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| VCH Color Logo | Coastal Simulation ProgramScenario Name: Unstable Tachycardia/Death |  |

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| **Learning Objectives:**By the end of the debriefing the participants should be able to:***Knowledge & Skills*:** * Rapidly recognize agonal respirations as a life threatening event
* Explore treatment options for a patient presenting with cardiac arrest
* and plan for intubation in an unstable pt
* Plan for treatment options in rapidly deteriorating pt, ie utilization of LUCAS

***Attitudes and Judgement:**** Demonstrate role clarity, delegation of roles and responsibilities early in scenario
* Demonstrate effective communication during the scenario: constructing clear messages, closed loop communication, sharing mental model
* Exhibit elements of good teamwork
* Demonstrate effective resource utilization
* Exhibit situational awareness/ global awareness – recognizing limitations, avoiding fixation error
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| **Patient Description:****Name:**Age: F 75Weight: 77kg *Hx of current condition*:ER: Pt presented to ED a few hours ago with CP, HTN, and SOB. Her initial ECG is normal and pt is awaiting repeat trop. The lab go into take repeat BW and find the patient with agonal resps, they call the nurse into the room. PMHx: NIDDM, Hypercholesteremia and HTNSocial Hx: smoker, social drinker | **Skills required prior to simulation/learner assessment:**Psychomotor: stabilize vital signs/airway in event of deteriorating status leading to cardiac arrest. Cognitive: Assessment of cardiac arrest, call for help, identification and utilization of appropriate ACLS algorithms for deteriorating status and resuscitation.Initiate the use of the LUCAS for maintaining adequate CPR during resuscitation efforts.Teamwork: support pt vital signs while organizing effective team and role responsibilities.Who are my learners? ER RNs, RTs, ER Physician |
| **Monitors:** ECG, SpO2, BP cuff,  |
| **Physical Props/Equipment:** ECG monitor, Intubation Equipment, IV Pump, IV drainage bag | **References, Resources, Protocols, Algorithms, or Evidence Informed Practice Guidelines:**ACLS Algorithms. |
| **Equipment available in room:** code cart, PPE |
| **Room set up**: Resus bedBedside code cart | **Medications & Fluids:**Normal SalineCardiac Arrest drugs | **Diagnostics:** | **Documentation forms:**ER Charting form  | **Confederates**Someone to suggest using the LUCASPhysician to call it and lead debrief…??? |
| **Mannequin:**High fidelity adult |
| **Personnel:**RN, RT, Physician |

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| **Scenario Transitions / Patient Parameters** | **Effective Management** | **Consequences of Ineffective Management** | **Notes** |
| **phase 1 Setting:** |
| Lab calls Resus RN to bedside concerned about patientHusband is at bedside**Initial VS:**BP HR VFIBTemp: 36.9O2 sats: 65%GCS 15 | Call for helpInitiate BLSEstablish Team Roles | Pt deteriorates |  |
| **phase 2**  |
| **V Fib X 3** |  |   |  |
| **phase 3** |
| **PEA** | **H’s and T’s** |  |  |
| **phase 4** |
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| Possible debrief points:* Role allocation, teamwork, closed loop communication.
* Lucas
* Post cardiac arrest management
* Calling it quits? When and what do we do next
* How do we debrief?
* Family?

**Key Elements in Breaking Bad News*** Bring a social worker or nurse or someone who can spend time with the family after you leave the room
* Invite everyone to sit down, and sit down yourself
* Have tissue paper available in the room and offer it prn
* Use the words “died” or “dead” rather than “passed away” or “is no longer with us” early in the conversation
* Explain in simple, clear terms the events that transpired in as few sentences as possible
* After you tell the family that their relative has died pause and wait until they say something rather than rushing to the next steps
* Assure them that everyone involved (witnesses, EMS, ED staff) did everything they could
* Ask them if they have any questions
* When you leave the room tell them how long you will be in the department for and who to direct any further questions to
 | Debrief notes |