**Section 1: Case Summary**

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| **S****cenario Title:** | **Pulseless Visitor** |
| Keywords: | Mock Code Blue, Code Blue, PEA, Visitor |
| Brief Description of Case: | A person coming to visit a friend at work suddenly collapses. They are found to be pulseless. The scenario focuses on the code blue process for an unknown patient. |

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| **Goals and Objectives** |
| Educational Goal: | Practice the code blue process for an unknown patient |
| Objectives:(Medical and CRM) | * Identify and treat loss of pulse
* Practice CPR
* Practice documentation during a Code Blue
* Call for help and mobilize resources early
* Establish role clarity and distribute the workload accordingly
* Communicate effectively using closed-loop communication, case and plan of care summaries, making clear requests, and fostering input from team members
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| **Learners, Setting and Personnel** |
| Target Learners: | [x]  Junior Learners | [x]  Senior Learners | [x]  Staff |
| [x]  Physicians | [x]  Nurses | [x]  RTs | [x]  Inter-professional |
| [ ]  Other Learners:  |
| Location: | [ ]  Sim Lab | [x]  In Situ | [ ]  Other:  |
| Recommended Number of Facilitators: | Instructors: 1 |
| Confederates: 1 (visitor – can also be instructor; also EHS on phone if 9-1-1 being called) |
| Sim Techs: n/a |

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| **Scenario Development** |
| Date of Development: | 2020.01 |
| Scenario Developer(s): | Christina Choung |
| Affiliations/Institutions(s): | Fraser Health |
| Contact E-mail: | simulation@fraserhealth.ca |
| Last Revision Date: |  |
| Revised By: |  |
| Version Number: |  |

**Section 2A: Initial Patient Information**

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| 1. **Patient Chart**
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| Patient Name: Unknown (Larry Moussefi) | Age: unknown (68)  | Gender: M | Weight: ~75kg |
| Presenting complaint: n/a |
| Temp: 36.2°C | HR: n/a | BP: n/a | RR: n/a | O2Sat: untraceable | FiO2: RA |
| Cap glucose: 6.8 | GCS: 3 |
| Triage note / Handover: n/a (Coming to visit a friend for lunch; friend is unaware of medical history)Note: Tell participants that the case starts with them working as usual. They can be huddled around the nursing station or in different rooms – wherever they might be at this time of day. (See Section 4: Confederates and Simulated Patients for more details.) |
| Allergies: unknown |
| Past Medical History: Unknown | Current Medications: Unknown |

**Section 2B: Extra Patient Information**

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| **A. Further History** |
| *n/a* |
| **B. Physical Exam** |
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| Cardio: pulseless | Neuro: loss of consciousness |
| Resp: apneic | Head & Neck: no concerns |
| Abdo: normal | MSK/skin: no concerns |
| Other: |

**Section 3: Technical Requirements/Room Vision**

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| **A. Patient** |
| [x]  Mannequin: Low fidelity adult |
| [x]  Standardized Patient: Begin with standardized patient – switch to manikin for collapse onward |
| [ ]  Task Trainer |
| [ ]  Hybrid |
| **B. Special Equipment Required** |
| * PIV drainage bag x1
* Site-based resuscitation equipment
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| **C. Required Medications** |
| * Resuscitation drugs as per site/scope of practice
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| **D. Moulage** |
| n/a |
| **E. Monitors at Case Onset** |
| [ ]  Patient on monitor with vitals displayed[x]  Patient not yet on monitor |
| **F. Patient Reactions and Exam** |
| n/a |

**Section 4: Confederates and Standardized Patients**

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| **Confederate and Simulated Patient Roles and Scripts** |
| Visitor | At start of case, visitor will walk into room and ask where the cafeteria is. State that it’s their 68th birthday and they’re meeting a friend for lunch. Shortly thereafter, visitor is to claim they don’t feel good, clutch their chest, and collapse. \*\*Be sure to prebrief participants about switch between simulated patient and manikin |
| EHS  | Provide cell phone to facilitator in lieu of 9-1-1. When called, first ask:“Fire, police, or ambulance?”Wait a few seconds then respond: “Ambulance, what’s your emergency?”If not reported, ask whether patient is breathing and has a pulse. When the answer is no, tell folks to start CPR if not already startedIf not reported, ask for locationState the ambulance will be there ASAP5 min after being called, “arrive” at area and ask for handover |

**Section 5: Scenario Progression**

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| **Scenario States, Modifiers and Triggers** |
| Patient State/Vitals | Patient Status | Learner Actions, Modifiers & Triggers to Move to Next State  | Facilitator Notes |
| **1. Baseline State**Rhythm: SVT PEAHR: 186BP: noneRR: noneO2SAT: % untraceableT: 36.2 oC GCS: 3 | Pulseless | Expected Learner Actions [ ]  Call for help[ ]  Assess patient[ ]  Recognize loss of pulse; start CPR* 100-120 compressions/min
* 5-6cm deep; full recoil
* 30:2
* Use of oral airway and BVM with chest rise
* Switch compression provider q2min or when compressions ineffective, whichever comes first

[ ]  Call 9-1-1 and/or Code Blue (location dependent)* If 9-1-1 called, accurate report given

[ ]  AED / Crash cart brought to patient[ ]  If available, AED applied and instructions followed[ ]  Glucose reading taken[ ]  Documentation started[ ]  Closed-loop communication used; essential actions stated out loud and communicated to documenter with eye contact[ ]  Leader identified; maintains situational awareness[ ]  Narcan administered (outpatient setting)[ ]  If 9-1-1 called, someone sent to retrieve EHS and bring them to code location | Modifiers-n/aTriggers-“EHS” to arrive 5 minutes after 9-1-1 called |  |
| **2. Arrival of EHS**unchanged | unchanged | Expected Learner Actions [ ]  Accurate report given to EHS / Code Team[ ]  Resuscitation efforts ongoing during report / handover | Modifiers* n/a

Triggers- Case ends after handover given to EHS / Code Team- |  |

**Appendix A: Laboratory Results**

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| CBC WBC Hgb  PltLytes Na K Cl HCO3 AG Urea Cr GlucoseExtended Lytes Ca Mg PO4 Albumin TSHVBG pH pCO2 pO2 HCO3 Lactate | Cardiac/Coags Trop D-dimer INR aPTTBiliary AST ALT GGT ALP Bili LipaseTox EtOH ASA Tylenol Dig level OsmolsOther B-HCG |

**Appendix B: ECGs, X-rays, Ultrasounds and Pictures**

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| *Paste in any auxiliary files required for running the session. Don’t forget to include their source so you can find them later!* |

**Appendix C: Facilitator Cheat Sheet & Debriefing Tips**

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| *Include key errors to watch for and common challenges with the case. List issues expected to be part of the debriefing discussion. Supplemental information regarding any relevant pathophysiology, guidelines, or management information that may be reviewed during debriefing should be provided for facilitators to have as a reference.*  |

**References**

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| 1. 2. 3.  |