

Shock - Hypovolaemia

Research Staff:

- Participants should be asked to arrive dressed as they would for clinical placement. That is, in uniform, hair and jewellery appropriate, note pad, pen, watch, stethoscope, etc..
- Ask participant not to discuss the scenarios with their colleagues until study is complete.
- Ensure pre-assessment forms are complete
- Ensure eye tracking is working
- Ask SA questions at the end of the scenario
- Check equipment is available and correct for the scenario
- Run through scenario with participants and ask them to repeat it back.
- Emphasize the need to record observations regularly and verbalise thoughts and actions
- You will be scoring and acting as a junior inexperienced assistant (nurse/paramedic as applicable)

Nursing student: You are just arrived for your shift as a nurse on a medical ward and immediately get called to a patient you don't know . As your 'patient' is an actor you are required to take observations as per normal but results will be revealed by the researcher. The patient is alone in their room.

Paramedic student: You are just starting your shift as a primary response paramedic in a response car and have been called to a patient at home. As your 'patient' is an actor you are required to take observations as per normal but results will be revealed by the researcher. The patient is alone in their room.

Greg Sephton is a 64 year old recently diagnosed diabetic man who has a septic toe that requires daily dressings. You arrive to find him complaining of abdominal pain. You are the first to respond.

The scenario will be run in 'real time'. There will therefore be gaps in activity, (*this does not mean you are doing anything wrong*). You have an observation chart to document vital signs. Talk out loud about what you are thinking and doing. You can ask for the patient's status at any point and you can expose him down to his underwear.

At the end of the simulation you will be stopped and asked about specific aspects of the situation, as you perceive them, at that time. The questions should be answered as rapidly as possible – it is Ok to use your instinct.

Researcher

DO NOT PROMPT at any point but assist each participant as applicable (as an inexperienced nurse/paramedic). Give information as requested after an applicable action, i.e. only indicate the BP or HR after it has been taken. Please rate performance on the following scale during or immediately after each scenario.

Patient scenario:

You are **Mr Greg Sephton a 64-year-old retired Engineer**

Moulage – Cyanosis – i.e. pale/sweaty, blue lips ears and digits

Presenting condition (If asked)

You are a diabetic with a septic toe and have suddenly developed acute abdominal pain in the left lower quadrant since 22.00hrs last night; 6/10 pain score, nil radiation, with rebound tenderness. You have been vomiting and remained nauseated overnight.

About 20 minutes ago you became sweaty and dizzy, you vomited once then you called 000/buzzer.

- Dizzy light headed, clammy skin and feeling faint.
- The abdominal pain remains at 5/10

You are anxious and agitated but not aggressive. Your wife has gone to stay with her sister.

Past medical history

- Type 11 Diabetes (managed with lifestyle modifications)
- Mild Asthma
- Right knee replacement 2000

Drug history

- Ventolin prn

Social history

- You ride your push bike every weekend with a friend
- Married to Hilda, also retired, with three adult children.

Family history

- Your father died aged 48 years of a heart attack

Decline at 4 minutes (halfway point of scenario)

- **Rapid increase in abdominal pains (9/10) and breathlessness (rapid shallow breaths) and a rigid abdominal area on palpation.**
- You are anxious, agitated and very frightened.

Participant No =

Date=

| Shock (Scenario 2) | | | | |
|---------------------------|---------------------|--|--------------------------|--|
| Aprox Time (mins) | Observations | Action | Correct/incorrect | Points at debrief |
| On arrival 1-4 | BP 95/70 | Record / request obs | Y/N | PQRST pain assessment tool [Prescribed for nurses] {Paramedics only/performed by nurse assistant} |
| | HR 110 | | Y/N | |
| | RR 19 | | Y/N | |
| | Temp 37.2 | | Y/N | |
| | AVPU – Alert | | Y/N | |
| | CRT – 2 secs | | Y/N | |
| | O2 Sats 95% | | Y/N | |
| | 5/10 abdo pain | Obtain immediate history | Y/N | |
| | | Pain assessment | Y/N | |
| | | Pain relief given | Y/N | |
| | Oxygen | Y/N | | |
| | 6 mmol/L | Blood Sugar | Y/N | |
| | | IV canulate and commence infusion (1L/30min) | Y/N | |

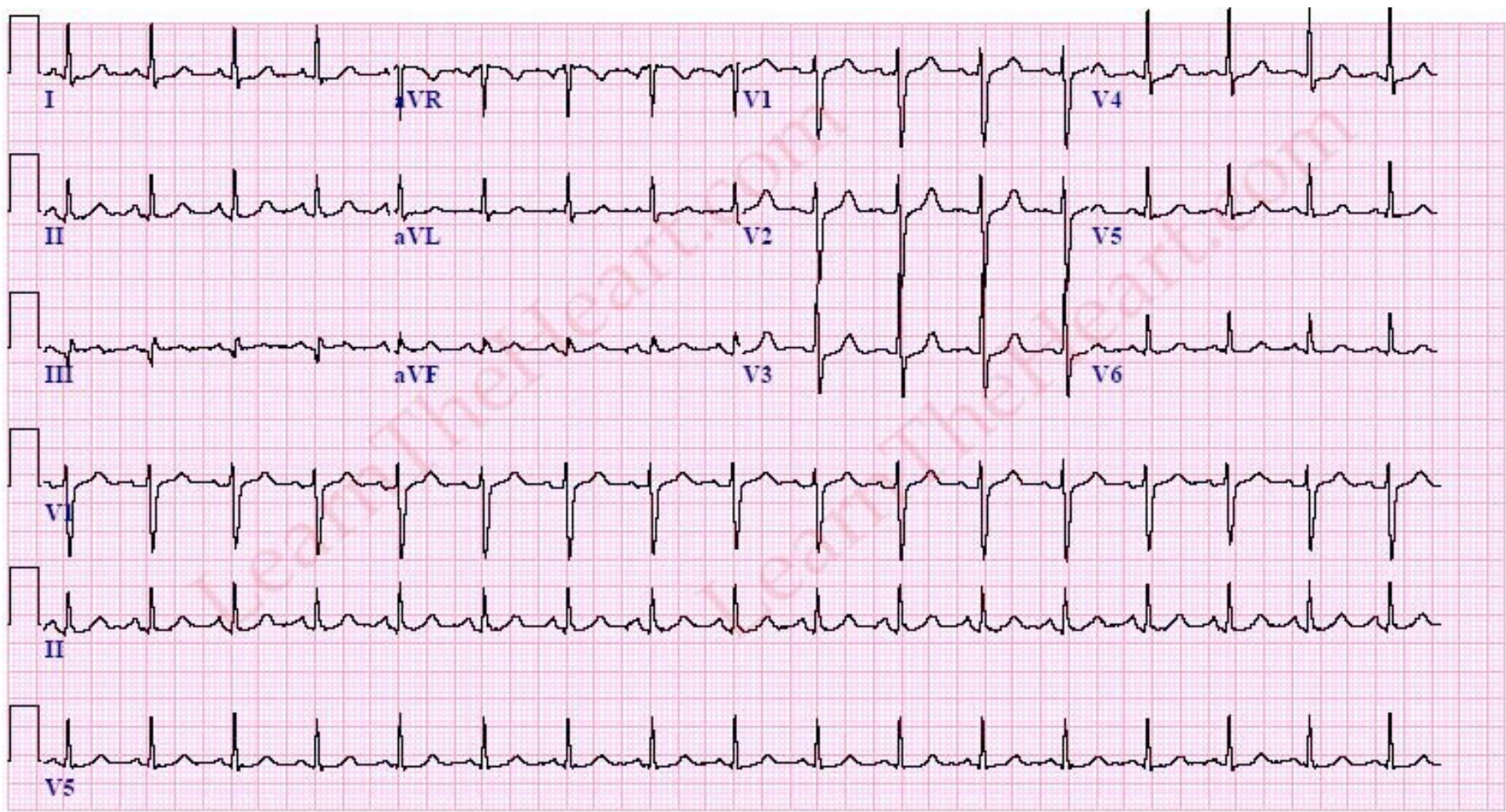
Patient rapidly deteriorates

Rapid increase in abdominal pain (9/10)

| | | | | |
|-------|--------------------------------|---|--|---|
| 4-7.5 | BP 75/35 | Record/ request obs | Y/N | Emphasise systematic ABCs. Time critical Legs elevated |
| | HR 130 | | Y/N | |
| | RR 25 | | Y/N | |
| | Temp 37.2 | | Y/N | |
| | AVPU – Voice | | Y/N | |
| | CRT – 5 secs | | Y/N | |
| | O2 Sats 89% (despite O2 if on) | | Y/N | |
| | | | Call for applicable emergency assistance | |
| | Position appropriately | Y/N | | |
| | 9/10 | Pain assessment | Y/N | |
| | | Increase infusion rate (e.g. at least 500mls/5mins) | Y/N | {Paramedics only/prescribed increase for nurses} |

| | | | | |
|--------------|--|---|--|--|
| 7.5 -8 mins? | BP 105/75 HR 70 RR 15 Temp 37.2 AVPU - Alert CRT – 2 secs O2 Sats 93% (Despite O2 if on) | Instructor Note: Where requested - unless majority of above have been missed - indicate these observations and initial stabilisation in last 30 secs of scenario | | |
|--------------|--|---|--|--|

End scenario with SA questions



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