|  |  |  |
| --- | --- | --- |
| VCH Color Logo | Coastal Simulation ProgramScenario Name: Cardiac arrest due to block airwayICU Insitu |  |

|  |
| --- |
| **Learning Objectives:****By the end of the debriefing the participants should be able to:*****Knowledge & Skills*:***Recognize and act on cardiac rhythm changes**Assess airway and connect its’ relationship to bradycardia or rhythm changes**Initiate the appropriate treatment algorithm for the management of a patient with an obstructed airway/bradycardia**Perform CPR****Attitudes and Judgment:****Demonstrate role clarity and delegation of roles and responsibilities at the beginning of the scenario**Demonstrate effective communication – clear messages, closed loop, sharing mental model**Exhibit elements of good teamwork**Demonstrate effective resource utilization****Patient Safety:****Trouble shoot the patient, not the monitor.* |
| **Patient Description:****Name:** Max Age: 64 maleWeight: 80 kg***Hx of current condition*:** Intubated. 12 hours post cardiac arrest. Levophed infusing 5 mg/minuteSinus rhythm 80 bpm. SpO2 96%Time 0200. No physicians available  **Social Hx:** Smoker, diabetic, alcoholic**Diagnosis:**12 hours post cardiac arrest | **Skills required prior to simulation/learner assessment:****Psychomotor:** * Defibrillator skills
* CPR skills

**Cognitive:** * Recognition of possible code situation.
* Airway assessment
* Rhythm assessment
* Monitor integration

**Teamwork:** Task distribution between treatment and recording.**Who are my learners?** Nurses 1, 2, RT |
| **Monitors:** EKG, SpO2, BP cuff. |
| **Physical Props/Equipment:** Patient Monitor on, Triple lumen central line/pump infusing levophed, Normal Saline and Dextrose. Intubated and on Ventilator. N/G tube with feed running on pump. Defibrillator avail. Mock Code Drug Tray | **References, Resources, Protocols, Algorithms, or Evidence Informed Practice Guidelines:**ACLS |
|  |
| **Room set up:** Intubated, ventilated patient on monitor. Defibrillator outside of room. Standard ICU room set-up  | **Medications & Fluids:**N/S infusingNG feed infusingLevophed infusingAtropineAmiodaroneEpinephrine | **Diagnostics:**Colour capnograph | **Documentation forms:**Nursing notesResus record | **Confederates** |
| **Mannequin set-up:**SimManMonitor attached: ECG, SpO2, BP CuffETT in situEnteral feeds infusing |
| **Personnel:**Primary nurse - discovers issueSecondary nurse - administers medsRespiratory therapist for airway managementRecording nurse |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scenario Transitions / Patient Parameters** | **Effective Management** | **Consequences of Ineffective Management** | **Notes** |
| **Phase 1 Setting:** |
| Stable patient. Intubated.Sinus rhythm at 80 bpm.Levophed infusing at 5mcg/minSpO2 96% BP 140/75FiO2 0.50 Set SimMan to “Can’t intubate, Can’t ventilate”.If suctioned – state cannot pass catheter.Rhythm deteriorates to bradycardia34 bpm. BP 75/40 SpO2 80% | Auscultation of breath sounds.Increase FiO2SuctionAssess ETT placementTake off vent and bagExtubateAdminister Atropine and/or Epinephrine. |  |  |
| **Phase 2**  |
| When patient is extubated: Rhythm Ventricular FibrillationNo pulse.No BP. | Begin CPR.Prepare for defibrillation.Defibrillate 200, 300 JRT to ventilate manually. | Rhythm deteriorates to asystole.If effective:Sinus RhythmHR 45BP 100/60Sat 80% |  |
| **Phase 3** |
| Restoration of sinus rhythmHR 45BP 100/60Sat 80% |  |  |  |
|  |
| Possible debrief points: |