|  |  |
| --- | --- |
| **Authors/Content Experts:***Main authors* | Natalee Elvie  |
| **Reviewers:***Additional contributors* |  |
| **Target Learning Group(s)** | Cath Lab RNs |
| **Learning Objectives:***(Instructions: write specific objectives related to Scenario topic under these broad standards as applicable)* | Recognize arrhythmias as a potential complication after a PCIEnsure patient has a saline lock with normal saline infusing via gravity Ensure patient’s airway is keep patent even with emesis Perform a 12-lead ECG and notify MD of change in rhythm and statusApplied oxygen to the patient Ability to recognize when to call a code and start compressions. |
| **Time Duration****Briefing:****Scenario:****Debrief:** | 5 minutes20 minutes35 minutes  |
| **Staffing:***Add others* | Simulation OperatorSimulation facilitatorInterventional Cardiologist/ actor |
|  |
| **Overview** |  |
| Patient Name: | Ms Solomon |
| Patient Age: | 60 |
| Patient Gender: | Female |
| Setting: | Recovery Room  |
| Major problem*(This is for facilitators …not to be told to participants)* |  Patient had a PCI to LAD & Circumflex artery with drug eluting stents and developed rapid atrial fibrillation. Ms Solomon has left had saline lock in situ.  |
| Learner Scenario Briefing*(what participants will be told before before they start)*  |  Ms. S was in a CIU bed in room 730-1 post PCI via her Right Femoral Artery, site is dry and intact. Monitor showed NSR. She started complaining of mid to lower back pain, lower abdomen and right leg pain. She stated that she was feeling nauseated and started vomiting. Saline lock on left forearm. What would you do |
|  |
| **Set Up** |  |
| Room Set Up | Typical recovery room bedside |
| Supporting Files/Documents:  | Charting documentsPatient chart Order sheets  |
| Mannequin Set Up | IV pumps (ideally 1)Left peripheral IV (regular tubing) |
| Props & other equipment | Syringes 2-3 bags of normal saline ACLS/emergency drugs ( can be in similar to arrest cart drug tray)Zoll defibrillator PadsCrash cart  |
| Images/Labs required | 12 lead ECG  |
| Starting vital signs | Telemetry NSR with HR 85  |

**Scenario Description/Storyboard**

* Indicate if this is a progression (next step), branch point (change in progression based on participants actions)
* At each point, indicate status of patient including vitals
* Add events or triggers to occur with instructions for SIM operator
* Indicate anticipated learning outcomes (what you expect of participants)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Progression** | **Branch** | **Fast Forward** | **Status** | **Vitals triggers/events** | **Instructions for Operator** | **Anticipated Learning Outcome** |
|  |  |  | Patient is stable complaining of mid to lower abdomen and right leg pain  | RN walks into to assess the patient | BP 155/85 HR 85 RR18 Temp 36.6 NSR on telemetry  | Check the right groin site, abdomen and lower back for reason as why the patient is complaining of pain |
| \* |  |  | Patient starts complaining of being nauseated. Patient starts to vomit. Patient stated pain is getting worse 8/10 now  | Increase respiratory rate and effort  | Oxygen saturation decrease to 89% on room air |  To ensure patient’s air way is protected and decrease the risk of aspiration. To apply oxygen due decrease oxygenation on room air |
| \* |  |  | Patient has an irregular and fast heart rhythm  | Vitals signs ; BP 90/60,  | Heart 180 with discernible P wave on telemetry waveform | To call for additional assistance from colleagues and obtain a 12 lead ECG |
|  |  |  |  Patient goes unconscious and pulseless  | Patients stops talking and moving  |  Asystole on the monitor. Start compressions and provide oxygen via ambubag. MD Kutryk will order Epinephrine 1mg IV and repeat again an 3 minutes  | Call a code blue and start compression. |
|  | \* |  |  |  |  Continue compressions for two minutes. Then Patient pulse returns as weak with HR of 45 and is transferred to CICU   |   |

**Debriefing Points based on Objectives:**

* Demonstrates ability to recognize arrhythmias
* Assesses femoral pulse for possible hematoma or bleeding
* Ability to recognize when a patient is in respiratory distress and lead to aspiration
* Calls a code and calls for assistance
* Does chest compressions until cart is brought over
* Positions defibrillation pads appropriately
* Reconfirms rhythm
* Continues chest compressions for 2minutes
* Also watching to see how communication is between the RNs involved. Want to see how they interact with each other.