  |

## The Soundbite

TBA

General Feedback Prompts/Examples:

Opening Gambit:

* What did you feel were your specific challenges there?
* Let’s talk.
* Can you describe to me what was happening to the patient during that scenario?
* Can you describe to me what was going on?
* What was important to you in choosing to manage that situation?
* Can you tell me what your plan was and to what extent that went according to plan?
* That seemed to me to go smoothly, what was your impression?
* That looked pretty tough. Shall we see if we can work out together what was going on there so that you can find a way to avoid that situation in the future?

Exploration with key players

* Questions to deepen thinking
* Questions to widen conversation
* Introduce new concepts; challenge perceptions; listen and build
* So what you’re saying is…
* Can you expand on…
* Can you explain what you meant by…
* When you said…
* I noticed that you…

Engaging the general group

* Let’s check with the rest of the group how they reacted to you saying that.
* Did you [scenario participants/observers] feel the same?
* What did you [scenario participants/observers] want from [scenario participant] at that point?
* What ideas or suggestions has anyone else got for how to deal with that situation?

Sharing facilitator’s thoughts

* Use advocacy with inquiry to share your observations and explore their perception
* What does the protocol say on…..
* What do you think was happening ….?
* How do you think … would respond to…. ?
* What about next time…..?
* Do you think there’s anything to be gained from…?

Any other questions or issues to discuss?

Summary

