|  |  |
| --- | --- |
| **Case Title** | Carfentanil OD - Asystole |
| **Scenario Name** | “Some Really Good Stuff” |

|  |  |
| --- | --- |
| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Recognize possible Carfentanil OD and take actions to minimize risk to medical personel (i.e. gloves and N95 masks) 2. Manage asystolic cardiac arrest 3. Recognize the need for larger than usual doses of Naloxone | |
| **Skills:**   1. Lead resuscitation 2. Intubation 3. Reverse Carfentanil toxicity | |
| **Attitude/Behaviours**   1. Demonstrate Team skills 2. Demonstrate Situational awareness 3. Demonstrate Graded Assertiveness | |
| **Scenario Environment** | |
| **Location** | Emergency Department |
| **Monitors** | Telemetry, crash cart |
| **Props/Equipment** | PPE (gloves and masks), RSI meds, intubation equipment, vasopressors, vascular access supplies |
| **Make-up/Moulage** | Nil |
| **Potential Distractors** | Patients distraught friend. |

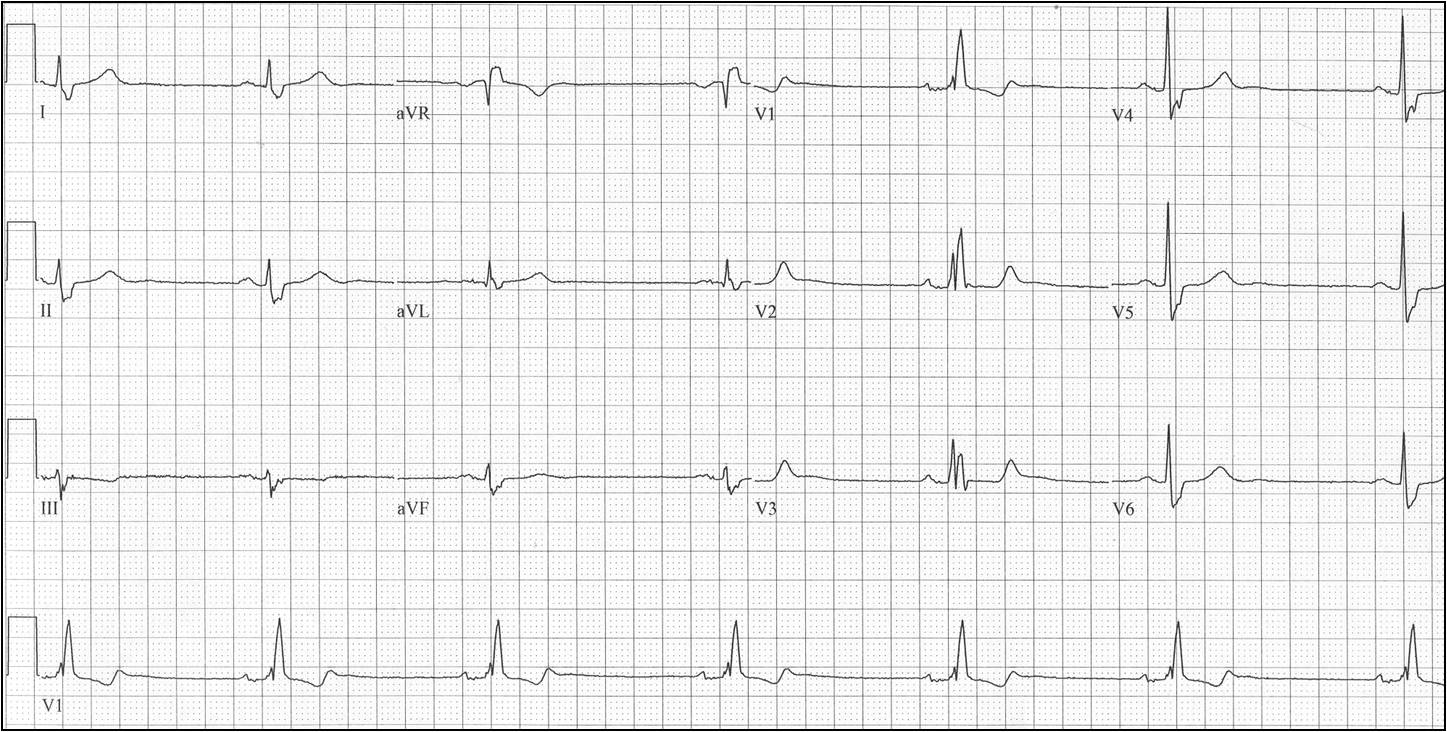
|  |
| --- |
| **Case Introduction:** |
| Prehospital Notification:  26 year old male IVDU. Probable Fentanyl OD. EHS secured IV access and given 2mg IV naloxone with no effect. Patient is asystolic. |

| **Patient Parameters** | **Effective Management** | **Notes** |
| --- | --- | --- |
| **Phase 1: Asystole**  **Condition:** Cardiac arrest  **Initial Assessment**   * **Heart Rhythm:** Asystole * **HR**: 0 * **BP:** -/- * **RR:** 16 (BVM) * **SP02:** unobtainable | 1. **Take a focused history** (see Notes column) 2. **Medical Management** 3. **PPE** – gloves and N95 masks for everyone 4. **Asystole** – administer effective CPR, epinephrine 1mg IV Q3-5 min, IV fluid bolus 5. **Intubation** – secure definitive airway. No meds necessary as patient is GCS 3 6. **Opiate reversal** – Requires very large doses of Naloxone – often in excess of 8-10mg.   *Progress to Phase 2 after intubation and appropriate reversal of Carfentanil (minimum 8mg IV naloxone)* | 1. **Focused history**   Healthy apart from IVDU. As per friend, found down after using new “really good stuff” from their dealer. The dealer called it: “Superfentanil”  **PMHx**   * Nil   **Meds**   * None   **Allergies**   * None |
| **Phase 2: Hypotension**  **Condition:** Unresponsive  **Physical Examination**   * **Heart Rhythm:** sinus bradycardia * **HR:** 48 * **BP:** 75/55 * **RR:** 12 (vent) * **CNS:** Unresponsive | 1. **Patient Reassessment** (see Notes column)-*Recognizes change in condition* 2. **Medical Management:**  * Consider further IV fluids * Consider further Naloxone +/- infusion * Consider vasopressors | **Airway**   * Intubated   **Breathing**   * Ventilated   **Circulation**   * Hypotensive and bradycardic |

|  |  |
| --- | --- |
| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student** 2. **Junior Resident** 3. **Senior Resident** |  |

**References:**

**EKGs**

****