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| VCH Color Logo | Coastal Simulation ProgramScenario Name: Cardiac Arrest/Pneumonia/SepsisMock Code Blue |  |

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| **Learning Objectives:**By the end of the debriefing the participants should be able to:*Knowledge & Skills*:* + Rapidly recognize changes in clinical state.
	+ Recognize Signs of respiratory/cardiac arrest
	+ Initiate and maintain good quality CPR
	+ Activate Code Blue procedures
	+ Follow ACLS guidelines

*Attitudes and Judgement:* * + Use closed Loop Communication- Clear and direct orders, Repeat back orders (organization).
	+ Communicate roles (leader, medication administrator, runner, recorder)
	+ Utilize interdisciplinary staff effectively
	+ Comfort family if at bedside
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| **Patient Description:****Name:** Irina Simonova**Age:** 77**Weight:** 65kg***Hx of current condition*:** Admitted 2 weeks ago with history of L-sided ischemic stroke. As a result of the stroke she developed R-sided weakness, dysphagia, slurred speech and unsteady gait.She has been eating dental-soft diet with thickened fluids.Yesterday, she developed fever 38.9 Celsius, cough, and coarse breath sounds to R middle and lower lung fields. Chest X-ray was showing R middle-lobe infiltrates consistent with aspiration pneumonia. She was started on Pip-Tazo. 3.375 G IV Q6H and 02 at 40% via Opti-flow. Today she was found restless, confused, cyanotic, diaphoretic. O2 cannula was out of her nose, and her respirations were rapid, labored and noisy.**Medical Hx:** Mild COPD, HTN, PVD. | **Skills required prior to simulation/learner assessment:**Psychomotor: Supporting breathing with O2 and bag-valve-mask, commencing CPR once pulseless.Cognitive: Assessment of deteriorating respiratory status leading to respiratory arrest.Recognition of emergency. Call for help.Teamwork: Support vital signs while organizing into effective team.Who are my learners?Nurses, RT, ED MD |
| **Monitors: ECG, SpO2, BP cuff** |
| **Physical Props/Equipment:** ECG, Mock drug tray, Crash cartMock ICU intubation binSim ambu bag | **References, Resources, Protocols, Algorithms, or Evidence Informed Practice Guidelines:**Practice Guidelines – Cardiac/Respiratory Arrest Management. |
| **Equipment available in room:** |
| **Room set up**: Mock intubation kit(ET tube)Ambu-bag (from SIM)Opti-flow | **Medications & Fluids:**D5NS | **Diagnostics:**CBCChemistryABG’s - Lactate | **Documentation forms:**Lab reports | **Confederates**interdisciplinary staff – RT |
| **Mannequin:**Sim-man |
| **Personnel:**Nurse, RT, ER MD |

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| **Scenario Transitions / Patient Parameters** | **Effective Management** | **Consequences of Ineffective Management** | **Notes** |
| **phase 1 Setting: Primary RN assesses patient in her room** |
| Initial exam: VS BP 95/45, HR 120/min, RR 30/min (shallow), SaO2 85% on room air (due to opti-flow off)Pupils 4.0 and reactive.+++ restless. | Re-apply Opti-flow.Call for help, call RT.Attempt to re-assure.Supplement breathing with the bag-valve-mask while waiting for RT. | Patient deteriorates. |  |
| **phase 2**  |
| Initial exam: Patient stops being restless and becomes unconscious. Vital signs: no respirations, no pulse. | Recognize absence of vital signs.Call for helpStart CPR Call codeEnsure IV accessMaintain CPR | Unfavorable outcome |  |
| **phase 3 ICU team and ER doctor arrive** |
| Initial exam:CPR in progressECG monitor showing v-fibFirst pulse check= absent | Follow V-fib / pulseless V-tach algorithm.Maintain CPR with only necessary interruptions.Rotate compressors to avoid fatigue.Follow ACLS guidelines for medications.Intubate |  | Patient will regain pulse and survivable rhythm after 3-rd shock unless algorithm not followed. |
| Upon ROSC patient hypotensive at 70/40. | Start vaso-pressive agent (Levophed or Dopamine)Transfer to ICU |  |  |
| Possible debrief points:Focus Debrief on learning objectives Possible questions to facilitate the debriefing about the Medical Content1. What runs through your mind when you notice patient in respiratory distress?  2. How did the team worked together to  manage the crisis? 3. How did the team members contributed to a positive outcome.Scenario written: Bart Bielec RN | Debrief notes |