|  |  |  |
| --- | --- | --- |
| VCH Color Logo | Coastal Simulation Program  Scenario Name: Hypovolemia PEA Arrest  Mock Code Blue |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Learning Objectives:**  By the end of the debriefing the participants should be able to:  *Knowledge & Skills*:   * + Recognize signs and symptoms of hypovolemia.   + Rapidly recognize changes in clinical state.   + Identify and implement interventions needed to treat hypovolemia.   *Attitudes and Judgement:*   * + Use closed Loop Communication- Clear and direct orders, Repeat back orders (organization), respectful   + Communicate roles (leader, medication administrator, runner, recorder)   + Utilize interdisciplinary staff effectively. | | | | | | |
| **Patient Description:**  **Name:** Elsa Trockenkoerper  **Age:** 78  **Weight:** 60kg  ***Hx of current condition*:**  Admitted with a history of vomiting and anorexia (for the last 7 days). Diagnosed with small bowel obstruction. Had surgery for small bowel resection (20 cm segment of ileum removed).  **Hx:** HTN, MI x2, CHF | | | **Skills required prior to simulation/learner assessment:**  **Psychomotor:** General assessment procedures for the post-op patients. ECG monitoring. Cardiovascular assessment including rhythm analysis, vital signs, peripheral circulatory status.  **Cognitive:** Assessment of deteriorating vital signs (increase in heart rate, decrease in BP, narrowing pulse pressure, week pulses).  Recognition of emergency. Call for help.  **Teamwork:** Support vital signs while organizing into effective team ( divide roles, identify leader, etc.)  Who are my learners? PAR Nurses, RT, MD | | | |
| **Monitors: ECG, SpO2, BP cuff** | | | | | | |
| **Physical Props/Equipment:**  ECG, Mock drug tray, Crash cart  Mock ICU intubation bin  Bag-valve mask | | | | **References, Resources, Protocols, Algorithms, or Evidence Informed Practice Guidelines:**  Practice Guidelines –Hypovolemia | | |
| **Equipment available in room:** | | | | | | |
| **Room set up**:  PAR #22  IV pump  ECG and NIBP | **Medications & Fluids:**  Normal saline  Plasmalyte | **Diagnostics:**  CBC  Chemistry  ABG’s - Lactate | | | **Documentation forms:**  PAR record  Resuscitation Record  Lab reports  Old ECG | **Confederates**  interdisciplinary staff – |
| **Mannequin:**  Sim-man adult. Large bag for “IV fluids” | | | | | | |
| **Personnel:**  Nurse, RT, MD | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scenario Transitions / Patient Parameters** | **Effective Management** | | **Consequences of Ineffective Management** | **Notes** |
| **phase 1 Setting:** | | | | |
| Initial exam:  VS BP 80/60, HR 130 with PVCs, Sa02 95% on 4L NP  Pale. Extremities mottled. Capillary refill > 3 sec. No urine in the bag. | Lower the head of the bed.  Run IV wide open.  Call anesthetist. | | Deteriorates |  |
| **phase 2** | | | | |
| Initial exam:  VS BP 75/60, HR unchanged, decreasing LOC. Moaning.  Pulse no longer palpable.  Unresponsive. | Recognize severe hypovolemia.  Infuse at least 1-2 liters of crystaloids using pressure bag.  Consider 2nd IV.  Place patient in Trendelenburg position.  **Once pulseless:**  Call code.  Begin CPR.  Administer Epinephrine.  Follow PEA algorithm. | |  |  |
| Possible debrief points:  Focus Debrief on learning objectives  Possible questions to facilitate the debriefing about the Medical Content  1. What runs through your mind when you notice signs of hypovolemia?  a. This should trigger discussion of progression down airway management  2. Review management of hypovolemic shock and PEA arrest. | | Debrief notes | | |